Project 3.d.ii – Expansion of asthma home-based self-management program

IPQR Module 3.d.ii.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: Families eligible for Medicaid/uninsured are more likely to have challenges (e.g., low health literacy, difficulty obtaining medications, transportation problems, etc.) that contribute to increased risk for poor asthma-related health outcomes.
PATIENT REMEDIES: Our multi-disciplinary teams will provide consistent asthma education at each encounter within the PPS (i.e. hospital/ED, office, home visit) and tailor interventions to address the unique challenges faced by each patient.

PROVIDER CHALLENGES: 1) Some PPS providers will experience barriers in implementing NHLBI asthma guidelines. 2) Some PPS providers may not have resources to address the cultural/linguistic needs of the diverse Suffolk County population. 3) Provider participation
PROVIDER REMEDIES: 1) The project team will offer all PPS providers education and care redesign support required to meet project goals. This support will include a readiness assessment and guidance on best practices for achieving PCMH Level 3 status, including centralized scheduling, practitioners working at top of license, etc. 2) The PCP practice support teams will offer cultural competency training, including interpretation services use, for all practice staff. 3) Align providers through pay for performance incentives. The Provider Engagement Team will also work with the PPS provider network to identify alternative solutions for incentivizing providers to increase participation.

INFRASTRUCTURE CHALLENGES: 1) Consistency in hiring, training, and supervision of CHWs. 2) Potential difficulty exists in developing collaborative relationships across a diverse group of providers and community partners. If experienced, this could delay patients from receiving appropriate care in a timely manner.
INFRASTRUCTURE REMEDIES: 1) Building upon our existing program, we will hire and train additional management personnel to provide consistent workforce training and supervision. 2) The project team will hold monthly meetings with all project participants, including community partners, to monitor progress and implement shared governance.

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)

IPQR Module 3.d.ii.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
DY2,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	215	430	430	430
Non-PCP Practitioners	1,862	0	0	0	0	0	0	931	1,862	1,862	1,862
Clinics	20	0	0	0	0	0	0	10	20	20	20
Health Home / Care Management	11	0	0	0	0	0	0	5	11	11	11
Pharmacies	101	0	0	0	0	0	0	50	101	101	101
Community Based Organizations	38	0	0	0	0	0	0	18	38	38	38
All Other	1,136	0	0	0	0	0	0	568	1,136	1,136	1,136
Total Committed Providers	**3,598**	**0**	**0**	**0**	**0**	**0**	**0**	**1,797**	**3,598**	**3,598**	**3,598**
Percent Committed Providers(%)		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**49.94**	**100.00**	**100.00**	**100.00**

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Primary Care Physicians	430	430	430	430	430	430	430	430	430	430	430
Non-PCP Practitioners	1,862	1,862	1,862	1,862	1,862	1,862	1,862	1,862	1,862	1,862	1,862
Clinics	20	20	20	20	20	20	20	20	20	20	20
Health Home / Care Management	11	11	11	11	11	11	11	11	11	11	11
Pharmacies	101	101	101	101	101	101	101	101	101	101	101
Community Based Organizations	38	38	38	38	38	38	38	38	38	38	38
All Other	1,136	1,136	1,136	1,136	1,136	1,136	1,136	1,136	1,136	1,136	1,136

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)

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Total Committed Providers	3,598	3,598	3,598	3,598	3,598	3,598	3,598	3,598	3,598	3,598	3,598
Percent Committed Providers(%)		100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00

Current File Uploads

User ID	File Name	File Description	Upload Date

No Records Found

Narrative Text :

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)

IPQR Module 3.d.ii.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	6,751

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	674	2,180	2,697	674	3,371	4,214	5,057	674	3,371
Percent of Expected Patient Engagement(%)	**0.00**	**9.98**	**32.29**	**39.95**	**9.98**	**49.93**	**62.42**	**74.91**	**9.98**	**49.93**

Year,Quarter (DY3,Q3 – DY5,Q4)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Patients Engaged	5,065	6,751	674	3,371	5,065	6,751	6,751	6,751	6,751	6,751
Percent of Expected Patient Engagement(%)	**75.03**	**100.00**	**9.98**	**49.93**	**75.03**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

Current File Uploads

User ID	File Name	File Description	Upload Date

No Records Found

Narrative Text :

IPQR Module 3.d.ii.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 Expand asthma home-based self-management program to include home environmental trigger reduction, self-monitoring, medication use, and medical follow-up.	Project	N/A	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed a strategy for the collaboration of community medical and social services providers to assess a patient's home and provide self-management education for the appropriate control of asthma.	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Identify scope of work with Project 3.d.ii workgroup and committee for an asthma home assessment program that will include, but is not limited to: home-based self- management recognition and reduction of environmental triggers; and patient educational materials.	Project		In Progress	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 2: Engage the Cultural Competency & Health Literacy Advisory Group to review patient educational materials	Project		In Progress	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 3: Present scope of work to Project 3.d.ii Committee	Project		In Progress	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 4: Present scope of work to Clinical Governance committee for review and approval	Project		In Progress	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 5: Identify and create list of community medical and social service providers to engage for Project 3.d.ii	Project		In Progress	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 6: Develop budget and schedule for the collaboration of community medical and social services providers	Project		In Progress	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 7: Identify metrics and deliverables to measure and monitor program, which will include, but is not limited to, rosters of patients that received home-care interventions	Project		In Progress	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task	Project		In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 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
Step 8: Identify eligible patients to receive home-assessments							
Task Step 9: Engage community medical and social services providers to present proposals for the assessment of the patient's home environment and supply self-management educational materials to the patient	Project		In Progress	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 10: Finalize agreements with partners and initiate terms	Project		In Progress	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 11: Coordinate with contracted CHW Supervisor to monitor schedule for home assessments	Project		In Progress	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 12: Create a process to coordinate care with either a Health Home care manager or SCC care manager who may already be on, or needs to be on the case	Project		In Progress	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 13: Keep record of asthma patients that receive assessment	Project		In Progress	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 14: Keep record of CHWs who perform home assessments and the frequency of the assessments they perform	Project		In Progress	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 15: Engage key stakeholders to monitor efficacy of program including provider performance against identified metrics, budget and schedule	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 artifacts such as documented agreements with partners, patient educational materials and patient rosters of individuals who received home-based interventions	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #2 Establish procedures to provide, coordinate, or link the client to resources for evidence-based trigger reduction interventions. Specifically, change the patient's indoor environment to reduce exposure to asthma triggers such as pests, mold, and second hand smoke.	Project	N/A	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed intervention protocols and identified resources in the community to assist patients with needed evidence-based trigger reduction interventions.	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Identify and establish team of experts to develop intervention protocols, which include workflow processes, staff training materials and patient	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3

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
educational materials to reduce patient's exposure to environmental triggers. Team of experts to include the availability of care support resources such as care managers and specialist access							
Task Step 2: Engage the Cultural Competency & Health Literacy Advisory Group to review patient educational materials	Project		In Progress	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3: Engage Workforce project lead to review training curriculum	Project		In Progress	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Present intervention protocols and training materials to Project 3.d.ii Committee for review	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Present intervention protocols and training materials to Clinical Governance committee for review	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Identify areas of high asthma prevalence to strategize training roll-out	Project		In Progress	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 7: Identify, evaluate and prioritize a list of trainers to train staff of community medical and social service providers	Project		In Progress	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 8: 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 9: Collect and consolidate patient education materials for distribution	Project		In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 10: Collect and maintain, in a centralized location, all pertinent project artifacts such as documentation of process and workflow, written training materials, list of training dates along with number of staff trained and patient educational materials	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Develop and implement evidence-based asthma management guidelines.	Project	N/A	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS incorporates evidence-based guidelines that are periodically evaluated and revised, if necessary, in the design and implementation of asthma management.	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Establish team of experts to develop and review evidence-based guidelines (Project Leads, Project Workgroup, & Project Teams)	Project		In Progress	04/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3

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
Step 2: Develop and create evidence-based guidelines incorporating NEAPP EPR 3 Guidelines for the Diagnosis and Management of Asthma as the basis for implementing evidence-based asthma management care, together with The Community Preventative Service Task Force evidence-based recommendations for Home-Based Multi-Trigger, Multicomponent Environmental Interventions for Asthma Control							
Task Step 3: Develop strategy to implement and monitor the efficacy of the guidelines	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: Determine clear work flow processes for the care management/care coordination function that will support the asthma program. Ensure seamless coordination of patient outreach and care management effort across all involved providers.	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 5: Present evidence-based guidelines and implementation plan to Project 3.d.ii Committee for review	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Present evidence-based guidelines and implementation plan to Clinical Governance Committee for review	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 7: Implement evidence-based guidelines	Project		In Progress	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 8: Monitor and document the efficacy of the guidelines	Project		In Progress	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 9: Present results and recommendations as needed for revisions of the guidelines to the Clinical Governance Committee for review	Project		In Progress	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 10: Collect and maintain, in a centralized location, all pertinent project artifacts such as standard clinical protocols, treatment plans and reviewed and revised guidelines	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Implement training and asthma self-management education services, including basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans.	Project	N/A	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed training and comprehensive asthma self-management	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 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
education, to include basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans.							
Task Step 1: Establish team of experts to develop training materials for patient education, ensuring that training is comprehensive and utilizes national guidelines for asthma self-management education, with Project 3.d.ii Workgroup	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Engage the Cultural Competency & Health Literacy Advisory Group to review patient educational materials	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3: Engage Workforce project lead to review training materials	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: Present training materials to Project 3.d.ii Committee for review	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Present training materials to Clinical Governance Committee for review	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Identify and engage with expert Community Health Worker trainer/trainers to determine scope of work for vendors	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 7: Create a process to coordinate care with either a Health Home care manager or SCC care manager who may already be on, or needs to be on the case	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 8: Determine scope of work, budget, schedule and the appropriate stakeholders to engage for the implementation of the training and asthma self-management education services	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 9: Identify and engage vendors to contract for defined scope of work	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 10: Determine frequency of staff training and create calendar of training dates with locations on an ongoing basis to train staff	Project		In Progress	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 11: Keep record of training dates and attendance roster	Project		In Progress	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 12: Collect and maintain, in a centralized location, all pertinent project	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 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
artifacts such as staff training rosters and patient educational materials							
Milestone #5 Ensure coordinated care for asthma patients includes social services and support.	Project	N/A	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed and conducted training of all providers, including social services and support.	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task All practices in PPS have a Clinical Interoperability System in place for all participating providers.	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has assembled a care coordination team that includes 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.	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Identify scope of work with Project 3.d.ii workgroup for Project 3.d.ii care coordination model.	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Identify and assemble care coordination team to implement Project 3.d.ii care coordination model. The team should include but is not limited to, contracted/engaged participating partners, Health Home CMs and SCC CMs (some of whom may be embedded in PCMHs)	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3: Create and formalize policies and procedures for Project 3.d.ii care coordination model, ensuring coordinated care for asthma patients include social support	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: Present policies and procedures to Project 3.d.ii 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: Engage IDS Workgroup to align Project 2.a.i and Project 3.d.ii objectives of integrating all PPS practices in the PPS with a clinical interoperability system	Project		In Progress	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 7: Identify team members to collect information on asthma training	Project		In Progress	09/01/2015	12/31/2015	12/31/2015	DY1 Q3

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
program for care management/coordination staff. Team members should include nursing staff, pharmacists, dieticians and community health workers							
Task Step 8: Aggregate and develop written training materials	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 9: Engage Workforce project lead to review training plan for all identified providers	Project		In Progress	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 10: Present training program to Project 3.d.ii committee for review	Project		In Progress	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 11: Present training program to Clinical Governance Committee for review	Project		In Progress	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 12: Identify expert trainer/trainers	Project		In Progress	04/01/2016	12/31/2016	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	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.d.ii 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 artifacts such as care coordination team rosters, written training materials, list of training dates and staff trained, contracts, reports, vendor system documentation and process and workflow documentation	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Implement periodic follow-up services, particularly after ED or hospital visit occurs, to provide patients with root cause analysis of what happened and how to avoid future events.	Project	N/A	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Follow-up services implemented after ED or hospital visit occurs. Root cause analysis is conducted and shared with patient's family.	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Identify and engage key project stakeholders (both internal and external) to develop plan for follow-up services; methods of when and how to perform and document root cause analysis; and as communicating findings with patients and families	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3

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 2: Engage the Cultural Competency & Health Literacy Advisory Group to review patient-facing materials	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 3: Present plan to Clinical Governance committee for review	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Implementation of Project 3.d.ii post discharge follow-up plan with engaged contracted partners	Project		In Progress	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 5: Collect and maintain record of post discharge follow-up data which may include follow-up dates and details of follow-up	Project		In Progress	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 6: Collect and maintain, in a centralized location, all pertinent project artifacts such rosters demonstrating follow-up is conducted, and materials supporting that root cause analysis was conducted and shared with family	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Ensure communication, coordination, and continuity of care with Medicaid Managed Care plans, Health Home care managers, primary care providers, and specialty providers.	Project	N/A	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has established agreements with MCOs that address the coverage of patients with asthma health issues. PPS has established agreements with health home care managers, PCPs, and specialty providers.	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Develop MCO, Health Home care managers, primary care providers, and specialty providers stakeholder Roster to be engaged in the project	Project		In Progress	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 2: Include MCO Health Home care managers, primary care providers, and specialty providers stakeholders to care coordination model development	Project		In Progress	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 3: Engage MCO Team to develop Asthma Payment Strategy for Asthma-related Services into payer agreements	Project		In Progress	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 4: Engage with stakeholder group to identify triggers and processes for care coordination and chronic care services to ensure coordination, gaps in care and/or redundant services.	Project		In Progress	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 5: Execute Payment Agreements or MOU with MCO for Asthma-related Services and ensure payers provide coverage and coordination of service	Project		In Progress	01/01/2017	03/31/2017	03/31/2017	DY2 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
benefits							
Task Step 6: Collect and maintain, in a centralized location, all pertinent project artifacts such as written agreements	Project		In Progress	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 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
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	Project		In Progress	11/01/2015	03/31/2017	03/31/2017	DY2 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
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.	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

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 Expand asthma home-based self-management program to include home environmental trigger reduction, self-monitoring, medication use, and medical follow-up.										
Task PPS has developed a strategy for the collaboration of community medical and social services providers to assess a patient's home and provide self-management education for the appropriate control of asthma.										
Task Step 1: Identify scope of work with Project 3.d.ii workgroup and committee for an asthma home assessment program that will include, but is not limited to: home-based self- management recognition and reduction of environmental triggers; and patient educational materials.										
Task Step 2: Engage the Cultural Competency & Health Literacy Advisory Group to review patient educational materials										
Task Step 3: Present scope of work to Project 3.d.ii Committee										
Task Step 4: Present scope of work to Clinical Governance committee for review and approval										
Task Step 5: Identify and create list of community medical and social service providers to engage for Project 3.d.ii										

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

DSRIP Implementation Plan Project

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

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Step 6: Develop budget and schedule for the collaboration of community medical and social services providers										
Task Step 7: Identify metrics and deliverables to measure and monitor program, which will include, but is not limited to, rosters of patients that received home-care interventions										
Task Step 8: Identify eligible patients to receive home-assessments										
Task Step 9: Engage community medical and social services providers to present proposals for the assessment of the patient's home environment and supply self-management educational materials to the patient										
Task Step 10: Finalize agreements with partners and initiate terms										
Task Step 11: Coordinate with contracted CHW Supervisor to monitor schedule for home assessments										
Task Step 12: Create a process to coordinate care with either a Health Home care manager or SCC care manager who may already be on, or needs to be on the case										
Task Step 13: Keep record of asthma patients that receive assessment										
Task Step 14: Keep record of CHWs who perform home assessments and the frequency of the assessments they perform										
Task Step 15: Engage key stakeholders to monitor efficacy of program including provider performance against identified metrics, budget and schedule										
Task Step 16: Collect and maintain, in a centralized location, all pertinent project artifacts such as documented agreements with partners, patient educational materials and patient rosters of individuals who received home-based interventions										
Milestone #2 Establish procedures to provide, coordinate, or link the client to resources for evidence-based trigger reduction interventions. Specifically, change the patient's indoor environment to reduce exposure to asthma triggers such as pests, mold, and second hand smoke.										

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

DSRIP Implementation Plan Project

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

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task PPS has developed intervention protocols and identified resources in the community to assist patients with needed evidence-based trigger reduction interventions.										
Task Step 1: Identify and establish team of experts to develop intervention protocols, which include workflow processes, staff training materials and patient educational materials to reduce patient's exposure to environmental triggers. Team of experts to include the availability of care support resources such as care managers and specialist access										
Task Step 2: Engage the Cultural Competency & Health Literacy Advisory Group to review patient educational materials										
Task Step 3: Engage Workforce project lead to review training curriculum										
Task Step 4: Present intervention protocols and training materials to Project 3.d.ii Committee for review										
Task Step 5: Present intervention protocols and training materials to Clinical Governance committee for review										
Task Step 6: Identify areas of high asthma prevalence to strategize training roll-out										
Task Step 7: Identify, evaluate and prioritize a list of trainers to train staff of community medical and social service providers										
Task Step 8: Determine frequency of staff training and establish calendar of training dates with locations to train staff										
Task Step 9: Collect and consolidate patient education materials for distribution										
Task Step 10: Collect and maintain, in a centralized location, all pertinent project artifacts such as documentation of process and workflow, written training materials, list of training dates along with number of staff trained and patient educational materials										
Milestone #3 Develop and implement evidence-based asthma management guidelines.										

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

DSRIP Implementation Plan Project

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

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task PPS incorporates evidence-based guidelines that are periodically evaluated and revised, if necessary, in the design and implementation of asthma management.										
Task Step 1: Establish team of experts to develop and review evidence-based guidelines (Project Leads, Project Workgroup, & Project Teams)										
Task Step 2: Develop and create evidence-based guidelines incorporating NEAPP EPR 3 Guidelines for the Diagnosis and Management of Asthma as the basis for implementing evidence-based asthma management care, together with The Community Preventative Service Task Force evidence-based recommendations for Home-Based Multi-Trigger, Multicomponent Environmental Interventions for Asthma Control										
Task Step 3: Develop strategy to implement and monitor the efficacy of the guidelines										
Task Step 4: Determine clear work flow processes for the care management/care coordination function that will support the asthma program. Ensure seamless coordination of patient outreach and care management effort across all involved providers.										
Task Step 5: Present evidence-based guidelines and implementation plan to Project 3.d.ii Committee for review										
Task Step 6: Present evidence-based guidelines and implementation plan to Clinical Governance Committee for review										
Task Step 7: Implement evidence-based guidelines										
Task Step 8: Monitor and document the efficacy of the guidelines										
Task Step 9: Present results and recommendations as needed for revisions of the guidelines to the Clinical Governance Committee for review										
Task Step 10: Collect and maintain, in a centralized location, all pertinent project artifacts such as standard clinical protocols, treatment plans and reviewed and revised guidelines										

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

DSRIP Implementation Plan Project

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

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #4 Implement training and asthma self-management education services, including basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans.										
Task PPS has developed training and comprehensive asthma self-management education, to include basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans.										
Task Step 1: Establish team of experts to develop training materials for patient education, ensuring that training is comprehensive and utilizes national guidelines for asthma self-management education, with Project 3.d.ii Workgroup										
Task Step 2: Engage the Cultural Competency & Health Literacy Advisory Group to review patient educational materials										
Task Step 3: Engage Workforce project lead to review training materials										
Task Step 4: Present training materials to Project 3.d.ii Committee for review										
Task Step 5: Present training materials to Clinical Governance Committee for review										
Task Step 6: Identify and engage with expert Community Health Worker trainer/trainers to determine scope of work for vendors										
Task Step 7: Create a process to coordinate care with either a Health Home care manager or SCC care manager who may already be on, or needs to be on the case										
Task Step 8: Determine scope of work, budget, schedule and the appropriate stakeholders to engage for the implementation of the training and asthma self- management education services										
Task Step 9: Identify and engage vendors to contract for defined scope of work										

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

DSRIP Implementation Plan Project

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

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Step 10: Determine frequency of staff training and create calendar of training dates with locations on an ongoing basis to train staff										
Task Step 11: Keep record of training dates and attendance roster										
Task Step 12: Collect and maintain, in a centralized location, all pertinent project artifacts such as staff training rosters and patient educational materials										
Milestone #5 Ensure coordinated care for asthma patients includes social services and support.										
Task PPS has developed and conducted training of all providers, including social services and support.										
Task All practices in PPS have a Clinical Interoperability System in place for all participating providers.										
Task PPS has assembled a care coordination team that includes 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 Step 1: Identify scope of work with Project 3.d.ii workgroup for Project 3.d.ii care coordination model.										
Task Step 2: Identify and assemble care coordination team to implement Project 3.d.ii care coordination model. The team should include but is not limited to, contracted/engaged participating partners, Health Home CMs and SCC CMs (some of whom may be embedded in PCMHs)										
Task Step 3: Create and formalize policies and procedures for Project 3.d.ii care coordination model, ensuring coordinated care for asthma patients include social support										
Task Step 4: Present policies and procedures to Project 3.d.ii committee for review										
Task Step 5: Present policies and procedures to Clinical Governance Committee for review										

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

DSRIP Implementation Plan Project

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

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Step 6: Engage IDS Workgroup to align Project 2.a.i and Project 3.d.ii objectives of integrating all PPS practices in the PPS with a clinical interoperability system										
Task Step 7: Identify team members to collect information on asthma training program for care management/coordination staff. Team members should include nursing staff, pharmacists, dieticians and community health workers										
Task Step 8: Aggregate and develop written training materials										
Task Step 9: Engage Workforce project lead to review training plan for all identified providers										
Task Step 10: Present training program to Project 3.d.ii committee for review										
Task Step 11: Present training program 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.d.ii workgroup										
Task Step 16: Collect and maintain, in a centralized location, all pertinent project artifacts such as care coordination team rosters, written training materials, list of training dates and staff trained, contracts, reports, vendor system documentation and process and workflow documentation										
Milestone #6 Implement periodic follow-up services, particularly after ED or hospital visit occurs, to provide patients with root cause analysis of what happened and how to avoid future events.										
Task Follow-up services implemented after ED or hospital visit occurs. Root cause analysis is conducted and shared with										

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

DSRIP Implementation Plan Project

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

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
patient's family.										
Task Step 1: Identify and engage key project stakeholders (both internal and external) to develop plan for follow-up services; methods of when and how to perform and document root cause analysis; and as communicating findings with patients and families										
Task Step 2: Engage the Cultural Competency & Health Literacy Advisory Group to review patient-facing materials										
Task Step 3: Present plan to Clinical Governance committee for review										
Task Step 4: Implementation of Project 3.d.ii post discharge follow-up plan with engaged contracted partners										
Task Step 5: Collect and maintain record of post discharge follow-up data which may include follow-up dates and details of follow-up										
Task Step 6: Collect and maintain, in a centralized location, all pertinent project artifacts such rosters demonstrating follow-up is conducted, and materials supporting that root cause analysis was conducted and shared with family										
Milestone #7 Ensure communication, coordination, and continuity of care with Medicaid Managed Care plans, Health Home care managers, primary care providers, and specialty providers.										
Task PPS has established agreements with MCOs that address the coverage of patients with asthma health issues. PPS has established agreements with health home care managers, PCPs, and specialty providers.										
Task Step 1: Develop MCO, Health Home care managers, primary care providers, and specialty providers stakeholder Roster to be engaged in the project										
Task Step 2: Include MCO Health Home care managers, primary care providers, and specialty providers stakeholders to care coordination model development										
Task Step 3: Engage MCO Team to develop Asthma Payment Strategy for Asthma-related Services into payer agreements										

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

DSRIP Implementation Plan Project

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

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Step 4: Engage with stakeholder group to identify triggers and processes for 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 Asthma-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 agreements										
Milestone #8 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 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.										

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

DSRIP Implementation Plan Project

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

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Step 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.										

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 Expand asthma home-based self-management program to include home environmental trigger reduction, self-monitoring, medication use, and medical follow-up.										
Task PPS has developed a strategy for the collaboration of community medical and social services providers to assess a patient's home and provide self-management education for the appropriate control of asthma.										
Task Step 1: Identify scope of work with Project 3.d.ii workgroup and committee for an asthma home assessment program that will include, but is not limited to: home-based self- management recognition and reduction of environmental triggers; and patient educational materials.										
Task Step 2: Engage the Cultural Competency & Health Literacy Advisory Group to review patient educational materials										
Task										

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)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Step 3: Present scope of work to Project 3.d.ii Committee										
Task Step 4: Present scope of work to Clinical Governance committee for review and approval										
Task Step 5: Identify and create list of community medical and social service providers to engage for Project 3.d.ii										
Task Step 6: Develop budget and schedule for the collaboration of community medical and social services providers										
Task Step 7: Identify metrics and deliverables to measure and monitor program, which will include, but is not limited to, rosters of patients that received home-care interventions										
Task Step 8: Identify eligible patients to receive home-assessments										
Task Step 9: Engage community medical and social services providers to present proposals for the assessment of the patient's home environment and supply self-management educational materials to the patient										
Task Step 10: Finalize agreements with partners and initiate terms										
Task Step 11: Coordinate with contracted CHW Supervisor to monitor schedule for home assessments										
Task Step 12: Create a process to coordinate care with either a Health Home care manager or SCC care manager who may already be on, or needs to be on the case										
Task Step 13: Keep record of asthma patients that receive assessment										
Task Step 14: Keep record of CHWs who perform home assessments and the frequency of the assessments they perform										
Task Step 15: Engage key stakeholders to monitor efficacy of program including provider performance against identified metrics, budget and schedule										
Task Step 16: Collect and maintain, in a centralized location, all pertinent project artifacts such as documented agreements with										

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)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
partners, patient educational materials and patient rosters of individuals who received home-based interventions										
Milestone #2 Establish procedures to provide, coordinate, or link the client to resources for evidence-based trigger reduction interventions. Specifically, change the patient's indoor environment to reduce exposure to asthma triggers such as pests, mold, and second hand smoke.										
Task PPS has developed intervention protocols and identified resources in the community to assist patients with needed evidence-based trigger reduction interventions.										
Task Step 1: Identify and establish team of experts to develop intervention protocols, which include workflow processes, staff training materials and patient educational materials to reduce patient's exposure to environmental triggers. Team of experts to include the availability of care support resources such as care managers and specialist access										
Task Step 2: Engage the Cultural Competency & Health Literacy Advisory Group to review patient educational materials										
Task Step 3: Engage Workforce project lead to review training curriculum										
Task Step 4: Present intervention protocols and training materials to Project 3.d.ii Committee for review										
Task Step 5: Present intervention protocols and training materials to Clinical Governance committee for review										
Task Step 6: Identify areas of high asthma prevalence to strategize training roll-out										
Task Step 7: Identify, evaluate and prioritize a list of trainers to train staff of community medical and social service providers										
Task Step 8: Determine frequency of staff training and establish calendar of training dates with locations to train staff										
Task Step 9: Collect and consolidate patient education materials for distribution										
Task Step 10: Collect and maintain, in a centralized location, all										

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)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
pertinent project artifacts such as documentation of process and workflow, written training materials, list of training dates along with number of staff trained and patient educational materials										
Milestone #3 Develop and implement evidence-based asthma management guidelines.										
Task PPS incorporates evidence-based guidelines that are periodically evaluated and revised, if necessary, in the design and implementation of asthma management.										
Task Step 1: Establish team of experts to develop and review evidence-based guidelines (Project Leads, Project Workgroup, & Project Teams)										
Task Step 2: Develop and create evidence-based guidelines incorporating NEAPP EPR 3 Guidelines for the Diagnosis and Management of Asthma as the basis for implementing evidence-based asthma management care, together with The Community Preventative Service Task Force evidence-based recommendations for Home-Based Multi-Trigger, Multicomponent Environmental Interventions for Asthma Control										
Task Step 3: Develop strategy to implement and monitor the efficacy of the guidelines										
Task Step 4: Determine clear work flow processes for the care management/care coordination function that will support the asthma program. Ensure seamless coordination of patient outreach and care management effort across all involved providers.										
Task Step 5: Present evidence-based guidelines and implementation plan to Project 3.d.ii Committee for review										
Task Step 6: Present evidence-based guidelines and implementation plan to Clinical Governance Committee for review										
Task Step 7: Implement evidence-based guidelines										
Task Step 8: Monitor and document the efficacy of the guidelines										

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)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Step 9: Present results and recommendations as needed for revisions of the guidelines to the Clinical Governance Committee for review										
Task Step 10: Collect and maintain, in a centralized location, all pertinent project artifacts such as standard clinical protocols, treatment plans and reviewed and revised guidelines										
Milestone #4 Implement training and asthma self-management education services, including basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans.										
Task PPS has developed training and comprehensive asthma self-management education, to include basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans.										
Task Step 1: Establish team of experts to develop training materials for patient education, ensuring that training is comprehensive and utilizes national guidelines for asthma self-management education, with Project 3.d.ii Workgroup										
Task Step 2: Engage the Cultural Competency & Health Literacy Advisory Group to review patient educational materials										
Task Step 3: Engage Workforce project lead to review training materials										
Task Step 4: Present training materials to Project 3.d.ii Committee for review										
Task Step 5: Present training materials to Clinical Governance Committee for review										
Task Step 6: Identify and engage with expert Community Health Worker trainer/trainers to determine scope of work for vendors										
Task Step 7: Create a process to coordinate care with either a Health Home care manager or SCC care manager who may already										

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)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
be on, or needs to be on the case										
Task Step 8: Determine scope of work, budget, schedule and the appropriate stakeholders to engage for the implementation of the training and asthma self- management education services										
Task Step 9: Identify and engage vendors to contract for defined scope of work										
Task Step 10: Determine frequency of staff training and create calendar of training dates with locations on an ongoing basis to train staff										
Task Step 11: Keep record of training dates and attendance roster										
Task Step 12: Collect and maintain, in a centralized location, all pertinent project artifacts such as staff training rosters and patient educational materials										
Milestone #5 Ensure coordinated care for asthma patients includes social services and support.										
Task PPS has developed and conducted training of all providers, including social services and support.										
Task All practices in PPS have a Clinical Interoperability System in place for all participating providers.										
Task PPS has assembled a care coordination team that includes 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 Step 1: Identify scope of work with Project 3.d.ii workgroup for Project 3.d.ii care coordination model.										
Task Step 2: Identify and assemble care coordination team to implement Project 3.d.ii care coordination model. The team should include but is not limited to, contracted/engaged participating partners, Health Home CMs and SCC CMs (some of whom may be embedded in PCMHs)										
Task Step 3: Create and formalize policies and procedures for										

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)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Project 3.d.ii care coordination model, ensuring coordinated care for asthma patients include social support										
Task Step 4: Present policies and procedures to Project 3.d.ii committee for review										
Task Step 5: Present policies and procedures to Clinical Governance Committee for review										
Task Step 6: Engage IDS Workgroup to align Project 2.a.i and Project 3.d.ii objectives of integrating all PPS practices in the PPS with a clinical interoperability system										
Task Step 7: Identify team members to collect information on asthma training program for care management/coordination staff. Team members should include nursing staff, pharmacists, dieticians and community health workers										
Task Step 8: Aggregate and develop written training materials										
Task Step 9: Engage Workforce project lead to review training plan for all identified providers										
Task Step 10: Present training program to Project 3.d.ii committee for review										
Task Step 11: Present training program 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.d.ii workgroup										
Task Step 16: Collect and maintain, in a centralized location, all pertinent project artifacts such as care coordination team rosters, written training materials, list of training dates and staff										

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)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
trained, contracts, reports, vendor system documentation and process and workflow documentation										
Milestone #6 Implement periodic follow-up services, particularly after ED or hospital visit occurs, to provide patients with root cause analysis of what happened and how to avoid future events.										
Task Follow-up services implemented after ED or hospital visit occurs. Root cause analysis is conducted and shared with patient's family.										
Task Step 1: Identify and engage key project stakeholders (both internal and external) to develop plan for follow-up services; methods of when and how to perform and document root cause analysis; and as communicating findings with patients and families										
Task Step 2: Engage the Cultural Competency & Health Literacy Advisory Group to review patient-facing materials										
Task Step 3: Present plan to Clinical Governance committee for review										
Task Step 4: Implementation of Project 3.d.ii post discharge follow-up plan with engaged contracted partners										
Task Step 5: Collect and maintain record of post discharge follow-up data which may include follow-up dates and details of follow-up										
Task Step 6: Collect and maintain, in a centralized location, all pertinent project artifacts such rosters demonstrating follow-up is conducted, and materials supporting that root cause analysis was conducted and shared with family										
Milestone #7 Ensure communication, coordination, and continuity of care with Medicaid Managed Care plans, Health Home care managers, primary care providers, and specialty providers.										
Task PPS has established agreements with MCOs that address the coverage of patients with asthma health issues. PPS has established agreements with health home care managers, PCPs, and specialty providers.										
Task Step 1: Develop MCO, Health Home care managers, primary care providers, and specialty providers stakeholder Roster to										

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)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
be engaged in the project										
Task Step 2: Include MCO Health Home care managers, primary care providers, and specialty providers stakeholders to care coordination model development										
Task Step 3: Engage MCO Team to develop Asthma Payment Strategy for Asthma-related Services into payer agreements										
Task Step 4: Engage with stakeholder group to identify triggers and processes for 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 Asthma-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 agreements										
Milestone #8 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.)										

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)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
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.										

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
Expand asthma home-based self-management program to include home environmental trigger	

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)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
reduction, self-monitoring, medication use, and medical follow-up.	
Establish procedures to provide, coordinate, or link the client to resources for evidence-based trigger reduction interventions. Specifically, change the patient's indoor environment to reduce exposure to asthma triggers such as pests, mold, and second hand smoke.	
Develop and implement evidence-based asthma management guidelines.	
Implement training and asthma self-management education services, including basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans.	
Ensure coordinated care for asthma patients includes social services and support.	
Implement periodic follow-up services, particularly after ED or hospital visit occurs, to provide patients with root cause analysis of what happened and how to avoid future events.	
Ensure communication, coordination, and continuity of care with Medicaid Managed Care plans, Health Home care managers, primary care providers, and specialty providers.	
Use EHRs or other technical platforms to track all patients engaged in this project.	

IPQR Module 3.d.ii.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

IPQR Module 3.d.ii.6 - IA Monitoring

Instructions :

Milestone 3: NEAPP EPR 3 Guidelines for the Diagnosis and Management of Asthma should serve as the basis for implementing evidence-based asthma management care together with The Community Preventative Service Task Force evidence-based recommendations for Home-Based Multi-Trigger, Multicomponent Environmental Interventions for Asthma Control: http://www.thecommunityguide.org/asthma/multicomponent.html Milestone 4: The IA recommends that the PPS review the National Standards for asthma self-management education to ensure that training is comprehensive and utilizes national guidelines for asthma self-management education: (Gardner A., Kaplan B., Brown W., et al. (2015). National standards for asthma self-management education. Ann Allergy Asthma Immunol. 114 (3). doi: 10.1016/j.anai.2014.12.014.)