



New York Department of Health
Delivery System Reform Incentive
Payment (DSRIP) Program

DSRIP Scoring Summary:
Advocate Community Partners (AW Medical)

February 17 - 20, 2015



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PPS Informational Page and Proposal Overview

PPS Name: Advocate Community Partners (AW Medical) PPS

PPS Lead Organization: Tallaj Ramon Modesto MD

PPS Service Counties: Bronx, Kings, New York, Queens

Total Attributed Population: 769,089

Goals of the PPS:

1. Create an Integrated Delivery System, begin DY1, ongoing through Q4DY5
2. All Primary Care Practitioners Achieve PCMH 2014 Level 3 by Q4DY3
3. Focus on care management and disease prevention by Q4DY1
4. Adopt evidence-based protocols by Q4DY1
5. Expand innovative health IT platform by Q4DY3
6. Lower costs of care while preserving Medicaid safety net system by Q4DY5
7. Enhance patient satisfaction and outcomes by Q4DY4
8. Improve community health status, ongoing through Q4DY5
9. Ensure workforce stability during system transformation, DY2 through Q4DY 5
10. Secure financial sustainability during and after DSRIP program period, ongoing through Q4DY5

Network Composition:

Provider Types	Total Providers in Network
Primary Care Physicians	1,002
Non-PCP Practitioners	1,681
Hospitals	16
Clinics	51
Health Home / Care Management	11
Behavioral Health	154
Substance Abuse	41
Skilled Nursing Facilities / Nursing Homes	38
Pharmacy	8
Hospice	5
Community Based Organizations	18
All Other	1,669



Projects Selected – Summary Table

Project Selection	Project Title	Index Score	Number of PPS' Pursuing Project	% of PPS' Selecting Project
2.a.i	Create Integrated Delivery Systems focused on Evidence-based Medicine/Population Health Management	56	22	88%
2.a.iii	Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services	46	10	40%
2.b.iii	ED care triage for at-risk populations	43	13	52%
2.b.iv	Care transitions intervention model to reduce 30 day readmissions for chronic health conditions	43	17	68%
3.a.i	Integration of primary care and behavioral health services	39	25	100%
3.b.i	Evidence-based strategies for disease management in high risk/affected populations (adult only)	30	15	60%
3.c.i	Evidence based strategies for disease management in high risk/affected populations (adults only)	30	10	40%
3.d.iii	Implementation of evidence-based medicine guidelines for asthma management	31	5	20%
4.b.i	Promote tobacco use cessation, especially among low SES populations and those with poor mental health.	23	11	44%
4.b.ii	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings	17	11	44%
	Cumulative Index Score	358		
	PPS Rank by Cumulative Index Score	16		

Organizational and Project Scoring Summary Tables

Organizational Component Scores

Please note, the organizational component score is worth 30% of the final score with the Project score representing 70% of the overall score for each DSRIP project.

Section Points Possible		Reviewer Scores						Subjective Scores				Objective Score	Final Org Score ²
Section	Points Possible	1	2	3	4	5	6	Median	Average	Trimmed Average	Selected Subjective Score ¹	Workforce Score	
Executive Summary	Pass/Fail	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	N/A	Pass
Governance	25	24.13	23.96	23.31	23.33	20.21	25.00	23.65	23.32	23.95	23.95	N/A	23.95
Community Needs Assessment	25	24.86	25.00	24.58	23.75	23.06	22.78	24.17	24.00	24.00	24.17	N/A	24.17
Workforce Strategy	20	15.55	16.00	16.00	15.38	13.62	15.83	15.69	15.40	15.75	15.75	3.33	19.09
Data Sharing, Confidentiality & Rapid Cycle Evaluation	5	4.72	4.72	4.72	4.44	4.33	5.00	4.72	4.66	4.66	4.72	N/A	4.72
PPS Cultural Competency/Health Literacy	15	15.00	15.00	15.00	14.17	15.00	15.00	15.00	14.86	15.00	15.00	N/A	15.00
DSRIP Budget & Flow of Funds	Pass/Fail	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	N/A	Pass
Financial Sustainability Plan	10	10.00	8.89	8.52	9.44	8.52	10.00	9.17	9.23	9.23	9.23	N/A	9.23
												Total	96.15

¹ **Selected Subjective Score** is the highest of the median, average, and trimmed average

² **Final Org Score** is the sum of the *Selected Subjective Score* and *Workforce Score*

Project Scores

Please note, the project scores are worth 70% of the final score with the Organizational score representing 30% of the overall score for each DSRIP project.

Points Possible		Reviewer Scores						Subjective Scores				Objective Scores		Total Project Score ²
Project #	Subjective Points Possible	1	2	3	4	5	6	Median	Average	Trimmed Average	Selected Subjective Score ¹	Scale Score	Speed Score	
2.a.i	40	38.33	40.00	36.67	36.67	38.33	40.00	38.33	38.33	38.33	38.33	12.47	32.50	83.31
2.a.iii	20	18.67	20.00	17.33	18.67	14.67	20.00	18.67	18.22	18.93	18.93	29.55	37.50	85.98
2.b.iii	20	17.33	20.00	20.00	20.00	17.33	20.00	20.00	19.11	19.11	20.00	23.36	33.75	77.11
2.b.iv	20	17.33	20.00	18.67	18.67	17.33	20.00	18.67	18.67	18.67	18.67	28.35	38.33	85.35
3.a.i	20	17.33	20.00	20.00	20.00	17.33	20.00	20.00	19.11	19.11	20.00	27.49	37.50	84.99
3.b.i	20	18.67	20.00	20.00	18.67	14.67	20.00	19.33	18.67	19.47	19.47	33.09	34.58	87.14
3.c.i	20	17.33	20.00	20.00	20.00	16.00	20.00	20.00	18.89	19.47	20.00	33.97	37.50	91.47
3.d.iii	20	20.00	20.00	18.33	18.33	13.33	20.00	19.17	18.33	19.33	19.33	33.95	36.67	89.95
4.b.i	100	88.89	100.00	94.44	100.00	100.00	100.00	100.00	97.22	98.89	100.00	0.00	0.00	100.00
4.b.ii	100	88.89	100.00	100.00	100.00	100.00	100.00	100.00	98.15	100.00	100.00	0.00	0.00	100.00

¹ **Selected Subjective Score** is the highest of the median, average, and trimmed average

² **Total Project Score** is the sum of *Selected Subjective Score, Scale Score, and Speed Score*

Final Application Score Calculation
 30% Organizational Score, 70% Project Score + Bonuses

Project #	Organizational Score	Weighted Organizational Score (0.3)	Project Score	Weighted Project Score (0.7)	Bonus (2.a.i IDS)	Bonus (Workforce)	Bonus (2.d.i Project)	Final Application Score
2.a.i	96.15	28.84	83.31	58.32	3.00	1.33	TBD	91.49
2.a.iii	96.15	28.84	85.98	60.19	N/A	1.33	TBD	90.37
2.b.iii	96.15	28.84	77.11	53.98	N/A	1.33	TBD	84.16
2.b.iv	96.15	28.84	85.35	59.75	N/A	1.33	TBD	89.93
3.a.i	96.15	28.84	84.99	59.49	N/A	1.33	TBD	89.67
3.b.i	96.15	28.84	87.14	61.00	N/A	1.33	TBD	91.18
3.c.i	96.15	28.84	91.47	64.03	N/A	1.33	TBD	94.20
3.d.iii	96.15	28.84	89.95	62.97	N/A	1.33	TBD	93.14
4.b.i	96.15	28.84	100.00	70.00	N/A	1.33	TBD	100.00
4.b.ii	96.15	28.84	100.00	70.00	N/A	1.33	TBD	100.00

Organizational Component – Narrative Summary

Section	Subjective Points	Points Possible	Strengths	Comments
Executive Summary	Pass	Pass/Fail	<ul style="list-style-type: none"> PPS' Executive Summary received passing evaluation from all scorers 	
Governance	23.95	25	<ul style="list-style-type: none"> Response defines key finance functions to be established within the organization PPS provided multiple avenues for Medicaid beneficiaries to submit compliance complaints Response comprehensively describes processes that will be implemented to support the financial success of the organization and the decision making of the PPS' governance structure Response effectively explains how members included in Project Advisory Committee provide adequate representation of providers and community organizations in the network Response defines a clear and appropriate process of informing patients in the event a provider is removed from the system 	<ul style="list-style-type: none"> Response does not provide description of Support Center that plays key role in multiple projects Response does not clearly articulate the PPS' intention to contract with CBOs Response does not affirm a commitment of the PPS to actively engage stakeholders throughout DSRIP Response did not clearly identify the individual responsible for compliance and did not clearly establish how this person will interact with the governing team No commitment of PPS in providing technical assistance to lower performing providers
Community Needs Assessment	24.17	25	<ul style="list-style-type: none"> Response adequately explains the Community Needs Assessment's process, set of data sources used and methodology Response adequately explains the leading causes of hospitalization and preventable hospitalizations by demographic groupings Description of community engagement on CNA clearly identifies focus groups convened 	<ul style="list-style-type: none"> Response does not clearly describe health literacy limitations but notes percentages of families with limited English language proficiency Response does not describe any excess hospital capacity that will be reduced Response does not clearly describe how strategies address the identified gaps

Section	Subjective Points	Points Possible	Strengths	Comments
Workforce Strategy	15.75	20	<ul style="list-style-type: none"> Response successfully summarizes how existing workers will be impacted by possible staff redeployment, retraining, and reductions to workforce Response adequately explains ramifications for existing employees who refuse retraining assignment Response clearly identifies new positions that will be created and the approximate numbers within each category 	<ul style="list-style-type: none"> Response does not fully describe the impact of this transition on current salaries and benefits Response does not demonstrate a full commitment of the PPS to engage frontline workers Workforce strategy does not specifically identify which existing state workforce programs will be considered
Data Sharing, Confidentiality, and Rapid Cycle Evaluation	4.72	5	<ul style="list-style-type: none"> Response identifies the organizational unit within the organizational structure that will be accountable for reporting results and making recommendations on actions requiring further investigation into PPS performance Response sufficiently explains how rapid-cycle evaluation will assist in facilitating the successful development of a highly functioning PPS 	<ul style="list-style-type: none"> Response does not describe how the PPS will have/develop an ability to share relevant patient information Response does not clearly identify how the network of providers will be linked via IT systems Response does not clearly identify how the unit responsible for RCE fits within the PPS governing team
Cultural Competency/Health Literacy	15.00	15	<ul style="list-style-type: none"> Response adequately captures the identified cultural competency challenges which the PPS must address to ensure success Response sufficiently explains initiatives the PPS will pursue to promote health literacy 	<ul style="list-style-type: none"> No significant weakness identified for this section
DSRIP Budget & Flow of Funds	Pass	Pass/Fail	<ul style="list-style-type: none"> PPS received passing evaluations in all five Budget & Flow of Funds categories from all scorers 	
Financial Sustainability Plan	9.23	10	<ul style="list-style-type: none"> Response explains how the PPS will sustain outcomes after the conclusion of the program. For example, ongoing efforts to coordinate with Medicaid health plans is clearly described Response addresses how fragile safety net providers will achieve a path to financial sustainability 	<ul style="list-style-type: none"> Response does not reference any formal analysis or mechanism for collecting financial information on participating providers to evaluate risk
Final Organizational Score	96.15	100		

Bonus Component – Narrative Summary

Section	Subjective Points	Points Possible	Strengths	Comments
Bonus Points – Population Health Management	3.00	3	<ul style="list-style-type: none"> PPS has population health management experience with New York Medicaid population Response clearly identifies how the PPS has engaged key partners with proven population health management skill sets 	
Bonus Points - Workforce	1.33	3		<ul style="list-style-type: none"> PPS intends to contract with an entity that has proven healthcare workforce restructuring experience to help carry out the PPS' workforce strategy of retraining, redeploying, and recruiting employees
Bonus Points – 2.d.i	TBD	TBD		<ul style="list-style-type: none"> PPS did not pursue project 2.d.i



Project Scoring Narrative Summaries

Project 2.a.i

PPS Name: Advocate Community Partners (AW Medical) PPS

DSRIP Project Number: 2.a.i

DSRIP Project Title: Create Integrated Delivery Systems that are focused on Evidence Based Medicine/ Population Health Management

Number of PPS' Pursuing This Project: 22

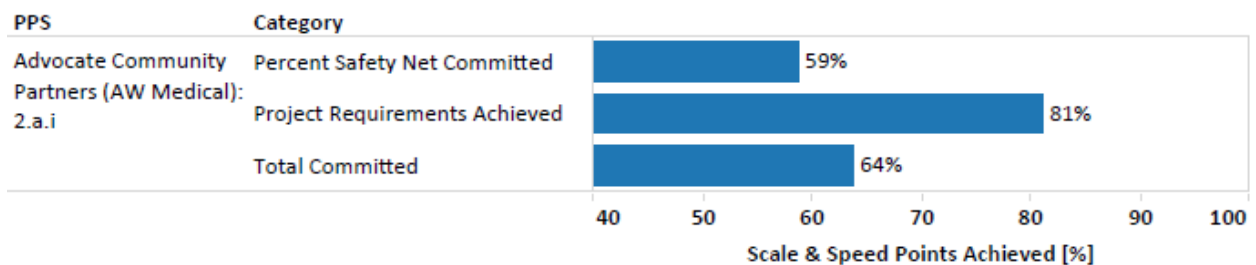
Final Application Score
91.49

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
38.33	40	<ul style="list-style-type: none"> Response describes how the project's governance strategy will evolve all participants into an integrated healthcare delivery system Response describes how project challenges will be addressed Comprehensive IDS strategy and action plan clearly describes and links to all proposed projects 	<ul style="list-style-type: none"> Response does not link the findings from the CNA with the project design and objectives of IDS

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Advocate Community Partners (AW Medical):	Percent Safety Net Committed	13.95%	5.88	10
2.a.i	Project Requirements Achieved	DY3 Q3/Q4	32.50	40
	Total Committed	4034	6.39	10





Project 2.a.iii

PPS Name: Advocate Community Partners (AW Medical) PPS

DSRIP Project Number: 2.a.iii

DSRIP Project Title: Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services

Number of PPS' Pursuing This Project: 10

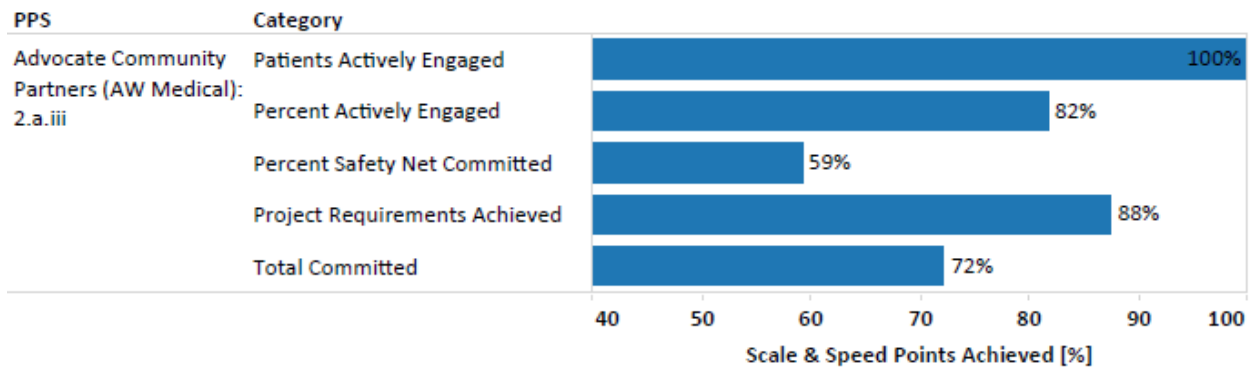
Final Application Score
90.37

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
18.93	20	<ul style="list-style-type: none"> Response clearly outlines the PPS' plans to coordinate with other PPS' serving overlapping area Response effectively addresses gaps identified by the CNA and links these findings with the project design and sites included Response provides a sufficient summary of the current assets to be mobilized 	<ul style="list-style-type: none"> Response does not indicate the geographic or socio-economic environmental characteristics of the patients they are targeting Challenges described do not fully represent the challenges identified earlier in this project response

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Advocate Community Partners (AW Medical): 2.a.iii	Patients Actively Engaged	DY2 Q3/Q4	20.00	20
	Percent Actively Engaged	20.00%	16.35	20
	Percent Safety Net Committed	13.85%	5.92	10
	Project Requirements Achieved	DY3 Q3/Q4	17.50	20
	Total Committed	3985	7.22	10





Project 2.b.iii

PPS Name: Advocate Community Partners (AW Medical) PPS

DSRIP Project Number: 2.b.iii

DSRIP Project Title: ED care triage for at-risk populations

Number of PPS' Pursuing This Project: 13

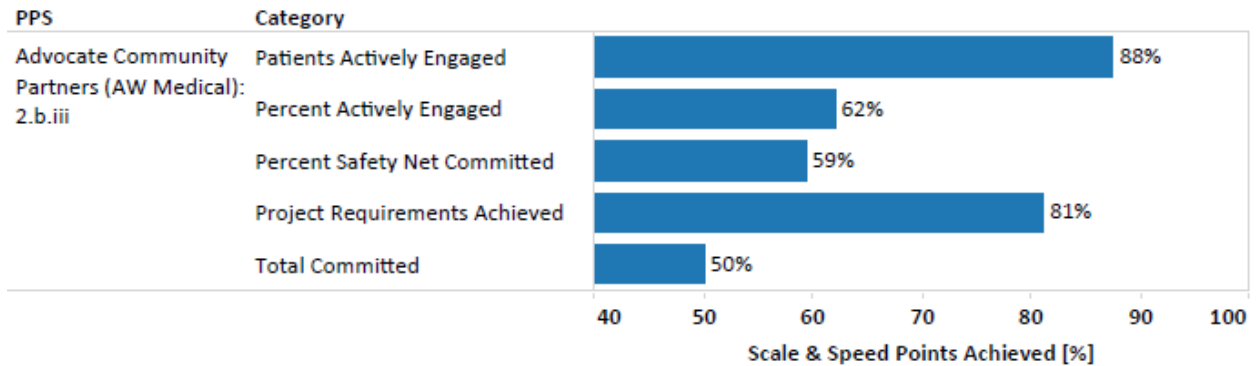
Final Application Score
84.16

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
20.00	20	<ul style="list-style-type: none"> Response provides a sufficient summary of the current assets to mobilized to help this project Use of ED patient navigators at the time of ED visit to connect patients to PCP Response sufficiently identifies project challenges or anticipated issues the PPS will encounter in implementing this project and describes how these challenges will be appropriately addressed 	<ul style="list-style-type: none"> No significant weakness identified for this project

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Advocate Community Partners (AW Medical): 2.b.iii	Patients Actively Engaged	DY3 Q3/Q4	17.50	20
	Percent Actively Engaged	7.04%	12.42	20
	Percent Safety Net Committed	20.63%	5.95	10
	Project Requirements Achieved	DY3 Q3/Q4	16.25	20
	Total Committed	4	5.00	10





Project 2.b.iv

PPS Name: Advocate Community Partners (AW Medical) PPS

DSRIP Project Number: 2.b.iv

DSRIP Project Title: Care transitions intervention model to reduce 30 day readmissions for chronic health conditions

Number of PPS' Pursuing This Project: 17

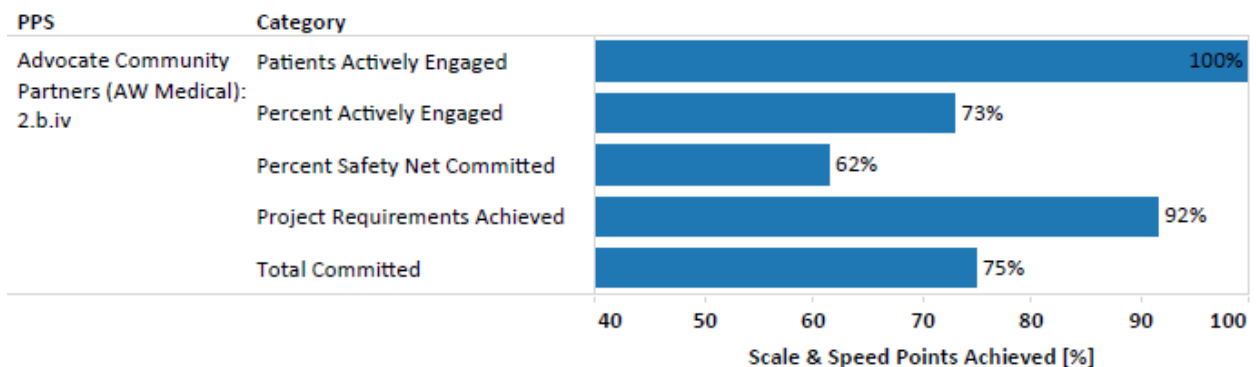
Final Application Score
89.93

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
18.67	20	<ul style="list-style-type: none"> Response provides a sufficient summary of the current assets to be mobilized to help this project. For instance, PPS will leverage existing home visit practice and care coordination team resources PPS identified existing programs that will be utilized. For instance, the New York Hospital of Queens discharge protocols and information transfer between hospitals and MCOs 	<ul style="list-style-type: none"> Response does not link the findings from the Community Needs Assessment with the project design and sites included Response does not indicate the geographic or socio-economic environmental characteristics of the patients they are targeting

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Advocate Community Partners (AW Medical): 2.b.iv	Patients Actively Engaged	DY2 Q3/Q4	20.00	20
	Percent Actively Engaged	10.66%	14.61	20
	Percent Safety Net Committed	14.00%	6.15	10
	Project Requirements Achieved	DY2 Q3/Q4	18.33	20
	Total Committed	3785	7.50	10





Project 3.a.i

PPS Name: Advocate Community Partners (AW Medical) PPS

DSRIP Project Number: 3.a.i

DSRIP Project Title: Integration of primary care and behavioral health services

Number of PPS' Pursuing This Project: 25

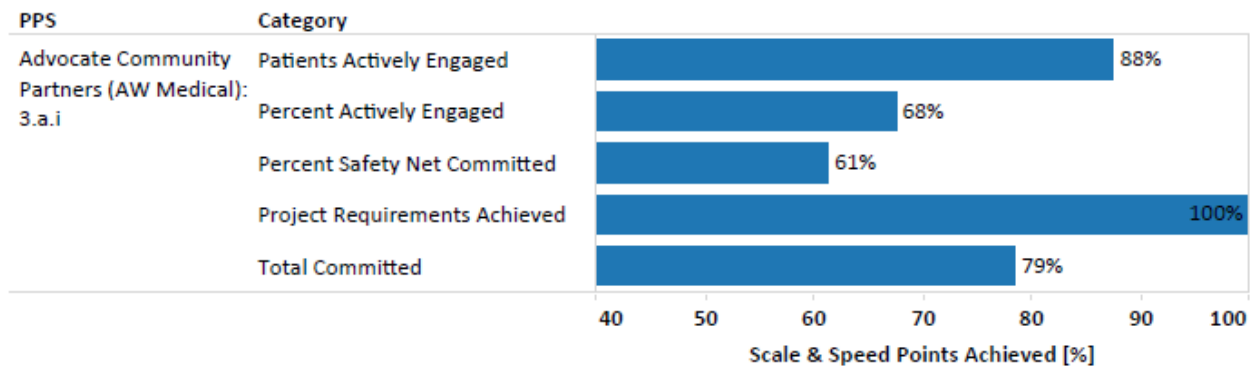
Final Application Score
89.67

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
20.00	20	<ul style="list-style-type: none"> Response effectively addresses gaps identified by the CNA and links these findings with the project design and sites included PPS identified several new resources necessary for project success. For instance, a 24 hour call center will be developed to make and confirm appointments PPS identifies mental health stigma as a challenge. Describes the use of PCPs to address patient sensitivities and overcome the stigma 	<ul style="list-style-type: none"> Size and composition of Support Center is not clearly described

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Advocate Community Partners (AW Medical): 3.a.i	Patients Actively Engaged	DY3 Q3/Q4	17.50	20
	Percent Actively Engaged	28.00%	13.50	20
	Percent Safety Net Committed	14.15%	6.13	10
	Project Requirements Achieved	DY2 Q3/Q4	20.00	20
	Total Committed	3970	7.86	10





Project 3.b.i

PPS Name: Advocate Community Partners (AW Medical) PPS

DSRIP Project Number: 3.b.i

DSRIP Project Title: Evidence-based strategies for disease management in high risk/affected populations (adult only)

Number of PPS' Pursuing This Project: 15

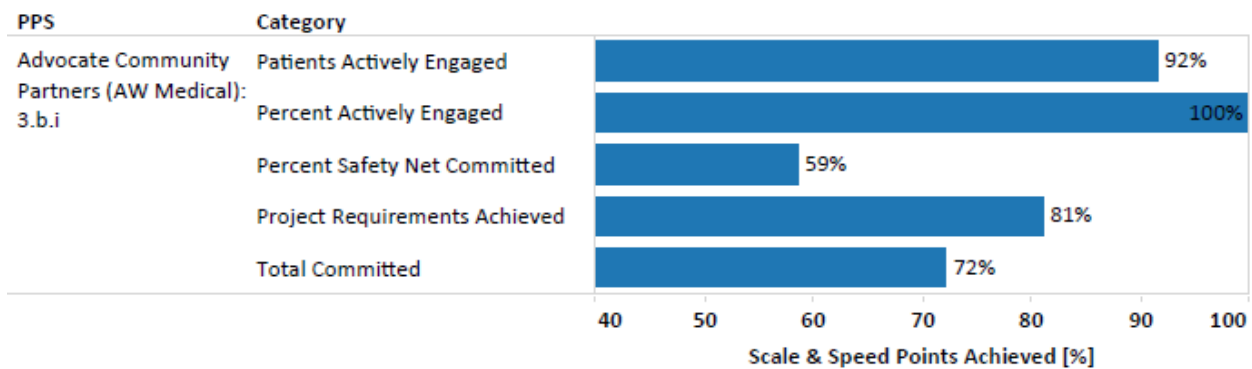
Final Application Score
91.18

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
19.47	20	<ul style="list-style-type: none"> Response clearly outlines the PPS' plans to coordinate on this project with other PPSs serving an overlapping area PPS will provide patient incentives to modify behavior Response provides a sufficient summary of the current assets to be mobilized to help this project. For instance, more than 90% of ACP providers currently have EHR and registries implemented 	<ul style="list-style-type: none"> Response does not link the findings from the Community Needs Assessment with the project characteristics Current assets and resources lacking sufficient detail

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Advocate Community Partners (AW Medical): 3.b.i	Patients Actively Engaged	DY2 Q3/Q4	18.33	20
	Percent Actively Engaged	41.50%	20.00	20
	Percent Safety Net Committed	12.41%	5.87	10
	Project Requirements Achieved	DY3 Q3/Q4	16.25	20
	Total Committed	3632	7.22	10





Project 3.c.i

PPS Name: Advocate Community Partners (AW Medical) PPS

DSRIP Project Number: 3.c.i

DSRIP Project Title: Evidence based strategies for disease management in high risk/affected populations (adults only) - Diabetes

Number of PPS' Pursuing This Project: 10

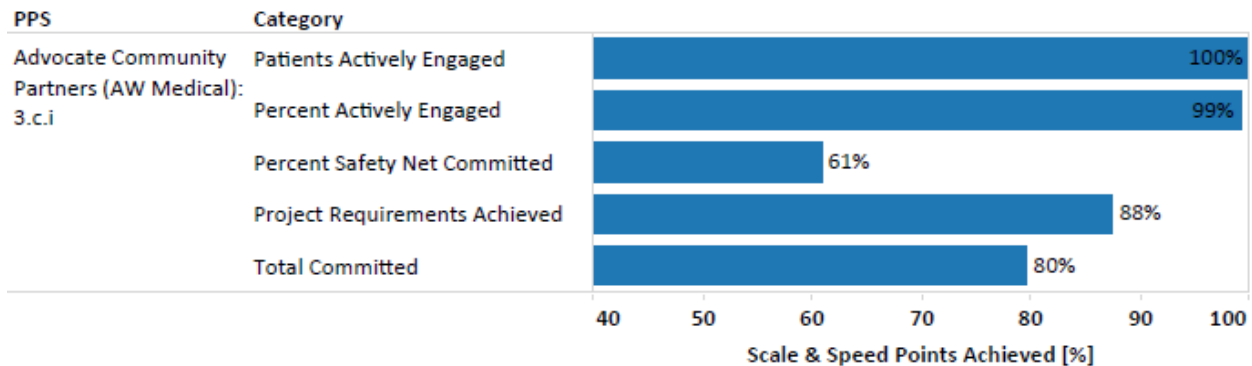
Final Application Score
94.20

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
20.00	20	<ul style="list-style-type: none"> Response effectively addresses gaps identified by the CNA and links these findings with the project design and sites included PPS will provide patient incentives to modify behavior PPS describes current assets that will be mobilized. For example, aligning culturally sensitive and linguistically competent providers within the same geographic area 	<ul style="list-style-type: none"> Response does not indicate the geographic or socio-economic environmental characteristics of the patients they are targeting

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Advocate Community Partners (AW Medical):	Patients Actively Engaged	DY2 Q3/Q4	20.00	20
3.c.i	Percent Actively Engaged	29.00%	19.86	20
	Percent Safety Net Committed	12.41%	6.08	10
	Project Requirements Achieved	DY3 Q3/Q4	17.50	20
	Total Committed	3632	7.96	10





Project 3.d.iii

PPS Name: Advocate Community Partners (AW Medical) PPS

DSRIP Project Number: 3.d.iii

DSRIP Project Title: Implementation of evidence-based medicine guidelines for asthma management

Number of PPS' Pursuing This Project: 5

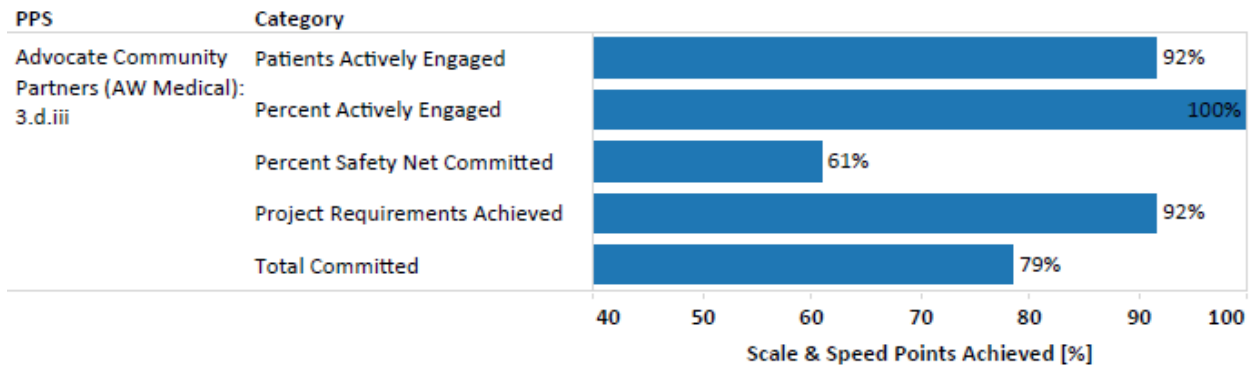
Final Application Score
93.14

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
19.33	20	<ul style="list-style-type: none"> Response links CNA's findings with the project design and sites included PPS will work with families to develop home asthma action plans and with schools to develop school asthma action plans PPS will provide patient incentives to modify behavior PPS will utilize medication management consistent with national standards for both pediatric and adults 	<ul style="list-style-type: none"> Response does not indicate the geographic or socio-economic environmental characteristics of the patients they are targeting Challenges described do not fully represent the challenges identified earlier in this project response

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Advocate Community Partners (AW Medical): 3.d.iii	Patients Actively Engaged	DY2 Q3/Q4	18.33	20
	Percent Actively Engaged	22.00%	20.00	20
	Percent Safety Net Committed	13.69%	6.09	10
	Project Requirements Achieved	DY2 Q3/Q4	18.33	20
	Total Committed	3821	7.86	10





Project 4.b.i

PPS Name: Advocate Community Partners (AW Medical) PPS

DSRIP Project Number: 4.b.i

DSRIP Project Title: Promote tobacco use cessation, especially among low SES populations and those with poor mental health.

Number of PPS' Pursuing This Project: 11

Final Application Score
100.00

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
100.00	100	<ul style="list-style-type: none"> Exceptionally well-written plan Response identifies implementation milestones and provides timeline for achieving them Description of targeted population appropriately identifies neighborhoods with highest incidence of tobacco use PPS plans to work with providers to explain the serious consequences of smoking in a culturally appropriate manner 	<ul style="list-style-type: none"> No identified weaknesses. PPS received the maximum amount of points for this project



Project 4.b.ii

PPS Name: Advocate Community Partners (AW Medical) PPS

DSRIP Project Number: 4.b.ii

DSRIP Project Title: Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings

Number of PPS' Pursuing This Project: 11

Final Application Score
100.00

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
100.00	100	<ul style="list-style-type: none"> • Response identifies project's important implementation milestones and provides an timeline for achieving them • PPS created a funds model to provide PPS with necessary dollars to implement high-quality screening and disease management protocols • Response sufficiently describes how project challenges will be appropriately addressed 	<ul style="list-style-type: none"> • No identified weaknesses. PPS received the maximum amount of points for this project