

Design Grant Questionnaire

Please answer each of the following questions thoughtfully and concisely. Note that you will only be able to enter your responses within the grey form fields, and that many, if not all, of these forms have word limits.

Contact Information

Please provide contact information for the individual completing this questionnaire. Note that as this questionnaire will be used to assist NYS DOH in determining whether your PPS will receive the second design grant award payment, please note that the individual certifying this questionnaire should be the CEO, CFO or comparable level personnel.

Date: October 15, 2014

Provider Name: Nassau University Medical Center

Contact Name: Victor Politi, MD, FACP, FACEP

Contact Email: vpoliti@numc.edu

Contact Phone: (516) 572-6011

PPS Status

The following questions relate to whether your PPS is continuing to finalize formation, and intends to complete your own DSRIP Project Application due on December 16, 2014.

- 1) Does your PPS plan to submit a DSRIP Project Plan application as a standalone PPS on December 16, 2014? If your PPS does not intend to continue operating as standalone PPS (e.g., your PPS has dissolved due to merger with another PPS or has decided to cease participation in the DSRIP program), your answer to this question should be 'No'. If 'Yes', please skip the next two questions and complete the rest of the Design Grant Questionnaire. If 'No', please continue to the next question in this section. (3 character limit)

Yes

- 2) Is your PPS merging with another PPS? If yes, please explain in detail your plan to integrate and support the merged PPS (e.g., please describe specific projects and activities). If awarded a second design grant payment, please provide a narrative explaining your intentions with the funding awarded. If your PPS is not merging with another PPS and is planning to cease participation in the DSRIP program, please answer 'No' to this question and answer the next question. (3,000 character limit)

Yes we are working with NSLIJ and CHSLI to form one PPS. We have already worked to complete a joint Community Needs Assessment for Nassau County and Eastern Queens. We have engaged multiple stakeholders in preparation for completing the joint projects. Our plan is to work with community stakeholders to jointly pick the same projects for Nassau and Eastern

Queens. We have identified Team Leaders responsible for the 11 projects and are working to complete the application. Additionally the following workgroups have been formed: Executive, IT, Workforce, and Quality.

- 3) If your PPS has elected to cease participation in the DSRIP program, please provide an explanation as to why your PPS has made this decision. *(3,000 character limit)*.

Note: If your PPS has elected to merge with another PPS or has elected to cease participation in the DSRIP program as a standalone PPS, please contact the NYS DOH for further discussion.

Award Letters Conditions

The following questions relate to award conditions stated on the August 6, 2014, if applicable to your PPSs.

- 1) Did your award letter include a condition which must be addressed prior to receiving the second award payment? *Please answer with either 'Yes' or 'No'. If 'Yes', please continue onto Question 2. If 'No', please move onto Question 3. (3 character limit)*

Yes

- 2) Have you addressed your award condition? Please describe the steps taken to address the award condition. *(2,000 character limit)*

Yes, we have met with Jason Helgerson and provided feedback as to the ability of NuHealth to be a lead PPS. NuHealth is the largest safety net hospital system in Nassau County. We have a long and distinguished history of serving all in the county, with a particular focus on low-income patients. We are the biggest Medicaid provider in the county, and have a deep understanding of the needs of these populations and how to serve them. We believe we have the leadership capabilities for these projects to improve the health and health care of Medicaid and uninsured individuals in Nassau and Eastern Queens counties.

Since the award, we have worked closely with the other PPS leads in Nassau to help formulate a single PPS. To date, all parties appear to working towards a single PPS with NuHealth as lead.

- 3) If you have not fully addressed your award condition, please provide an explanation as to why the condition has not yet been addressed, and plans to satisfy the condition prior to November 3, 2014. Please also reference communication you have had with NYS DOH about this condition to date. *(2,000 character limit)*

Network updates and attestation

The following questions relate to compliance regarding each PPSs DSRIP Network Tool submission and attestation and data sharing requirements.

- 4) **A.** Has your PPS met the October 1, 2014 deadline to update your partner organization list using the DSRIP Network Tool? *Please answer with either 'Yes' or 'No'. If 'Yes', please continue on to Question 5. If 'No', please move onto Question 4B. (3 character limit)*

Yes

B. If you have not met the deadline, please provide an explanation as to why this deadline has not been met and what your plans are to remediate. *(2,000 character limit)*

- 5) **A.** Has your PPS maintained a file of signed partnership agreements from all partner organizations, which can be made available to the State and/or CMS upon request? *If 'Yes', please continue on to Question 6. If 'No', please move onto Question 5B. (3 character limit)*

No

B. If you have not completed this requirement, please provide an explanation as to why it has not been completed and provide your plan to remediate. *(2,000 character limit)*

All participating partners who were listed in our October 2014 attribution submission were aware of their inclusion. We have obtained signed agreements from most of our participating partners, and will have signed agreements from all partners who are listed in the final attribution run in November 2014.

- 6) **A.** Has your PPS executed a Data Exchange Application and Agreement ("DEAA") with the State for data available in the DSRIP portal, and any data sharing outside of the portal? *If 'Yes', please continue on to Question 7. If 'No', please move onto Question 6B. (3 character limit)*

Yes

B. If you have not completed the above, please provide an explanation as to why these activities have not been completed and provide your plan to remediate. *(2,000 character limit)*

Contract attachments

The following questions relate to contracts submitted to NYS DOH by PPSs regarding renewed grant amounts, for which PPSs were required to resubmit to NYS DOH with the updated grant amounts.

- 7) Has your PPS returned all contract attachments that need to be completed? If not, please provide a brief status update on your current progress and remediation steps. The required attachments are listed below for your reference. *(2,000 character limit)*

- **APPENDIX A** - Standard Clauses as required by the Attorney General for all State contracts
- **STATE OF NEW YORK AGREEMENT**
- **APPENDIX B-3** - Award Letter
- **APPENDIX B-2** - Webinar 1 and 2
- **APPENDIX B-1** - Questions and Answers 1 and 2
- **APPENDIX C** - Proposal
- **APPENDIX E-1** - Proof of Workers' Compensation
- **APPENDIX E-2** - Proof of Disability Insurance Coverage
- **APPENDIX H** - Federal Health Insurance Portability and Accountability Act ("HIPAA") Business Associate Agreement ("Agreement")

Yes

Community Needs Assessment

The following questions address your PPSs progress in completing your Community Needs Assessment ("CNA").

- 8)** Please provide a status update on your CNA's progress versus the timeline stated on your design grant application. *(2,000 character limit)*

The CNA as described in the Design Grant Application has been modified as a result of a collaborative effort between three Nassau County emerging PPSs. NuHealth originally planned to conduct its own CNA, but discussions with other PPS leads lead to an agreement to conduct the community needs assessment jointly. We are now engaged in a joint planning process that includes twice weekly planning sessions and collective decision-making about the CNA process. This approach has allowed us to draw on the strengths of each of the participating institutions, as well as to more effectively use resources available for conducting the CNA.

The CNA is nearing completion. Analysis of Nassau County avoidable hospital use has been completed, as have analyses of demographics and health status characteristics of the community. Consumer surveys that explore issues around access to care and barriers to seeking care have been completed and analyzed. Stakeholder forums were conducted that addressed the current health care delivery system in Nassau County and its strengths and weaknesses, and follow-up key informant interviews have been completed. Data collection has been completed as planned. Stakeholder sessions have been completed as planned. We will be conducting sessions to review the CNA with partners on October 15.

- 9)** Please describe your stakeholder and community engagement process. *(2,000 character limit)*

NuHealth has had multiple individual partner meetings with potential partners throughout the last few months, discussing roles and responsibilities, exposing both NuHealth and our community partners to programs and services needed for the communities we serve. NuHealth has been working since January, 2014 to keep community members involved and informed of our plans and process. We held monthly meetings from April through August on our DSRIP design grant process and continue to update the stakeholder group as new information became available. Since receiving the design grant award we have held multiple stakeholder meetings and sought out

additional community input via Consumer Surveys (over 2,500 received) and nine stakeholder sessions. We will launch our Nassau PPS website shortly with information about our PPS, summaries of past meetings, information from the Community Needs Assessment, and information about future stakeholder meetings and surveys. The website will include a section for public comment and feedback.

10) Please describe your needs assessment methodology, specifically regarding data collection and reporting. *(2,000 character limit)*

The community needs assessment includes several discreet activities. A quantitative analysis focused on patterns of avoidable hospital use used data available through the Salient Database, with an approximation of the 3M algorithm for preventable admissions. We also conducted a consumer survey, fielded by both NuHealth and our partners to ensure consumer input in the process as well as a broad reach. Over 2500 surveys were completed at a dozen community-based provider and organizational sites, identifying patterns of use and areas of need. Finally we held a series of targeted community stakeholder meetings related to the needs of particular sub-populations to understand the organization of the health care delivery system, and challenges that consumers experience in navigating. Topics included behavioral health, chronic disease, institutional and community-based long-term care, HIV. We also did a session on the unique challenges experienced by those without insurance, particularly immigrant communities. We are in the process of reviewing information about the availability of community-based resources, both in health care and in community supports, which will help inform project selection. The culmination of these data gathering efforts and their synthesis into a community needs assessment will be presenting these findings to the community stakeholders and partners on October 15.

11) Please describe any challenges and/or significant deviations encountered during the completion process of your CNA. *(2,000 character limit)*

The biggest challenge for completion of the CNA was time. With such a short amount of time we had surveys that were sent out in three languages and completed within two weeks, while at the same time stakeholder meetings were scheduled we found conflicts with other regional meetings. We used the conflict of meeting times to our advantage and added on some time to already planned meetings to get stakeholder feedback.

Cultural Competence and Health Literacy

The following questions address your PPSs progress achieving cultural competence and improve health literacy.

12) Please provide a status update on your process to identify cultural competence challenges and achieve a culturally competent organization that targets the needs of your community. *(2,000 character limit)*

Challenges related to cultural and linguistic competence came up frequently during the stakeholder forums conducted as part of the CNA, and was also reflected in findings from the consumer surveys. Over 20 percent of the county's population is foreign-born, that percentage has increased over the last decade. Over half of the foreign-born are from Latin America. Stakeholders identified language barriers as an on-going challenge. This is particularly true in behavioral health settings, where it was noted that

most mental health professionals on Long Island do not look like their patients; they are not of the same race, gender or culture. In reviewing treatment adherence and patient engagement strategies, issues of cultural competence were continually mentioned. The need for culturally specific community-based education is widely recognized, particularly when considering the role of diet. Yet most patient education materials are available only in English. Another issue that emerged was the fact that in substance use services, a large number of the Latino population are there through court-mandated programs, and not because they are voluntarily seeking services, creating unique challenges with treatment adherence.

Consumer survey data confirmed the additional challenges faced by the Latino population. Our survey indicated difficulty obtaining care because of lack of health insurance and affordability of care. Almost 70 percent of respondents indicates that they would prefer to receive health care services in Spanish, yet bilingual health care services are limited.

The PPS will address shortcomings in culturally competent care as part of its DSRIP plan. Part of the workforce strategy will involve recruiting more staff that looks like the community served. The PPS will use patient navigators and care coordinators that are from the community in planning DSRIP projects. Materials will be translated in multiple languages to reflect the language needs of the community.

13) Please provide a status update on your approach to improving the health literacy of patients who will be served by your PPS. (2,000 character limit)

In the course of stakeholder meetings and key informant surveys several innovative strategies emerged for improving health literacy, patient engagement, and patient activation. NuHealth has begun group visits at its FQHC sites for individuals with diabetes, providing an environment for peer support and shared learning. One of the home care agencies described a coaching model designed to teach consumers to navigate the health care delivery and become effective self-advocates. The HIV program has developed effective strategies for treatment adherence, particularly as regards medication adherence, through the use of wellness report cards that offer small rewards for successful treatment compliance, electronic pillboxes, and extensive health literacy education. Health educators are aware of the need to adapt written materials for lower literacy readers. One of the challenges in Nassau County is that many care givers, both family members and home health workers, are immigrants for whom English is not their first language, and who therefore may not be able to read English, or to follow instructions in complex care management. Organizations are experimenting with presenting information in pictograms, as well as in being sure that care givers can repeat back instructions and how to recognize and respond to worsening conditions.

As NuHealth finalizes project selection and develops project-specific plans, these strategies will be revisited for their potential adaptation to one or more projects.

Project Advisory Committee

The following questions relate to your activities in forming your Project Advisory Committee (“PAC”), structure of your PAC, activities undertaken, and future plans.

14) Please provide a status update of PAC activities to date. For example, please address PAC projects and activities undertaken, as well as frequency of PAC meetings. *(2,000 character limit)*

NuHealth has formed a PAC and will gather the committee in October. As we continue to work towards a single PPS for Nassau we are aware that the PAC membership may need to evolve. An analysis of the three lead PPS proposed PACs identified substantial overlapping members so combining the PACs should not pose a significant challenge. Individually PAC members have all agreed to join our PAC and have been apprised of our progress on the CNA and formation of a single PAC for our region. We anticipate the PAC meeting to be held monthly.

Governance Structure

The DSRIP FAQs contain specific guidance such as ensuring the Governing Committee is regionally representative, includes subject-matter experts, and includes union and worker representation, among other recommendations. Please ensure that you address each of the suggestions in the FAQs. The following questions relate to the structure of your Governing Committee.

15) The DSRIP FAQs and the design grant application provide direction on how to form PACs using an alternate structure. Specifically, PPSs are encouraged to form a smaller Governing Committee of no more than 25 members, which is then supported by subcommittees. How many representatives comprise your PPSs Governing Committee? *(10 character limit)*

30 members

16) Please list all of the subcommittees that fall under your Governing Committee, and briefly explain how the Governing Committee and sub-committees currently collaborate within your PAC structure. *Please list your subcommittees in the table below and provide your collaboration explanation in the text field below the table. (2,000 character limit)*

#	Subcommittee
1	Executive
2	IT
3	Workforce
4	Quality
5	Projects
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15	

Our PPS has selected the Collaborative Contracting model for the PPS. In our efforts to combine the three emerging PPSs in Nassau County into one PPS, an Executive Committee governing structure is under consideration.

Regarding the PAC, because our PPS will have more than 20 partnering organizations, we are developing an alternative structure. We propose to use a representative structure, in which each hospital will have representation. For the other categories of partners (for example, nursing homes, FQHCs, diagnostic and treatment centers, physician practices, and community organizations), we will ask the partners in each category to work together to appoint a representative to the PAC. Representatives would serve for one-year, rotating terms. This will assure that representatives from the broad group of participating partners will serve on the PAC during the design phase and over the full the five-year DSRIP period. We will work with the partnering organizations to identify staff/workforce representatives, preferably local employees who have direct knowledge of the partnering organizations and the communities they serve. Ideally, such local staff members will bring a practical perspective to the PAC's discussions, and may even be involved in implementation of one or more of the DSRIP projects. We propose to use the same approach with respect to unionized and non-unionized partnering organizations. We assume that a local representative from the CSEA (NuHealth's major union) will be represented on the PAC, and potentially, local representatives from major unions who represent staff at participating partners.

Design Grant Funding Spend

The following questions address how your PPS has spent the first payment of design grant funds and plans for the second payment. NYS DOH is interested in determining whether your PPS has spent the funds in accordance to what was submitted in the design grant application, and ensure PPSs are on track to finalize their Project Application. You are not expected to provide a detailed list of funds spent.

- 17)** Please provide an overview of how the first grant payment was used to assist your PPS during the design phase in preparing for your Project Application. Please ensure your response addresses the budget and narratives submitted in your design grant application. *(2,000 character limit)*

To date, NuHealth has used the funds in the design grant application award for internal staff, consulting and legal services related to organizational, planning, and other activities necessary to PPS development and preparation for filing a DSRIP Application. A major portion of this activity has been the work necessary to complete the Community Needs Assessment and various gap analysis of IT systems and the potential formation of a single PPS. We have held partner and stakeholder meetings and continue to work on completing the DSRIP Application.

- 18)** Please provide a percentage estimate of how much of the design grant award first payment has been spent to date. *(4 character limit)*

50%

- 19)** Please describe any challenges and/or significant deviations encountered since you submitted your design grant application, as well as how they were addressed. *(2,000 character limit)*

The major challenge encountered since that time has been the effort to form a single PPS. That formation has created timeline delays on project work, given that the three PPSs looking to merge initially selected distinct project sets. We believe that formalizing the PPS structure will be the first step to resolving this, and we will need to move quickly and efficiently on project development at that point.

Another challenge has been identifying whether PPS partners are equipped to fully participate in the DSRIP program, both from the standpoint of IT, data and reporting, as well as the ability to accept risk- and performance-based incentive payments. We surveyed potential partners, but received a lower than expected response rate despite repeated follow up, and of those that did respond, there were entities that confirmed they were not able to meet these basic DSRIP requirements. We are working on a strategy to make sure that our PPS is able to meet DSRIP requirements.

20) What projects and activities will the second award payment be used for, if applicable? (2,000 character limit)

Not applicable

21) Please list all DSRIP projects that are either confirmed or currently still being considered for implementation by your PPS. Indicate the statuses of each by selecting either “Confirmed” or “Considered” from the drop-down list under the Status column. (Minimum five projects, maximum fifteen in cases where multiple proposals are still being considered.)

#	DSRIP Project	Status
1	2.a.i Create Integrated Delivery Systems that are focused on Evidence Based Medicine and Population Health	Confirmed
2	2.b.ii Development of Co-located primary care services in Emergency Departments (ED)	Considered
3	2.b.iv Care transitions intervention model to reduce 30 day readmissions for chronic health conditions	Considered
4	2.b.vii Implementing the INTERACT project (inpatient transfer avoidance program for SNF)	Considered
5	2.d.i Implementation of Patient and Community Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care	Confirmed
6	3.a.i Integration of primary care and behavioral health services	Considered
7	3.a.ii Behavioral health community crisis stabilization services	Considered
8	3.b.i Evidence based strategies for disease management in high risk/affected populations (adult only)	Considered
9	3.c.i Evidence based strategies for disease management in high risk/affected populations (adults only)	Considered
10	3.d.i Development of evidence - based medication adherence programs (MAP) – asthma medication	Considered
11	3.g.iii Integration of palliative care into nursing homes	Considered
12	4.a.i Promote mental, emotional and behavioral (MEB) well-being in communities	Considered

13	4.a.iii Strengthen Mental Health and Substance Abuse Infrastructure across Systems	Considered
14	4.b.i Promote tobacco use cessation, especially among low SES populations and those with poor mental health	Considered
15	4.b.ii Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings	Considered

Completion

Please select “Yes” or “No” from the check box provided and in the space provided, input the name of and title of the person making this certification. As stated in the introduction of this questionnaire, the individual certifying this questionnaire should be the CEO, CFO or comparable level personnel. An electronic signature below is sufficient; a signed and dated copy is not required.

I hereby certify that the information and data on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of my responses.

Name: Victor Politi, MD, FACP, FACEP

Title: President/Chief Executive Officer

Check box with yes or no: Yes: | No