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

IPQR Module 3.c.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:

PROVIDER CHALLENGES: 1) Difficulty in engaging at least 80% of primary care practices within the PPS. 2) Difficulty addressing issues with medication errors: omissions, duplications, dosing errors or drug interactions. Medication errors are a large driver of readmissions, which will negatively impact the performance of the PPS 3) Ability to achieve PMCH Level 3 recognition by DY 03. The process requires a high degree of coordination and is a key deliverable of project 2.a.i, in addition to this project. 4) Address growing epidemic of Diabetes and Obesity. There is potential difficulty in identifying and engaging the appropriate patients. 5) Engaging PCPs to participate in this project. PCP participation is a key driver of success across all projects and a lack of participation among PCPs will negatively impact achievement of Speed and Scale commitments.

PROVIDER REMEDIES: 1) Show value to PCPs by improving access to comprehensive diabetes education and point-of-care testing (POC-HbA1c). Provide effective care management support. 2) Build medication reconciliation into diabetes care management program to occur at every transition of care: when new medications are ordered, existing orders are adjusted or patients report non-prescriptive medications. Medication adherence will be embedded in all case management protocols, pharmacist support, and will be part of the Stanford Chronic Care educational platform. 3) Provide practice support teams to engage PPS primary care practices to redesign their care delivery processes to move to Level 3 and Advanced Medical Home model. 4)Increase Stanford education resources and also increase CDE resources at a ratio of 2 CDEs to 1,000 people with diabetes in the target population (doubling current capacity in the county) 5)The PPS will increase provider participation by emphasizing efforts to align providers through pay for performance incentives.

PATIENT CHALLENGES: 1) Lack of available public transportation prevents patients from being able to access the necessary care at the appropriate time
PATIENT REMEDIES: 1) Deployment of POC-testing will prevent patients from extra traveling to physician's offices or clinical laboratories, enhancing compliance with national guidelines for regular testing/monitoring. The PPS will also look to partner with existing transportation resources within Suffolk County, such as Suffolk County Accessible Transportation (SCAT), to provide additional transportation resources to patients

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IPQR Module 3.c.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.c.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**
DY3,Q4	12,094

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	3,022	4,533	6,044	967	4,834	7,251	9,669	1,209	6,044
Percent of Expected Patient Engagement(%)	**0.00**	**24.99**	**37.48**	**49.98**	**8.00**	**39.97**	**59.96**	**79.95**	**10.00**	**49.98**

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	9,066	12,094	1,209	6,044	9,066	12,094	12,094	12,094	12,094	12,094
Percent of Expected Patient Engagement(%)	**74.96**	**100.00**	**10.00**	**49.98**	**74.96**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

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IPQR Module 3.c.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 evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.	Project	N/A	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Evidence-based strategies for the management and control of diabetes in the PPS designated area are developed and implemented for all participating providers. Protocols for disease management are developed and training of staff is completed.	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, interal and external stakeholders) to determine treatment protocols, polices, and procedures to develop Project 3.c.i care coordination model for the managemnt and control of diabetes	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Determine clear work flow processes for the care management/care coordination function that will support the diabetes program. Ensure seamless coordination of patient outreach and care management effort across all involved providers in community and ambulatory care settings	Project		In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3: Identify treatment protocols and develop project 3.c.i care coordination model policies and procedures	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Present policies and procedures to Project 3.c.i committee for review	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Present policies and procedures to Clinical Governance Committee for review	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Implement policies and procedures at engaged/contracted particiating PCP practices	Project		In Progress	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 7: Establish team of experts to develop training process and workflow for engaged providers plan	Project		In Progress	09/01/2016	12/31/2016	12/31/2016	DY2 Q3

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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 8: Monitor development of written training materials	Project		In Progress	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 9: Engage workforce lead to review training program plan	Project		In Progress	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 10: Present training materials to Project 3.c.i committee for review	Project		In Progress	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 11: Present training materials to Clinical Governance Committee for review	Project		In Progress	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 12: Keep record of process and workflow, including responsible resources at each stage of the workflow	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 13: Identify expert trainer/trainers for project 3.c.i care coordination model	Project		In Progress	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 14: Determine necessary frequency of staff training and create calendar of training dates with site locations to train staff and train staff for project 3.c.i care coordination model	Project		In Progress	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 15: Keep record of training dates and number of staff trained at each engaged/contracted PCP partner	Project		In Progress	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 16: Create and utilize an audit checklist to determine the status of all forms and supporting documentation	Project		In Progress	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 17: Make recommendations based on audit findings by project 3.c.i workgroup	Project		In Progress	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 18: Collect and maintain, in a centralized location, all pertinent project artifacts such as disease management protocols, documentation of process and workflow, list of training dates along with number of staff trained, written training materials and self-audit reports and recommendations	Project		In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #2 Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices.	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 schedule for selected PCPs	Project		In Progress	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task	Project		In Progress	04/01/2015	08/31/2015	09/30/2015	DY1 Q2

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 2: Identify metrics and the method of collection to create baseline assessment							
Task Step 3: Initiate Baseline Assessment by project 3.c.i workgroup	Project		In Progress	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: Collect and Aggregate baseline data and determine baseline for each selected PCP	Project		In Progress	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 5: Engage and finalize agreements with PCP partners for Project 3.c.i	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Maintain directories of engaged/contracted PCPs	Project		In Progress	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 7: Inititate implemention plan and schedule to engage PCPs	Project		In Progress	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 8: Monitor plan by Project 3.c.i workgroup	Project		In Progress	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 9: Collect and maintain, in a centralized location, all pertinent project artifacts such 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
Milestone #3 Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management.	Project	N/A	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
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 established and implemented.	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Identify scope of work with Project 3.c.i workgroup for Project 3.d.i care coordination model	Project		In Progress	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Identify and assemble care coordination team to implement Project 3.c.ii care coordination model. The team should include but is not limited to, contracted/engaged particpating partners, diabetes educators, nursing staff,	Project		In Progress	09/01/2015	12/31/2015	12/31/2015	DY1 Q3

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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
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	Project		In Progress	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: Engage IDS Workgroup to align Project 2.a.i and Project 3.c.i objectives of integrating all PPS practices in the PPS with a clinical interoperability system	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 5: Identify and formalize policies and procedures for Project 3.c.i care coordination mode	Project		In Progress	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 6: Present policies and procedures to Project 3.c.i committee for review	Project		In Progress	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 7: Present training program to Clinical Governance Committee for review	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 8: Identify team members to collect information on diabetic 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	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 9: Aggregate and develop written training materials	Project		In Progress	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 10: Present training curriculum to Project 3.c.i committee for review	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 11: Present training curriculum to Clinical Governance Committee for review	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 12: Identify expert trainer/trainers	Project		In Progress	01/01/2016	03/31/2016	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	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 14: Keep record of training dates and number of staff trained at each PCP practice	Project		In Progress	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 15: Monitor efficacy of curriculum by Project 3.c.i workgroup	Project		In Progress	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 16: Collect and maintain, in a centralized location, all pertinent project	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
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 for staff trained							
Milestone #4 Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods.	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 Step 1: Engage with Project 3.c.i workgroup, health homes, BMI and other identified pertinent stakeholders to define objective and measures to collect for the support of hot spot strategy	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
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 spot strategy	Project		In Progress	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 4: Identify and evaluate linkages to health homes for targeted patient populations	Project		In Progress	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 5: Initiate agreements with Home Health Organizations for project 3.c.i (Stanford model)	Project		In Progress	10/01/2016	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	10/01/2016	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

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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 8: Develop written training materials	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 9: Engage Workforce project lead in training materials development	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 10: Present training materials to Workforce Committee and Project 3.c.i committee for review	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 11: Present training materials to Clinical Governance for review	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 12: Identify expert trainer/trainers for project 3.c.i (Stanford model)	Project		In Progress	01/01/2016	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	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 14: Keep record of training dates and number of staff trained	Project		In Progress	04/01/2016	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	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 16: Contract with partner organizations for use of space to hold classes (if applicable) and schedule classes	Project		In Progress	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 17: Conduct Diabetes Self-Management classes on ongoing basis	Project		In Progress	04/01/2016	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	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 19: Make recommendations based on audit findings by project 3.c.i workgroup	Project		In Progress	04/01/2016	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 partners	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Ensure coordination with the Medicaid Managed Care organizations serving the target population.	Project	N/A	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task	Project		In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4

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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	Project		In Progress	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 2: Include MCO Stakeholders to Project Committee Meetings for Diabetes Protocol development for the coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening	Project		In Progress	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 3: Engage MCO Team to develop Diabetes Payment Strategy for Diabetes-related Services into payer agreements	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 identify triggers and processes for payer care coordination and chronic care services to ensure coordination, gaps in care and/or 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 Diabetes-related Services and ensure payers provide coverage and coordination of service benefits	Project		In Progress	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 6: Collect and maintain, in a centralized location, 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 #6 Use EHRs or other technical platforms to track all patients engaged in this project.	Project	N/A	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS uses a recall system that allows staff to report which patients are overdue for which preventive services and to track when and how patients were notified of needed services.	Project		In Progress	04/01/2015	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	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
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.	Project		In Progress	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 4: Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.	Project		In Progress	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 5: Run reports using tactical solution as needed for quarterly report submission to the DOH. (This task will transition into the longer term strategic reporting solution when it becomes available.)	Project		In Progress	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.	Project		In Progress	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 7: Assure iterative development strategy allows for early EMR integration and testing with providers.	Project		In Progress	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 8: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details.	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: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications.	Project		In Progress	01/31/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 11: Strategic reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.	Project		In Progress	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 12: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of	Project	N/A	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4

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

DSRIP Implementation Plan Project

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

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Demonstration Year 3 for EHR systems used by participating safety net providers.							
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 EHR meets connectivity to RHIO/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/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/SHIN-NY requirements.	Provider	Safety Net Behavioral Health	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

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

DSRIP Implementation Plan Project

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

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 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.)	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
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	10/01/2016	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	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 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 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	Project		In Progress	11/01/2015	09/30/2017	09/30/2017	DY3 Q2
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

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 evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.										
Task Evidence-based strategies for the management and control of diabetes in the PPS designated area are developed and implemented for all participating providers. Protocols for disease management are developed and training of staff is completed.										
Task Step 1: Establish team of key project stakeholders (including SMEs, interal and external stakeholders) to determine treatment protocols, polices, and procedures to develop Project 3.c.i care coordination model for the managemnt and control of diabetes										
Task Step 2: Determine clear work flow processes for the care										

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
management/care coordination function that will support the diabetes program. Ensure seamless coordination of patient outreach and care management effort across all involved providers in community and ambulatory care settings										
Task Step 3: Identify treatment protocols and develop project 3.c.i care coordination model policies and procedures										
Task Step 4: Present policies and procedures to Project 3.c.i committee for review										
Task Step 5: Present policies and procedures to Clinical Governance Committee for review										
Task Step 6: Implement policies and procedures at engaged/contracted particiating PCP practices										
Task Step 7: Establish team of experts to develop training process and workflow for engaged providers plan										
Task Step 8: Monitor development of written training materials										
Task Step 9: Engage workforce lead to review training program plan										
Task Step 10: Present training materials to Project 3.c.i committee for review										
Task Step 11: Present training materials to Clinical Governance Committee for review										
Task Step 12: Keep record of process and workflow, including responsible resources at each stage of the workflow										
Task Step 13: Identify expert trainer/trainers for project 3.c.i care coordination model										
Task Step 14: Determine necessary frequency of staff training and create calendar of training dates with site locations to train staff and train staff for project 3.c.i care coordination model										
Task Step 15: Keep record of training dates and number of staff trained at each engaged/contracted PCP partner										
Task Step 16: Create and utilize an audit checklist to determine the status of all forms and supporting documentation										

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

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Step 17: Make recommendations based on audit findings by project 3.c.i workgroup										
Task Step 18: Collect and maintain, in a centralized location, all pertinent project artifacts such as disease management protocols, documentation of process and workflow, list of training dates along with number of staff trained, written training materials and self-audit reports and recommendations										
Milestone #2 Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices.										
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 schedule for selected PCPs										
Task Step 2: Identify metrics and the method of collection to create baseline assessment										
Task Step 3: Initiate Baseline Assessment by project 3.c.i workgroup										
Task Step 4: Collect and Aggregate baseline data and determine baseline for each selected PCP										
Task Step 5: Engage and finalize agreements with PCP partners for Project 3.c.i										
Task Step 6: Maintain directories of engaged/contracted PCPs										
Task Step 7: Inititate implemention plan and schedule to engage PCPs										
Task Step 8: Monitor plan by Project 3.c.i workgroup										
Task Step 9: Collect and maintain, in a centralized location, all pertinent project artifacts such list of total PCPs in the PPS and list of PCPs engaged in this activity										
Milestone #3 Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-										

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
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 established and implemented.										
Task Step 1: Identify scope of work with Project 3.c.i workgroup for Project 3.d.i care coordination model										
Task Step 2: Identify and assemble care coordination team to implement Project 3.c.ii care coordination model. The team should include but is not limited to, contracted/engaged particpating partners, diabetes 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.c.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.c.i care coordination mode										
Task Step 6: Present policies and procedures to Project 3.c.i committee for review										
Task Step 7: Present training program to Clinical Governance Committee for review										
Task Step 8: Identify team members to collect information on diabetic 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 9: Aggregate and develop written training materials										

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DSRIP Implementation Plan Project

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

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Step 10: Present training curriculum to Project 3.c.i committee for review										
Task Step 11: Present training curriculum to Clinical Governance Committee for review										
Task Step 12: Identify expert trainer/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 of training dates and number of staff trained at each PCP practice										
Task Step 15: Monitor efficacy of curriculum by Project 3.c.i workgroup										
Task Step 16: 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 for staff trained										
Milestone #4 Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods.										
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: Engage with Project 3.c.i workgroup, health homes, BMI and other identified pertinent stakeholders to define objective and measures to collect for the support of hot spot strategy										

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

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Step 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 spot 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.c.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: Develop written training materials										
Task Step 9: Engage Workforce project lead in training materials development										
Task Step 10: Present training materials to Workforce Committee and Project 3.c.i committee for review										
Task Step 11: Present training materials to Clinical Governance for review										
Task Step 12: Identify expert trainer/trainers for project 3.c.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 of training 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 with partner organizations for use of space to										

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
hold classes (if applicable) and schedule classes										
Task Step 17: Conduct Diabetes 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.c.i workgroup										
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 partners										
Milestone #5 Ensure coordination with the Medicaid Managed Care organizations serving the target population.										
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 to Project Committee Meetings for Diabetes Protocol development for the coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening										
Task Step 3: Engage MCO Team to develop Diabetes Payment Strategy for Diabetes-related Services into payer agreements										
Task Step 4: Meet with payers during the planning phase to identify triggers and processes for payer care coordination and chronic care services to ensure coordination, gaps in care and/or redundant services.										

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

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Step 5: Execute Payment Agreements or MOU with MCO for Diabetes-related Services and ensure payers provide coverage and coordination of service benefits										
Task Step 6: Collect and maintain, in a centralized location, all pertinent project artifacts such as written attestation or evidence of agreements										
Milestone #6 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 PPS uses a recall system that allows staff to report which patients are overdue for which preventive services and to track when and how patients were notified of needed services.										
Task Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.										
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project.										
Task Step 3: Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution.										
Task Step 4: Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.										
Task Step 5: Run reports using tactical solution as needed for quarterly report submission to the DOH. (This task will transition into the longer term strategic reporting solution when it becomes available.)										
Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.										
Task Step 7: Assure iterative development strategy allows for early EMR integration and testing with providers.										

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

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Step 8: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details.										
Task Step 9: Test, validate, configure, integrate and maintain EMR data acquisition feeds from all relevant providers for usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications.										
Task Step 10: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications.										
Task Step 11: Strategic reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.										
Task Step 12: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.										
Milestone #7 Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers.										
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 EHR meets connectivity to RHIO/SHIN-NY requirements.	0	0	0	0	0	0	0	92	92	92
Task EHR meets connectivity to RHIO/SHIN-NY requirements.	0	0	0	0	0	0	0	0	62	62
Task EHR meets connectivity to RHIO/SHIN-NY requirements.	0	0	0	0	0	0	0	0	10	20
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										

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
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.)										
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										

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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
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 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										

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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
certification for all engaged/contracted primary care practices										

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 evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.										
Task Evidence-based strategies for the management and control of diabetes in the PPS designated area are developed and implemented for all participating providers. Protocols for disease management are developed and training of staff is completed.										
Task Step 1: Establish team of key project stakeholders (including SMEs, interal and external stakeholders) to determine treatment protocols, polices, and procedures to develop Project 3.c.i care coordination model for the managemnt and control of diabetes										
Task Step 2: Determine clear work flow processes for the care management/care coordination function that will support the diabetes program. Ensure seamless coordination of patient outreach and care management effort across all involved providers in community and ambulatory care settings										
Task Step 3: Identify treatment protocols and develop project 3.c.i care coordination model policies and procedures										
Task Step 4: Present policies and procedures to Project 3.c.i committee for review										
Task Step 5: Present policies and procedures to Clinical Governance Committee for review										
Task Step 6: Implement policies and procedures at engaged/contracted particiating PCP practices										
Task Step 7: Establish team of experts to develop training process and workflow for engaged providers plan										
Task Step 8: Monitor development of written training materials										

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 9: Engage workforce lead to review training program plan										
Task Step 10: Present training materials to Project 3.c.i committee for review										
Task Step 11: Present training materials to Clinical Governance Committee for review										
Task Step 12: Keep record of process and workflow, including responsible resources at each stage of the workflow										
Task Step 13: Identify expert trainer/trainers for project 3.c.i care coordination model										
Task Step 14: Determine necessary frequency of staff training and create calendar of training dates with site locations to train staff and train staff for project 3.c.i care coordination model										
Task Step 15: Keep record of training dates and number of staff trained at each engaged/contracted PCP partner										
Task Step 16: Create and utilize an audit checklist to determine the status of all forms and supporting documentation										
Task Step 17: Make recommendations based on audit findings by project 3.c.i workgroup										
Task Step 18: Collect and maintain, in a centralized location, all pertinent project artifacts such as disease management protocols, documentation of process and workflow, list of training dates along with number of staff trained, written training materials and self-audit reports and recommendations										
Milestone #2 Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices.										
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 schedule for selected PCPs										
Task Step 2: Identify metrics and the method of collection to create baseline assessment										

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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 3: Initiate Baseline Assessment by project 3.c.i workgroup										
Task Step 4: Collect and Aggregate baseline data and determine baseline for each selected PCP										
Task Step 5: Engage and finalize agreements with PCP partners for Project 3.c.i										
Task Step 6: Maintain directories of engaged/contracted PCPs										
Task Step 7: Inititate implemention plan and schedule to engage PCPs										
Task Step 8: Monitor plan by Project 3.c.i workgroup										
Task Step 9: Collect and maintain, in a centralized location, all pertinent project artifacts such list of total PCPs in the PPS and list of PCPs engaged in this activity										
Milestone #3 Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient 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 established and implemented.										
Task Step 1: Identify scope of work with Project 3.c.i workgroup for Project 3.d.i care coordination model										
Task Step 2: Identify and assemble care coordination team to implement Project 3.c.ii care coordination model. The team should include but is not limited to, contracted/engaged particpating partners, diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers										

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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 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.c.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.c.i care coordination mode										
Task Step 6: Present policies and procedures to Project 3.c.i committee for review										
Task Step 7: Present training program to Clinical Governance Committee for review										
Task Step 8: Identify team members to collect information on diabetic 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 9: Aggregate and develop written training materials										
Task Step 10: Present training curriculum to Project 3.c.i committee for review										
Task Step 11: Present training curriculum to Clinical Governance Committee for review										
Task Step 12: Identify expert trainer/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 of training dates and number of staff trained at each PCP practice										
Task Step 15: Monitor efficacy of curriculum by Project 3.c.i workgroup										
Task Step 16: Collect and maintain, in a centralized location, all pertinent project artifacts such as contracts, report vendor system documentation, care coordination team rosters, care										

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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
coordination policies and procedures, standard clinical protocol and treatment plans, process and workflow documentation, written training materials, training dates and number for staff trained										
Milestone #4 Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods.										
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: Engage with Project 3.c.i workgroup, health homes, BMI and other identified pertinent stakeholders to define objective and measures to collect for the 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 spot 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.c.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: Develop written training materials										

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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 9: Engage Workforce project lead in training materials development										
Task Step 10: Present training materials to Workforce Committee and Project 3.c.i committee for review										
Task Step 11: Present training materials to Clinical Governance for review										
Task Step 12: Identify expert trainer/trainers for project 3.c.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 of training 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 with partner organizations for use of space to hold classes (if applicable) and schedule classes										
Task Step 17: Conduct Diabetes 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.c.i workgroup										
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 partners										
Milestone #5 Ensure coordination with the Medicaid Managed Care organizations serving the target population.										

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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 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 to Project Committee Meetings for Diabetes Protocol development for the coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening										
Task Step 3: Engage MCO Team to develop Diabetes Payment Strategy for Diabetes-related Services into payer agreements										
Task Step 4: Meet with payers during the planning phase to identify triggers and processes for payer care coordination and chronic care services to ensure coordination, gaps in care and/or redundant services.										
Task Step 5: Execute Payment Agreements or MOU with MCO for Diabetes-related Services and ensure payers provide coverage and coordination of service benefits										
Task Step 6: Collect and maintain, in a centralized location, all pertinent project artifacts such as written attestation or evidence of agreements										
Milestone #6 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 PPS uses a recall system that allows staff to report which patients are overdue for which preventive services and to track when and how patients were notified of needed services.										
Task Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.										

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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 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project.										
Task Step 3: Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution.										
Task Step 4: Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.										
Task Step 5: Run reports using tactical solution as needed for quarterly report submission to the DOH. (This task will transition into the longer term strategic reporting solution when it becomes available.)										
Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.										
Task Step 7: Assure iterative development strategy allows for early EMR integration and testing with providers.										
Task Step 8: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details.										
Task Step 9: Test, validate, configure, integrate and maintain EMR data acquisition feeds from all relevant providers for usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications.										
Task Step 10: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications.										
Task Step 11: Strategic reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.										
Task Step 12: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.										

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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 #7 Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers.										
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 EHR meets connectivity to RHIO/SHIN-NY requirements.	92	92	92	92	92	92	92	92	92	92
Task EHR meets connectivity to RHIO/SHIN-NY requirements.	62	162	162	162	162	162	162	162	162	162
Task EHR meets connectivity to RHIO/SHIN-NY requirements.	30	50	50	50	50	50	50	50	50	50
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										

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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
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 certification readiness assessment, IT Interoperability, Meaningful Use Readiness and Resource allocation readiness.										
Task										

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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
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										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.	
Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices.	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management.	
Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods.	
Ensure coordination with the Medicaid Managed Care organizations serving the target population.	
Use EHRs or other technical platforms to track all patients engaged in this project.	
Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers.	

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

Instructions :