



**Department  
of Health**

# DSRIP Independent Assessor Mid-Point Assessment Report

Suffolk Care Collaborative PPS

Appendix 360 Survey

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Prepared by the DSRIP  
Independent Assessor

## Appendix 360 Survey – Suffolk Care Collaborative PPS (Stony Brook University Hospital)

### DSRIP 360 Survey

As part of the Mid-Point Assessment, the Independent Assessor (IA) prepared and disseminated a survey to Performing Provider Systems' (PPS') network partners, to assess the experience and involvement of network partners with the PPS lead entity. The name of the survey was the DSRIP 360 Survey. The IA utilized an electronic survey product to submit and collect survey responses. The survey release date was August 15, 2016 and the close date was September 30, 2016. Weekly reminder notices were sent to every recipient that didn't respond to the survey. The survey was sent to a random sample of the PPS' network partners identified as participating with the PPS lead entity.

The survey consisted of twelve multiple choice questions focusing on four primary areas around three themes. The areas of focus were network partners' experience with *i)* governance, *ii)* contracting and funds flow, *iii)* performance management and *iv)* information technology (IT) solutions. The three themes were engagement, communication and effectiveness. See below for the summary results by question for all responders. The survey instructions asked the survey recipient to answer all questions and to provide comments to each question. The survey responders were anonymous to the PPS lead entity.

### Survey Results

Suffolk Care Collaborative PPS sample size to be surveyed was calculated to be 54 individual network partner organizations that were identified as participating partners with the PPS lead entity based on the size of their Provider Import/Export Tool (PIT) report. A total of 30 (56%) survey samples were received. Respondents' answers overall were positive as 60% of all respondents' answers were either "Strongly Agree" or "Agree." Below is the breakdown summary of all answers. Not every responder completed every question.

<u>Survey Answers</u>	<u>Total of all Responders' Answers</u>	<u>Percentage</u>
Strongly Agree	82	23.84%
Agree	126	36.63%
Disagree	47	13.66%
Strongly Disagree	20	5.81%
N/A	69	20.06%
	<u>344</u>	<u>100.00%</u>

Survey responders were requested to leave comments after each question, and to also provide additional overall comments regarding any other aspects of the network partners' experience with DSRIP and the PPS lead entity. Details of responders' comments are included in the appendix. Examples of overall comments are below:

- *“Communication about new workgroups and committees can be improved. There are some days that multiple meetings are scheduled and it is difficult to find resources to attend all. Fund flow is vital to success of DSRIP projects.”*
- *“Resources used to enhance DSRIP infrastructure and goals with little or no input from providers. At last beginning to trickle out small contracts to providers.”*
- *“PPS has made significant effort in supporting the practices, both financially, as well as content expertise. I appreciate that they have a better understanding of the landscape ahead and feel that I can trust that they are working on behalf of all providers.”*
- *“The degree of collaboration across several competing health systems has been positive and unprecedented. This success has been a tremendous inspiration and keeps me involved in the project. Additionally, the community engagement and partnership with businesses, large and small, as well as the regions non-profit organizations has fostered a foundation for wide spread success and patient outreach.”*
- *“Community pharmacists can profoundly and positively affect DSRIP goals of reducing health care utilization and improving community health. Community pharmacists are the most accessible frontline provider and have the clinical expertise needed to reduce adverse drug events and improve medication nonadherence, the leading cause of preventable health care utilization. We ask that DOH provides all PPSs with clarifying guidance on best practices for teaming with clinical community pharmacists to construct high impact care teams which effectively reduce costs and improve health outcomes.”*

The numbers of survey recipients and responders included the following provider categories as listed in the PPS’ own Provider Import/Export Tool (PIT) report that was delivered with the PPS’ quarterly reports:

	<u>Survey Recipients</u>	<u>Survey Responders</u>
1 Hospital	2	2
2 Nursing Home	2	2
3 Clinic	5	3
4 Hospice	0	0
5 Substance Abuse	3	2
6 Pharmacy	2	1
7 Mental Health Practitioner:	1	0
8 Primary Care Provider (PCP)	14	9
9 Non-Primary Care Provider	10	4
10 Case Manager / Health Home	6	4
11 Community Based Organization	2	0
12 All Other	7	3
	<u>54</u>	<u>30</u>

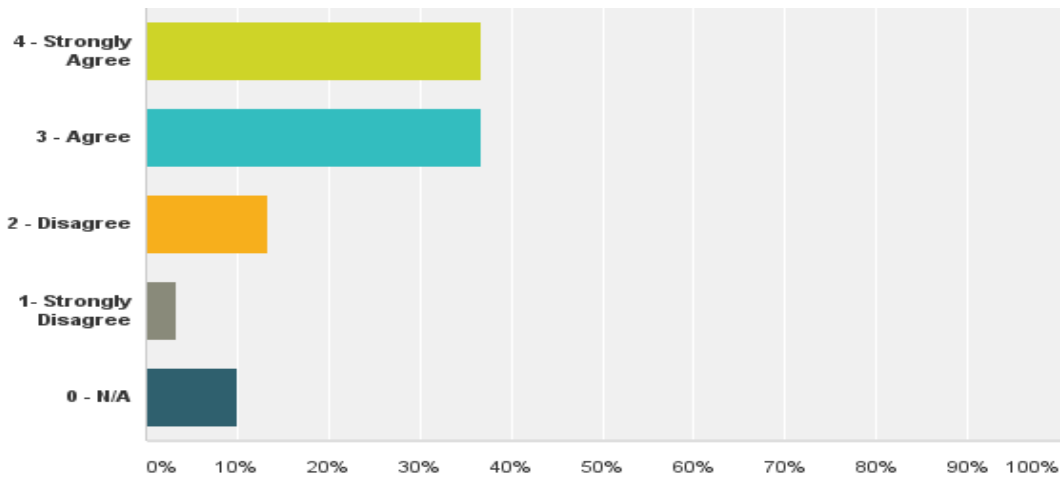
### Sampling Methodology

The Independent Assessor (IA) utilized the same sampling plan for selecting network partners for the DSRIP 360 Survey that the IA has used for other sampling processes throughout DSRIP. The universe of network partners to be included in the survey was limited to each individual PPS' Provider Import / Export Tool (PIT) report, where the PPS marked individual network partners as participating. The sample generated was intended to capture all provider types using a stratified random method. Not every PPS' sample selected list of network partners included every provider type.

Every PPS delivered to the IA the applicable names and e-mail addresses or mailing addresses for the network partners' names selected from the random sample generator for each PIT report. In this initial random sample, some PPS' identified one or more network partners that were not participating with the PPS, or had otherwise left the PPS' DSRIP project.

Below are each of the 12 questions included in the survey, with corresponding charts showing the variety of responses from partners. Included for each question are comments from partners related to their response to that particular question.

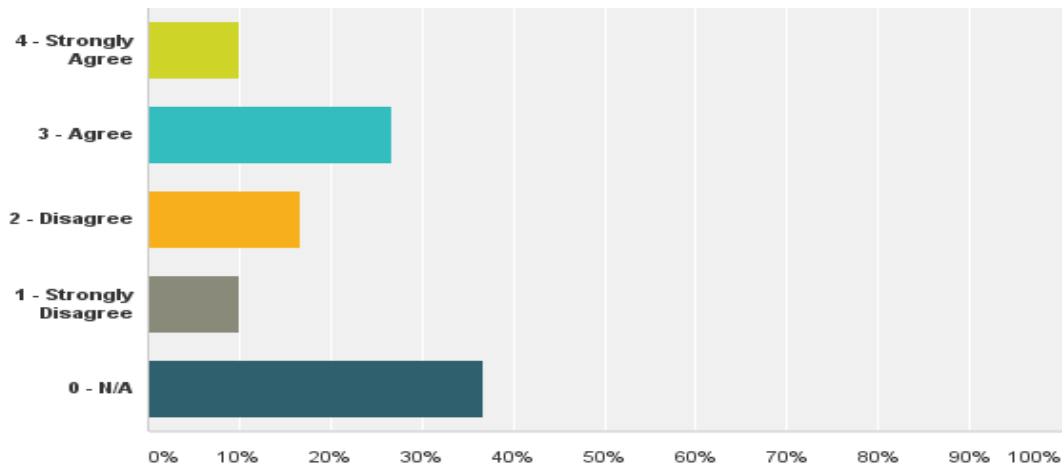
**Q1: Governance: The PPS engaged you in its governing board, committees and/or solicited input from you as a network partner.**



Sample of comments for question 1:

- *“Yes, there was good representation amongst Board committees.”*
- *“I am one of several internists who are on project/work stream committees, including 2ai, 3ai, 3bi, 3ci, PCMH. We have the opportunity to suggest guidelines/policies and also vet all documents prior to those documents progressing to the executive committee.”*
- *“Governing board and committees were determined in a non-transparent process.”*

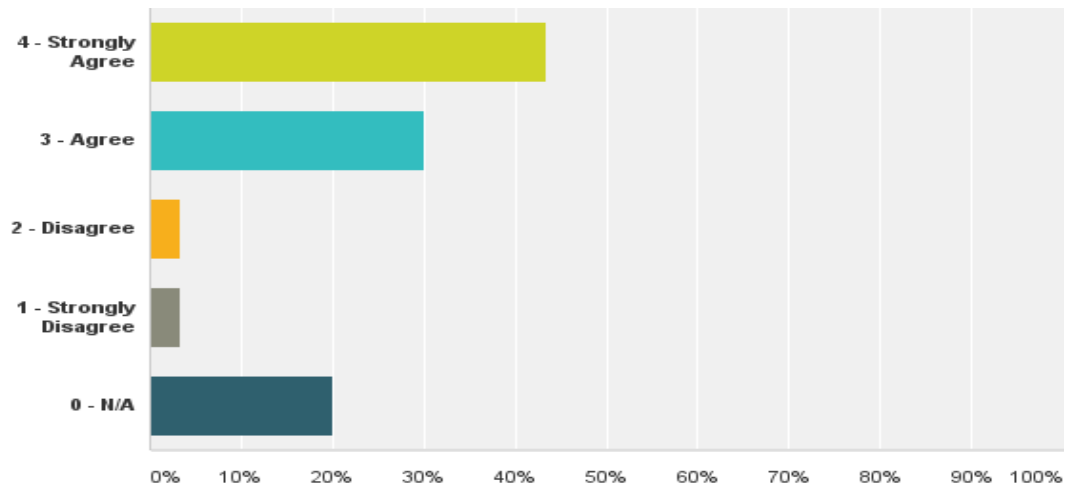
**Q2: Contracting and/or Funds Flow: The PPS engaged you in the development of your contract and/or the funds flow/budgeting process.**



Sample of comments for question 2:

- *“PPS is supportive of integrating with community pharmacy but has not started any contract process with community pharmacy.”*
- *“Information about exact amount took a long time to obtain, and no funds received to date.”*
- *“We had the opportunity to weigh in on what metrics providers will be held accountable for and when payments should be made, whether recurrent or one-time.”*
- *“I am not involved in development of contracts and/or the budget process.”*

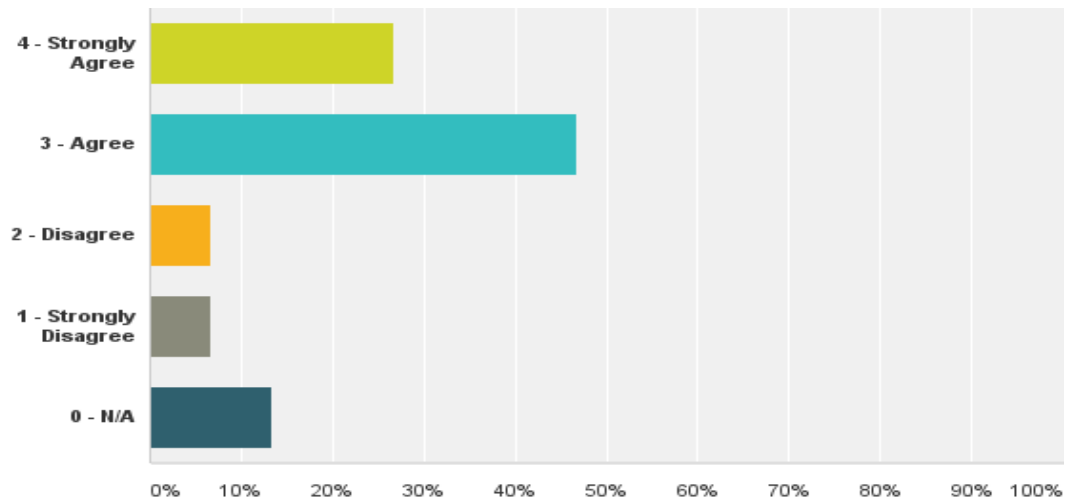
**Q3: Performance Management: The PPS engaged you in project implementation efforts (planning and execution) for the projects in which you participate as a network partner.**



Sample of comments for question 3:

- *“PPS welcomed participation in the projects, however the planning and execution did not directly engage or define roles for the community pharmacist.”*
- *“Yes, significant participation. Some requests for information and statistics had very short deadlines.”*
- *“They were very sensitive to the needs of the practices, understood that workflows vary, as well as resources, and are willing to work with providers.”*

**Q4: IT Solutions: The PPS has sought to understand your organization’s IT capabilities and your IT needs to support the DSRIP effort.**

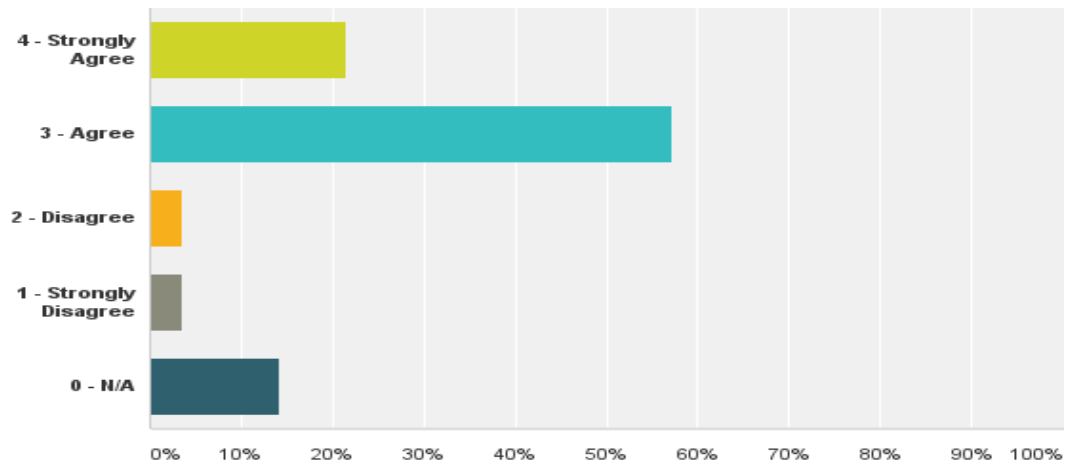


Sample of comments for question 4:

- *“Just beginning to give out grants--small amounts of money in areas that they want with no real consultation until after the fact.”*
- *“There has been an increase in information sharing this year.”*
- *“Soon after enrollment, a large survey was sent to the providers to understand the current state of many items, including IT, workforce, hours of operation etc. The IT team also did an assessment of the IT system and provided support on connecting to the local RHIO.”*
- *“This part of the process has been very slow as the vendor of my EHR has not been as responsive as I or the IT would have wanted.”*



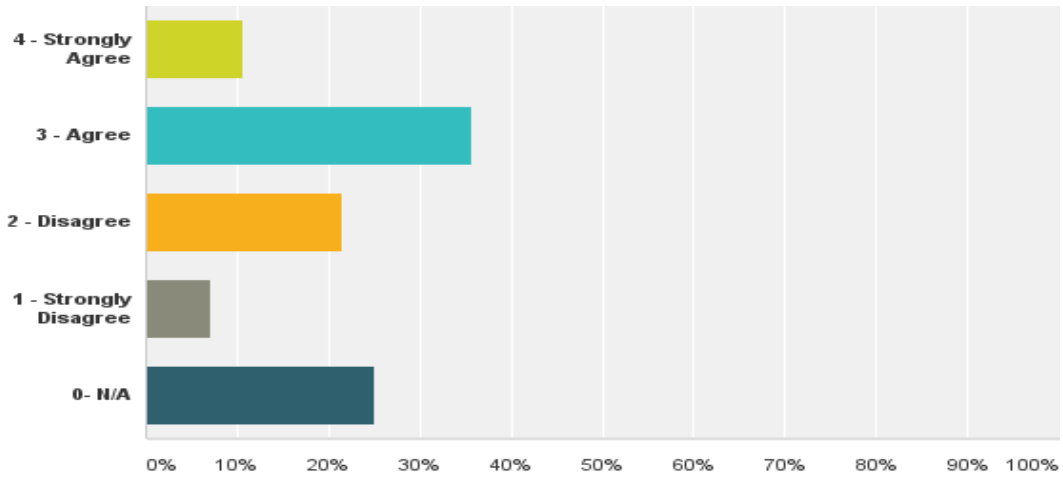
**Q5: Governance: The PPS communicated its governance activities and/or changes to the governance plan to you as a network partner.**



Sample of comments for question 5:

- *“Dog and pony gatherings presenting info with no real input from ‘partners.’”*
- *“Good communication.”*
- *“Yes, via multiple modalities, including weekly updates, “check in” meetings, electronic newsletters, PAC meetings.”*
- *“Per prior comment, the governance activities and changes to its plan have been done in a non-transparent manner.”*

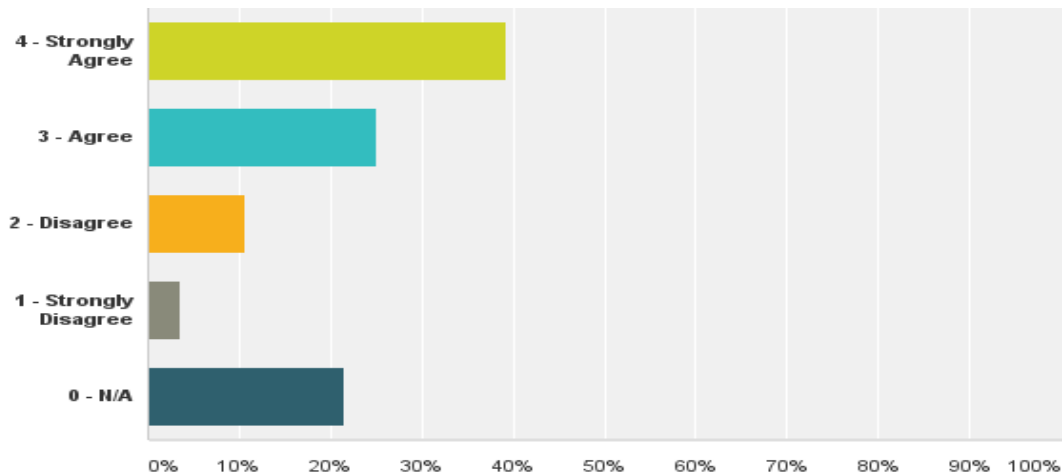
**Q6: Contracting and/or Funds Flow: The PPS communicated its funds flow distribution plan and described how this plan pertains to network partners and their involvement in projects.**



Sample of comments for question 6:

- *“PPS provided a general overview of funds flow but not specific to community pharmacy (Pharmacists). There are no Safety Net Pharmacy Providers in Suffolk county and there seems to be no concrete structure for funds flow for this critical care team member.*
- *“Yes they communicated this in a meeting, yet did not indicate exact number of patients in our setting”*
- *“This was in the on-boarding process.”*
- *“Only limited information was provided. Efforts to communicate this information only began within the last 2 months or so.”*
- *“However, the performance indicators and funding flow to the participants do not match the reality of the process in areas out of our control.”*

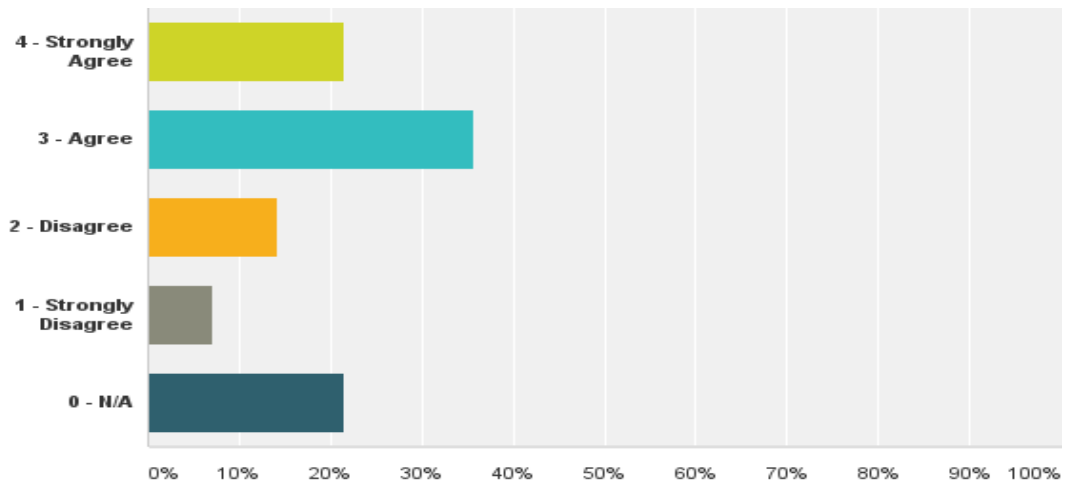
**Q7: Performance Management: The PPS communicated it's plans to share performance data with you as its network partner.**



Sample of comments for question 7:

- *“Performance management criteria specific to community pharmacy engagement have not been defined or shared.”*
- *“Good communication about this process.”*
- *“Development of dashboards were discussed and how information to develop those dashboards will be shared.”*
- *“The challenge is that the performance data are, in some cases, dependent on timely data to be provided by NYS DOH.”*

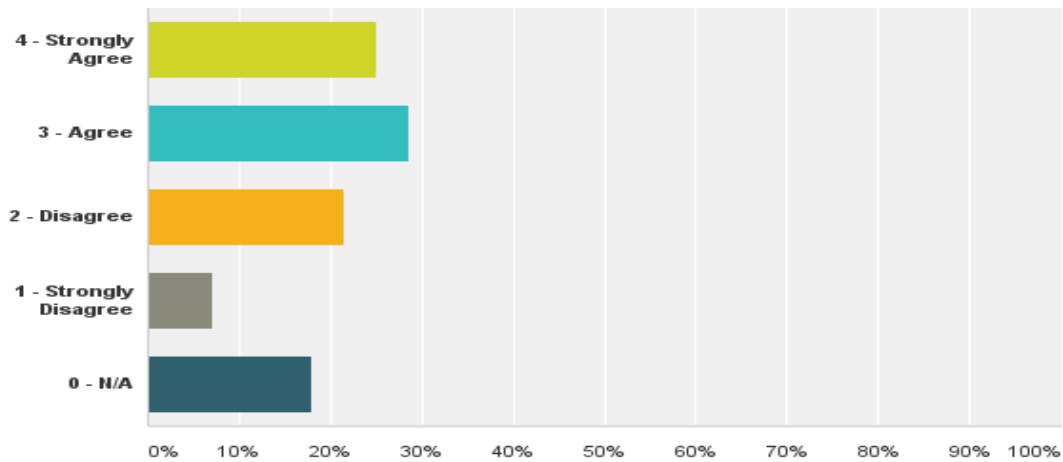
**Q8: IT Solutions: The PPS communicated the availability of resources or support for IT solutions to address network partner needs.**



Sample of comments for question 8:

- *“Communication about this was not as good as other areas.”*
- *“We received both local PPS as well as statewide resources (technical/ financial) to help with IT needs.”*
- *“Yes, but we have accomplished little due to lack of vendor support.”*

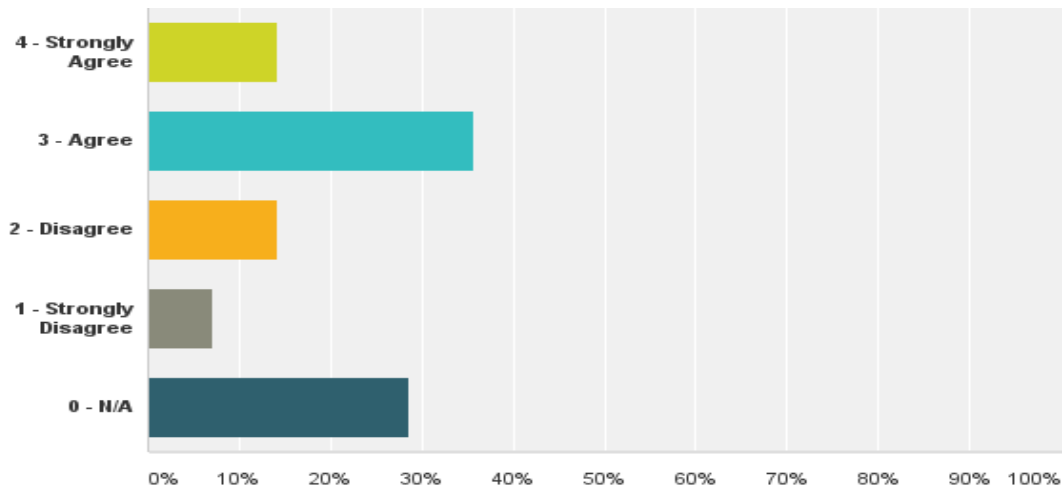
**Q9: Governance: The PPS governance structure is effective in facilitating your progress towards meeting the DSRIP goals.**



Sample of comments for question 9:

- *“I strongly believe that DOH must urge every PPS to include a community pharmacist on their governance board who may be able to educate, advise and provide methodology that will facilitate integration of community pharmacy in order to utilize the pharmacists highly specialized skills and medicine expertise to meet DSRIP goals.”*
- *“The structure is helpful and has excellent educational and research tools, and networking capabilities, yet we struggle with the human resource side of most of the projects.”*
- *“Multiple committees meet regularly to assess current status and operationalize goals.”*
- *“Too many committees and lack of understanding of primary care logistics.”*

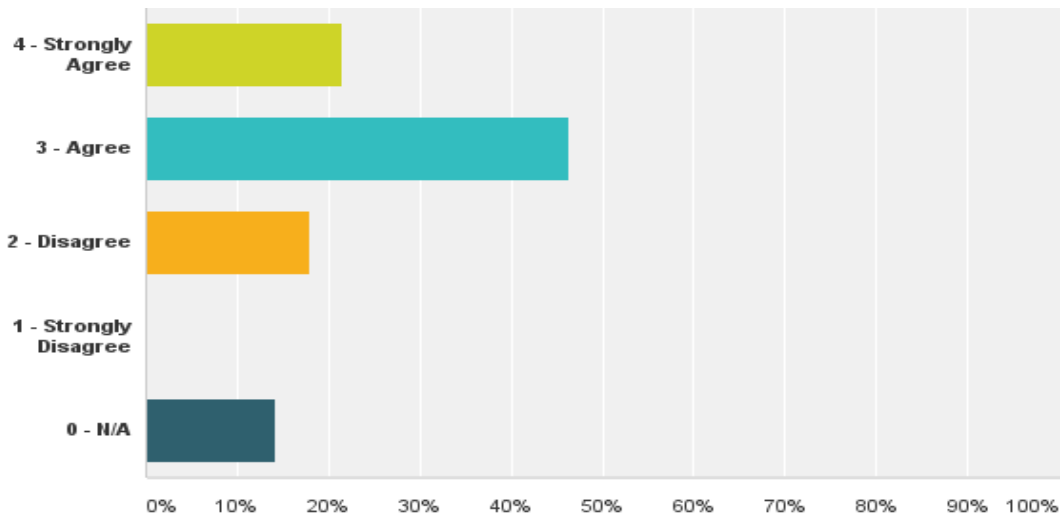
**Q10: Contracting and/or Funds Flow: The PPS has been effective in establishing contracts and/or flowing funds to you as a network partner.**



Sample of comments for question 10:

- *“After we signed initial contract, had hoped to see funds come through earlier. Are aware that will occur this year.”*
- *“Contracts were issued followed by initial on-boarding payments.”*
- *“No funds flow yet.”*
- *“Contract was fast; no funds have come our way despite a myriad of meetings.”*
- *“In some cases, the PPS has attempted to create contracts that are disruptive to existing relationships with other organizations that have been carefully cultivated to build trust over many years.”*

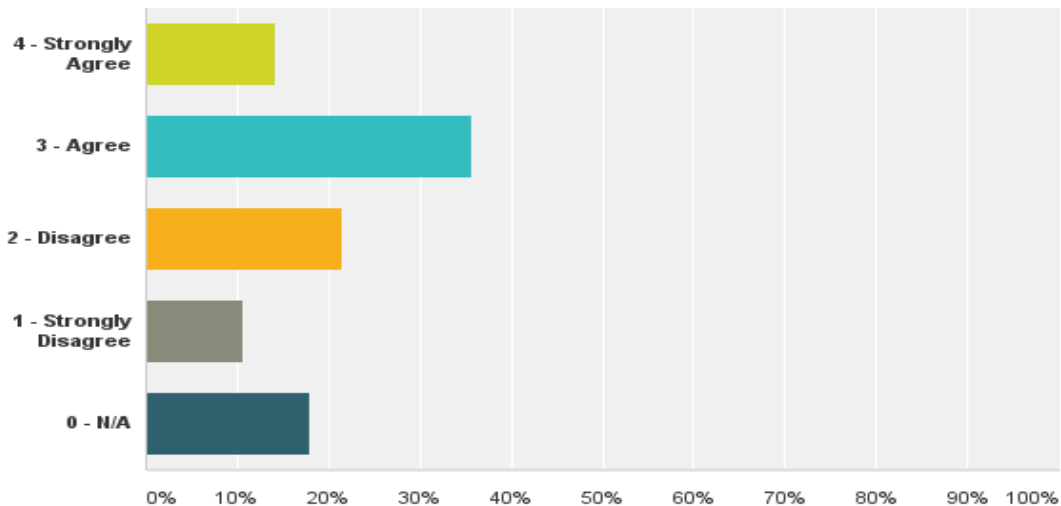
**Q11: Performance Management: The PPS has been effective in detailing how it will monitor the performance of its network partners against metrics and facilitating quality improvement efforts.**



Sample of comments for question 11:

- *“Great communication.”*
- *“Providers will be given information on where they lag and how the PPS will support providers in coming up with a performance improvement plan.”*

**Q12: IT Solutions: The PPS has been effective in providing solutions or support to ensure DSRIP goals are met.**



Sample of comments for question 12:

- *“We have had significant EMR issues collecting quarterly data, and have had to collect manually. We would have like to have seen support /resources allocated toward this.”*
- *“Vendor support and coordination problematic.”*