



Department
of Health

Medicaid
Redesign Team

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

DSRIP Scoring Summary:
Lutheran Medical Center

February 17 - 20, 2015



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PPS Informational Page and Proposal Overview

PPS Name: Lutheran Medical Center

PPS Lead Organization: Lutheran Medical Center

PPS Service Counties: Kings

Total Attributed Population: 104,415

Goals of the PPS:

1. Develop a fully integrated delivery system of health and social service providers by DY 5
2. Achieve PCMH NCQA 2014 Level 3 certification for all primary care partners by DY 3
3. Achieve Level 2 Meaningful Use and RHIO/SHIN-NY connectivity for eligible partners by DY 3
4. Achieve clinical interoperability of PPS partners and the PPS by DY 2
5. Implement evidence-based practices to address tobacco use, diabetes, asthma, and HIV in DY 1
6. Implement central services to support PPS clinical and fiscal integration beginning in DY 1
7. Reduce excess acute and long-term care beds by DY 5
8. Integrate behavioral health screening and treatment services in primary care settings by DY 3
9. Implement a PNC, beginning in DY 1; complete implementation by DY 4
10. Reduce avoidable ED use and inpatient admissions by 25% by DY 5
11. Enter value-based Medicaid managed care plan contracts, transitioning to risk contracts by DY 5

Network Composition:

Provider Types	Total Providers in Network
Primary Care Physicians	392
Non-PCP Practitioners	1,262
Hospitals	6
Clinics	38
Health Home / Care Management	8
Behavioral Health	188
Substance Abuse	22
Skilled Nursing Facilities / Nursing Homes	34
Pharmacy	0
Hospice	3
Community Based Organizations	18
All Other	894



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.b.iii	ED care triage for at-risk populations	43	13	52%
2.b.ix	Implementation of observational programs in hospitals	36	2	8%
2.c.i	Development of community-based health navigation services	37	5	20%
3.a.i	Integration of primary care and behavioral health services	39	25	100%
3.c.i	Evidence-based strategies for disease management in high risk/affected populations (adults only)	30	10	40%
3.d.ii	Expansion of asthma home-based self-management program	31	8	32%
4.b.i	Promote tobacco use cessation, especially among low SES populations and those with poor mental health.	23	11	44%
4.c.ii	Increase early access to, and retention in, HIV care	19	7	28%
	Cumulative Index Score	314		
	PPS Rank by Cumulative Index Score	23		

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	21.83	24.54	24.29	23.54	22.83	25.00	23.92	23.67	24.04	24.04	N/A	24.04
Community Needs Assessment	25	25.00	25.00	24.58	23.96	25.00	24.58	24.79	24.69	24.83	24.83	N/A	24.83
Workforce Strategy	20	14.12	15.75	16.00	15.55	13.48	16.00	15.65	15.15	15.48	15.65	2.00	17.65
Data Sharing, Confidentiality & Rapid Cycle Evaluation	5	5.00	4.44	5.00	4.72	4.28	5.00	4.86	4.74	4.74	4.86	N/A	4.86
PPS Cultural Competency/Health Literacy	15	15.00	14.17	15.00	15.00	14.17	15.00	15.00	14.72	14.72	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	9.63	10.00	10.00	10.00	8.52	10.00	10.00	9.69	9.93	10.00	N/A	10.00
												Total	96.39

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	36.67	40.00	38.33	40.00	35.00	40.00	39.17	38.33	39.00	39.17	12.55	31.11	82.83
2.b.iii	20	18.67	20.00	20.00	20.00	16.00	20.00	20.00	19.11	19.73	20.00	23.99	33.75	77.74
2.b.ix	20	20.00	20.00	20.00	20.00	15.00	20.00	20.00	19.17	20.00	20.00	26.80	40.00	86.80
2.c.i	20	16.00	18.67	20.00	20.00	12.00	18.67	18.67	17.56	18.67	18.67	34.11	36.57	89.35
3.a.i	20	18.67	18.67	20.00	17.33	16.00	20.00	18.67	18.44	18.93	18.93	25.18	35.00	79.11
3.c.i	20	16.00	18.67	20.00	16.00	13.33	18.67	17.33	17.11	17.87	17.87	24.34	35.00	77.21
3.d.ii	20	17.33	20.00	20.00	20.00	16.00	20.00	20.00	18.89	19.47	20.00	23.94	33.50	77.44
4.b.i	100	77.78	100.00	94.44	100.00	77.78	100.00	97.22	91.67	91.67	97.22	0.00	0.00	97.22
4.c.ii	100	88.89	100.00	100.00	100.00	94.44	100.00	100.00	97.22	98.89	100.00	0.00	0.00	100.00

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	96.39	28.92	82.83	57.98	3	1.00	TBD	90.89
2.b.iii	96.39	28.92	77.74	54.42	N/A	1.00	TBD	84.33
2.b.ix	96.39	28.92	86.80	60.76	N/A	1.00	TBD	90.68
2.c.i	96.39	28.92	89.35	62.55	N/A	1.00	TBD	92.46
3.a.i	96.39	28.92	79.11	55.38	N/A	1.00	TBD	85.29
3.c.i	96.39	28.92	77.21	54.05	N/A	1.00	TBD	83.96
3.d.ii	96.39	28.92	77.44	54.21	N/A	1.00	TBD	84.12
4.b.i	96.39	28.92	97.22	68.06	N/A	1.00	TBD	97.97
4.c.ii	96.39	28.92	100.00	70.00	N/A	1.00	TBD	99.92

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	24.04	25	<ul style="list-style-type: none"> Response contains sufficient detail describing of the decision making/voting process that will be implemented and adhered to by governing team Response clearly outlines mechanisms for addressing compliance problems related the PPS' operations and performance Response comprehensively describes processes that will be implemented to support the financial success of the organization and the decision making of the PPS' governance structure 	<ul style="list-style-type: none"> Not all roles and responsibilities of the PPS leadership governing body are clearly defined The response states that after the first year, "Lutheran will appoint Executive Committee and Sub-Committee members from among a slate of qualified individuals proposed by the Nominating Committee." This does not explain how "sufficient representation" will be maintained given one entity appoints all members of the Executive Committee and every subcommittee Response is unclear whether the PPS will contract with CBOs The description of "routinely" monitor is too vague and does not define the frequency of monitoring Process does not fully describe the process for how Medicaid beneficiaries will be actively informed of a provider's removal from the PPS nor the steps taken to assure continuity of care

Section	Subjective Points	Points Possible	Strengths	Comments
Community Needs Assessment	24.83	25	<ul style="list-style-type: none"> • Response adequately explains the Community Needs Assessment's process and methodology • Response sufficiently describes the existing healthcare infrastructure and environment, including the number and types of healthcare providers available to the PPS • Broad set of data sources used to develop the CNA • Used local CBOs to get input from consumers in the community to provide stakeholder input through key informant interviews, surveys and focus groups leading to good insight in the collection of data useful for the projects 	<ul style="list-style-type: none"> • Response does not discuss leading causes of hospitalization • List of "community needs" sounds more like a list of PPS project solutions than needs expressed by community
Workforce Strategy	15.65	20	<ul style="list-style-type: none"> • Response sufficiently describes PPS' strategy to minimize negative impact to the workforce, including the identification of training, re-deployment, and recruiting plans • Response adequately describes workforce shortages that may impact PPS' ability to achieve program goals • PPS indicates a commitment to minimizing workforce disruption through redeployment and retraining • Response sufficiently describes new jobs that will be created as a result of this implementation • Response clearly explains steps undertaken in the stakeholder engagement process that contributed to the development of the workforce strategy 	<ul style="list-style-type: none"> • Response is unclear if a formal assessment has been conducted (or will be conducted) to fully understand the impact on existing employees' current wages and benefits • Path for those employees who refuse their retraining assignment not yet established • Unclear whether the redeployment will be voluntary • The intersection of the workforce strategy and specific existing state programs is not clearly described

Section	Subjective Points	Points Possible	Strengths	Comments
Data Sharing, Confidentiality, and Rapid Cycle Evaluation	4.86	5	<ul style="list-style-type: none"> Response adequately explains how all PPS partners will act in unison to ensure privacy and confidentiality of data Response sufficiently describes the organizational relationship of the RCE unit to the PPS' governing team Response clearly explains how the PPS intends to use collected patient data to evaluate performance of partners and providers, conduct quality assessment and population-based activities Response sufficiently explains how rapid-cycle evaluation will assist in facilitating the successful development of a highly functioning PPS 	<ul style="list-style-type: none"> Response does not clearly lay out the PPS' plan for appropriate data sharing Response does not adequately describe how this sharing strategy will work for those provider not part of the RHIO central platform
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 PPS plans to contract with key CBOs for content development and delivery of specialized training across the PPS related to cultural competency and health literacy PPS will leverage existing adult education program to reinforce health literacy Response describes a comprehensive plan to improve and reinforce health literacy of patients 	<ul style="list-style-type: none"> No significant weakness identified for this section
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 	



Section	Subjective Points	Points Possible	Strengths	Comments
Financial Sustainability Plan	10.00	10	<ul style="list-style-type: none"> • Response effectively explains the expected financial impact of program's projects on financially fragile providers could be negatively impacted by the program's goals • Performed a robust financial stability survey of financial health for all PPS partners. The PPS will perform the survey annually. • Response comprehensively describes the plan the PPS has developed outlining the PPS' path to financial sustainability • Response clearly explains how the PPS will sustain outcomes after the conclusion of the program • Response articulates the PPS' vision for transforming to value based reimbursement methodologies and engaging Medicaid managed care organizations in this process • Response sufficiently explains how payment transformation will assist the PPS in achieving a path to financial stability 	<ul style="list-style-type: none"> • Financial sustainability response does not specifically address how the PPS strategy will address all fragile safety net providers
Final Organizational Score	96.39	100		

Bonus Component – Narrative Summary

Section	Subjective Points	Points Possible	Strengths	Comments
Bonus Points – Population Health Management	3.00	3	<ul style="list-style-type: none"> PPS has population health management experience with New York Medicaid population 	
Bonus Points - Workforce	1.00	3		<ul style="list-style-type: none"> PPS intends to contract with 1199 TEF
Bonus Points – 2.d.i	TBD	TBD		<ul style="list-style-type: none"> PPS is not pursuing project 2.d.i



Project Scoring Narrative Summaries

Project 2.a.i

PPS Name: Lutheran Medical Center

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

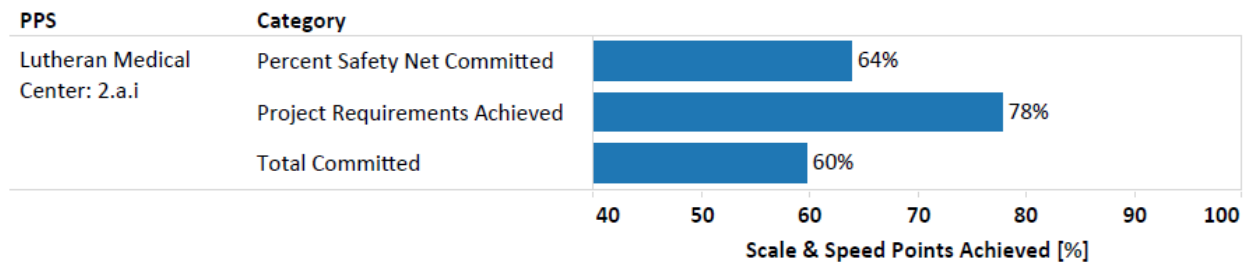
Final Application Score
90.89

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
39.17	40	<ul style="list-style-type: none"> The PPS will focus on IT the challenges for this project by providing technical assistance to providers and expanding RHIOs across its partners PPS will expand the scope of services within the PPS for a "one stop shopping" experience Response clearly describes how the project's governance strategy will evolve into an integrated healthcare delivery system 	<ul style="list-style-type: none"> The response did not clearly link CNA findings to project approach or sites included Project challenges need fuller descriptions Governance milestones are not identified with dates of expected achievement (only IT milestones are listed)

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Lutheran Medical Center: 2.a.i	Percent Safety Net Committed	16.19%	6.38	10
	Project Requirements Achieved	DY4 Q1/Q2	31.11	40
	Total Committed	2865	5.97	10





Project 2.b.iii

PPS Name: Lutheran Medical Center

DSRIP Project Number: 2.b.iii

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

Number of PPS' Pursuing This Project: 13

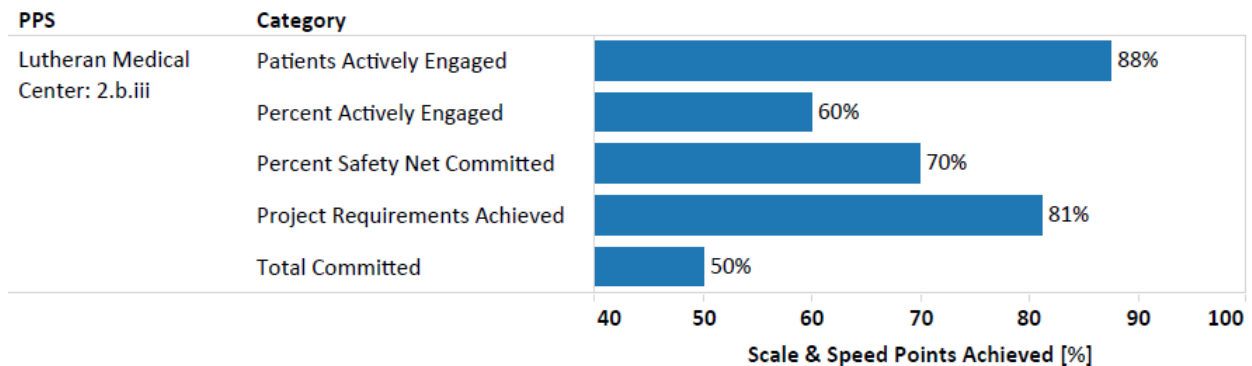
Final Application Score
84.33

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
20.00	20	<ul style="list-style-type: none"> Response effectively links CNA's findings with the project design and sites included Response provides a sufficient summary of the current assets/resources to be mobilized. PPS will expand existing PCMH resources Response describes using facilitated referrals to substance abuse services to limit ED use PPS will launch a telemedicine pilot to limit after-hours use of the ED 	<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
Lutheran Medical Center: 2.b.iii	Patients Actively Engaged	DY3 Q3/Q4	17.50	20
	Percent Actively Engaged	5.80%	11.99	20
	Percent Safety Net Committed	12.71%	7.00	10
	Project Requirements Achieved	DY3 Q3/Q4	16.25	20
	Total Committed	2	5.00	10





Project 2.b.ix

PPS Name: Lutheran Medical Center

DSRIP Project Number: 2.b.ix

DSRIP Project Title: Implementation of observational programs in hospitals

Number of PPS' Pursuing This Project: 2

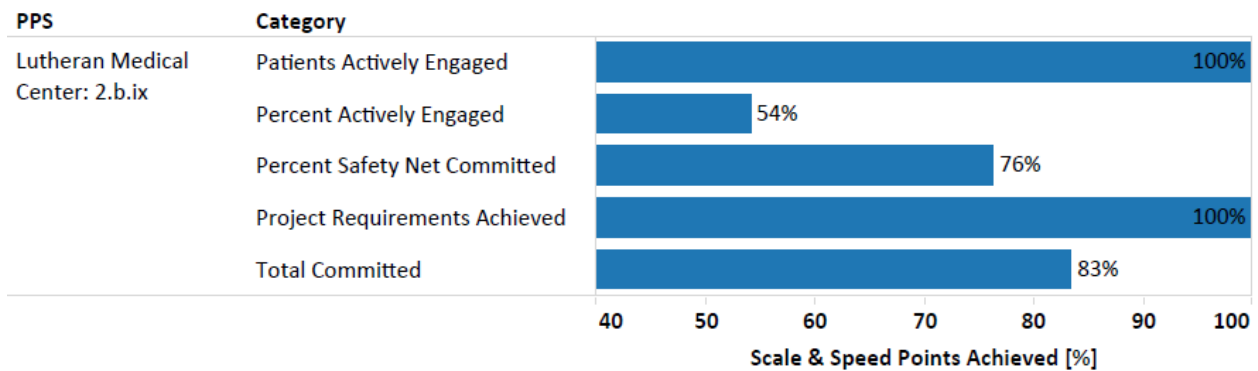
Final Application Score
90.68

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
20.00	20	<ul style="list-style-type: none"> Response effectively addresses gaps identified by the CNA and links these findings with the project design and sites included Response provides a sufficient summary of the current assets/resources to be mobilized to help this project meet the needs of the community Response describes the need to build an observation unit adjacent to the Lutheran ED for effective oversight and patient management 	<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
Lutheran Medical Center: 2.b.ix	Patients Actively Engaged	DY2 Q3/Q4	20.00	20
	Percent Actively Engaged	0.50%	10.84	20
	Percent Safety Net Committed	10.64%	7.63	10
	Project Requirements Achieved	DY3 Q1/Q2	20.00	20
	Total Committed	747	8.33	10





Project 2.c.i

PPS Name: Lutheran Medical Center

DSRIP Project Number: 2.c.i

DSRIP Project Title: Development of community-based health navigation services

Number of PPS' Pursuing This Project: 5

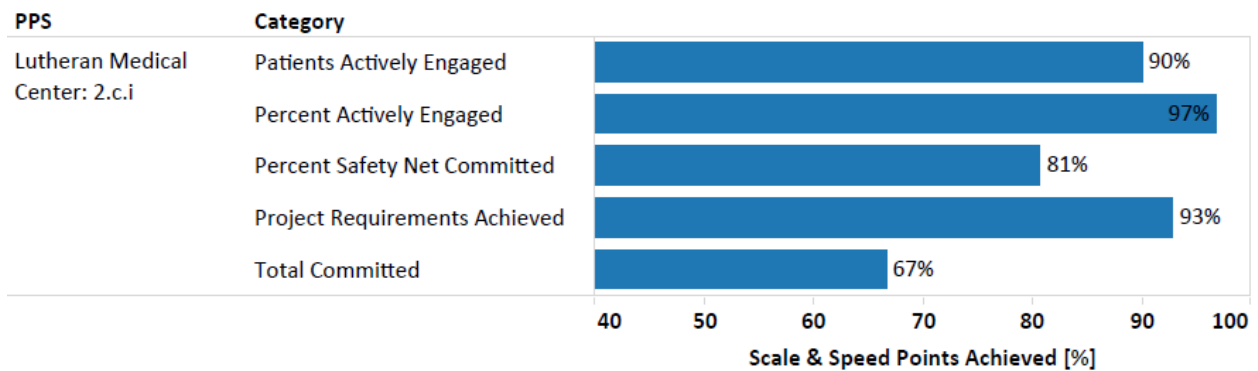
Final Application Score
92.46

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
18.67	20	<ul style="list-style-type: none"> To address challenge of care coordination, PPS will develop a Patient navigation center to reduce avoidable ED visits and improve connections to health and social services Patient health navigators will leverage smart phone technology, secure messaging alerts, and employ inbound and outbound call technology and health coaching to improve appropriate 	<ul style="list-style-type: none"> Definition of patient population should be better specified beyond the list of clinical listing

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Lutheran Medical Center: 2.c.i	Patients Actively Engaged	DY4 Q3/Q4	18.00	20
	Percent Actively Engaged	26.00%	19.37	20
	Percent Safety Net Committed	9.86%	8.08	10
	Project Requirements Achieved	DY3 Q1/Q2	18.57	20
	Total Committed	78	6.67	10





Project 3.a.i

PPS Name: Lutheran Medical Center

DSRIP Project Number: 3.a.i

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

Number of PPS' Pursuing This Project: 25

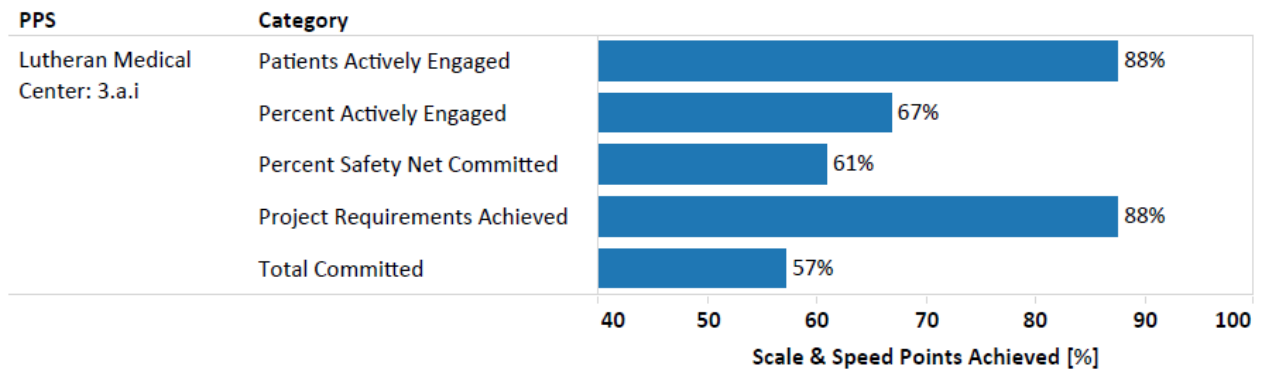
Final Application Score
85.29

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
18.93	20	<ul style="list-style-type: none"> PPS will integrate behavioral health in 9 PPS FQHCs, 7 Article 28 diagnostic and treatment centers and 29 PCMH practices to increase BH in underserved communities and reduce fragmented care PPS response describes the use of existing assets in the implementation of the project. For example, the LFHC will build upon existing experience in implementing the INTERACT model for depression as well as PHQ 9 screening 	<ul style="list-style-type: none"> Definition of patient population is not complete

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Lutheran Medical Center: 3.a.i	Patients Actively Engaged	DY3 Q3/Q4	17.50	20
	Percent Actively Engaged	27.00%	13.38	20
	Percent Safety Net Committed	8.43%	6.08	10
	Project Requirements Achieved	DY3 Q3/Q4	17.50	20
	Total Committed	1164	5.71	10





Project 3.c.i

PPS Name: Lutheran Medical Center

DSRIP Project Number: 3.c.i

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

Number of PPS' Pursuing This Project: 10

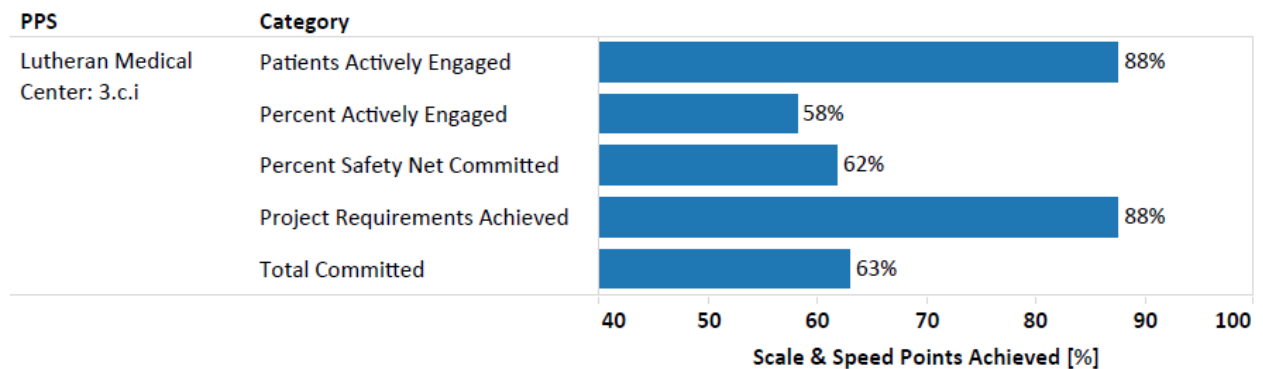
Final Application Score
83.96

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
17.87	20	<ul style="list-style-type: none"> Response provides a sufficient summary of the current assets to be mobilized. For instance, PPS will explore opportunities to collaborate with the existing NY Mobile Integrated Health Assoc to pilot community paramedic targeting services in hotspot neighborhoods PPS will explore proactive home visits for patient education/support To address provider capacity challenge, PPS will train clinicians on diabetes clinical guidelines 	<ul style="list-style-type: none"> Project challenges are not clearly described PPS does address the coordination plans with fellow PPS pursuing same project in service area

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Lutheran Medical Center: 3.c.i	Patients Actively Engaged	DY3 Q3/Q4	17.50	20
	Percent Actively Engaged	4.86%	11.65	20
	Percent Safety Net Committed	6.84%	6.18	10
	Project Requirements Achieved	DY3 Q3/Q4	17.50	20
	Total Committed	992	6.30	10





Project 3.d.ii

PPS Name: Lutheran Medical Center

DSRIP Project Number: 3.d.ii

DSRIP Project Title: Expansion of asthma home-based self-management program

Number of PPS' Pursuing This Project: 8

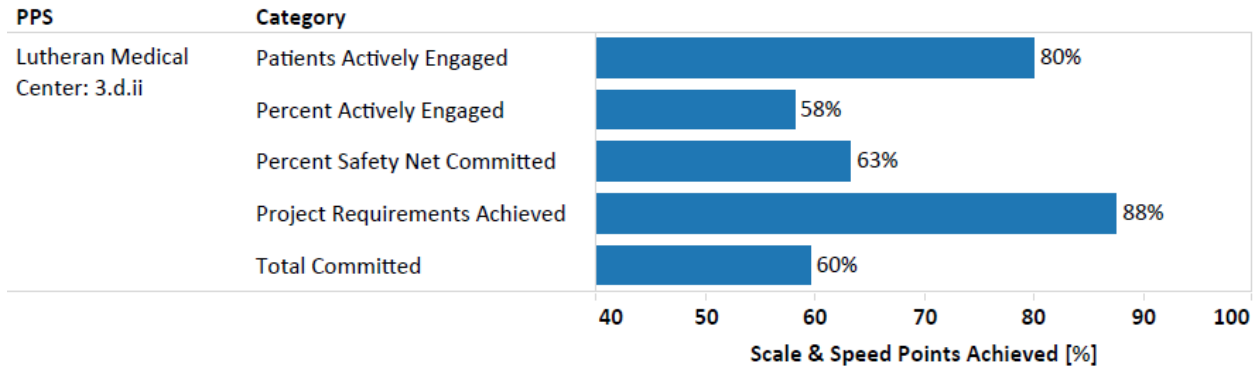
Final Application Score
84.12

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 resources to be mobilized. For instance, PPS will engage community pharmacists to provide medication adherence counseling, including symptom management consultation PPS will use community health workers to do home environmental assessments and provide asthma trigger reduction interventions 	<ul style="list-style-type: none"> Project challenges are not clearly described

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Lutheran Medical Center: 3.d.ii	Patients Actively Engaged	DY4 Q3/Q4	16.00	20
	Percent Actively Engaged	2.24%	11.66	20
	Percent Safety Net Committed	5.97%	6.33	10
	Project Requirements Achieved	DY3 Q3/Q4	17.50	20
	Total Committed	746	5.95	10





Project 4.b.i

PPS Name: Lutheran Medical Center

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
97.97

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
97.22	100	<ul style="list-style-type: none"> • Response effectively links CNA's findings with project design and sites included • Response provides a sufficient summary of the current assets/resources to be mobilized to help this project meet the needs of the community • In order to address the challenge of cultural norms, the PPS will work to dispel tobacco myths by using the NYULMC outreach and education program in hot spot areas • PPS will implement new patient navigation programs to connect patients with appropriate community resources 	<ul style="list-style-type: none"> • Project challenges are not clearly described • Plans to coordinate are not clear and do not specifically name the other PPS' pursuing this project in the service area



Project 4.c.ii

PPS Name: Lutheran Medical Center

DSRIP Project Number: 4.c.ii

DSRIP Project Title: Increase early access to, and retention in, HIV care

Number of PPS' Pursuing This Project: 7

Final Application Score
99.92

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
100.00	100	<ul style="list-style-type: none"> • Response effectively links CNA’s findings with the project design and sites included • Response provides a clear explanation of the patient population PPS is targeting • Response provides a sufficient summary of the current assets to be mobilized for project • To meet growing demand for services project will create, PPS will implement support groups to empower people with HIV to achieve confidence in self-management • Response describes how the PPS will ensure HIV positive patients are screened and treated for depression by working with the seven PPS’ in the HIV Collaborative to offer BH screening 	<ul style="list-style-type: none"> • Project challenges are not clearly described