



Advocate Community Providers

AGENDA

I. Our DSRIP: ACP / AW Medical

Why ACP?

II. The biggest network in New York:

III. What Happened to the PAC?

Leadership Council

IV. Roles and responsibilities of the PAC





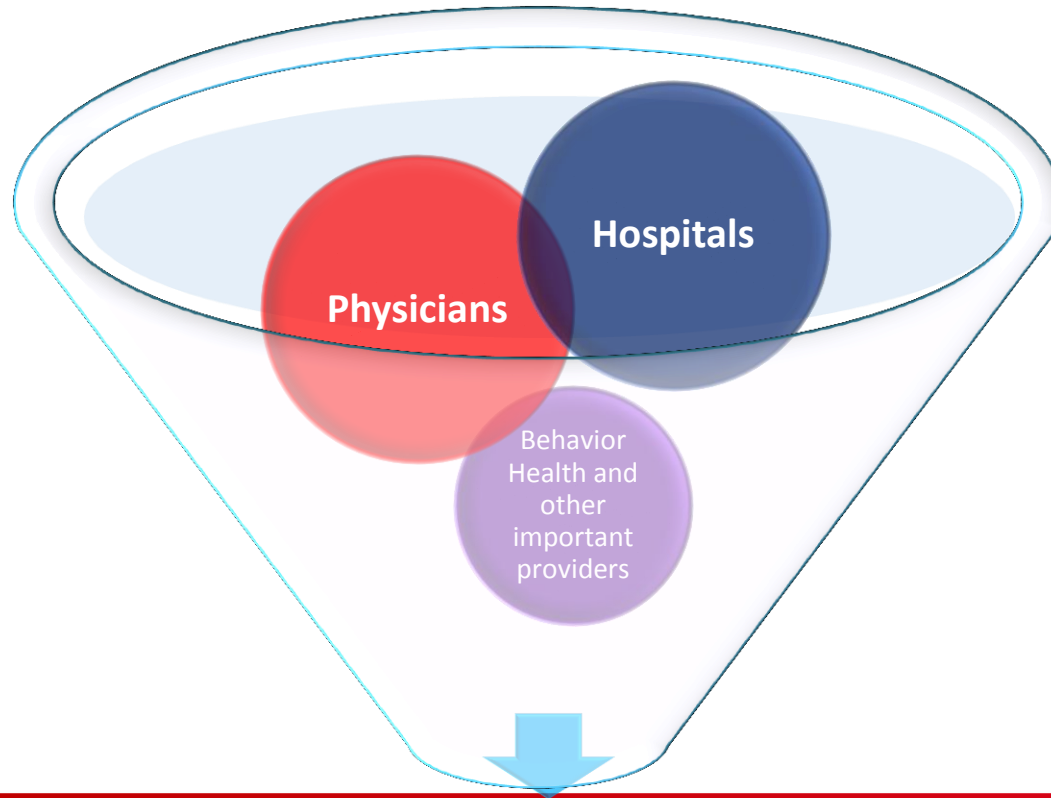
OUR DSRIP:
ACP / AW MEDICAL

**We have brought over 2,000
physicians together as ONE**

我們是一家人

Somos uno

AW Medical PPS is not just made up of Physicians



Non-physician partners

ABOUT DSRIP



- Delivery System Reform Incentive Payment
- Incentive payments are performance based
- Patient engagement is **KEY** for incentive payment calculation which starts **01/01/2015**
- Goals are to achieve transformation of the health care safety net provider system, improving healthcare quality, improving population health, reducing avoidable hospital and ED use, and lowering healthcare cost.

ACHIEVING THE GOAL



- Implementing collaborative models of patient care
- Enhanced care coordination and care management models
- Monitoring specific performance measures
- Adherence to evidence-based protocols
- Adherence to standardized processes across the PPS
- ALL PHYSICIANS MUST IMPLEMENT EDI and ACHIEVE PCMH level 3 certification

Projects Selection



- 2.a.i** Integrated Delivery System
- 2.a.iii** Health Home At-Risk Intervention Program
- 2.b.iii** ED care triage for at-risk populations
- 2.b.iv** Care Transition
- 3.a.1** Integration of Primary Care & Behavioral Health
- 3.b.1** Cardiovascular Disease Management
- 3.c.1** Diabetes Disease Management
- 3.d.iii** Asthma Management
- 4.b.i** Tobacco Use Cessation
- 4.b.ii** Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings

PCMH (2014 Version) Level 3 by 2017

	2014	2015	3/31/2015		2016	3/31/2016		2017	3/31/2017	
		Action	Attest	Data	Action	Attest	Data	Action	Attest	Data
EHR	Adopt, Implement, Upgrade (AIU) to 2014 Certified EHR	AIU to Certified EHR	AIU	any 90-day period from 2014	Use Certified EHR	MU Stage 1-Y1	any 90-day period from 2015	Use Certified EHR	MU Stage1-Y2 & meet MU Stage 2 criteria	full yr. 2016
			MU Stage 1-Y1	any 90-day period from 2014		MU Stage 1-Y2	full yr. 2015		MU Stage 2-Y1	full yr. 2016
			MU Stage 1-Y2	any 90-day period from 2014		MU Stage 2-Y1	full yr. 2015		MU Stage 2-Y2	full yr. 2016
			MU Stage 2-Y1	any 90-day period from 2014		MU Stage 2-Y2	full yr. 2015		MU Stage 3-Y1	full yr. 2016
PCMH	Upgrade to PCMH 2014 version	Prepare PCMH Level 3			Submit PCMH Level 3		Achieve PCMH Level 3 by 6/2017			



WHERE WE ARE NOW

PROJECT PLAN APPLICATION



- RECEIVED HIGHEST SCORE IN NEW YORK CITY, 92.41.
 - 7TH IN THE STATE
- **FINAL APPROVAL TO FOLLOW 2/20/2015**
- PROJECT ADVISORY AND OVERSIGHT PANEL (PAOP)
- **PUBLIC COMMENT STAGES**
 - Written comments to DSRIPApp@health.ny.gov
 - Oral comments before PAOP 2/17/2015

IMPLEMENTATION



- APPLICATION DUE MARCH 1 TO KPMG, APRIL 1 TO DOH
- SCALE AND SPEED
- PATIENT ENGAGEMENT
- **INTEGRATED DELIVERY**



Advocate Community Providers

THE PAC

PAC vs. LEADERSHIP COUNCIL



- ORIGINAL PAC REQUIREMENTS
- Representation from every organization including union representatives
- Unmanageable size of ACP's PAC greater than 400
- Alternative PAC approved by the state
- Care Team formation to include all service providers

PAC Role and Responsibilities



- Advisory Committee to serve for the five years of DSRIP
- Representative of the entire network of partners, not their own particular organization.
- Will participate in regular meetings
- Advise throughout the implementation on best practices as well as trial and error
- Provide Support to Care Teams, serve on Care Teams
- Provide feedback to ACP from the service providers on all issues related to project implementation
- Make recommendations to ACP clinical committees on key project related issues



Q & A