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: 10/15/2014

Provider Name**:** The Jamaica Hospital

Contact Name: Patrick McNamara

Contact Email: pmcnamar@jhmc.org

Contact Phone: (718)206-8081

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)*

No

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)*

No

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

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)*

The PPS has maintained a file of signed partner agreements for all partner organizations with the exception of a small number. The PPS did meet the Partner Organization List Attestation for Initial Attribution requirement of all partner organizations considered "aware of being included in the PPS network list". The PPS will comply with the requirements of the November 24, 2014 final network submission including maintaining originals of signed and notarized letters from partners.

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)*

In the timeline submitted with our Project Plan Design Grant application, we had estimated by November 1, 2014, we would present a preliminary report to the CNA Workgroup, which would use the CNA findings to identify DSRIP projects that would meet the most pressing community needs identified in the CNA. The preliminary CNA has already been completed, and we plan to review and discuss the findings and identify/confirm the DSRIP projects with the CNA Workgroup and the Project Advisory Committee (PAC) at a meeting to be held on October 23, 2014.

We are on target to complete the final version of the CNA by November 30, 2014, as stated in the submitted timeline. In collaboration with the Health and Hospitals Corporation (HHC)/Queens Health Network (QHN), we engaged the New York Academy of Medicine (NYAM) to conduct the primary data analyses for the CNA; and we engaged HHC Corporate Planning Services to conduct the secondary data analyses.

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

Due to the overlap of the Jamaica Hospital PPS and the QHN PPS service area, the two PPSs collaborated in the design and interpretation of the CNA. The CNA collaboration was guided by a Queens CNA Steering Committee, which governed, designed and led the process, and was briefed bi-weekly on every aspect of the design phase, including identifying high need ("hot spot") neighborhoods and populations and the community-based organizations (CBOs) that serve vulnerable residents. CBOs were engaged to assist in the collection of primary data, which included focus groups, key informant interviews, and a resident survey. NYAM provided training in data collection to CBO representatives, and partnering CBOs received a small agency honorarium consistent with their level of responsibility.

Community members and other stakeholders were engaged throughout primary data collection. Eighteen focus groups were held in Queens with community members, including residents identified as having unique health or service needs, individuals with behavioral health issues, and immigrants and/or those with limited English proficiency. Twenty-two key informant interviews were conducted with stakeholders in Queens. The findings from these Queens-specific activities were supplemented by relevant information from many of the focus groups and key informant interviews held throughout the other 3 boroughs. Community residents were also invited to participate in the resident survey, which focused on neighborhoods identified as having large numbers of Medicaid and / or uninsured populations. Over 600 completed surveys were included in the analysis. On October 9, 2014, NYAM and HHC Corporate Planning Services hosted an in-person presentation and workshop where the preliminary CNA reports for each of the four boroughs was shared with collaborting PPS' and a broad range of stakeholders from Queens and the other boroughs.

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

The needs assessment began with an extensive review of existing literature (e.g. hospital community health needs assessments, community reports, etc.), and the formation of a Queens CNA Steering Committee. NYAM was engaged to assist in data collection and analysis. A research

protocol was approved by NYAM's Institutional Review Board (IRB). NYAM created study instruments, including a resident survey, focus group discussion guides, and a key informant interview questionnaire, allowing for standardization and comparison. Data collection materials were translated into ten languages. Consistent with recommendations from the New York State Department of Health DSRIP CNA guidance, NYAM and HHC Corporate Planning Services began extracting and mining more than 70 unique data sets (e.g. NYS Community Health Indicator Reports, Behavioral Risk Factor Surveillance System). Primary and secondary data were used to identify the characteristics of the communities and primary health concerns and health needs of residents, to assess available resources and to identify gaps, to explore disparities in access and use, and to solicit recommendations to promote improved health from community residents. Biweekly conference calls with the CNA Steering Committees allowed for continuous feedback and input into the design of the final CNA.

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

Developing a comprehensive CNA in a compressed time frame presented significant challenges. Coordinating the design of the CNA with multiple partners and other stakeholders added to the list of challenges, despite resulting in a superior report. Offsetting these challenges was the specificity of the guidance from SDOH, which provided a usable template, detailed expected content, and a list of publically available data sources. SDOH also provided on its website and available for download an unprecedented amount of Medicaid data -- formatted for use and user friendly – and other information. However, the sporadic, unscheduled, and late release dates of datasets added to the challenge of creating a work plan. Many other state and local governmental departments, including the New York State Office of Mental Health, also made crucial data available for use. In regard to deviations, we have taken great effort to follow the template and content proscribed in the SDOH CNA Guideline and Webinar and believe we have not made any compromises.

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)*

Capabilities: Jamaica and Flushing Hospitals and their affiliates serve an extremely culturally diverse patient population. As 48% of Queens' population is foreign born, our providers are used to engaging a culturally diverse patient population. As part of our planning, we have identified these existing capabilities:

> Many of our staff, including 700 bilingual nurses, are bilingual and reside in our service areas, thus demonstrating our ability to engage our patients in a culturally sensitive manner;

> Patient education materials are available in several languages; vital documents are available in the top 5 languages spoken in the community. Our language assistance program uses "qualified" medical interpreters, supplemented by a phone-based interpretation service;

> Our providers address cultural sensitivities that might pose barriers to care, such as presenting behavioral health services as “lifestylemedicine;”

> Our providers are sensitive to patients’ religious preferences, taking measures such as matching female Muslim patients with female providers; and

> All new staff attend a mandatory Cultural Diversity in-service session, and existing staff have a mandatory annual re-orientation on Cultural Diversity.

Challenges: Our biggest challenge will be ensuring that the cultural competency with in JHMC, FHMC services extends across all PPS partners.

Initiatives: During the next several months we will conduct a PPS-wide survey to assess strengths, potential areas for improvement, and the level of support partners will need and/or can provide to the PPS to improve cultural competency and health literacy. Our PPS will also work with stakeholders to address cultural barriers to accessing care, and cultural competency issues. Additional staff training will likely be required to inform staff on the PPS’ standards and best practices related to cultural issues.

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)*

Capabilities: JHMC, FHMC and our affiliates recognize that health literacy is essential to improving our populations’ overall health. We have identified and will build on many existing resources in place, including but not limited to the following:

> Our hospitals have existing patient education and empowerment programs that aim to improve health literacy. For example, patient educators use a “teach back” approach that requires patients to acknowledge that they understand discharge or other instructions, which are written at a 5th grade level;

> Other educational resources are available at the hospital, such as diabetes education, smoking cessation classes, and pre-natal classes; and

> Our hospitals utilize the Epic EMR, which includes MyChart, a portal for patients to communicate with their providers, order prescription refills, schedule appointments, and view their health history and test results.

Challenges: It will be a challenge to coordinate patient education and empowerment efforts across a large number partnering organizations; many maintain limited resources and staff to improve health literacy.

Initiatives: Similar to our approach to cultural competency, we will be surveying PPS partners concerning their successes and gaps in improving health literacy of our patients. Our goal is to streamline patient education across the PPS to provide clear, consistent messaging about how to manage and improve health and how to access care. These efforts will likely involve clear communication of available resources and discharge instructions to patients before they leave any PPS provider. Staff at our hospitals and other partners may need additional education on how to best engage patients in health education and to promote patient empowerment.

The health literacy of our population is critical to the success of our DSRIP projects, making this one of our PPS’ priorities during the planning process.

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 Jamaica Hospital PPS PAC held its first meeting on 9/4/2014. The next meeting is scheduled for October 23, 2014 and will include a review of the completed Community Needs Assessment and discuss project selection. We expect the PAC to meet more frequently as project development continues and the DSRIP application is prepared.

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)*

PAC = 25

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	Hospitals
2	Federally Qualified Health Centers
3	Skilled Nursing Facilities and Long Term Care
4	CHHA's and LHHCHSA's
5	Behavioral Health Providers
6	IPA's
7	MD Practices
8	Health Homes
9	Managed Care Organizations
10	Pharmacies
11	
12	
13	

14	
15	

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 on a sub-committee 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.

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)*

The first grant payment assisted the PPS in undertaking the community needs assessment, retaining external resources to assist in data analytics and analysis and obtaining general consulting and legal services for PPS development.

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

100%

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)*

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

Development of population health IT/Infrastructure framework, project management, detailed plan development, grant writing, consulting and legal services for the PPS.

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.1 - Create an Integrated Delivery Systems focused on Evidence-Based Medicine and Population Health Management	Confirmed
2	2.a.iii - Health Home At-Risk Intervention Program for High Rick Patients (Not Currently Eligible for Health Home)	Confirmed
3	2.b.iii - ED Care Triage for At-Risk Populations	Confirmed
4	2.b.iv - Care Transitions Intervention Model to Reduce 30-day Readmissions for Chronic Health Conditions	Confirmed
5	3.a.i - Integration of Primary Care and Behavioral Health Services	Confirmed
6	3.b.i - Evidence Based Strategies for Cardiovascular Disease Management in High Risk/Affected Populations (Adult Only)	Confirmed
7	3.c.i - Evidence Based Strategies for Diabetes Disease Management in High Risk/Affected Populations (Adult Only)	Considered
8	3.d.ii - Expansion of Asthma Home-Based Self-Management Program	Considered
9	3.g.ii - Integration of Palliative Care into the PCMH Model	Confirmed
10	4.a.iii - Strengthen Mental Health and Substance Abuse Infrastructure Across Systems	Considered
11	4.b.i Promote Tobacco Use Cessation, Especially Among Low SES Populations and Those With Poor Mental Health.	Considered
12		Select One
13		Select One
14		Select One
15		Select One

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: Mounir F. Doss

Title: Executive Vice President / CFO

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