



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

DSRIP Scoring Summary:

Catholic Medical Partners-Accountable Care IPA INC PPS

February 17 - 20, 2015



Table of Contents

PPS Informational Page and Proposal Overview	3
Projects Selected – Summary Table.....	4
Organizational and Project Scoring Summary Tables	5
Organizational Component Scores	5
Project Scores.....	6
Final Application Score Calculation	7
Organizational Component – Narrative Summary	8
Bonus Component – Narrative Summary	12
Project Scoring Narrative Summaries	13
Project 2.a.i	13
Project 2.b.iii	14
Project 2.b.iv	15
Project 2.c.ii.....	16
Project 3.a.i	17
Project 3.b.i	18
Project 3.f.i.....	19
Project 3.g.i	20
Project 4.a.i	21
Project 4.b.i	22



PPS Informational Page and Proposal Overview

PPS Name: Catholic Medical Partners-Accountable Care IPA INC PPS

PPS Lead Organization: Sisters of Charity Hospital

PPS Service Counties: Chautauqua, Erie, Niagara

Total Attributed Population: 80,618

Goals of the PPS:

1. Create an integrated delivery system
2. Ensure care is provided at the appropriate level
3. Improve care to at risk populations
4. Improve PCP access
5. Accelerate health information technology interoperability and establish data governance policies
6. Improve patient engagement

Network Composition:

Provider Types	Total Providers in Network
Primary Care Physicians	399
Non-PCP Practitioners	1,466
Hospitals	15
Clinics	25
Health Home / Care Management	13
Behavioral Health	73
Substance Abuse	16
Skilled Nursing Facilities / Nursing Homes	31
Pharmacy	5
Hospice	2
Community Based Organizations	26
All Other	1,214



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.iv	Care transitions intervention model to reduce 30 day readmissions for chronic health conditions	43	17	68%
2.c.ii	Expand usage of telemedicine in underserved areas to provide access to otherwise scarce services	31	1	4%
3.a.i	Integration of primary care and behavioral health services	39	25	100%
3.b.i	Evidence-based strategies for disease management in high risk/affected populations (adult only)	30	15	60%
3.f.i	Increase support programs for maternal & child health (including high risk pregnancies) (Example: Nurse-Family Partnership)	32	4	16%
3.g.i	Integration of palliative care into the PCMH Model	22	9	36%
4.a.i	Promote mental, emotional and behavioral (MEB) well-being in communities	20	2	8%
4.b.i	Promote tobacco use cessation, especially among low SES populations and those with poor mental health.	23	11	44%
	Cumulative Index Score	339		
	PPS Rank by Cumulative Index Score	22		

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	21.92	24.69	23.44	24.58	21.96	25.00	24.01	23.60	23.60	24.01	N/A	24.01
Community Needs Assessment	25	25.00	24.58	24.58	24.17	25.00	24.58	24.58	24.65	24.75	24.75	N/A	24.75
Workforce Strategy	20	14.47	15.83	16.00	15.80	14.82	16.00	15.82	15.49	15.69	15.82	2.00	17.82
Data Sharing, Confidentiality & Rapid Cycle Evaluation	5	5.00	5.00	4.56	5.00	5.00	5.00	5.00	4.93	5.00	5.00	N/A	5.00
PPS Cultural Competency/Health Literacy	15	15.00	15.00	15.00	15.00	12.50	15.00	15.00	14.58	15.00	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	10.00	10.00	9.63	10.00	10.00	10.00	10.00	9.94	10.00	10.00	N/A	10.00
												Total	96.58

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	33.33	38.33	33.33	31.67	40.00	35.00	35.56	35.56	35.56	12.85	31.11	79.52
2.b.iii	20	20.00	20.00	18.67	18.67	17.33	20.00	19.33	19.11	19.47	19.47	35.59	33.75	88.81
2.b.iv	20	20.00	20.00	18.33	18.33	16.67	20.00	19.17	18.89	19.33	19.33	30.46	33.75	83.55
2.c.ii	20	20.00	20.00	20.00	20.00	18.33	18.33	20.00	19.44	19.44	20.00	40.00	40.00	100.00
3.a.i	20	18.67	17.33	14.67	20.00	12.00	17.33	17.33	16.67	17.60	17.60	33.49	35.00	86.09
3.b.i	20	16.00	18.67	16.00	20.00	10.67	13.33	16.00	15.78	15.78	16.00	29.49	32.50	77.99
3.f.i	20	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	27.82	33.75	81.57
3.g.i	20	20.00	20.00	16.67	16.67	15.00	6.67	16.67	15.83	17.67	17.67	25.47	37.50	80.64
4.a.i	100	94.44	88.89	77.78	94.44	88.89	72.22	88.89	86.11	88.89	88.89	0.00	0.00	88.89
4.b.i	100	100.00	100.00	100.00	100.00	80.00	100.00	100.00	96.67	100.00	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	96.58	28.97	79.52	55.66	3.00	1.00	TBD	88.64
2.b.iii	96.58	28.97	88.81	62.17	N/A	1.00	TBD	92.14
2.b.iv	96.58	28.97	83.55	58.48	N/A	1.00	TBD	88.46
2.c.ii	96.58	28.97	100.00	70.00	N/A	1.00	TBD	99.97
3.a.i	96.58	28.97	86.09	60.27	N/A	1.00	TBD	90.24
3.b.i	96.58	28.97	77.99	54.59	N/A	1.00	TBD	84.56
3.f.i	96.58	28.97	81.57	57.10	N/A	1.00	TBD	87.07
3.g.i	96.58	28.97	80.64	56.45	N/A	1.00	TBD	86.42
4.a.i	96.58	28.97	88.89	62.22	N/A	1.00	TBD	92.20
4.b.i	96.58	28.97	100.00	70.00	N/A	1.00	TBD	99.97

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	24.01	25	<ul style="list-style-type: none"> PPS has designed the governing body to include a Medicaid beneficiary and an “ad-hoc” committee of Medicaid beneficiaries to shed light on issues and challenges Response adequately describes how the Project Advisory Committee was formed, the timing in which it was formed, and its membership Response successfully explains the role the Project Advisory Committee will play within the organization Response defines key finance functions to be established within the organization Response clearly identifies the planned use of auditors Response provides plan to establish a compliance program in accordance with NY State Social Services laws 	<ul style="list-style-type: none"> Response does not state how compliance training will be conducted Response needs a fuller description of how the improvement interventions will help lower performing members Response does not describe how Medicaid beneficiaries will be informed of a provider's removal from the PPS, nor does it describe the steps that will be taken to assure continuity of care



Section	Subjective Points	Points Possible	Strengths	Comments
Community Needs Assessment	24.75	25	<ul style="list-style-type: none">• Response clearly explains how the current composition of providers needs to be modified to meet the needs of the community• Response sufficiently outlines existing community resources, including the number and types of resources available to the PPS• PPS described robust engagement with the community to gather data leading to insightful findings. For example, over 7k completed health surveys• CNA used a broad set of data sources to derive assessment and findings• Response successfully summarizes key findings, and conclusions identified through the stakeholder engagement process	<ul style="list-style-type: none">• The response does not clearly identify excess hospital or nursing home beds• List of "community needs" reads more like PPS project solutions than needs expressed by community
Workforce Strategy	15.82	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• PPS clearly describes commitment to minimize negative impact to the existing workforce• PPS will work with local schools and universities to review curriculum to ensure employee/students can effectively function in new roles• Response sufficiently describes the process for retraining identified employees and job functions• Response sufficiently describes new jobs that will be created to support project goals• Response sufficiently describes the steps the PPS plans to implement to continue stakeholder and worker engagement	<ul style="list-style-type: none">• Response does not describe any assessment conducted by the PPS on the potential impact of retraining on existing workers• The narrative addresses how frontline workers will be included in the implementation but does not describe how these workers have been engaged in conversations to date



Section	Subjective Points	Points Possible	Strengths	Comments
Data Sharing, Confidentiality, and Rapid Cycle Evaluation	5.00	5	<ul style="list-style-type: none"> Response clearly describes the PPS' plan for an appropriate data sharing arrangement amongst its partner organizations PPS will employ direct-messaging capabilities as part of data-sharing strategy PPS describes commitment to use "Plan, Do, Study, Act" strategies in tracking performance metrics Response clearly explains how the PPS intends to use collected patient data to evaluate performance, conduct quality assessment and conduct 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"> No significant weakness identified for this project
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 demonstrated a solid understanding of the cultural mix within service area. PPS completed a comprehensive cultural survey of 1k providers in the service area to gauge level of cultural competency Response describes a successful plan to improve and reinforce health literacy of patients. For instance, using community focus groups – including Medicaid beneficiaries – to review content (written and electronic) Response sufficiently explains initiatives the PPS will pursue to promote health literacy 	<ul style="list-style-type: none"> Further description of how the PPS will engage and train frontline workers in cultural competency would strengthen the response Response does not describe how CBOs will be contracted to pursue cultural competency and health literacy goals
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 sufficiently describes the assessment the PPS has performed to identify financially challenged partners at risk for financial failure• Response comprehensively describes a plan the PPS has developed to financial sustainability. For instance, PPS will assist fragile safety net providers to develop a strategy to mitigate financial stress and transition to a population health business model• Response articulates a robust plan for the gradual evolution of 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">• Response is unclear as to the level and frequency with which fragile safety net providers will report on their financial sustainability
Final Organizational Score	96.58	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"> The PPS intends to contract with an outside entity, in addition to utilizing in-house expertise
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: Catholic Medical Partners-Accountable Care IPA INC PPS

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

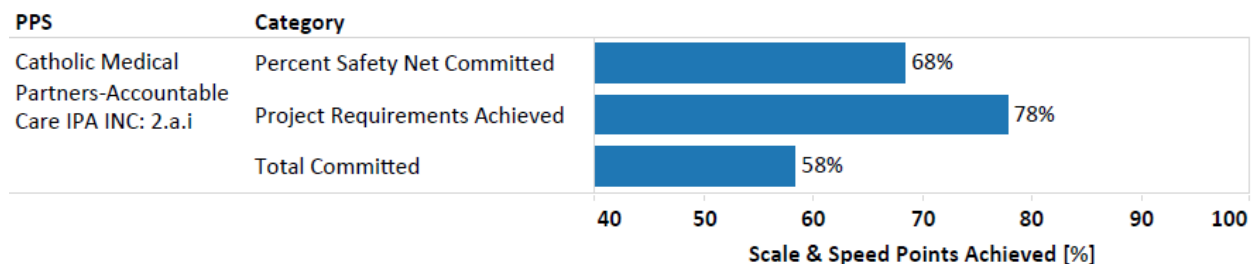
Final Application Score
88.64

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
35.56	40	<ul style="list-style-type: none"> Response effectively links CNA findings with project design PPS will use community health workers to provide active follow-up to reduce no-show rates PPS describes current assets that will be leveraged for success. For instance, PPS will use existing data warehouse and population health software in project design. Response clearly outlines the PPS' plans to coordinate with other PPS' serving overlapping area 	<ul style="list-style-type: none"> Strategies to address identified challenges are too vague and lack clear details Response does not address reducing unnecessary bed capacity Response on governance strategy milestones lacks clarity

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Catholic Medical	Percent Safety Net Committed	29.52%	6.84	10
Partners-Accountable	Project Requirements Achieved	DY4 Q1/Q2	31.11	40
Care IPA INC: 2.a.i	Total Committed	2749	5.83	10





Project 2.b.iii

PPS Name: Catholic Medical Partners-Accountable Care IPA INC PPS

DSRIP Project Number: 2.b.iii

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

Number of PPS' Pursuing This Project: 13

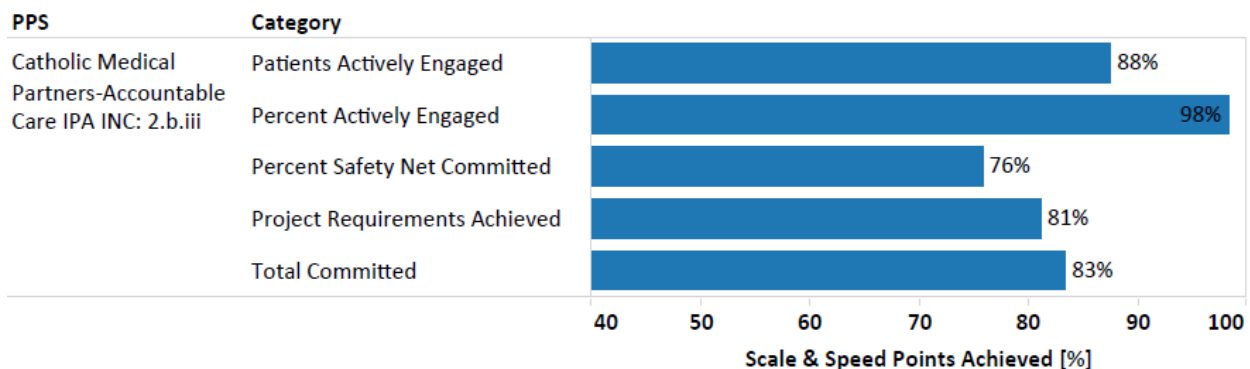
Final Application Score 92.14

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
19.47	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. For instance, access to care was identified as a critical need To achieve project goals, PPS will expand existing resources like Health Homes, PCMH sites, patient navigators, community care teams Response sufficiently identifies project challenges PPS will encounter implementing project 	<ul style="list-style-type: none"> Targeted population lacks details in terms of the demographics or social needs

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Catholic Medical	Patients Actively Engaged	DY3 Q3/Q4	17.50	20
Partners-Accountable	Percent Actively Engaged	28.15%	19.66	20
Care IPA INC: 2.b.iii	Percent Safety Net Committed	30.47%	7.59	10
	Project Requirements Achieved	DY3 Q3/Q4	16.25	20
	Total Committed	11	8.33	10





Project 2.b.iv

PPS Name: Catholic Medical Partners-Accountable Care IPA INC PPS

DSRIP Project Number: 2.b.iv

DSRIP Project Title: Care transitions intervention model to reduce 30 day readmissions for chronic health conditions

Number of PPS' Pursuing This Project: 17

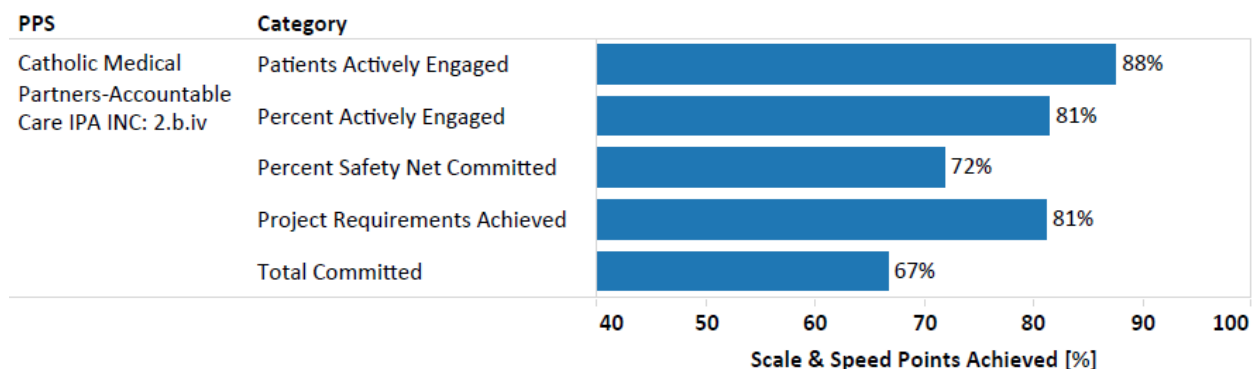
Final Application Score
88.46

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
19.33	20	<ul style="list-style-type: none"> Response provides a sufficient summary of the current assets/resources to be mobilized to meet the needs of the community To achieve project goals, PPS will expand existing resources. For example, PPS will include navigators/social workers to Care Transitions workforce to provide outreach to complex patients 	<ul style="list-style-type: none"> Response only discusses the project needs and not the project design and sites included

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Catholic Medical	Patients Actively Engaged	DY3 Q3/Q4	17.50	20
Partners-Accountable	Percent Actively Engaged	14.56%	16.30	20
Care IPA INC: 2.b.iv	Percent Safety Net Committed	25.27%	7.18	10
	Project Requirements Achieved	DY3 Q3/Q4	16.25	20
	Total Committed	989	6.67	10





Project 2.c.ii

PPS Name: Catholic Medical Partners-Accountable Care IPA INC PPS

DSRIP Project Number: 2.c.ii

DSRIP Project Title: Expand usage of telemedicine in underserved areas to provide access to otherwise scarce services

Number of PPS' Pursuing This Project: 1

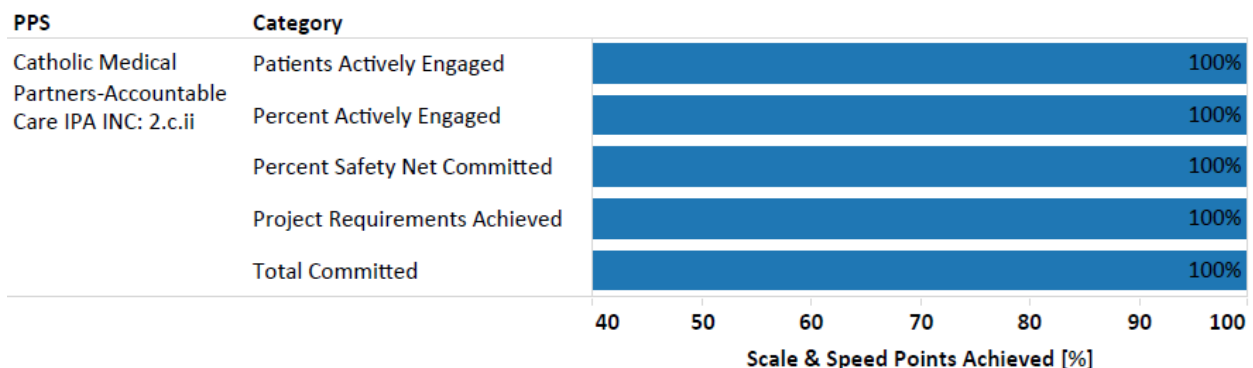
Final Application Score
99.97

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
20.00	20	<ul style="list-style-type: none"> Response provides a sufficient summary of the current assets to be mobilized. For instance, acute care Community Partners of WNY have experience participating in federal grants to develop high speed, secure broadband for health care IT PPS will use a mobile health program to monitor chronically ill patients remotely from a central location and dispatch appropriate services as medically needed 	<ul style="list-style-type: none"> Response does not describe how PPS will evaluate the suitability of the target population for telehealth services

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Catholic Medical Partners-Accountable Care IPA INC: 2.c.ii	Patients Actively Engaged	DY4 Q3/Q4	20.00	20
	Percent Actively Engaged	17.19%	20.00	20
	Percent Safety Net Committed	29.52%	10.00	10
	Project Requirements Achieved	DY3 Q3/Q4	20.00	20
	Total Committed	24	10.00	10





Project 3.a.i

PPS Name: Catholic Medical Partners-Accountable Care IPA INC PPS

DSRIP Project Number: 3.a.i

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

Number of PPS' Pursuing This Project: 25

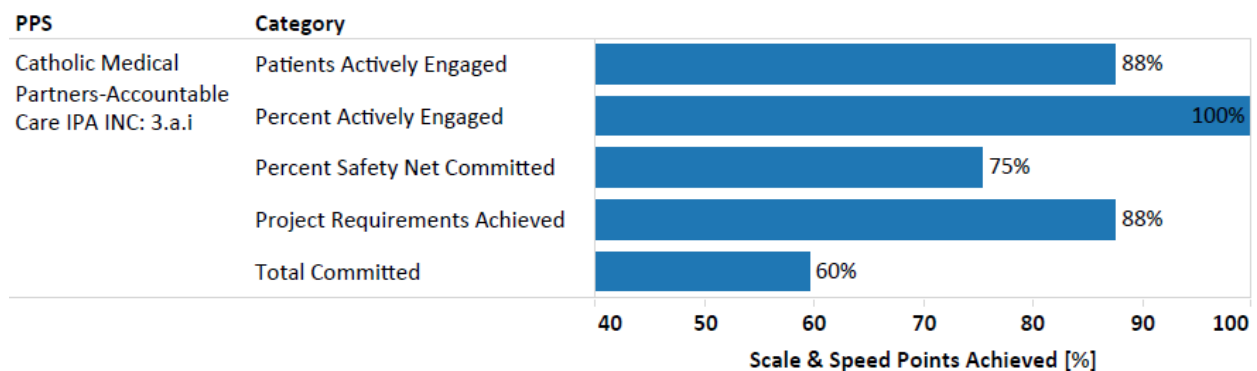
Final Application Score
90.24

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
17.60	20	<ul style="list-style-type: none"> Response provides a sufficient summary of the current assets to be mobilized for project. For instance, PPS will use current network of providers to develop PCP screening tools for early identification and referral arrangements PPS will build upon team-based BH interventions, using all clinical resources to address the challenge of effective BH integration Project justification is clearly demonstrated via CNA findings 	<ul style="list-style-type: none"> No specific target population is identified Project challenges and strategies to overcome them are not sufficiently articulated Response lacks specificity on its coordination efforts with other PPS'

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Catholic Medical	Patients Actively Engaged	DY3 Q3/Q4	17.50	20
Partners-Accountable	Percent Actively Engaged	79.97%	20.00	20
Care IPA INC: 3.a.i	Percent Safety Net Committed	27.61%	7.54	10
	Project Requirements Achieved	DY3 Q3/Q4	17.50	20
	Total Committed	807	5.95	10





Project 3.b.i

PPS Name: Catholic Medical Partners-Accountable Care IPA INC PPS

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

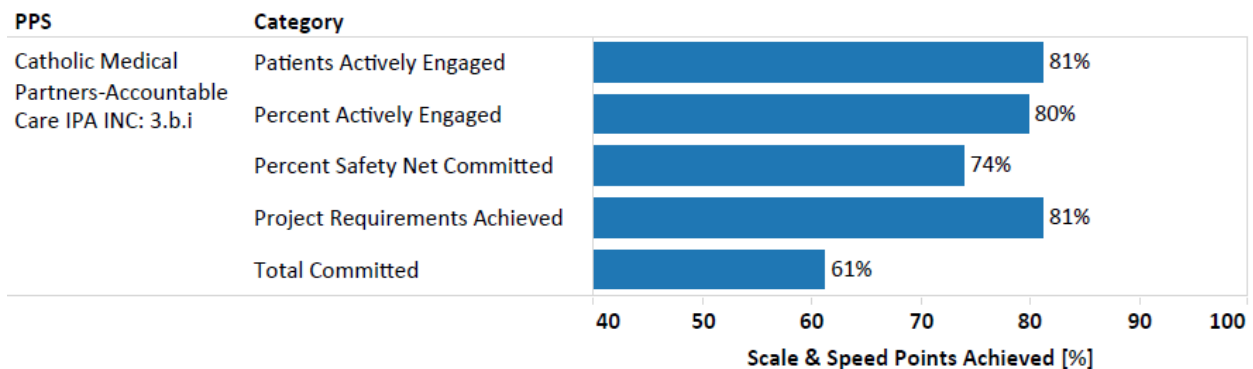
Final Application Score
84.56

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
16.00	20	<ul style="list-style-type: none"> Project justification is clearly demonstrated via CNA findings. For instance, PPS will use EMR-secure messaging to improve communications and reduce information exchange gaps that diminish continuity of care PPS will train care managers using best practice care management and will use registries to close gaps in medical care 	<ul style="list-style-type: none"> Response identifies gaps, but needs stronger description of how the project will develop new resources or programs to fulfill needs of the community Response requires a more systematic discussion linking identified challenges with how they will be overcome Response lacks specificity on coordination efforts with other PPS'

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Catholic Medical Partners-Accountable Care IPA INC: 3.b.i	Patients Actively Engaged	DY3 Q3/Q4	16.25	20
	Percent Actively Engaged	24.83%	15.98	20
	Percent Safety Net Committed	27.94%	7.39	10
	Project Requirements Achieved	DY3 Q3/Q4	16.25	20
	Total Committed	1093	6.11	10





Project 3.f.i

PPS Name: Catholic Medical Partners-Accountable Care IPA INC PPS

DSRIP Project Number: 3.f.i

DSRIP Project Title: Increase support programs for maternal & child health (including high risk pregnancies) (Example: Nurse-Family Partnership)

Number of PPS' Pursuing This Project: 4

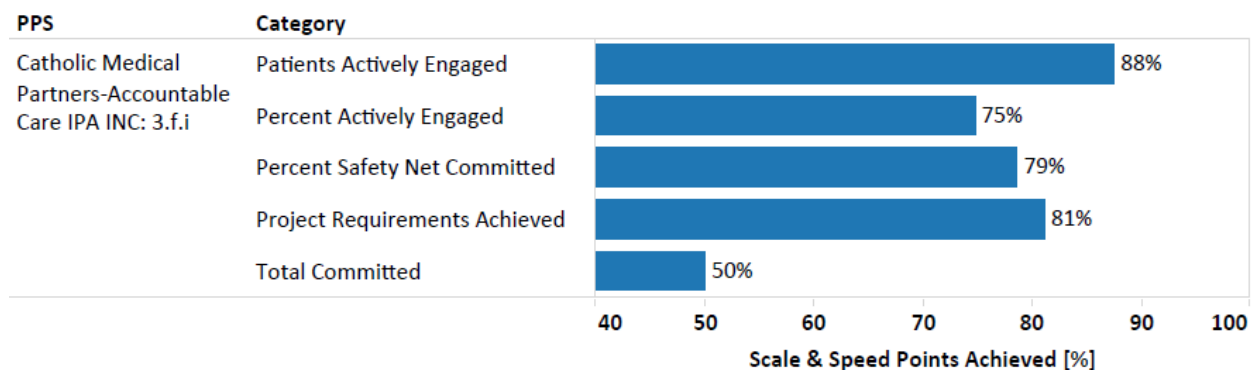
Final Application Score
87.07

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 provides a clear explanation of patient population PPS is targeting PPS will use qualified home care nurses to conduct home visits which will include a complete physical of mother and baby within 24 hours of referral Response clearly outlines the PPS' plans to coordinate with other PPS' 	<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
Catholic Medical Partners-Accountable Care IPA INC: 3.f.i	Patients Actively Engaged	DY3 Q3/Q4	17.50	20
	Percent Actively Engaged	0.37%	14.96	20
	Percent Safety Net Committed	22.47%	7.86	10
	Project Requirements Achieved	DY3 Q3/Q4	16.25	20
	Total Committed	3	5.00	10





Project 3.g.i

PPS Name: Catholic Medical Partners-Accountable Care IPA INC PPS

DSRIP Project Number: 3.g.i

DSRIP Project Title: Integration of palliative care into the PCMH Model

Number of PPS' Pursuing This Project: 9

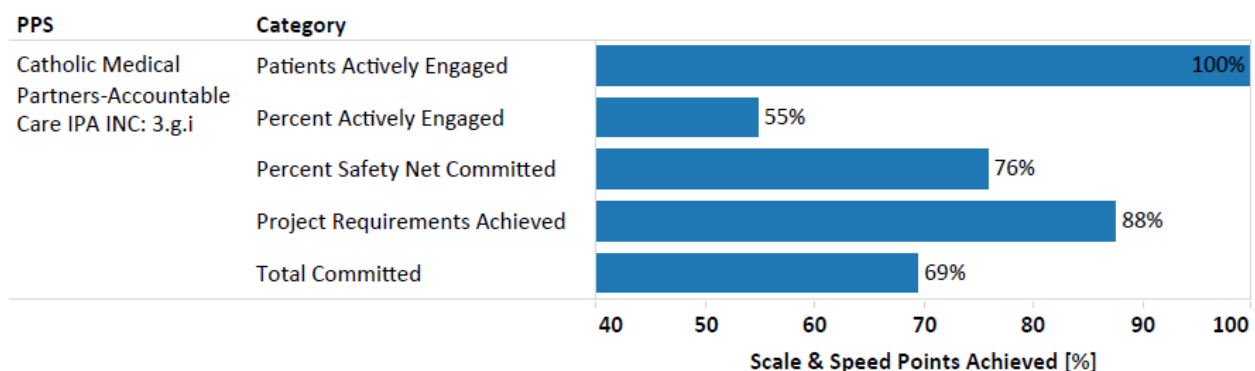
Final Application Score 86.42

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
17.67	20	<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 patient population PPS is targeting by geography and demographics PPS will overcome challenge that Palliative Care means death through a phone call campaign as well as a faith-based approach in community locations such as libraries, shelters, clinics and food pantries 	<ul style="list-style-type: none"> Response needs a stronger discussion of project design Overly general discussion of existing assets and resources will be mobilized Needs fuller discussion on the challenge of growth of PCMH offices that will be addressed

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Catholic Medical Partners-Accountable Care IPA INC: 3.g.i	Patients Actively Engaged	DY3 Q3/Q4	20.00	20
	Percent Actively Engaged	1.33%	10.95	20
	Percent Safety Net Committed	25.27%	7.58	10
	Project Requirements Achieved	DY3 Q3/Q4	17.50	20
	Total Committed	1123	6.94	10





Project 4.a.i

PPS Name: Catholic Medical Partners-Accountable Care IPA INC PPS

DSRIP Project Number: 4.a.i

DSRIP Project Title: Promote mental, emotional and behavioral (MEB) well-being in communities

Number of PPS' Pursuing This Project: 2

Final Application Score
92.20

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
88.89	100	<ul style="list-style-type: none">• Response identifies project challenge of mental health stigma. PPS will be address by engaging a PR and media consultant to develop a regional-wide campaign• PPS describes how project will build upon existing resources. For instance, the PPS will leverage the Mental Health Association of Erie County as one of several co-partners• Response clearly outlines PPS' plan to coordinate with other PPS' serving overlapping area	<ul style="list-style-type: none">• Answer does not fully identify level of need to be addressed by project or scale of resources to be utilized• Response identifies risk-factors, but does not say how individuals with these risk-factors will be identified• Milestones needs additional detail (for example, milestones include only first quarter of 2015)



Project 4.b.i

PPS Name: Catholic Medical Partners-Accountable Care IPA INC PPS

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
99.97

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
100.00	100	<ul style="list-style-type: none">Response provides a sufficient summary of the current assets to be mobilized. For instance, PPS describes the use of 3 specific assets which will bring needed experience and resources to the projectPPS will employ a community-based strategy including community education, mobilization and public education to develop tobacco free messaging	<ul style="list-style-type: none">Definition of patient population is not specificResponse lacks detail regarding plans to overcome identified challenges