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: 10/13/14

Provider Name**:** St. Joseph's Hospital Health Center

Contact Name: Kristen Mucitelli-Heath

Contact Email: kristen.heath@sjhsyr.org

Contact Phone: 315-744-1383

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)*

No

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)*

Our PPS is currently working through a process facilitated by our DSRIP Support Team to come to agreement on consolidation into one PPS with SUNY Upstate Medical Center as well as the additional regional PPSs led by Auburn Community Hospital and Faxton-St. Luke's Health System. While we have not yet come to final agreement, current efforts are focused on

governance and universal project selection. Today, (10/15/14), significant progress was made in reaching agreements on potential governance models and aspects of PPS consolidation and structure. Currenrly, legal counsel for the PPSs are in the process of drafting bylaws for review. In addition, outside of formal merger, collaborative efforts have been underway between St. Joseph's, Auburn and Faxton-St. Luke's on other aspects of DSRIP planning such as a regional HIT/HIE assessment and planning effort. Lastly, our regional Community Health Needs Assessment was a jointly agreed upon consultant selection and process, in which cost sharing and data sharing is occuring between all four regional PPSs (SUNY Upstate, St. Joseph's, Auburn and Faxton-St. Luke's).

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)*.

not applicable

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)*

No

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

not applicable

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)*

not applicable

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)*

   not applicable

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)*

It was not our understanding that we needed signed partnership agreements from all partners until the recent guidance around submission of our partner list for attribution. We have some agreements on file as early on in our partner building process, we had asked for MOUs from our larger providers, but moved away from requiring this according to guidance received from DOH. Those agreements represent only a small portion of our total partner list. We specifically had asked this question of our DST and prior to the guidance on list submission were told we did not need to have signed agreements but that any partner we included on our lists needed to be one that we had meaningful participative communication with. We have been in constant communication with our partners and so felt we were on solid ground with the list we were submitting. Since learning of the requirement, we are immediately moving to have all partners sign agreements prior to the November 24th list submission date and will be able to meet that requirement at that time.

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)*

   not applicable

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 is very much on schedule both with respect to the DOH's DSRIP timeline as well as the timeline for CNYCC's own PAC and application development process. John Snow, Inc. on 10/15/14 distributed County-level Needs Assessment Reports for each of the 11 Counties that are part of the CNY region. These county-level reports summarize all of the available qualitative and quantitative data required in the DSRIP Needs Assessment Guidance document. These reports provide an overall context for the county and present quantitative and qualitative findings, including resource gaps. In addition, the JSI team has developed a series of interactive GIS mapping links that allow all participants to view the data that that is available at the sub-county level. These maps facilitate the identification of geographic trends and "hotspots" by condition (e.g., CVD, COPD, depression, etc.) or for specific types of utilization (e.g., PQI, PDIs, PPVs, ER visits, inpatient admissions, etc.). The JSI team has also developed a comprehensive series of conditionally-formatted data tables, organized by Domain, that allow stakeholders to review and draw their own refined analyses on all of the data that is provided at the County-level.

The JSI Needs Assessment Team is also working with CNYCC and the other PPSs to compile additional consumer input/information that will drive strategic planning and overall project impact. Specifically, the JSI project team is organizing focus groups and individual consumer interviews to capture information on attitudes, perceptions and care seeking behaviors.

The next steps for the JSI Team are to: 1) Package the county-level data and develop Final PPS-specific CNA Reports that present all of the findings and conclusions for each PPS – due on 10/30/14; 2) Provide

targeted data to the PPSs to drive their project action plans and financial modeling, and 3) Work to develop a a Final CNY Regional Needs Assessment Report that can be distributed to the public.

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

CNYCC has developed a multipronged approach to community engagement that relies on a series of 3 presentations to four regional project advisory councils (RPACs). CNYCC's service area is large, covering 10 counties. As such, the CNYCC team developed four RPACs (North, Central, West, and North) that are meeting to provide input and counsel on the needs assessment, project/partner selection, and the devevlopment of the CNYCC application. The first RPAC meetings took place in mid-September, the second meeting are scheudled for late October, and the final meetings will be scheduled for mid-November. These meetings have been well attended with people coming in person at regional locations as well as via webinar.

Another important form of stakeholder and communtiy engagement has occurred through the JSI communtiy needs assessment. JSI has developed regional teams, similar to the geographies for the RPACs that have been interviewing a representative sample of 12-15 key stakeholders from each County to gather input on needs, strategic responses, gaps in services, barriers to care, and priorities. This information has been compiled and reported at the regional and County level.

Finally as discussed above, the JSI CNA team is working with CNYCC and the other PPSs to compile additional consumer input/information that will drive strategic planning and overall project impact through focus groups and interviews with consumers to capture information on attitudes, perceptions and care seeking behaviors. The JSI CNA team also conducted a Consumer Survey Initiative in 2013 with funds from the Health Foundation of Western and Central New York that collected information through a 15 minute survey specifially from low income, Mediciad eligible residents of the region. Information was captured on primary care and emergency department utilization, as well as on insurance status, barriers to care, and provider communication and care coordination.

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

The JSI CNA Team with guidance from CNYCC and the other PPSs developed a comprehensive approach, based on the guidance provided by DOH that allowed CNYCC and the other PPSs to capture the breadth of quantitative and qualitative data necessary to develop a sound DSRIP application. The approach was designed to capture information related to: 1) Characteristics and distribution of the Medicaid insured and uninsured population, 2) the health / community health resources available throughout the region, 3) the major health and health service challenges facing the community, particularly the low income population, and 4) project selection and guidance on the strategies that should be implemented.

In order to accomplish the assessment the JSI CNA Team conducted the following activities:

Qualitative Data/Community Engagement Activities: 1) Key informant interviews with stakeholders, 2) Health/community resource inventories through a provider survey, 3) Consumer survey of low income

populations in region, 4) community listening sessions with providers/stakeholder, and 5) focus groups with consumers.

Quantitative Data Activities: These activities were driven by the DOH Needs Assessment Guidance and captured all of the variables and metrics included in the guidance by domain. The quantitative data was compiled primarily from State DOH sources but also from other local and federal sources so the PPSs could characterize: 1) the service area and target populations, 2) the health status issues and leading mortality/morbidity factors, and 3) the utilization characteristics of target population.

As for reporting, the assessment was designed to ensure timely access to all relevant information. Quantitative finding began to be rolled out in mid-September, following by written reports in mid-October and a final report on October 30th. In addition, the JSI Team has presented or has plans to present CNA information at all of the PPSs PAC, workgroup, and governing council meetings.

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

1) Community Engagement. Given the breadth of activities that were occuring with stakeholders and community providers across the four PPSs it was difficult to engage with all of the necessary partners that needed to be involved. Providers and key stakeholders were simply stretched to thin.

2) The tight time frame was challenging and limited the region's ability to capture consumer specific data through surveys or focus groups with large number of consumers. The CNA approach includes consumer surveys from a project conducted in 2013 that was funded by the Health Foundation of Western and Central New York that includes more than 500 low income respondents from 8 of the 11 counties in Central New York. It provides valuable information but was not as comprehensive as it needed to be nor geared specifically to hospital readmission or inappropriate utilization. The CNA approach is capturing some consumer input through listening sessions and focus groups but the strategies that are developed need to be informed by more information on the root causes and underlying fators related to inappropriate hospital utilization.

3) The CNA has struggled to identify patient origin data by condition specifically related to hospital readmission. Given that this is the key variable this seems like an important missing component. There is some data available from the DOH sources that look at redamission rates and inapproprriate utilization but it is either in aggregate county terms or not condition specific. We are still exploring how to bring this informatioin to bear on our analysis and are working with various data vendors and data warehouses to ensure that this data is included. We do have important and relevant data in the form of PQIs, PDIs, PPVs, and ambulatory care sensistive conditions more generally. We also have data on raw hospitalization rates and ER utilization but the assessment would be strengthened with geographic- / condition-specific readmission data.

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)*

Through the needs assessment process we have identified that cultural competence is central to achieving DSRIP goals. Qualitative and quantitative data indicates that specific populations are more highly represented (health disparities exist) in terms of the populations more likely to be present in avoidable hospital use data. These populations represent a very broad and diverse group including:

Low Income population (Urban and rural components)

Racial/ethnic minority populations

Frail elderly / dually eligibles (Medicaid/Medicare)

Illicit drug users and severely mental ill

New immigrants, refugees, and asylees

Within these groups we further assume that differences exist including but not limited to language, customs, beliefs, family structure, and educational attainment. As part of our project planning process and organizational (PPS) development process we are examining the role of cultural competence and the operationalization of cultural competence at three levels: 1) Administration, 2) Service Delivery, and 3) Service Providers.

We are currently engaged in the project planning process, as part of this process each project plan is including an analysis of the population-specific cultural competency nuances and needs. While the planning is not yet complete we anticipate our work in moving towards a culturally competent organization will include:

-Inclusion of organizations representing diverse populations as partners

-Inclusion of diverse consumers in the governance structure

-Development of standard protocols (intake, assessment, discharge, transfer protocols) which help tailor programming to the specific cultural needs of the patient.

-Inclusion of patient satisfaction surveys as part of the CQI process

-Inclusion of patient education materials in the appropriate language, reading level etc

-Training of clinicians, community and public health organization staff, peers and others involved in direct provision or coordination of services for patients.

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)*

Our approach to health literacy is embedded in our approach to developing a fully culturally competent organization. Similar to what has been described in Question #12, health literacy will

be incorporated at each of three levels: 1) Administration, 2) Service Delivery, and 3) Service Providers. Health literacy will be addressed in conventional manners including assuring written materials are accessible to patients from a health literacy perspective, however, beyond this our health literacy approach will assure that the delivery of services and the associated processes (such as intake and assessment, discharge etc) are developed and delivered in a health literacy informed manner. Clinical and non clincal staff working with the target population will be provided health literacy training as to assure that interactions with patients are health literacy informed and spoken word information is accessible and useful.

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)*

The PAC has met monthly, the frequency of meetings is anticipated to increase as content of each of the work streams progresses and requires review by the PAC. As part of these meetings the following accomplishments have been made:

1. Guidance regarding governance entity, organizational structure, governing members and voting methods.
2. Review of needs assessment data.
3. Selection of priority projects.
4. Identification of additional stakeholders for Regional Project Advisory Committees and Technical Work Groups which are responsible for recommending projects and development of project plans, respectively.
5. Preliminary discussion on funds flow and budget development.

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)*

10

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	Technical Workgroup 1 - HIT Systems Platforms and PHM Solutions, PPS Reporting, Patient Outcomes, Monitoring, Tracking Systems
2	Technical Workgroup 2 - Primary Care System Development
3	Technical Workgroup 3 - Care Coordination Systems
4	Technical Workgroup 4 - Telemedicine
5	Technical Workgroup 5 - Behavioral Health Systems
6	Technical Workgroup 6 - Paliative Care
7	Technical Workgroup 7 - Workforce and System Development
8	Technical Subworkgroup 1 - Primary Care and Behavioral Health Integration
9	Regional PAC (RPAC) - Central
10	Regional PAC (RPAC) - South
11	Regional PAC (RPAC) - East
12	Regional PAC (RPAC) - North
13	
14	
15	

Our Governing Committee, the "Development Council" is presented with feedback and updates from the subcommittees PAC structures listed above in order to make informed decisions. The Regional PACs inform the Development Council activities and planning efforts by illustrating the unique aspects associated with care delivery in their communities, including: barriers to care delivery; infrastructure strengths and weaknesses; identification of strategic partners; and in depth knowledge regarding the patient populations they serve. Taking these aspects into consideration, as well as the findings of the Community Needs Assessment the RPACs will provide feedback to the Development Council regarding which projects would be most impactful, as well as regional considerations for implementation. The technical workgroups will work to identify evidence based strategies, either from the literature, or based on organizational experience and will use this information to create strategies that will be implemented for the project(s) encompassed in their respective focus areas. This work will also be informed by the feedback received through our RPACs and will be fed to the Development Council for consideration and approval. Participation in both the RPAC and technical workgroups is open to all PPS partner organizations and there is significant overlap in the membership.

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)*

Our first grant payment funded:
(1) Initiation of a website/public communications platform to keep our PPS updated and have a central access point for information. Our website was up within three weeks of getting design grant funding.
(2)Hire of a full time Project Manager with a deep background in HIT and PHM systems/platforms.
(3) Hire of a strategic planning consultant (John Snow Inc) to assist us in structuring our work with PPS partner, engaging the communty, governance and additional support around plan application content and stakeholder engagement.
(4) Cost sharing the engagement of a consultant for a regional community health needs assessment in partnership with the three other regional Central New York PPS networks (SUNY Upstate, Auburn, Faxton-St. Luke's)
(5) Meeting costs and refreshments for our Regional PAC meetings and PPS Development Council Meetings.

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

73%

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)*

Our most significant challenge has been in navigating the waters between the continued regional PPS Development and the need and desire to simplify and streamline efforts for regional providers that may be participating in multiple PPSs, or straddling multiple PPS geographies. We are making wholehearted efforts toward resolution of these issues with renewed vigor towards pursuit of one regional PPS and will continue to do so.

Additionally, we are sensing some need to have additional guidance on workforce strategy and funds flow, but are proceeding currently and have not hit any additional roadblocks.

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

Completion of payment for the resources indicated in question 17 as well as:
(1) Costs for the engagement of a consultant to conduct a regional HIT/HIE Assessment in partnership with Faxton-St. Lukes and Auburn Community Hospital.
(2) Any legal fees necessary (we anticipate most legal work will be done by in house counsel)

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 Management	Confirmed
2	2.a.iii - Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support service	Considered
3	2.b.iii - ED care triage for at-risk populations	Considered
4	2.b.iv - Care transitions intervention model to reduce 30 day readmissions for chronic health conditions	Considered
5	2.b.vi - Transitional supportive housing services	Considered
6	2.b.vii - Implementing the INTERACT project (inpatient transfer avoidance program for SNF)	Considered
7	2.b.viii - Hospital-Home Care Collaboration Solutions	Considered
8	2.c.ii - Expand usage of telemedicine in underserved areas to provide access to otherwise scarce services	Confirmed
9	3.a.i - Integration of primary care and behavioral health services	Confirmed
10	3.a.ii - Behavioral health community crisis stabilization services	Considered
11	3.b.i - Evidence based strategies for disease management in high risk/affected populations (adult only - Cardiovascular Health)	Considered
12	3.c.i - Evidence based strategies for disease management in high risk/affected populations (adults only - Diabetes Care)	Considered
13	3.f.i - Increase support programs for maternal & child health (including high risk pregnancies) (Example: Nurse-Family Partnership)	Considered
14	3.g.i - Integration of palliative care into the PCMH Model	Confirmed
15	4.a.iii - Strengthen Mental Health and Substance Abuse Infrastructure across Systems	Confirmed

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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: Mark Murphy

Title: Senior Vice President for Ambulatory Care and System Development

Check box with yes or no: Yes: ☒ | No ☐