

State of New York
 Department of Health
 Delivery System Reform Incentive Payment (DSRIP) Program
 Mid-Point Assessment Action Plan - Implementation Plan

Mid-Point Assessment Recommendation # 4:	3.a.i: Integration of primary care and behavioral health services	The IA requires the PPS develop a comprehensive action plan to address the implementation of this project in consultation with the Project Advisory Committee (PAC) that must be reviewed and approved by the Board of Directors.
PPS Defined Milestones/Tasks		Target Completion Date
MILESTONE 1. Execute a Communication and Tracking Plan for participating partner engagement		6/30/2017
Task 1 Schedule individual partner meetings to review milestones/tasks and gather documentation needed in preparation of 3/20 all-partner meeting and 3/31/17 and 6/30/17 milestones		3/17/2017
Task 2 Host all-partner (Model 1 & 2) meeting		3/20/2017
Task 3 Review project timelines and deliverable due dates with each participating partner		3/20/2017
Task 4 Ascertain frequency for all-partner meetings and schedule meetings		3/31/2017
Task 5 Work with remaining partner which has expressed interest in project but not executed addendum to obtain execution		3/31/2017
Task 6 Participate in all regional behavioral health-primary care integration meetings		4/30/2017
MILESTONE 2. Develop collaborative evidence-based standards of care including medication management and care engagement process.		3/31/2017
Task 1 Gather current evidence-based guidelines from each partner/practice site and create crosswalk for gap analysis		3/19/2017
Task 2 Review crosswalk document at March 20 3.a.i all-partner meeting		3/20/2017
Task 3 Propose/adopt collaborative evidence-based standards of care protocols (previously prepared for review/implementation at primary care practices) including medication management and care engagement		3/20/2017
Task 4 Send finalized collaborative evidence-based standards of care protocols to all participating partners		3/24/2017
Task 5 Verify staff will be trained on adopted protocols as well as any additional internal protocols and warm transfer process.		3/31/2017
Task 6 Coordinate with Project Manager 2.a.ii regarding practice locations NCQA status and plan for achievement		3/31/2017
MILESTONE 3. Address staffing shortages and knowledge gaps		6/30/2017
Task 1 Schedule individual partner meetings to review current preventative care screening implementation, which screening tool(s) have been implemented, EHR documentation, staff training (previously provided Behavioral Health Screening Toolkit)		3/17/2017
Task 2 Agenda item / discussion of ongoing screenings and "warm transfer" at March 20 3.a.i all-partner meeting		3/20/2017
Task 3 Offer Motivational Interviewing and Health Coaching trainings in March-May		5/31/2017
Task 4 Coordinate with Project Manager for Telemedicine for 3.a.i implementation opportunities		5/31/2017
Task 5 Coordinate with Workforce Manager regarding modules in Learning Management System for behavioral health-primary care integration		5/31/2017
Task 6 Coordinate with Workforce Manager regarding recruitment/retention funding opportunities for providers necessary to the implementation of this project		5/31/2017
MILESTONE 4. Ensure that at least 90% of patients ages 12 and up receive screenings (PHQ2/9 and/or SBIRT) at the practice site		6/30/2017
Task 1 Schedule meetings with all PPS partners participating in this project to verify appropriate screenings are taking place and to discuss obstacles and potential strategies		5/31/2017
Task 2 Share information across providers regarding effective strategies to meet PHQ2/9/ SBIRT screening targets		5/31/2017
Task 3 Share information across providers regarding effective PHQ2/9/SBIRT follow ups and referrals		5/31/2017
MILESTONE 5. Co-locate primary care services at behavioral health sites.		3/31/2018
Task 1 Schedule individual partner meetings to review milestones/tasks and gather documentation needed in preparation of 3/20 all-partner meeting and 3/31/17 and 6/30/17 milestones		3/17/2017
Task 2 Facilitate all-partner (Model 1 & 2) meeting		3/20/2017
Task 3 Discuss availability of primary care providers to ensure adequate coverage at BH sites at all-partner meeting		3/20/2017
Mid-Point Assessment Recommendation # 10:	Financial Sustainability and VBP	The IA recommends that the PPS establish a plan to further educate and support their partners move toward VBP arrangements
PPS Defined Milestones/Tasks		Target Completion Date
MILESTONE 1: Conduct a Value Based Payments Needs Assessment ("VNA")		6/30/2017
Task 1: Re-issue survey conducted in Aug '16 to partners who did not previously respond		3/31/2017
Task 2: Present updated results to PPS Finance Committee & AHJ management team		4/30/2017
MILESTONE 2: Develop an implementation plan to address needs identified in the VNA		6/30/2017

Task 1: Establish meeting schedule for the VBP Workgroup of the PPS Finance Committee	3/31/2017
Task 2: Conduct gap analysis	5/31/2017
Task 3: Finalize support services relationship with Adirondacks ACO for VBP related functions	6/30/2017
Task 4: Finalize and submit VBP support Implementation Plan (per Financial Stability Milestone # 5 updated requirement)	6/30/2017
MILESTONE 3: Schedule & conduct VBP education and training for PPS Partners	9/30/2017
Task 1: Select education topics identified in gap analysis	6/30/2017
Task 2: Identify vendors & sources of education material for VBP training	6/30/2017
Task 3: Leverage Learning Management System (LMS) for education and training opportunities	6/30/2017
Task 4: Work with ADK ACO to implement education strategies for ACO members	9/30/2017
Task 5: Hold VBP break-out session at annual AHI Summit	9/30/2017

Mid-Point Assessment Recommendation # 12:	Governance	The IA recommends that the PPS develop a plan to ensure that all partners engaged in project implementation efforts have an executed contract by the end of DY2, Q4 to ensure the PPS is able to successfully meet project milestones, Patient Engagement targets, and the performance goals of the DSRIP Program.
PPS Defined Milestones/Tasks		Target Completion Date
MILESTONE 1: All Master Participation Agreements (MPA) and project addenda fully executed		3/31/2017
Task 1: Finalize and release project addendum for 2.a.i		Completed 2/6/2017
Task 2: Finalize and release project addendum for 4.b.ii		Completed 2/17/2017
Task 3: Outstanding contracts reviewed with PHN leads and plan executed to contact partners for completion		5/15/2017
Task 4: Identify needed new partners to fill project gaps through PHN leads		5/15/2017
Task 5: Complete contracting steps (MPA & addenda) for new partners needed to fill project gaps		5/15/2017
Mid-Point Assessment Recommendation # 13 a:	Organizational	The PPS must develop a detailed plan for engaging partners across all projects with specific focus on Primary Care, Mental Health, Substance Used Disorder providers as well as Community Based Organizations (CBOs). The Plan must outline a detailed timeline for meaningful engagement. The Plan must also include a description of how the PPS will flow funds to partners so as to ensure success in DSRIP.
PPS Defined Milestones/Tasks		Target Completion Date
MILESTONE 1: Engage partners across all projects, with specific focus on non-acute providers and CBO's.		3/31/2017
Task 1. Utilize contracting process to confirm and secure partner participation and engagement in PPS.		3/31/2017
Task 2. Structure PPS in geographic-based Population Health Networks (PHN's) to better address unique needs of each population.		Completed
Task 3. Establish & optimize PPS Operating Model based on Lean principles of continuous rapid cycle improvement.		Completed
Task 4. Provide project-specific PMO support to providers in each PHN to assist in understanding and achieving DSRIP goals and deliverables.		Completed
Task 5. Partner engagement and success will be tracked via attendance/active participation in Lean workgroups and scorecard monitoring of performance results.		7/30/17 & 9/30/2017
MILESTONE 2: Detailed timeline for meaningful partner engagement and funds flow to partners.		9/30/2017
Task 1. April 2017: Triad leaders will meet with Executive Director twice monthly to oversee the development, implementation performance of quality and cost initiatives throughout the PHN. PHN's will each establish Lean work teams that will result in reduction of preventable hospital utilization by closing care gaps. Innovation Grants will be awarded and funded. Steering Committee will meet monthly to provide strategic leadership and general oversight of the 5 PHN's for the purpose of achieving DSRIP program goals and developing a sustainable Integrated Delivery System.		4/30/2017
Task 2. May 2017: P4R Cycle 4 Funds Flow will distribute funds earned to partners. PHN Lean Rapid Cycle Workgroups meet and report every 2 weeks. PPS will issue a 2nd Innovation Grant RFP designed to align and accelerate IDS formation and DSRIP goal achievement. Implement PPS Workforce Training Plan for DY3.		5/30/2017
Task 3. June 2017: MAX Series Train-the-Trainers will launch 3 new Improvement Projects. PPS will initiative a Care Management Feasibility Study. Triad Leaders will review and score grant applications. PHN Lean workgroups continue rapid improvement cycles.		6/30/2017
Task 4. July 2017: Triad Leaders will monitor DSRIP milestones and metrics. Max Series workshops and PHN Lean Workshops continue rapid improvement cycles.		7/31/2017
Task 5. August 2017: P4RCycle 5 Funds Flow will distribute funds earned to partners. Steering Committee and Independent Auditor will approve and award 2nd round of Innovation Grants. Innovation Grants will be funded and work initiated.		8/31/2017
Task 6. September 2017: Initial MAX Series Projects wrap-up at Adirondack Heath and Nathan Littauer Hospitals, results are reported and celebrated. AHI hosts 9th Annual Summit focused on Rural Population Health. PHN Lean rapid cycle workshops continue. The three MAX Series projects launched in June continue and begin making traction. PHN Scorecards document progress of rapid improvement cycle workgroups. Steering Committee will report PHN progress to the AHI Board of Directors. AHI workgroups will be presenting P4P funds mechanisms to the PPS Finance Committee and to AHI Board of Directors. Corrective Action Period closes and projects are now on-track to meet program goals.		9/30/2017

Mid-Point Assessment		The PPS must also submit a detailed report on how the PPS will ensure successful project implementation efforts with special focus on projects identified by the IA as being at risk.
Recommendation #	Organizational	
13 b:		
PPS Defined Milestones/Tasks		Target Completion Date
MILESTONE 1: Utilize contracting and funds flow process to engage and secure partners' active participation in PPS initiatives.		9/30/2017
<i>Task 1. Funding Incentives, as outlined in MPA and Addendums and agreed to by partners, provide substantial motivation to partners and provide support for innovations and efforts required to achieve sustainable improvements.</i>		Completed
<i>Task 2. Aspiring to earn High Performance incentives, along with improvements in cost and care delivery for at-risk patients, are key drivers for partners committed to improving quality of life in their communities.</i>		9/30/2017
MILESTONE 2: Utilize Triad Leadership to facilitate cooperation among partners in each PHN.		9/30/2017
<i>Task 1. Triad Leader role, as specified in triad Leader Support Agreement, is designed to oversee the development, implementation and performance initiatives.</i>		Completed
<i>Task 2. Triad Leaders role will include monitoring network performance.</i>		7/30/2017 & 9/30/2017
<i>Task 3. Ongoing Lean Improvement initiatives, will actively engage partners across the continuum to drive results/improvements; progress will be tracked on PHN scorecard.</i>		9/30/2017
<i>Task 4. Quarterly DSRP Reporting requirement on milestones, metrics and deliverables compels partners o stay engaged and implement plans that will deliver results.</i>		6/30/2017 & 9/30/2017
Mid-Point Assessment		
Recommendation #	Organizational	
13 c:		
PPS Defined Milestones/Tasks		
1. INSERT MILESTONE 1		
<i>Task 1</i>		
<i>Task 2</i>		
<i>[Please add additional tasks based on your plan and timeline]</i>		
2. INSERT MILESTONE 2		
<i>Task 1</i>		
<i>Task 2</i>		
<i>[Please add additional tasks based on your plan and timeline]</i>		

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 Mid-Point Assessment Action Plan - Funds Flow

Partner Category	Funds Flow (all funds)			
	Funds Flow through DY2, Q3	Projected Funds Flow through DY2	% of Earned Dollars Planned for Distribution DY3	% of Earned Dollars Planned for Distribution DY4 - DY5
Practitioner - Primary Care	\$ 437,444	\$ 497,884	2.50%	2.00%
Practitioner - Non-Primary Care	\$ -	\$ -		
Hospital - Inpatient/ED	\$ 4,123,100	\$ 6,692,375	25.00%	22.50%
Hospital - Ambulatory	\$ -	\$ -	6.33%	5.00%
Clinic	\$ 1,324,403	\$ 1,833,376	10.00%	11.00%
Mental Health	\$ 758,166	\$ 933,661	4.00%	4.50%
Substance Abuse	\$ 659,979	\$ 810,121	3.75%	4.00%
Case Management	\$ 185,552	\$ 236,739	1.00%	1.00%
Health Home	\$ 294,860	\$ 418,315	2.00%	2.00%
Community Based Organization (Tier 1)	\$ 688,736	\$ 949,098	4.00%	4.00%
Nursing Home	\$ 260,480	\$ 528,408	2.25%	2.25%
Pharmacy	\$ -	\$ -		
Hospice	\$ 314,650	\$ 365,650	2.00%	2.00%
Home Care	\$ 609,087	\$ 961,035	5.00%	5.00%
Other (PPS PMO)	\$ 6,078,236	\$ 7,578,804	20.17%	25.92%
Other (Uncategorized)	\$ 128,980	\$ 230,980	1.00%	1.02%
Other (Uncategorized - County Agency)	\$ 173,130	\$ 176,091	1.00%	1.00%
Total	\$ 16,036,804	\$ 22,212,536	90.00%	93.19%