

Date and Time	March 8, 2017, 3-5pm	Meeting Title	NYP PPS Project Advisory Committee
Location	MSCHONY, 3959 Broadway, Tower 103 (1st floor)	Facilitator	Anne Sperling
Go to Meeting	https://global.gotomeeting.com/join/237782405	Conference Line	United States +1 (872) 240-3412 Access Code: 237-782-405

Attendees	
Project Advisory Committee Membership	

Meeting Topic
<ol style="list-style-type: none"> 1. Welcome (Anne Sperling) 2. NYS and NYP PPS Updates (Isaac Kastenbaum, David Alge) <ul style="list-style-type: none"> • General updates • Shift to focus on performance metrics • Funds flow update 3. Cultural Competency and Health Literacy Discussion (Dodi Meyer, Rachel Naiukow, Group Discussion) 4. NYP PPS Workforce Training Needs Discussion (Rachel Naiukow, Emily Drucker) 5. Identify Action Items

Action Items				
Description	Owner	Start Date	Due Date	Status
Share 2017 PAC meeting schedule with members / send Outlook invites	L. Alexander	12/7/2016	12/30/2016	Complete
Explore ideas generated for future PAC meeting agendas	L. Alexander	12/7/2016	Ongoing	In progress

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NYS & NYP PPS Update

Project Advisory Committee

March 8, 2017

Agenda

- **New York State DSRIP Update**
 - **Midpoint Assessment**
 - **Timeline**
 - **Transition to Pay-for-Performance**
 - **Current State-level Performance**
- **NYP PPS Update**
 - **Transitioning to P4P**
 - **Funds Flow Update**

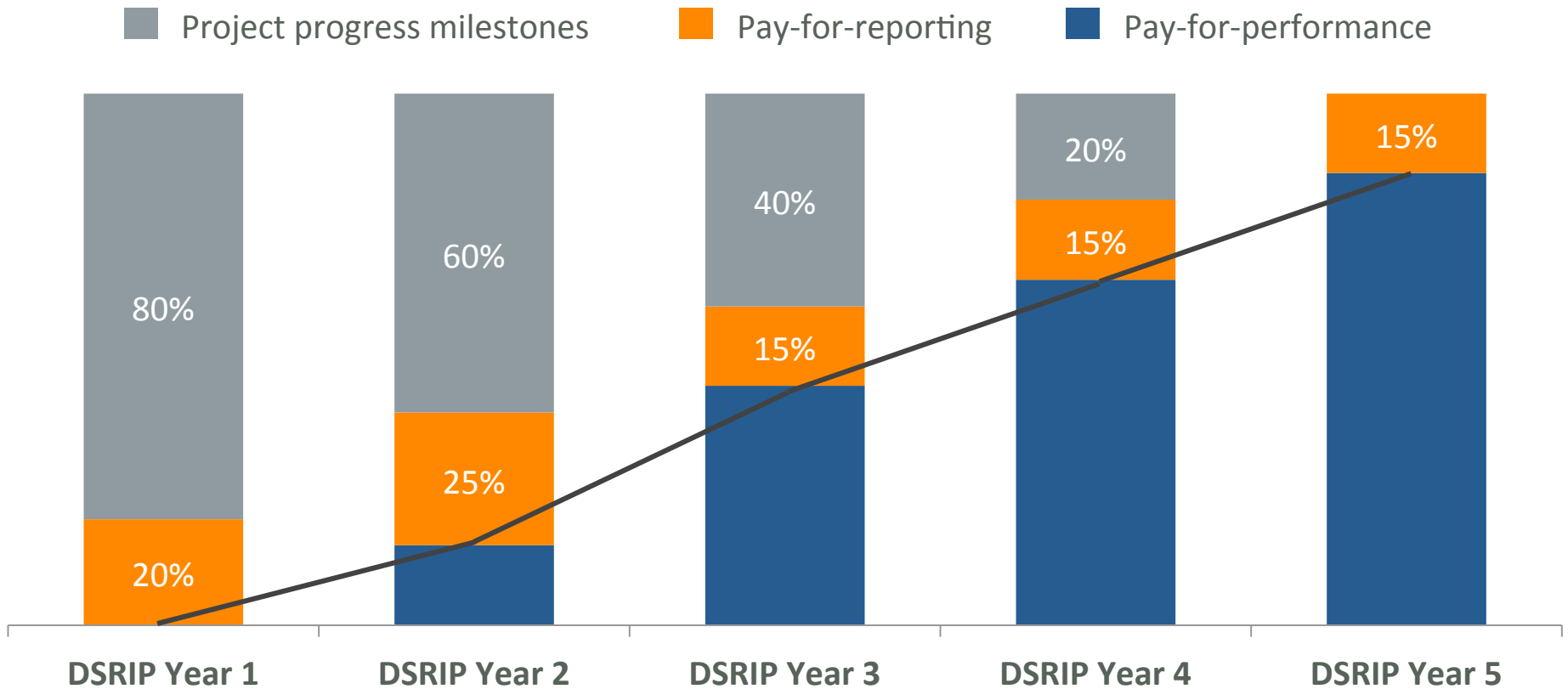
NYP PPS Mid Point Action Plan Recommendations

Focus Area	Final Recommendation
3.e.i HIV CoE	The IA recommends that the PPS obtain long-term space for the HIV Center of Excellence (CoE) that can accommodate growth of staff and patients attributed to the program.
3.e.i HIV CoE	The PPS needs to demonstrate effective collaboration with CBOs and other resources to ensure appropriate access to substance abuse treatment.
3.g.i Palliative Care in PCMHs	The IA recommends that the PPS create an action plan to increase the presence of palliative team members in primary care practices in order to increase referrals, which will further improve patient engagement.
3.g.i Palliative Care in PCMHs	The IA recommends that the PPS develop a plan to increase outreach and education materials to partners with respect to end of life care. The plan should include ongoing support and resources with educational updates for partners and their staff.
Cultural Competency and Health Literacy	The IA recommends the PPS implement the strategies and execute the training on CCHL as articulated in its submitted plans. The execution of this strategy needs to articulate how the PPS will measure the effectiveness of its CC/HL outreach efforts to the target population.

New York State DSRIP Timeline

Key Milestone	Date
End of DSRIP Year 2, Quarter 3 (DY2Q3)	12/31/16
DY2Q3 Report Submission Deadline	1/30/17
Mid Point Assessment Action Plan Submission Deadline	3/10/17
DY2Q3 Remediation Submission Deadline	3/16/17
End of DSRIP Year 2, Quarter 4 (DY2Q4)	3/31/17
DY2Q3 Report Submission Deadline	4/30/17
Mid Point Action Plans Required Completion Date	9/30/17

The Shift from P4R to P4P is Baked into DSRIP

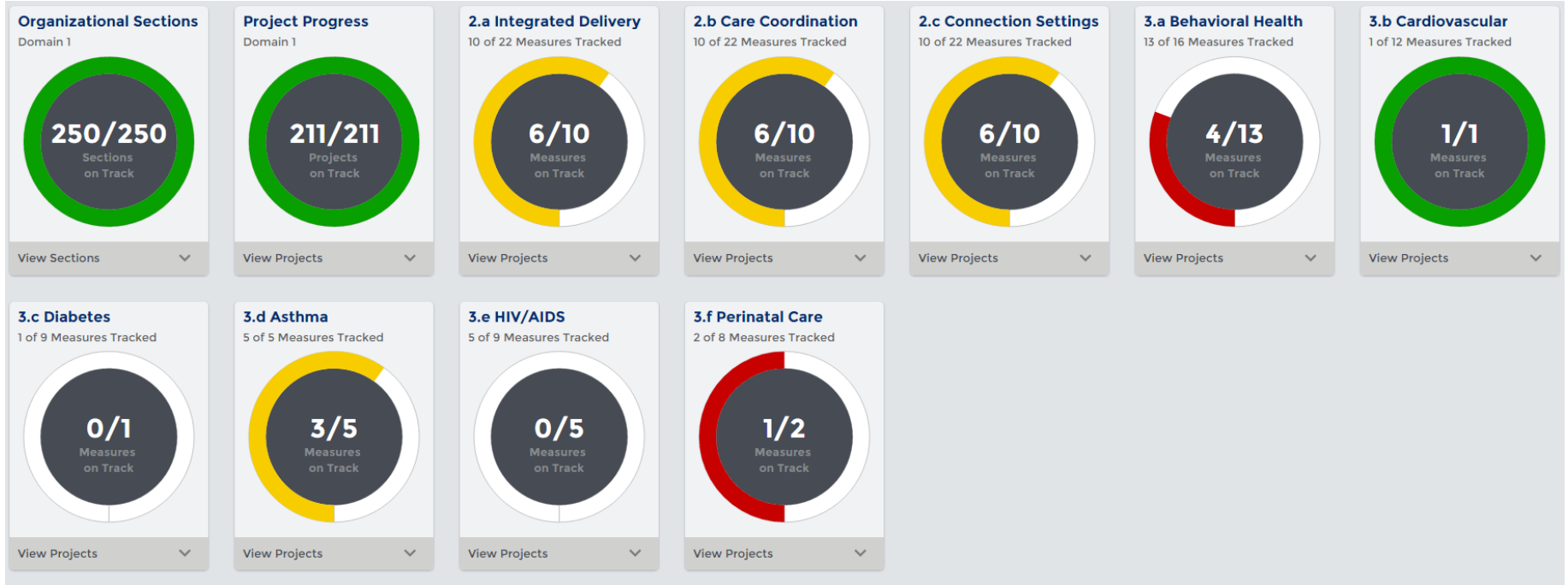


We are here

Note: As part of a December 2015 waiver amendment request to the federal Centers for Medicare and Medicaid Services, New York is seeking to slightly modify these percentages.

Source: New York State Department of Health, Attachment I—NY DSRIP Program Funding and Mechanics Protocol, April 2014.

New York State – Statewide Performance (May 2016)



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PPS Transition to Pay-for-Performance

P4P Dollars Become Increasingly Important

PPS budgeted at \$79M over five years; only \$60M is likely guaranteed. We must focus on closing the \$19M gap by achieving the pay-for-performance gaps.

Evaluation Level	Funding Source	5-Year Max Value	Portion (%)
PPS	Pay-for-Performance Performance Metrics	\$26,012,419	26.6%
PPS	Equity Infrastructure Program – investments in foundational efforts of PPS	\$23,628,005	24.2%
PPS	Pay-for-Reporting Performance Metrics	\$19,705,156	20.2%
PPS	PPS Organizational Milestones	\$9,657,160	9.9%
PPS	Pay-for-Performance High-Performance Fund	\$9,500,000	9.7%
Project	Project Implementation Plan Approval (1 time)	\$4,632,393	4.7%
Project	Project Budget Reporting	\$2,414,290	2.5%
Project	Project Patient Engagement Speed	\$1,585,839	1.6%
Project	Project Requirement Achievement	\$502,659	0.5%
TOTAL		\$97,637,921	100%

Closing the P4P Gap Means Focusing on 44 P4P Metrics

Metric Categories

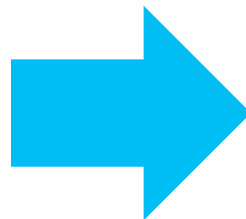
- Access to primary care and preventive health screenings
- Utilization (ED visits and inpatient admissions)
- Tobacco use
- Subpopulations (behavioral health, HIV, alcohol/drug treatment)
- Patient satisfaction

Example Metrics

- Adult and Children's Access to Primary Care
- Potentially Preventable ER Visits; Potentially Preventable Readmissions
- Antidepressant and Antipsychotic Medication Management

Proposed PPS Pivot: Transition to P4P

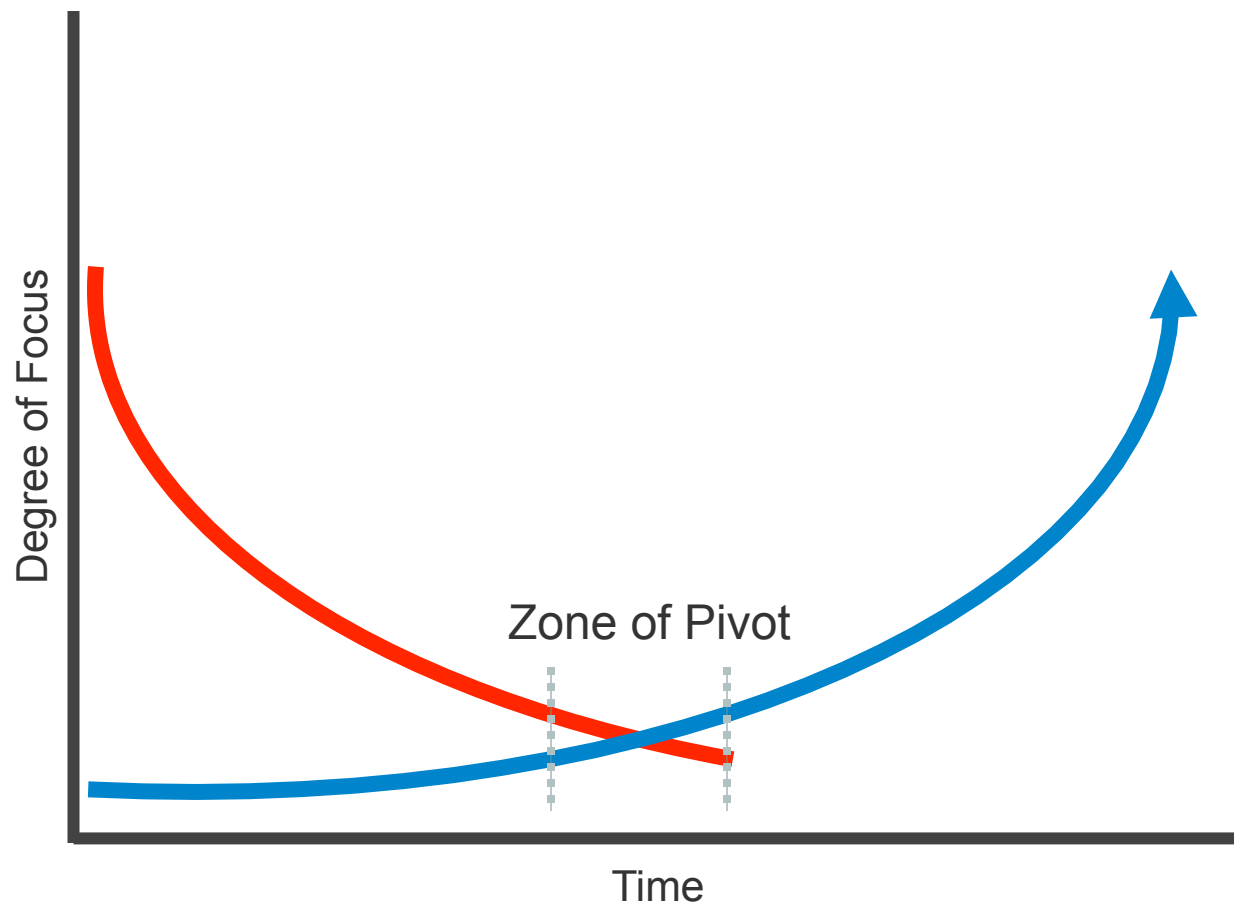
Project-Centric Governance



Performance-Driven Governance



Projects Ramp Down, Population Lines Ramp Up



Population Lines

- Rely on infrastructure built by Projects
- Legacy Project NYS Milestone reporting
- Maintain & grow CBO relationships
- Hardwire QI interventions

Projects

- Hardwire infrastructure
- Staffing sustainability plan
- Don't continue post-Pivot

Each Population Line will Have...

- Support by at least 1 Project Manager and 1-3 Leads
- Robust data analytics and reporting resources
- Direction to design interventions which cross Population Lines

Transition Timeline

- Current Project due dates are not changing
 - Majority of NYS Milestones due by 3/31/1017
 - No new deliverables at the project level
- Population Line formation in January – April 2017
- P4P metric scores updated by NYS in March 2017
- New P4P Measurement Year begins July 1, 2017

P4P Transition Status Check

Population Line	Status	Lead(s)	Manager(s)
Adult Medicine @ NYP	Data Discovery	Elaine Fleck, MD* Steve Shea, MD*	Felicia Blaise* Julie Chipman*
Pediatrics @ NYP	Data Discovery	Adriana Matiz, MD* Maura Frank, MD* Connie Kostacos, MD*	Maria Moreno*
Sexual Health	Data Discovery	Pete Gordon* Sam Merrick*	Steve Chang*
Community Providers	PCMH-Focused	To be recruited	Lauren Alexander
Transitions / High Utilizers	Not Started	To be determined	TBD
CBO / Social Determinants	Not Started	To be determined	Patricia Hernandez

**In-place prior to pivot*

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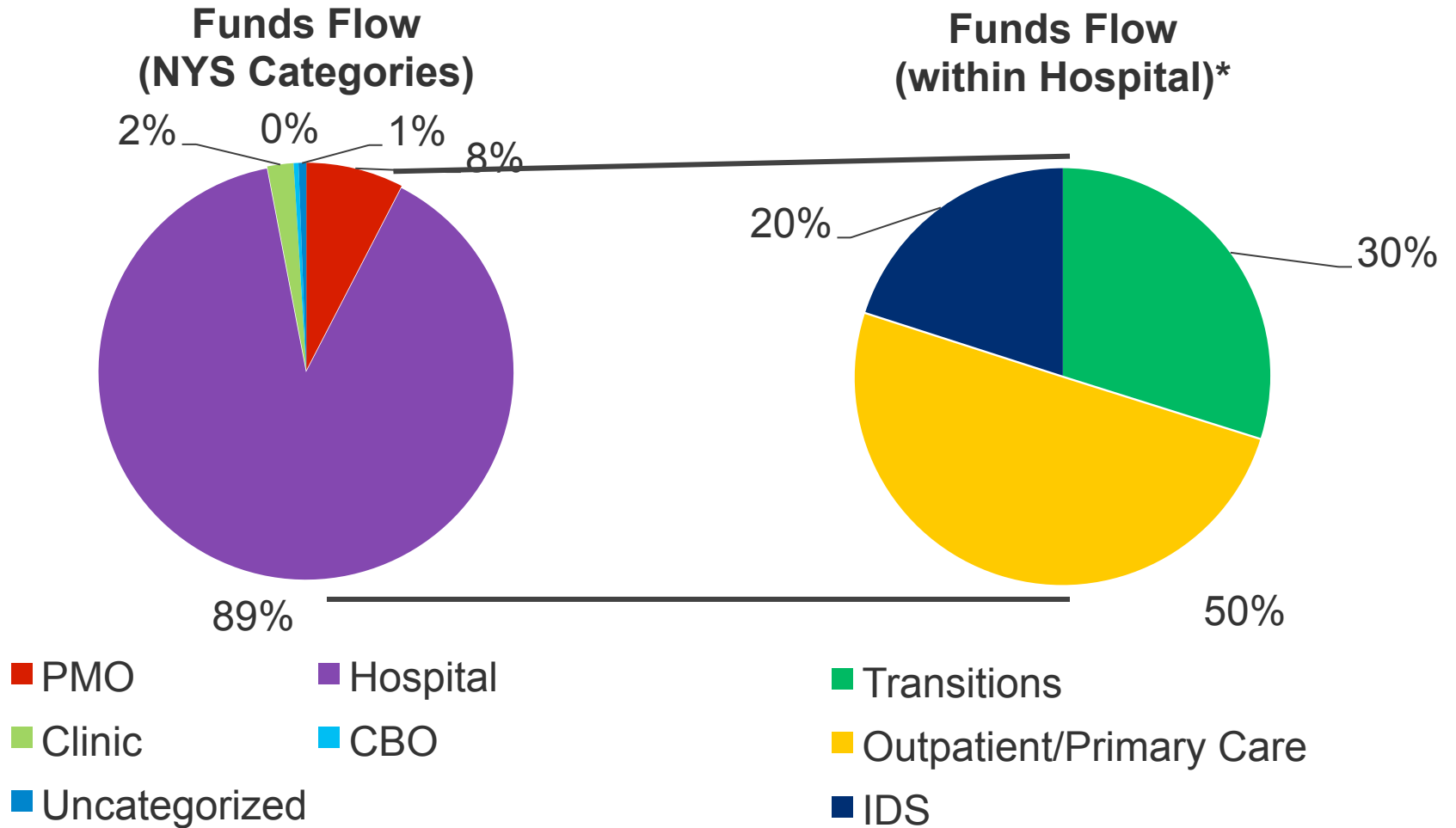
PPS Funds Flow Update

NYP PPS Funding Received To-Date (DY2Q2)

Project and Funding Stream Performance

Name	Earned		Lost		Remaining		AVs Earned/Available	
	\$	%	\$	%	\$	%	#	%
> <u>2.a.i</u> 	249,803	100.00	0	0.00	0	0.00	19/19	100.00
> <u>2.b.i</u> 	175,220	100.00	0	0.00	0	0.00	20/20	100.00
> <u>2.b.iii</u> 	192,890	100.00	0	0.00	0	0.00	20/20	100.00
> <u>2.b.iv</u> 	178,979	100.00	0	0.00	0	0.00	20/20	100.00
> <u>3.a.i</u> 	156,267	100.00	0	0.00	0	0.00	16/16	100.00
> <u>3.a.ii</u> 	155,098	100.00	0	0.00	0	0.00	16/16	100.00
> <u>3.e.i</u> 	124,925	91.67	11,357	8.33	0	0.00	12/13	92.31
> <u>3.g.i</u> 	88,345	91.67	8,031	8.33	0	0.00	6/7	85.71
> <u>4.b.i</u> 	110,737	100.00	0	0.00	0	0.00	14/14	100.00
> <u>4.c.i</u> 	92,477	100.00	0	0.00	0	0.00	16/16	100.00
> EIP 	4,725,601	100.00	0	0.00	0	0.00	0/0	0.00
> EPP 	3,150,401	100.00	0	0.00	0	0.00	0/0	0.00

PPS Funds Flow (as of DY2 Q2)



*Based on DY2Q1-Q3 data

PPS Funds Flow – CBO Distribution

- 16 executed contracts for ~\$1.4M per DSRIP year
- Indirect support provided for all collaborators
 - Healthix rollout (vendor + Healthix integration costs)
 - Healthify access for unlimited users
 - Quality Interactions access

PPS Funds Flow – New Funds Flow Opportunities

- **Transitions of Care Request for Proposals [response vetting phase]**
- **Finance Committee proposal to support collaborator engagement in Committees, Surveys, etc.**
- **Engagement in Population Lines (TBD based on data)**

