



Department
of Health

Medicaid
Redesign Team

New York Department of Health
Delivery System Reform Incentive
Payment (DSRIP) Program

DSRIP Scoring Summary:
Albany Medical Center Hospital

February 17 - 20, 2015



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PPS Informational Page and Proposal Overview

PPS Name: Albany Medical Center Hospital

PPS Lead Organization: Albany Medical Center Hospital

PPS Service Counties: Albany, Columbia, Greene, Saratoga, Warren

Total Attributed Population: 64,363

Goals of the PPS:

1. Over the project period, reduce avoidable emergency room use by 25% for the target population
2. Over the project period, reduce avoidable inpatient admissions by 25% for the target population
3. Over the project period, reduce the system-wide cost of care within our 5 county service area
4. Improve system integration by co-locating services and using community based approaches to care
5. Reduce health disparities
6. Improve clinical outcomes for patients with chronic conditions
7. Improve key population health measures in the community over time
8. Transition the health care system to pay for performance so that 90% of payments are made this way

Network Composition:

Provider Types	Total Providers in Network
Primary Care Physicians	494
Non-PCP Practitioners	1,655
Hospitals	10
Clinics	30
Health Home / Care Management	14
Behavioral Health	156
Substance Abuse	15
Skilled Nursing Facilities / Nursing Homes	41
Pharmacy	76
Hospice	1
Community Based Organizations	35
All Other	1,123



Projects Selected – Summary Table

Project Selection	Project Title	Index Score	Number of PPS' Pursuing Project	% of PPS' Selecting Project
2.a.i	Create Integrated Delivery Systems focused on Evidence-based Medicine/Population Health Management	56	22	88%
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 services	46	10	40%
2.a.v	Create a medical village/alternative housing using existing nursing home infrastructure	42	1	4%
2.b.iii	ED care triage for at-risk populations	43	13	52%
2.d.i	Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care	56	14	56%
3.a.i	Integration of primary care and behavioral health services	39	25	100%
3.a.ii	Behavioral health community crisis stabilization services	37	11	44%
3.b.i	Evidence-based strategies for disease management in high risk/affected populations (adult only)	30	15	60%
3.d.iii	Implementation of evidence-based medicine guidelines for asthma management	31	5	20%
4.b.i	Promote tobacco use cessation, especially among low SES populations and those with poor mental health.	23	11	44%
4.b.ii	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings	17	11	44%
	Cumulative Index Score	420		
	PPS Rank by Cumulative Index Score	4		

Organizational and Project Scoring Summary Tables

Organizational Component Scores

Please note, the organizational component score is worth 30% of the final score with the Project score representing 70% of the overall score for each DSRIP project.

Section Points Possible		Reviewer Scores						Subjective Scores				Objective Score	Final Org Score ²
Section	Points Possible	1	2	3	4	5	6	Median	Average	Trimmed Average	Selected Subjective Score ¹	Workforce Score	
Executive Summary	Pass/Fail	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	N/A	Pass
Governance	25	24.17	23.33	23.54	24.69	21.75	25.00	23.85	23.75	24.15	24.15	N/A	24.15
Community Needs Assessment	25	24.58	20.00	23.33	23.96	24.58	22.50	23.65	23.16	23.79	23.79	N/A	23.79
Workforce Strategy	20	16.00	15.67	15.22	15.38	14.48	16.00	15.53	15.46	15.65	15.65	2.00	17.65
Data Sharing, Confidentiality & Rapid Cycle Evaluation	5	5.00	4.67	4.17	5.00	4.67	5.00	4.83	4.75	4.87	4.87	N/A	4.87
PPS Cultural Competency/Health Literacy	15	15.00	15.00	12.50	15.00	11.67	15.00	15.00	14.03	14.50	15.00	N/A	15.00
DSRIP Budget & Flow of Funds	Pass/Fail	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	N/A	Pass
Financial Sustainability Plan	10	8.15	8.89	6.30	9.63	5.00	10.00	8.52	7.99	8.59	8.59	N/A	8.59
												Total	94.05

¹ **Selected Subjective Score** is the highest of the median, average, and trimmed average

² **Final Org Score** is the sum of the *Selected Subjective Score* and *Workforce Score*

Project Scores

Please note, the project scores are worth 70% of the final score with the Organizational score representing 30% of the overall score for each DSRIP project.

Points Possible		Reviewer Scores						Subjective Scores				Objective Scores		Total Project Score ²
Project #	Subjective Points Possible	1	2	3	4	5	6	Median	Average	Trimmed Average	Selected Subjective Score ¹	Scale Score	Speed Score	
2.a.i	40	33.33	40.00	28.33	40.00	36.67	40.00	38.33	36.39	38.00	38.33	15.35	40.00	93.68
2.a.iii	20	18.33	18.33	18.33	20.00	18.33	20.00	18.33	18.89	18.89	18.89	32.47	40.00	91.35
2.a.v	20	20.00	20.00	18.33	20.00	20.00	20.00	20.00	19.72	20.00	20.00	40.00	40.00	100.00
2.b.iii	20	20.00	20.00	18.67	20.00	18.67	20.00	20.00	19.56	19.56	20.00	26.52	40.00	86.52
2.d.i	20	16.00	16.00	20.00	16.00	16.00	16.00	16.00	16.67	16.00	16.67	30.00	35.00	81.67
3.a.i	20	20.00	18.67	14.67	20.00	13.33	20.00	19.33	17.78	17.78	19.33	30.64	36.07	86.04
3.a.ii	20	20.00	20.00	20.00	20.00	18.67	20.00	20.00	19.78	20.00	20.00	30.15	36.07	86.22
3.b.i	20	20.00	20.00	18.33	20.00	16.67	20.00	20.00	19.17	19.67	20.00	27.49	40.00	87.49
3.d.iii	20	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	27.69	40.00	87.69
4.b.i	100	83.33	77.78	88.89	100.00	88.89	100.00	88.89	89.81	89.81	89.81	0.00	0.00	89.81
4.b.ii	100	100.00	94.44	94.44	100.00	88.89	100.00	97.22	96.30	97.78	97.78	0.00	0.00	97.78

¹ **Selected Subjective Score** is the highest of the median, average, and trimmed average

² **Total Project Score** is the sum of *Selected Subjective Score*, *Scale Score*, and *Speed Score*



Final Application Score Calculation

30% Organizational Score, 70% Project Score + Bonuses

Project #	Organizational Score	Weighted Organizational Score (0.3)	Project Score	Weighted Project Score (0.7)	Bonus (2.a.i IDS)	Bonus (Workforce)	Bonus (2.d.i Project)	Final Application Score
2.a.i	94.05	28.22	93.68	65.58	2.00	1.33	TBD	97.12
2.a.iii	94.05	28.22	91.35	63.95	N/A	1.33	TBD	93.50
2.a.v	94.05	28.22	100.00	70.00	N/A	1.33	TBD	99.55
2.b.iii	94.05	28.22	86.52	60.56	N/A	1.33	TBD	90.11
2.d.i	94.05	28.22	81.67	57.17	N/A	1.33	TBD	86.72
3.a.i	94.05	28.22	86.04	60.23	N/A	1.33	TBD	89.78
3.a.ii	94.05	28.22	86.22	60.36	N/A	1.33	TBD	89.90
3.b.i	94.05	28.22	87.49	61.24	N/A	1.33	TBD	90.79
3.d.iii	94.05	28.22	87.69	61.38	N/A	1.33	TBD	90.93
4.b.i	94.05	28.22	89.81	62.87	N/A	1.33	TBD	92.42
4.b.ii	94.05	28.22	97.78	68.44	N/A	1.33	TBD	97.99

Organizational Component – Narrative Summary

Section	Subjective Points	Points Possible	Strengths	Comments
Executive Summary	Pass	Pass/Fail	<ul style="list-style-type: none"> PPS' Executive Summary received passing evaluation from all scorers 	
Governance	24.15	25	<ul style="list-style-type: none"> Response provides sufficient information on how the governance structure will ensure adequate governance and management of the program Response clearly defines the Collaborative Contracting Model and how this approach best aligns with the number of providers included in the PPS and its stated goals Response identifies the need for a multi-layer governance due to the massive size of the PPS Response has good plan for technical assistance and education provided to network providers to support performance Response clearly identifies the planned use of auditors Project Advisory Committee specifically changed course to pursue PPS partners Asthma coalition as a direct result of CNA findings 	<ul style="list-style-type: none"> Response acknowledges that the PPS will try to reach consensus when conflicts arise, but provides little on the processes being developed to achieve resolution Response could better identify the CBOs part of the organizational structure and more specifically describe the efforts to contract with CBOs Response does not clearly identify the official within the PPS who will oversee compliance Response does not clearly explain what compliance training programs are being developed versus what currently exist Response was not specific enough in describing the oversight process the PPS will undertake
Community Needs Assessment	23.79	25	<ul style="list-style-type: none"> Response prioritizes needs appropriately, reflects information, and draws conclusions from the CNA and prior application responses Response provides complete picture of the demographic makeup of the community Response includes details on those involved in the criminal justice systems including both institutional and non-institutional facilities Response provides a description of which identified gaps in the community must be addressed by repurposing current excess capacity such as excess nursing home beds 	<ul style="list-style-type: none"> Response does not provide sufficient detail for how the composition of community resources need to be modified through DSRIP The PPS includes numbers and percentages of hospitalizations, but not causes Response does not discuss high risk pregnancies and birth defects



Section	Subjective Points	Points Possible	Strengths	Comments
Workforce Strategy	15.65	20	<ul style="list-style-type: none"> • Response describes all existing job functions that will be impacted by the DSRIP projects in sufficient detail • Response describes a high-level strategy to address any negative impact on the existing workforce • Response describes the role of the workforce strategy vendor as well as Workforce Coordination Council in identifying gaps and opportunities within the PPS • Response identifies two specific workforce strategies, behavioral health and care coordination/navigation, that if unaddressed would impact project success • Response illustrates excellent use of Medicaid beneficiaries with use of peer navigators • Response shows minimal disruption of workforce 	<ul style="list-style-type: none"> • Response does not identify impacts to existing employees' current wages and benefits • Insufficient description of the steps the PPS plans to implement to overcome structural barriers • Response refers to collective bargaining agreements in place, but could be more explicit for those employees who refuse retraining • Workforce strategy does not describe the formal role of labor representatives • Response does not indicate a commitment on behalf of the PPS to fully engage the front-line workers in deploying its strategy
Data Sharing, Confidentiality, and Rapid Cycle Evaluation	4.87	5	<ul style="list-style-type: none"> • Response indicates a commitment of the PPS to build upon existing data sharing agreements and capacities. Currently 40% of network providers are RHIO participants • PPS identifies a number of appropriate data security safeguards that will be deployed • Response provides a clear description of the Performance Management Workgroup and functional role/reporting within PPS leadership 	<ul style="list-style-type: none"> • Description of performance dashboards required greater specificity in terms of how it will be deployed within the provider community, the frequency, or training • Response did not include specificity on how the RCE will be deployed within the provider community

Section	Subjective Points	Points Possible	Strengths	Comments
Cultural Competency/Health Literacy	15.00	15	<ul style="list-style-type: none"> • Response adequately captures the identified cultural competency challenges which the PPS must address to ensure success • Response clearly identifies a homeless population, linguistic challenges and lack of familiarity with the US health system as a major challenge • Response indicates a full awareness of the health literacy challenges within the PPS and supporting initiatives to address each • Response implements good use of bidding process to achieve outcomes from contracted CBOs 	<ul style="list-style-type: none"> • Response does not specifically address how the PPS will engage frontline healthcare workers in training and responding to cultural competency • Response is unclear whether there will be one or multiple vendors • Response does not address how frontline workers will be engaged and trained in cultural competency strategy
DSRIP Budget & Flow of Funds	Pass	Pass/Fail	<ul style="list-style-type: none"> • PPS received passing evaluations in all five Budget & Flow of Funds categories from all scorers 	
Financial Sustainability Plan	8.59	10	<ul style="list-style-type: none"> • Response comprehensively describes the plan the PPS has developed outlining the PPS's path to financial sustainability and citing any known financial restructuring efforts that will take place • Response sufficiently describes the assessment the PPS has performed to identify financially challenged partners at risk for financial failure 	<ul style="list-style-type: none"> • Response does not provide how PPS will engage Medicaid managed care organizations • Response does not articulate a high-level PPS vision for transforming into a value-based payment methodology • Response describes a Financial Stability Plan to define the process, monitoring and reporting for fragile providers. However, the merger concept remains unclear • Response demonstrates an intent to monitor partners, but could include how the PPS intends for providers to achieve a path of sustainability • Response does not articulate how payment transformation will create a financially stable PPS • Response does not directly address safety net providers
Final Organizational Score	94.05	100		



Bonus Component – Narrative Summary

Section	Subjective Points	Points Possible	Strengths	Comments
Bonus Points – Population Health Management	2.00	3		<ul style="list-style-type: none"> PPS intends to contract with Montefiore Medical Center
Bonus Points - Workforce	1.33	3		<ul style="list-style-type: none"> PPS intends to contract with one of three identified workforce vendor
Bonus Points – 2.d.i	TBD	TBD	<ul style="list-style-type: none"> PPS is pursuing project 2.d.i 	



Project Scoring Narrative Summaries

Project 2.a.i

PPS Name: Albany Medical Center Hospital

DSRIP Project Number: 2.a.i

DSRIP Project Title: Create Integrated Delivery Systems that are focused on Evidence Based Medicine/ Population Health Management

Number of PPS' Pursuing This Project: 22

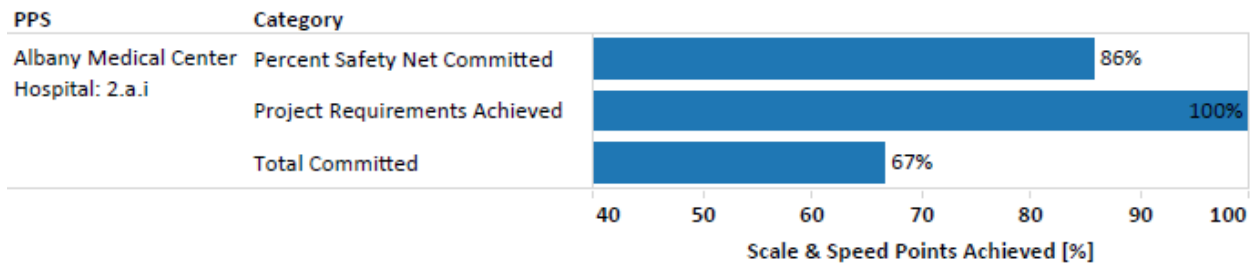
Final Application Score
97.12

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
38.33	40	<ul style="list-style-type: none"> Response incorporated discussions with overlapping PPS' early in the process allowing for true integration and shared direction Response clearly identified community assets and resources 	<ul style="list-style-type: none"> Response does not clearly articulate challenges this project will encounter Response lacked detail regarding milestones and metrics The proposed governance may change if Montefiore is merged. This will impact the evolution of an IDS and will need to be described to ensure specific governance strategy milestones are included with the merger

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Albany Medical Center Hospital: 2.a.i	Percent Safety Net Committed	83.08%	8.57	10
	Project Requirements Achieved	DY2 Q1/Q2	40.00	40
	Total Committed	3650	6.67	10





Project 2.a.iii

PPS Name: Albany Medical Center Hospital

DSRIP Project Number: 2.a.iii

DSRIP Project Title: 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 services

Number of PPS' Pursuing This Project: 10

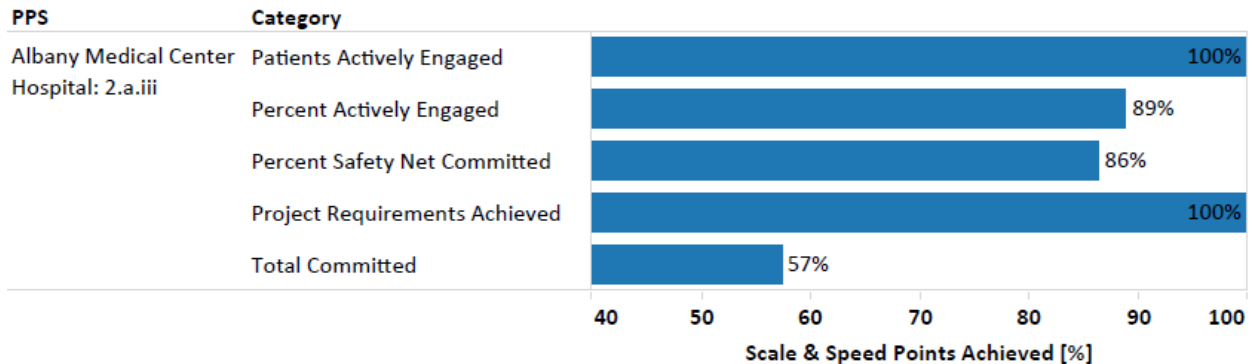
Final Application Score
93.50

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
18.89	20	<ul style="list-style-type: none"> Response describes discussions PPS has had with PPS' in overlapping area Early PPS coordination assures ability to identify economies of scale IT connectivity is a challenge identified with a clear strategy for overcoming it 	<ul style="list-style-type: none"> Response does not clearly articulate the patient population this project will address Although the response gives a thorough accounting of current assets and resources, there was little mention of repurposing resource Response discusses an intent to perform analysis to identify the population to be engaged, rather than completing such analysis

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Albany Medical Center Hospital: 2.a.iii	Patients Actively Engaged	DY2 Q3/Q4	20.00	20
	Percent Actively Engaged	24.50%	17.78	20
	Percent Safety Net Committed	66.42%	8.63	10
	Project Requirements Achieved	DY2 Q3/Q4	20.00	20
	Total Committed	2499	5.74	10





Project 2.a.v

PPS Name: Albany Medical Center Hospital

DSRIP Project Number: 2.a.v

DSRIP Project Title: Create a medical village/alternative housing using existing nursing home infrastructure

Number of PPS' Pursuing This Project: 1

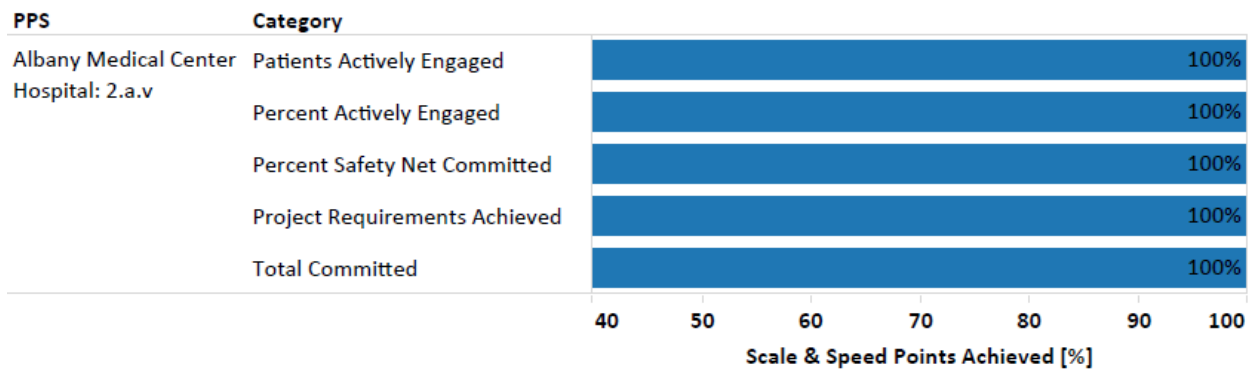
Final Application Score
99.55

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
20.00	20	<ul style="list-style-type: none"> Response provides a clear explanation of the patient population PPS is expecting to engage Nursing homes within service area clearly identified excess beds for potential reduction Good use of health navigators in educating patients Target population for medical village deployment is clearly identified by geography and patient characteristics 	<ul style="list-style-type: none"> Response indicates several conversations with Elliot PPS have occurred but a clear coordination strategy is not described

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Albany Medical Center Hospital: 2.a.v	Patients Actively Engaged	DY3 Q3/Q4	20.00	20
	Percent Actively Engaged	1.05%	20.00	20
	Percent Safety Net Committed	19.90%	10.00	10
	Project Requirements Achieved	DY3 Q3/Q4	20.00	20
	Total Committed	4	10.00	10





Project 2.b.iii

Name: Albany Medical Center Hospital

DSRIP Project Number: 2.b.iii

DSRIP Project Title: ED care triage for at-risk populations

Number of PPS' Pursuing This Project: 13

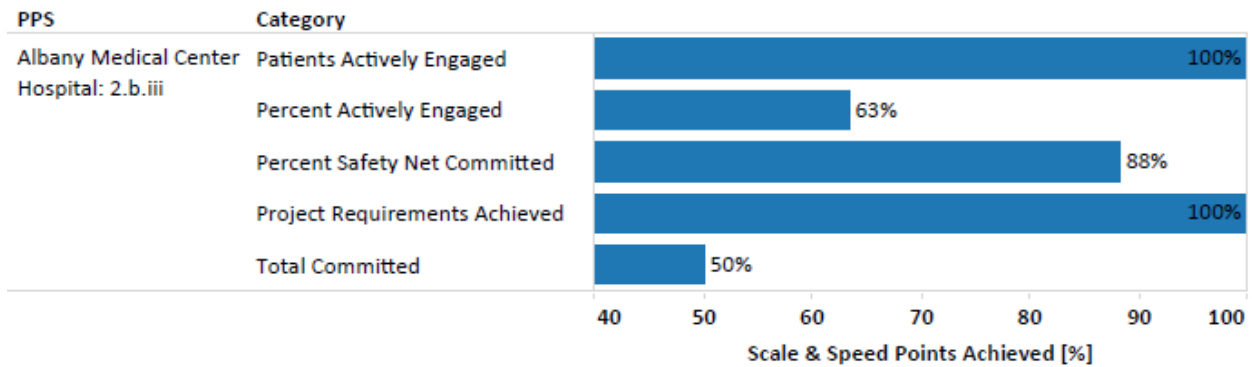
Final Application Score
90.11

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
20.00	20	<ul style="list-style-type: none"> Response provides a sufficient summary of current assets/resources to be mobilized for this project Response incorporates good command of CNA data Good use of hot spotting to identify areas of high-utilizers. For instance, 27% of ER over usage are under the age of 18 Good use of health navigators to impact behavior change 	<ul style="list-style-type: none"> Response indicates several conversations with Elliot PPS have occurred but a clear coordination strategy is not described

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Albany Medical Center Hospital: 2.b.iii	Patients Actively Engaged	DY2 Q3/Q4	20.00	20
	Percent Actively Engaged	7.81%	12.68	20
	Percent Safety Net Committed	65.32%	8.84	10
	Project Requirements Achieved	DY2 Q1/Q2	20.00	20
	Total Committed	4	5.00	10





Project 2.d.i

PPS Name: Albany Medical Center Hospital

DSRIP Project Number: 2.d.i

DSRIP Project Title: Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care

Number of PPS' Pursuing This Project: 14

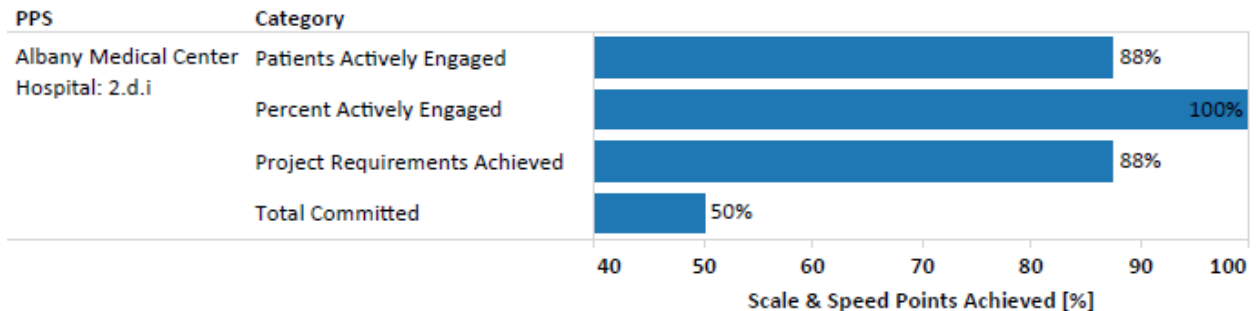
Final Application Score
86.72

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
16.67	20	<ul style="list-style-type: none"> Response effectively addresses gaps identified by the CNA Response sufficiently describes how project challenges will be appropriately addressed Good use of CBOs and peer navigators to engage non/low utilizers to provide patient identification Good use of hot spotting to identify targeted patient population for the project 	<ul style="list-style-type: none"> No significant weakness identified for this project

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Albany Medical Center Hospital: 2.d.i	Patients Actively Engaged	DY3 Q3/Q4	17.50	20
	Percent Actively Engaged	100.00%	20.00	20
	Project Requirements Achieved	DY3 Q3/Q4	17.50	20
	Total Committed	68	10.00	20





Project 3.a.i

PPS Name: Albany Medical Center Hospital

DSRIP Project Number: 3.a.i

DSRIP Project Title: Integration of primary care and behavioral health services

Number of PPS' Pursuing This Project: 25

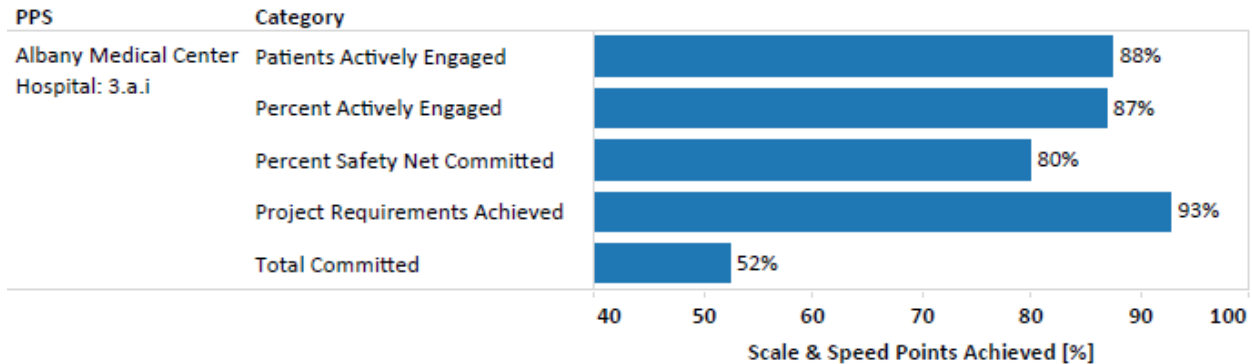
Final Application Score
89.78

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
19.33	20	<ul style="list-style-type: none"> Response clearly describes conversations PPS has had with other PPS' in the overlapping area Response illustrates connection between CNA and need for projects in the community (50% of ED visits from high-utilizers are associated with alcohol abuse, anxiety, or depression) 	<ul style="list-style-type: none"> Response does not provide enough information regarding the sites to be included Response does not provide sufficient detail to describe the current assets or resource that will be employed. "Numerous group and family practices" is not adequate Response did not clearly identify project challenges that will need to be overcome for successful implementation

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Albany Medical Center Hospital: 3.a.i	Patients Actively Engaged	DY3 Q3/Q4	17.50	20
	Percent Actively Engaged	59.21%	17.40	20
	Percent Safety Net Committed	25.37%	8.00	10
	Project Requirements Achieved	DY3 Q1/Q2	18.57	20
	Total Committed	263	5.24	10





Project 3.a.ii

PPS Name: Albany Medical Center Hospital

DSRIP Project Number: 3.a.ii

DSRIP Project Title: Behavioral health community crisis stabilization services

Number of PPS' Pursuing This Project: 11

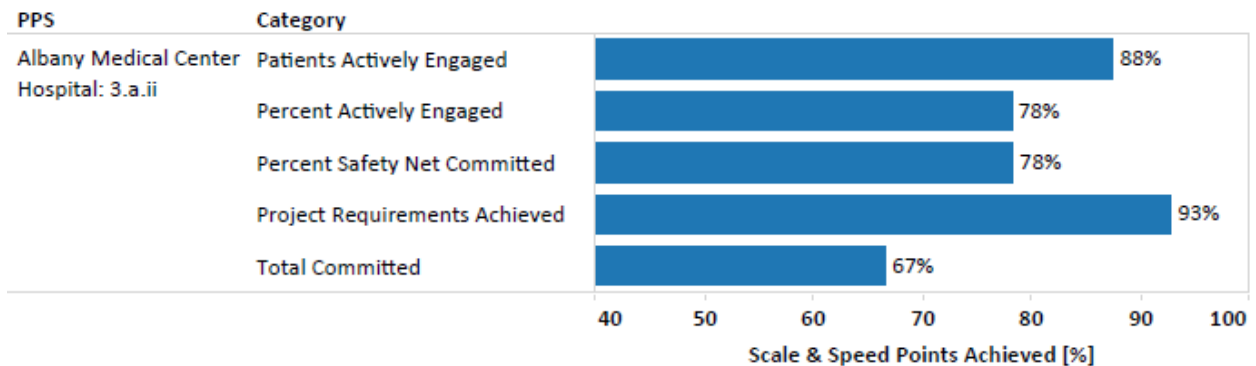
Final Application Score 89.90

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
20.00	20	<ul style="list-style-type: none"> Response effectively links CNA findings with the project design and sites included Response sufficiently identifies project challenges or anticipated issues the PPS will encounter in implementing this project and describes how these challenges will be appropriately addressed Good use of peer support to create stability for the patient community 	<ul style="list-style-type: none"> Response lacks detail on PPS coordination strategy

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Albany Medical Center Hospital: 3.a.ii	Patients Actively Engaged	DY3 Q3/Q4	17.50	20
	Percent Actively Engaged	12.26%	15.65	20
	Percent Safety Net Committed	26.93%	7.84	10
	Project Requirements Achieved	DY3 Q1/Q2	18.57	20
	Total Committed	4	6.67	10





Project 3.b.i

PPS Name: Albany Medical Center Hospital

DSRIP Project Number: 3.b.i

DSRIP Project Title: Evidence-based strategies for disease management in high risk/affected populations (adult only)

Number of PPS' Pursuing This Project: 15

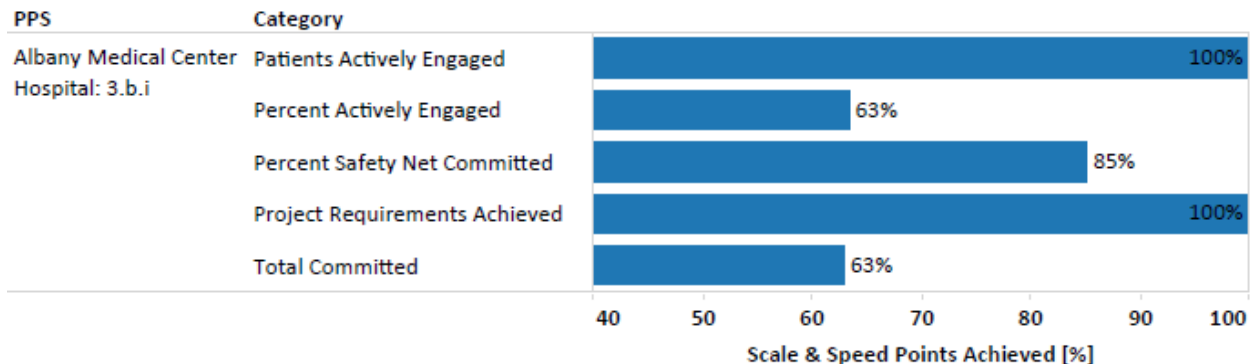
Final Application Score
90.79

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
20.00	20	<ul style="list-style-type: none"> Response clearly describes conversations PPS has had with other PPS' in the overlapping area Response sufficiently identifies project challenges or anticipated issues the PPS will encounter in implementing this project and described how these challenges will be appropriately addressed Good command of Community Needs to support project Good use of telehealth to support patients with home readings to export remotely 	<ul style="list-style-type: none"> Description of targeted population too vague (patients living in poverty 19 to 64 is too vague) Description of current resources to be mobilized lack sufficient details (programs in place in the capital district lack detail)

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Albany Medical Center Hospital: 3.b.i	Patients Actively Engaged	DY2 Q1/Q2	20.00	20
	Percent Actively Engaged	11.11%	12.68	20
	Percent Safety Net Committed	34.12%	8.52	10
	Project Requirements Achieved	DY2 Q1/Q2	20.00	20
	Total Committed	895	6.30	10





Project 3.d.iii

PPS Name: Albany Medical Center Hospital

DSRIP Project Number: 3.d.iii

DSRIP Project Title: Implementation of evidence-based medicine guidelines for asthma management

Number of PPS' Pursuing This Project: 5

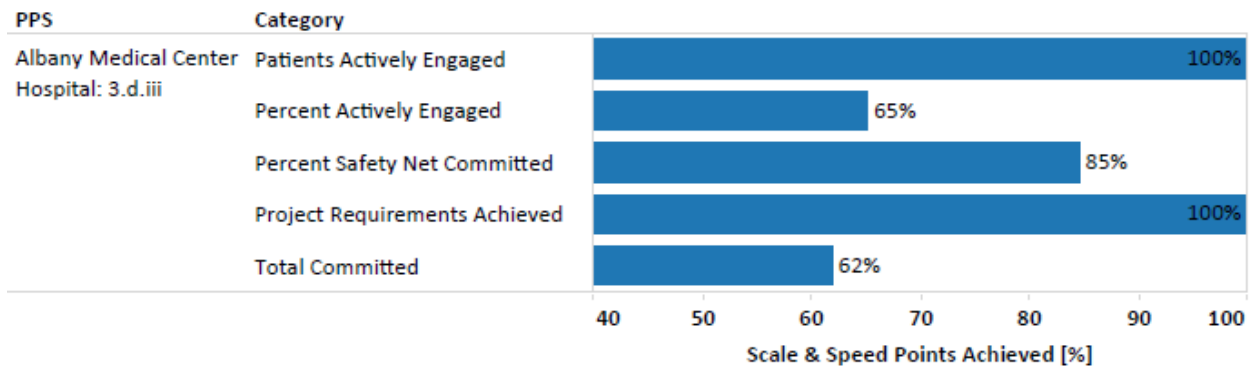
Final Application Score
90.93

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
20.00	20	<ul style="list-style-type: none"> Response provides clear explanation of the patient population PPS is expecting to engage through this project Response incorporates a good plan to address medication adherence through the incorporation of telemedicine; another example of good use of telemedicine Early conversations with overlapping PPS' well established 	<ul style="list-style-type: none"> Response lacks detail on PPS coordination strategy Response does not contain sufficient detail on how each challenge will be overcome

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Albany Medical Center Hospital: 3.d.iii	Patients Actively Engaged	DY2 Q1/Q2	20.00	20
	Percent Actively Engaged	6.67%	13.03	20
	Percent Safety Net Committed	33.05%	8.47	10
	Project Requirements Achieved	DY2 Q1/Q2	20.00	20
	Total Committed	586	6.19	10





Project 4.b.i

PPS Name: Albany Medical Center Hospital

DSRIP Project Number: 4.b.i

DSRIP Project Title: Promote tobacco use cessation, especially among low SES populations and those with poor mental health.

Number of PPS' Pursuing This Project: 11

Final Application Score
92.42

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
89.81	100	<ul style="list-style-type: none"> Response provides a sufficient summary of the current assets/resources to be mobilized to help this project meet the needs of the community Response clearly outlines the PPS's plans to coordinate on this project with other PPSs serving an overlapping area 	<ul style="list-style-type: none"> Response provides incomplete data from its CNA The description provides implementation information, but does not specify challenges While milestones are included, more project milestones exhibiting the steps necessary for successful implementation would strengthen the response Response uses national data, not CNA specific data to identify patients



Project 4.b.ii

PPS Name: Albany Medical Center Hospital

DSRIP Project Number: 4.b.ii

DSRIP Project Title: Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings

Number of PPS' Pursuing This Project: 11

Final Application Score
97.99

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
97.78	100	<ul style="list-style-type: none"> • Response effectively links CNA findings with project design and sites included • Response sufficiently identifies project challenges or anticipated issues the PPS will encounter in implementing this project and described how these challenges will be appropriately addressed • Good use of health navigators in hot spot areas 	<ul style="list-style-type: none"> • While milestones were included, more project milestones exhibiting the steps necessary for successful implementation would strengthen the response • Response lacks detail on PPS coordination strategy