



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

**DSRIP Scoring Summary:**  
*The New York and Presbyterian Hospital*

February 17 - 20, 2015



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## PPS Informational Page and Proposal Overview

**PPS Name:** The New York and Presbyterian Hospital  
**PPS Lead Organization:** Presbyterian Hospital City of NY  
**PPS Service Counties:** New York  
**Total Attributed Population:** 80,902

### Goals of the PPS:

1. Develop an integrated, collaborative and accountable delivery system
2. Reduce potentially preventable admissions, readmissions and emergency department use
3. Enhance primary care capability and capacity
4. Enhance data sharing and two-way communication across the care continuum
5. Integrate behavioral health capability, capacity and awareness throughout the care continuum
6. Develop an integrated, collaborative and accountable delivery system
7. Reduce potentially preventable admissions, readmissions and emergency department use
8. Enhance primary care capability and capacity
9. Enhance data sharing and two-way communication across the care continuum
10. Integrate behavioral health capability, capacity and awareness throughout the care continuum

### Network Composition:

Provider Types	Total Providers in Network
Primary Care Physicians	347
Non-PCP Practitioners	1,744
Hospitals	6
Clinics	29
Health Home / Care Management	8
Behavioral Health	58
Substance Abuse	11
Skilled Nursing Facilities / Nursing Homes	16
Pharmacy	12
Hospice	4
Community Based Organizations	18
All Other	809



### 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.b.i	Ambulatory Intensive Care Units (ICUs)	36	2	8%
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.a.ii	Behavioral health community crisis stabilization services	37	11	44%
3.e.i	Comprehensive Strategy to decrease HIV/AIDS transmission to reduce avoidable hospitalizations – development of a Center of Excellence for Management of HIV/AIDS	28	1	4%
3.g.i	Integration of palliative care into the PCMH Model	22	9	36%
4.b.i	Promote tobacco use cessation, especially among low SES populations and those with poor mental health.	23	11	44%
4.c.i	Decrease HIV morbidity	19	1	4%
	<b>Cumulative Index Score</b>	<b>346</b>		
	<b>PPS Rank by Cumulative Index Score</b>	<b>20</b>		

## 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 <sup>2</sup>
Section	Points Possible	1	2	3	4	5	6	Median	Average	Trimmed Average	Selected Subjective Score <sup>1</sup>	Workforce Score	
Executive Summary	Pass/Fail	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	N/A	Pass
Governance	25	21.52	24.44	24.58	24.79	23.54	25.00	24.51	23.98	24.47	24.51	N/A	<b>24.51</b>
Community Needs Assessment	25	23.89	23.68	23.89	23.54	24.72	22.50	23.78	23.70	23.94	23.94	N/A	<b>23.94</b>
Workforce Strategy	20	13.93	15.63	16.00	15.22	13.48	16.00	15.43	15.04	15.04	15.43	2.00	<b>17.43</b>
Data Sharing, Confidentiality & Rapid Cycle Evaluation	5	5.00	4.72	4.72	5.00	5.00	5.00	5.00	4.91	4.91	5.00	N/A	<b>5.00</b>
PPS Cultural Competency/Health Literacy	15	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	N/A	<b>15.00</b>
DSRIP Budget & Flow of Funds	Pass/Fail	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	N/A	Pass
Financial Sustainability Plan	10	7.78	8.89	9.44	9.44	8.89	8.33	8.89	8.80	9.00	9.00	N/A	<b>9.00</b>
												<b>Total</b>	<b>94.88</b>

<sup>1</sup> **Selected Subjective Score** is the highest of the median, average, and trimmed average

<sup>2</sup> **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 <sup>2</sup>
Project #	Subjective Points Possible	1	2	3	4	5	6	Median	Average	Trimmed Average	Selected Subjective Score <sup>1</sup>	Scale Score	Speed Score	
2.a.i	40	36.67	40.00	36.67	40.00	40.00	36.67	38.33	38.33	38.33	38.33	11.72	32.50	<b>82.55</b>
2.b.i	20	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	39.56	40.00	<b>99.56</b>
2.b.iii	20	17.33	20.00	20.00	20.00	17.33	20.00	20.00	19.11	19.11	20.00	31.74	35.83	<b>87.57</b>
2.b.iv	20	18.67	20.00	20.00	20.00	17.33	20.00	20.00	19.33	19.73	20.00	23.74	34.33	<b>78.08</b>
3.a.i	20	17.33	18.67	20.00	20.00	17.33	20.00	19.33	18.89	18.89	19.33	20.68	33.50	<b>73.51</b>
3.a.ii	20	20.00	20.00	20.00	20.00	18.33	20.00	20.00	19.72	20.00	20.00	21.44	37.50	<b>78.94</b>
3.e.i	20	20.00	20.00	20.00	20.00	18.33	20.00	20.00	19.72	20.00	20.00	40.00	40.00	<b>100.00</b>
3.g.i	20	17.33	17.33	20.00	20.00	16.00	20.00	18.67	18.44	18.44	18.67	25.82	40.00	<b>84.49</b>
4.b.i	100	88.89	94.44	100.00	100.00	83.33	100.00	97.22	94.44	96.67	97.22	0.00	0.00	<b>97.22</b>
4.c.i	100	100.00	100.00	93.33	100.00	93.33	100.00	100.00	97.78	97.78	100.00	0.00	0.00	<b>100.00</b>

<sup>1</sup> **Selected Subjective Score** is the highest of the median, average, and trimmed average

<sup>2</sup> **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	94.88	28.46	82.55	57.79	3	1.00	TBD	<b>90.25</b>
2.b.i	94.88	28.46	99.56	69.69	N/A	1.00	TBD	<b>99.15</b>
2.b.iii	94.88	28.46	87.57	61.30	N/A	1.00	TBD	<b>90.76</b>
2.b.iv	94.88	28.46	78.08	54.65	N/A	1.00	TBD	<b>84.12</b>
3.a.i	94.88	28.46	73.51	51.46	N/A	1.00	TBD	<b>80.92</b>
3.a.ii	94.88	28.46	78.94	55.26	N/A	1.00	TBD	<b>84.72</b>
3.e.i	94.88	28.46	100.00	70.00	N/A	1.00	TBD	<b>99.46</b>
3.g.i	94.88	28.46	84.49	59.14	N/A	1.00	TBD	<b>88.61</b>
4.b.i	94.88	28.46	97.22	68.06	N/A	1.00	TBD	<b>97.52</b>
4.c.i	94.88	28.46	100.00	70.00	N/A	1.00	TBD	<b>99.46</b>

## Organizational Component – Narrative Summary

Section	Subjective Points	Points Possible	Strengths	Comments
Executive Summary	Pass	Pass/Fail	<ul style="list-style-type: none"> <li>PPS' Executive Summary received passing evaluation from all scorers</li> </ul>	
Governance	24.51	25	<ul style="list-style-type: none"> <li>Response adequately identifies the organizational structure and explains why the selected structure will contribute to the PPS' success</li> <li>Response adequately explains how conflicts or issues will be resolved by the governing team</li> <li>Response effectively explains how members , particularly CBOs, are included in PAC and representative of the network</li> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>Response does not fully address how stakeholders know or are made aware of public meetings beyond use of PPS website</li> <li>PPS response does not exhibit a solid commitment of the PPS to explore all appropriate avenues to solicit feedback from Medicaid beneficiaries</li> <li>The compliance process described for how the PPS governing body will specifically engage Medicaid members does not offer a broad set of avenues to receive feedback regarding provider performance</li> <li>Response does not indicate that any education or technical assistance will be provided to the provider prior to a Corrective Action Plan</li> </ul>
Community Needs Assessment	23.94	25	<ul style="list-style-type: none"> <li>CNA used a broad set of data sources to derive assessment and findings</li> <li>Response exhibits strong linkage between CNA and project selection. For example, the analysis of community resources available and gaps demonstrate need</li> <li>Response adequately explains the leading causes of hospitalization and preventable hospitalizations by demographic groupings</li> <li>Response successfully explains stakeholder and community engagement process undertaken in developing the CNA</li> </ul>	<ul style="list-style-type: none"> <li>Response lacks information regarding hospital and nursing home bed capacity and occupancy</li> <li>List of "community needs" sounds more like a list of PPS project solutions than needs expressed by community</li> <li>Response does not describe any focus groups conducted with PPS stakeholders</li> </ul>

Section	Subjective Points	Points Possible	Strengths	Comments
Workforce Strategy	15.43	20	<ul style="list-style-type: none"> <li>• Response sufficiently describes PPS' strategy to use retraining and redeployment to minimize negative impact to the workforce</li> <li>• Response sufficiently describes new jobs that will be created as a result of this implementation</li> <li>• Response clearly explains steps undertaken in the stakeholder engagement process that contributed to the development of the workforce strategy</li> <li>• Response clearly identifies labor groups that have been consulted in planning and development</li> <li>• Response sufficiently describes the steps the PPS plans to implement to continue stakeholder and worker engagement</li> </ul>	<ul style="list-style-type: none"> <li>• PPS does not fully describe which employees and job functions will need retraining</li> <li>• Response does not identify impact to existing employees' current wages and benefits</li> <li>• Response is not clear whether the redeployment assignment is voluntary</li> <li>• Response does not clearly identify how the workforce strategy will intersect with existing state programs</li> </ul>
Data Sharing, Confidentiality, and Rapid Cycle Evaluation	5.00	5	<ul style="list-style-type: none"> <li>• Response adequately explains how all PPS partners will act in unison to ensure privacy and security of data</li> <li>• PPS describes commitment to use "Plan, Do, Study, Act" strategies in tracking performance metrics</li> <li>• Response clearly explains how the PPS intends to use collected patient data to evaluate performance, conduct quality assessment and conduct population-based activities</li> </ul>	<ul style="list-style-type: none"> <li>• No significant weakness identified for this section</li> </ul>
Cultural Competency/Health Literacy	15.00	15	<ul style="list-style-type: none"> <li>• Response describes the processes how the PPS will develop a culturally responsive system of care. For example, using NQF framework to guide program efforts</li> <li>• Response describes cultural mix within service area</li> <li>• Response sufficiently describes how the PPS will contract with CBOs toward achieving and maintaining cultural competence</li> <li>• Response describes a successful plan to improve and reinforce health literacy of patients</li> </ul>	<ul style="list-style-type: none"> <li>• No significant weakness identified for this section</li> </ul>

Section	Subjective Points	Points Possible	Strengths	Comments
DSRIP Budget & Flow of Funds	Pass	Pass/Fail	<ul style="list-style-type: none"> <li>PPS received passing evaluations in all five Budget &amp; Flow of Funds categories from all scorers</li> </ul>	
Financial Sustainability Plan	9.00	10	<ul style="list-style-type: none"> <li>Response clearly explains how the PPS will sustain outcomes after the conclusion of the program</li> <li>Response articulates the PPS' vision for transforming to value based reimbursement methodologies and engaging Medicaid managed care organizations</li> <li>Response sufficiently addresses how fragile safety net providers will achieve a path to financial sustainability</li> </ul>	<ul style="list-style-type: none"> <li>Financial assessment to identify the PPS partners who may be financially challenged and at risk not described</li> </ul>
<b>Final Organizational Score</b>	<b>94.88</b>	<b>100</b>		

### 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"> <li>PPS has population health management experience with New York Medicaid population</li> </ul>	
Bonus Points - Workforce	1.00	3		<ul style="list-style-type: none"> <li>PPS intends to contract with 1199 TEF as the workforce strategy vendor</li> </ul>
Bonus Points – 2.d.i	TBD	TBD		<ul style="list-style-type: none"> <li>PPS is not pursuing project 2.d.i</li> </ul>



## Project Scoring Narrative Summaries

### Project 2.a.i

**PPS Name:** The New York and Presbyterian Hospital

**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

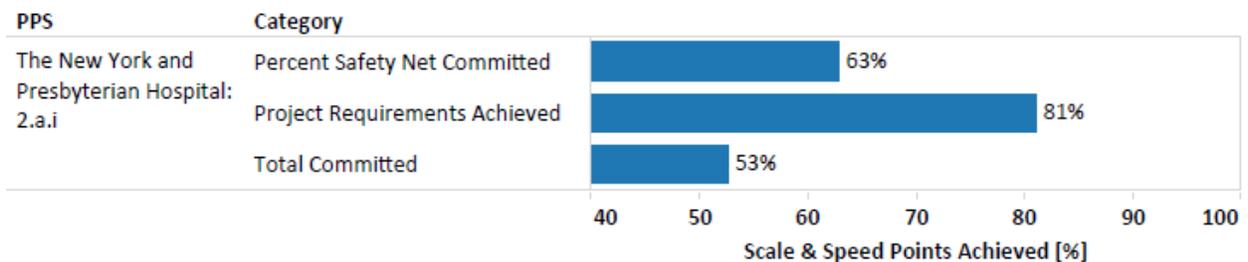
**Final Application Score**  
**90.25**

#### Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
38.33	40	<ul style="list-style-type: none"> <li>PPS describes clear milestones for the development of the IDS strategy</li> <li>Response provided a sufficient summary of the current assets to be mobilized. For instance, the project is built upon the experience of the NYP Regional Health Collaborative</li> <li>Response sufficiently identified challenges PPS will encounter. For example IT connectivity is a major issue and will be addressed through a significant investment in care management systems</li> </ul>	<ul style="list-style-type: none"> <li>No significant weakness identified for this project</li> </ul>

#### Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
The New York and Presbyterian Hospital: 2.a.i	Percent Safety Net Committed	7.40%	6.29	10
	Project Requirements Achieved	DY3 Q3/Q4	32.50	40
	Total Committed	3062	5.28	10





Project 2.b.i

PPS Name: The New York and Presbyterian Hospital  
DSRIP Project Number: 2.b.i  
DSRIP Project Title: Ambulatory Intensive Care Units (ICUs)  
Number of PPS' Pursuing This Project: 2

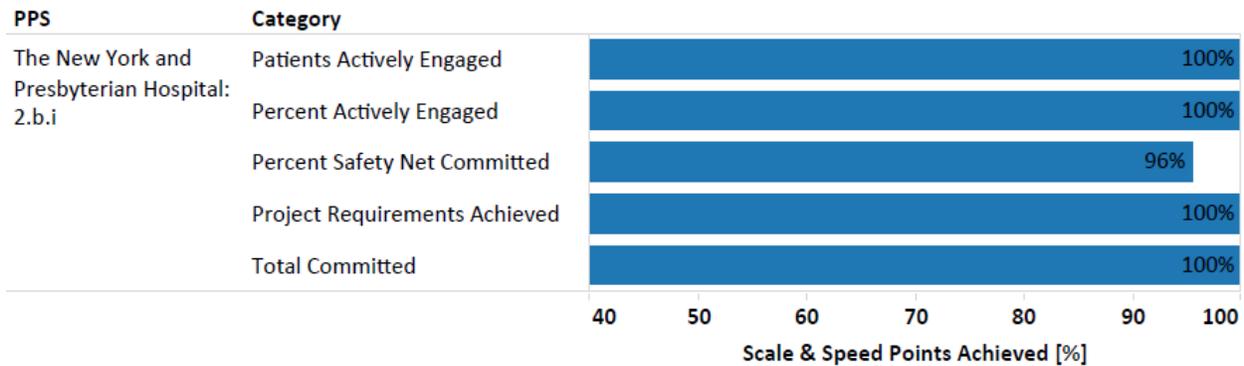
**Final Application Score**  
**99.15**

**Individual Project Score:**

Subjective Points	Points Possible	Strengths	Comments
20.00	20	<ul style="list-style-type: none"> <li>Response effectively addressed gaps identified by the CNA and linked these findings with the project design and sites included. For instance, the PPS will develop 9 ambulatory ICUs based on the CNA</li> <li>PPS identifies target population's limited ability to use new IT coordination tools. To address this issue the PPS will provide "technical support" the targeted population to assist in using telehealth tools in care management</li> </ul>	<ul style="list-style-type: none"> <li>No significant weakness identified for this project</li> </ul>

**Project Scale and Speed:**

PPS	Category	PPS Submission	Points Achieved	Possible Points
The New York and Presbyterian Hospital: 2.b.i	Patients Actively Engaged	DY4 Q3/Q4	20.00	20
	Percent Actively Engaged	26.17%	20.00	20
	Percent Safety Net Committed	6.97%	9.56	10
	Project Requirements Achieved	DY3 Q3/Q4	20.00	20
	Total Committed	9	10.00	10





Project 2.b.iii

PPS Name: The New York and Presbyterian Hospital
DSRIP Project Number: 2.b.iii
DSRIP Project Title: ED care triage for at-risk populations
Number of PPS' Pursuing This Project: 13

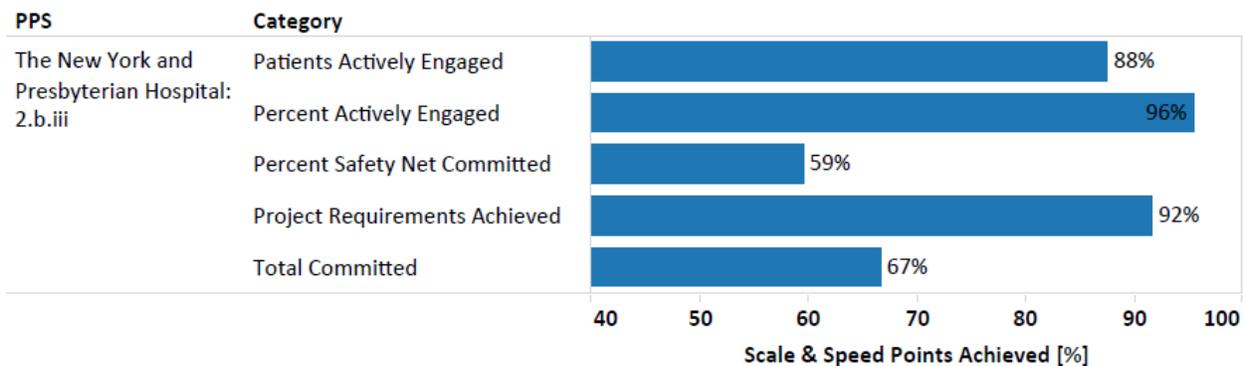
Final Application Score
90.76

Individual Project Score:

Table with 4 columns: Subjective Points, Points Possible, Strengths, and Comments. Row 1: 20.00, 20, Strengths (Response links CNA's findings, Response provides a sufficient summary, PPS will implement ED triage), Comments (Approach in overcoming project challenge of capacity in NYP's clinics lack sufficient details).

Project Scale and Speed:

Table with 5 columns: PPS, Category, PPS Submission, Points Achieved, Possible Points. Rows include Patients Actively Engaged, Percent Actively Engaged, Percent Safety Net Committed, Project Requirements Achieved, Total Committed.





Project 2.b.iv

PPS Name: The New York and Presbyterian Hospital

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

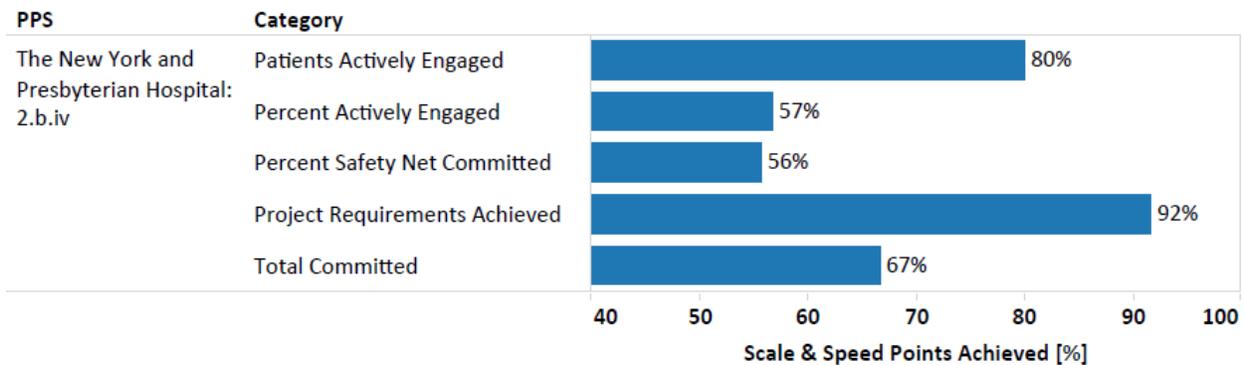
**Final Application Score**  
**84.12**

**Individual Project Score:**

Subjective Points	Points Possible	Strengths	Comments
20.00	20	<ul style="list-style-type: none"> <li>Response effectively addressed gaps identified by the CNA and linked these findings with the project design and sites included</li> <li>Response provides a sufficient summary new resources to be created. For example, the PPS will implement an automated risk-scoring tool to flag "high-risk" Medicaid patients likely to have readmissions</li> </ul>	<ul style="list-style-type: none"> <li>More specificity in terms of geography (more narrow than county) is expected</li> <li>Approach in overcoming the challenge of capacity due to increased demand for NYP's Ambulatory Care Network not clearly identified in the response</li> </ul>

**Project Scale and Speed:**

PPS	Category	PPS Submission	Points Achieved	Possible Points
The New York and Presbyterian Hospital: 2.b.iv	Patients Actively Engaged	DY4 Q3/Q4	16.00	20
	Percent Actively Engaged	3.14%	11.36	20
	Percent Safety Net Committed	6.68%	5.58	10
	Project Requirements Achieved	DY2 Q3/Q4	18.33	20
	Total Committed	2928	6.67	10





Project 3.a.i

PPS Name: The New York and Presbyterian Hospital

DSRIP Project Number: 3.a.i

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

Number of PPS' Pursuing This Project: 25

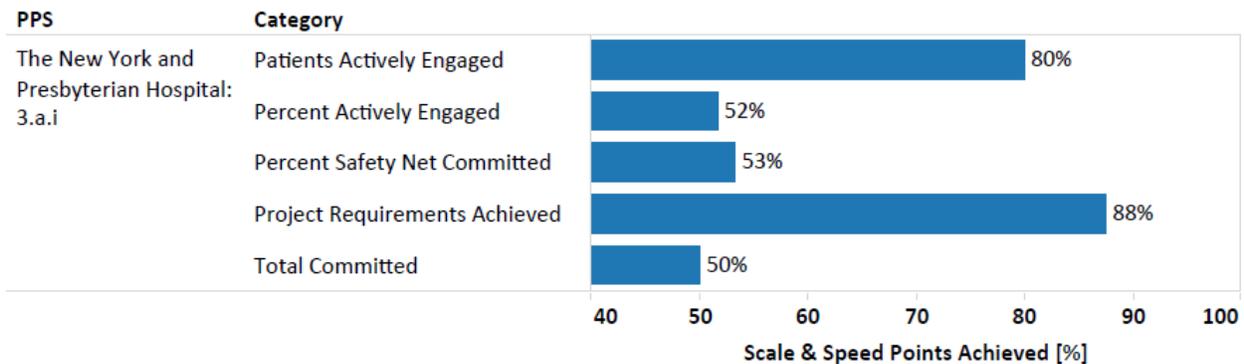
**Final Application Score**  
**80.92**

**Individual Project Score:**

Subjective Points	Points Possible	Strengths	Comments
19.33	20	<ul style="list-style-type: none"> <li>Response effectively addressed gaps identified by the CNA and linked these findings with the project design and sites included</li> <li>Response sufficiently describes how project challenges will be addressed. For instance, the IT connectivity challenge will be overcome by development of new EHR workflows</li> <li>PPS will embed PCP into 5 existing behavioral health clinics, one of which is a mobile health site</li> </ul>	<ul style="list-style-type: none"> <li>No significant weakness identified for this project</li> </ul>

**Project Scale and Speed:**

PPS	Category	PPS Submission	Points Achieved	Possible Points
The New York and Presbyterian Hospital: 3.a.i	Patients Actively Engaged	DY4 Q3/Q4	16.00	20
	Percent Actively Engaged	2.79%	10.35	20
	Percent Safety Net Committed	2.89%	5.33	10
	Project Requirements Achieved	DY3 Q3/Q4	17.50	20
	Total Committed	1042	5.00	10





Project 3.a.ii

PPS Name: The New York and Presbyterian Hospital
DSRIP Project Number: 3.a.ii
DSRIP Project Title: Behavioral health community crisis stabilization services
Number of PPS' Pursuing This Project: 11

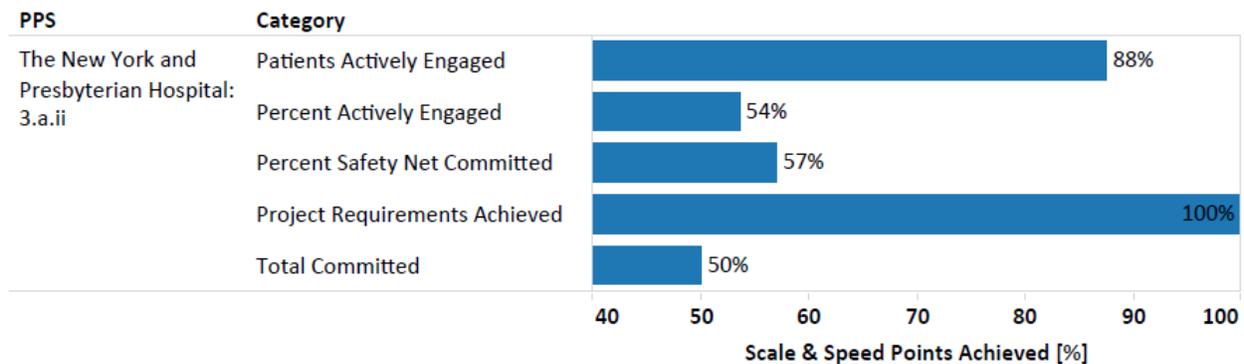
Final Application Score
84.72

Individual Project Score:

Table with 4 columns: Subjective Points, Points Possible, Strengths, and Comments. Row 1: 20.00, 20, Strengths (Response provides a sufficient summary of the current assets/resources to be mobilized to meet the needs of the community, PPS will use ED patient navigators to ensure warm handoffs between ED triage and BH services, Response identifies a project challenge of needing electronic alerts to identify and track patient cohorts. The PPS will develop IT alerts and protocols using EHR and secure messaging), Comments (No significant weakness identified for this project)

Project Scale and Speed:

Table with 5 columns: PPS, Category, PPS Submission, Points Achieved, Possible Points. Rows include: Patients Actively Engaged (DY3 Q3/Q4, 17.50, 20), Percent Actively Engaged (1.61%, 10.74, 20), Percent Safety Net Committed (3.55%, 5.70, 10), Project Requirements Achieved (DY2 Q3/Q4, 20.00, 20), Total Committed (2, 5.00, 10)





Project 3.e.i

PPS Name: The New York and Presbyterian Hospital

DSRIP Project Number: 3.e.i

DSRIP Project Title: Comprehensive Strategy to decrease HIV/AIDS transmission to reduce avoidable hospitalizations – development of a Center of Excellence for Management of HIV/AIDS

Number of PPS’ Pursuing This Project: 1

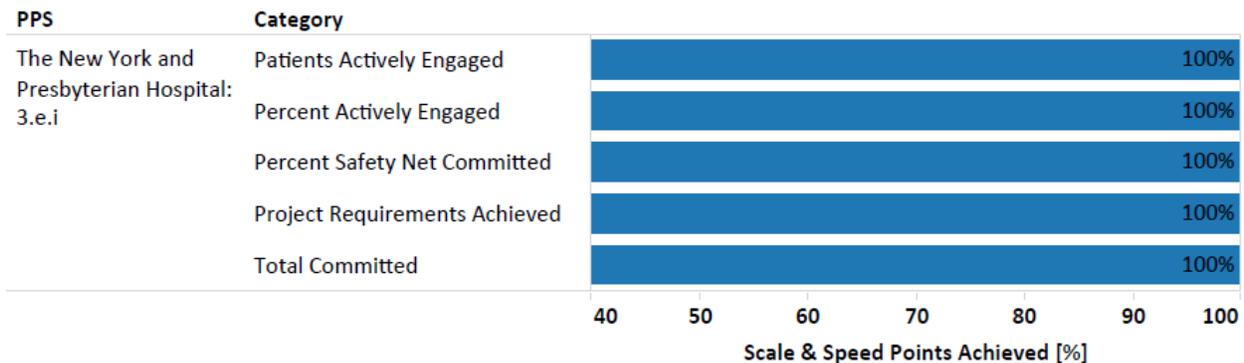
**Final Application Score**  
**99.46**

**Individual Project Score:**

Subjective Points	Points Possible	Strengths	Comments
20.00	20	<ul style="list-style-type: none"> <li>Response effectively links CNA’s findings with the project design and sites included</li> <li>Response provides a sufficient summary of the current assets to be mobilized. For instance the NYP’s HIV clinics are NYSDOH Designated AIDS Centers whose leaderships brings over 50 years of experience</li> <li>To address capacity issues, the PPS will implement a rapid HIV consult in the ED and expand hours to provide same-day appointments</li> </ul>	<ul style="list-style-type: none"> <li>No significant weakness identified for this project</li> </ul>

**Project Scale and Speed:**

PPS	Category	PPS Submission	Points Achieved	Possible Points
The New York and Presbyterian Hospital: 3.e.i	Patients Actively Engaged	DY4 Q3/Q4	20.00	20
	Percent Actively Engaged	6.23%	20.00	20
	Percent Safety Net Committed	5.00%	10.00	10
	Project Requirements Achieved	DY3 Q1/Q2	20.00	20
	Total Committed	2686	10.00	10





Project 3.g.i

PPS Name: The New York and Presbyterian Hospital

DSRIP Project Number: 3.g.i

DSRIP Project Title: Integration of palliative care into the PCMH Model

Number of PPS' Pursuing This Project: 9

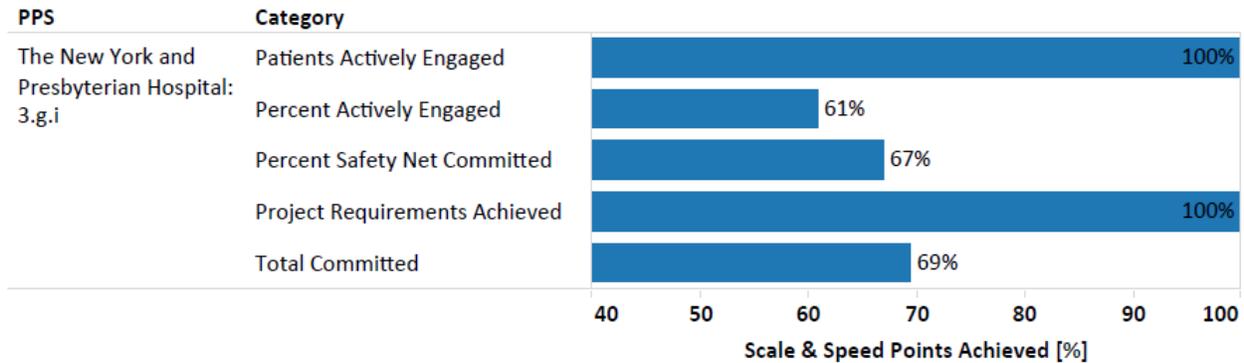
**Final Application Score**  
**88.61**

**Individual Project Score:**

Subjective Points	Points Possible	Strengths	Comments
18.67	20	<ul style="list-style-type: none"> <li>Response provides a sufficient summary of the current assets to be mobilized. For instance, the PPS will engage and train Community Health Workers to provide home visits, patient education and linguistic support</li> <li>PPS will implement a Palliative Care Service Team that will develop a Palliative Care plan of care for each identified patient who enters the ED or inpatient hospital</li> </ul>	<ul style="list-style-type: none"> <li>More specificity in terms of which patients will receive palliative care services based off of screening process</li> </ul>

**Project Scale and Speed:**

PPS	Category	PPS Submission	Points Achieved	Possible Points
The New York and Presbyterian Hospital: 3.g.i	Patients Actively Engaged	DY3 Q3/Q4	20.00	20
	Percent Actively Engaged	3.05%	12.18	20
	Percent Safety Net Committed	6.64%	6.70	10
	Project Requirements Achieved	DY2 Q3/Q4	20.00	20
	Total Committed	1339	6.94	10





Project 4.b.i

**PPS Name:** The New York and Presbyterian Hospital

**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**  
**97.52**

**Individual Project Score:**

Subjective Points	Points Possible	Strengths	Comments
97.22	100	<ul style="list-style-type: none"> <li>Response identifies a project challenge of the adoption of USPHS 5 A's in routine clinical practice. To address this, instill computerized decision support to facilitate clinical adoption</li> <li>PPS will incorporate tobacco cessation in current Meals on Wheels program using city case workers to access tobacco use among clients</li> </ul>	<ul style="list-style-type: none"> <li>The milestones lack necessary specificity</li> </ul>



Project 4.c.i

PPS Name: The New York and Presbyterian Hospital

DSRIP Project Number: 4.c.i

DSRIP Project Title: Decrease HIV morbidity

Number of PPS' Pursuing This Project: 1

**Final Application Score**  
**99.46**

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
100.00	100	<ul style="list-style-type: none"> <li>PPS will send community health workers into communities, including clubs, commercial sex worker locations and other sites</li> <li>Project will build upon a strong network of HIV organizations like the Washington Heights CORNER Project and the St. Mary's Center</li> <li>Response identifies and describes the project's important implementation milestones and provides an anticipated timeline for achieving them</li> </ul>	<ul style="list-style-type: none"> <li>No significant weakness identified for this project</li> </ul>