



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

## DSRIP Scoring Summary: *Stony Brook University Hospital*

February 17 - 20, 2015



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## PPS Informational Page and Proposal Overview

**PPS Name:** Stony Brook University Hospital

**PPS Lead Organization:** University Hospital

**PPS Service Counties:** Suffolk

**Total Attributed Population:** 148,118

### Goals of the PPS:

1. Develop a robust data infrastructure and advanced analytical capabilities.
2. Improve access to care, particularly for Medicaid members and uninsured populations.
3. Improve disease management, particularly for those with chronic disease.
4. Move providers away from the traditional fee-for service payment and toward value based payment.
5. Eliminate health disparities in Suffolk County.
6. Transform the PPS into a highly efficient integrated delivery system.
7. Assure that all PPS operations integrate concepts of cultural competence and health literacy.
8. Establish a solid foundation of team-based care across medical, behavioral, and social services.
9. Assure that patients get the right care at the right time, while avoiding unnecessary services.

### Network Composition:

Provider Types	Total Providers in Network
Primary Care Physicians	538
Non-PCP Practitioners	1,862
Hospitals	16
Clinics	20
Health Home / Care Management	11
Behavioral Health	144
Substance Abuse	21
Skilled Nursing Facilities / Nursing Homes	46
Pharmacy	101
Hospice	2
Community Based Organizations	38
All Other	1,136



## 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.iv	Care transitions intervention model to reduce 30 day readmissions for chronic health conditions	43	17	68%
2.b.vii	Implementing the INTERACT project (inpatient transfer avoidance program for SNF)	41	7	28%
2.b.ix	Implementation of observational programs in hospitals	36	2	8%
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.b.i	Evidence-based strategies for disease management in high risk/affected populations (adult only)	30	15	60%
3.c.i	Development of community-based health navigation services	30	10	40%
3.d.ii	Implementation of evidence-based medicine guidelines for asthma management	31	8	32%
4.a.ii	Behavioral health community crisis stabilization services	20	1	4%
4.b.ii	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings	17	11	44%
	<b>Cumulative Index Score</b>	<b>399</b>		
	<b>PPS Rank by Cumulative Index Score</b>	<b>11</b>		

## 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 <sup>2</sup>
Section	Points Possible	1	2	3	4	5	6	Median	Average	Trimmed Average	Selected Subjective Score <sup>1</sup>	Workforce Score	
Executive Summary	Pass/Fail	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	N/A	Pass
Governance	25	23.63	24.44	23.88	24.79	21.96	25.00	24.16	23.95	24.35	24.35	N/A	24.35
Community Needs Assessment	25	25.00	24.72	25.00	24.17	24.72	23.33	24.72	24.49	24.72	24.72	N/A	24.72
Workforce Strategy	20	16.00	15.43	16.00	15.55	14.85	16.00	15.78	15.64	15.80	15.80	2.67	18.46
Data Sharing, Confidentiality & Rapid Cycle Evaluation	5	5.00	5.00	5.00	5.00	4.33	5.00	5.00	4.89	5.00	5.00	N/A	5.00
PPS Cultural Competency/Health Literacy	15	15.00	15.00	15.00	15.00	14.17	15.00	15.00	14.86	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	9.63	9.44	9.44	10.00	9.26	10.00	9.54	9.63	9.63	9.63	N/A	9.63
												<b>Total</b>	<b>97.16</b>

<sup>1</sup> **Selected Subjective Score** is the highest of the median, average, and trimmed average

<sup>2</sup> **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 <sup>2</sup>
Project #	Subjective Points Possible	1	2	3	4	5	6	Median	Average	Trimmed Average	Selected Subjective Score <sup>1</sup>	Scale Score	Speed Score	
2.a.i	40	40.00	40.00	37.78	40.00	40.00	40.00	40.00	39.63	40.00	40.00	15.05	32.50	<b>87.55</b>
2.b.iv	20	20.00	20.00	20.00	20.00	16.67	20.00	20.00	19.44	20.00	20.00	34.47	38.33	<b>92.81</b>
2.b.vii	20	20.00	20.00	20.00	20.00	15.00	20.00	20.00	19.17	20.00	20.00	30.89	38.33	<b>89.23</b>
2.b.ix	20	20.00	20.00	20.00	20.00	18.33	20.00	20.00	19.72	20.00	20.00	39.79	37.50	<b>97.29</b>
2.d.i	20	20.00	20.00	20.00	18.33	20.00	20.00	20.00	19.72	20.00	20.00	33.33	32.67	<b>86.00</b>
3.a.i	20	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	29.14	33.50	<b>82.64</b>
3.b.i	20	20.00	20.00	20.00	20.00	18.33	20.00	20.00	19.72	20.00	20.00	28.51	31.25	<b>79.76</b>
3.c.i	20	20.00	20.00	20.00	20.00	18.33	20.00	20.00	19.72	20.00	20.00	31.06	35.00	<b>86.06</b>
3.d.ii	20	20.00	20.00	20.00	20.00	18.33	20.00	20.00	19.72	20.00	20.00	31.85	37.50	<b>89.35</b>
4.a.ii	100	93.33	100.00	100.00	93.33	100.00	100.00	100.00	97.78	97.78	100.00	0.00	0.00	<b>100.00</b>
4.b.ii	100	93.33	100.00	100.00	100.00	100.00	100.00	100.00	98.89	100.00	100.00	0.00	0.00	<b>100.00</b>

<sup>1</sup> **Selected Subjective Score** is the highest of the median, average, and trimmed average

<sup>2</sup> **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	97.16	29.15	87.55	61.29	3.00	1.00	TBD	<b>94.44</b>
2.b.iv	97.16	29.15	92.81	64.96	N/A	1.00	TBD	<b>95.11</b>
2.b.vii	97.16	29.15	89.23	62.46	N/A	1.00	TBD	<b>92.61</b>
2.b.ix	97.16	29.15	97.29	68.10	N/A	1.00	TBD	<b>98.25</b>
2.d.i	97.16	29.15	86.00	60.20	N/A	1.00	TBD	<b>90.35</b>
3.a.i	97.16	29.15	82.64	57.85	N/A	1.00	TBD	<b>87.99</b>
3.b.i	97.16	29.15	79.76	55.83	N/A	1.00	TBD	<b>85.98</b>
3.c.i	97.16	29.15	86.06	60.24	N/A	1.00	TBD	<b>90.39</b>
3.d.ii	97.16	29.15	89.35	62.54	N/A	1.00	TBD	<b>92.69</b>
4.a.ii	97.16	29.15	100.00	70.00	N/A	1.00	TBD	<b>100.00</b>
4.b.ii	97.16	29.15	100.00	70.00	N/A	1.00	TBD	<b>100.00</b>

## Organizational Component – Narrative Summary

Section	Subjective Points	Points Possible	Strengths	Comments
Executive Summary	Pass	Pass/Fail	<ul style="list-style-type: none"> <li>PPS' Executive Summary received passing evaluation from all scorers</li> </ul>	
Governance	24.35	25	<ul style="list-style-type: none"> <li>Response provides sufficient information on how the governance structure will ensure adequate governance and management of the program</li> <li>Response contains sufficient detail describing of the decision making/voting process that will be implemented and adhered to by the governing team</li> <li>Response effectively describes how governing body will engage stakeholders, including Medicaid members, throughout the life of the project.</li> <li>Response successfully explains the role the Project Advisory Committee will play within the organization</li> <li>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</li> <li>PPS will provide sufficient education and support to lower performing providers</li> </ul>	<ul style="list-style-type: none"> <li>Compliance individual not identified yet</li> <li>Compliance plan yet to be developed</li> <li>Response does not provide a description to which existing training programs will be utilized in compliance</li> <li>Performance monitoring does not include specifics on the types of metrics used</li> <li>Response lacks details exhibiting the commitment of the PPS to clearly communicate to patients of the removal of a provider and reassignment to another provider</li> </ul>





Section	Subjective Points	Points Possible	Strengths	Comments
Community Needs Assessment	24.72	25	<ul style="list-style-type: none"><li>• Response sufficiently describes the existing healthcare infrastructure and environment, including the number and types of healthcare providers available to the PPS</li><li>• Response clearly explains how the current composition of providers needs to be modified to meet the needs of the community</li><li>• Response adequately explains the leading causes of hospitalization and preventable hospitalizations by demographic groupings</li><li>• Response adequately explains the Community Needs Assessment's process, set of data sources used and methodology</li></ul>	<ul style="list-style-type: none"><li>• Response does not specifically outline excess capacity of hospital beds</li><li>• Response does not describe any focus groups that were conducted with PPS stakeholders</li></ul>
Workforce Strategy	15.80	20	<ul style="list-style-type: none"><li>• Response adequately explains specific workforce categories of existing staff that will be impacted by possible staff redeployment, retraining, and reductions to workforce</li><li>• Workforce strategy clearly identifies PPS efforts to minimize staff disruption</li><li>• Response sufficiently describes the process by which identified employees and job functions will be redeployed</li><li>• Response sufficiently describes new jobs with approximate number per category, that will be created as a result of this implementation</li><li>• Response clearly explains steps undertaken in the stakeholder engagement process that contributed to the development of the workforce strategy</li></ul>	<ul style="list-style-type: none"><li>• Response does not describe what happens to existing employees who refuse their retraining assignment</li><li>• Response does not clearly describe the structural barriers that the workforce engagement strategy will need to overcome</li><li>• Engagement of frontline workers does not describe the role of workers within the strategy development</li><li>• Workforce strategy response simply repeats the names of state workforce programs within the question</li></ul>

Section	Subjective Points	Points Possible	Strengths	Comments
Data Sharing, Confidentiality, and Rapid Cycle Evaluation	5.00	5	<ul style="list-style-type: none"> <li>Response clearly describes the PPS' plan for an appropriate data sharing arrangement amongst its partner organizations to ensure privacy and security</li> <li>Response adequately explains how all PPS partners ensure privacy and security of data. For example, PPS identified three documents each provider must sign</li> <li>Response sufficiently describes how the PPS will develop an ability to share relevant patient information in real-time</li> <li>PPS will employ Lean methodology and quality improvement processes to guide clinical, financial and operational decision-making</li> </ul>	<ul style="list-style-type: none"> <li>Response could provide a clearer description of how the RCE units fit within the overall organizational structure of the PPS</li> <li>Response does not provide details on the data sources the PPS intends to use or examples of metrics used</li> <li>Response does not clearly identify who will work with providers or other members to interpret and implement the results of the RCE</li> </ul>
Cultural Competency/Health Literacy	15.00	15	<ul style="list-style-type: none"> <li>Response adequately captures the identified cultural competency challenges which the PPS must address to ensure success</li> <li>Response effectively describes the ongoing processes the PPS will implement to develop a culturally competent organization and a culturally responsive system of care</li> <li>Response sufficiently describes how the PPS will contract with community based organizations toward achieving and maintaining cultural competence</li> <li>Response describes a successful plan to improve and reinforce health literacy of patients</li> <li>Response clearly identifies initiatives the PPS will pursue to promote health literacy. For example, offering incentives to existing employee to learn new languages. PPS will also work with public high schools to advance student health literacy</li> </ul>	<ul style="list-style-type: none"> <li>Response does not clearly state the PPS' commitment to contracting with CBOs to support health literacy efforts</li> </ul>
DSRIP Budget & Flow of Funds	Pass	Pass/Fail	<ul style="list-style-type: none"> <li>PPS received passing evaluations in all five Budget &amp; Flow of Funds categories from all scorers</li> </ul>	



Section	Subjective Points	Points Possible	Strengths	Comments
Financial Sustainability Plan	9.63	10	<ul style="list-style-type: none"><li>• Response effectively explains the expected financial impact of program's projects on financially fragile providers and others that could potentially be negatively impacted by the program's goals</li><li>• Response comprehensively describes the plan the PPS has developed outlining the PPS' path to financial sustainability and citing any known financial restructuring efforts that will take place</li><li>• Response articulates the PPS' vision for transforming to value based reimbursement methodologies and engaging Medicaid managed care organizations in this process. For example, PPS has one MCO risk-sharing foundation model in place that can be used with other MCOs</li></ul>	<ul style="list-style-type: none"><li>• Response does not adequately describe how the PPS will monitor each partner to ensure success for fragile safety net providers</li></ul>
<b>Final Organizational Score</b>	<b>97.16</b>	<b>100</b>		

## Bonus Component – Narrative Summary

Section	Subjective Points	Points Possible	Strengths	Comments
Bonus Points – Population Health Management	3	3	<ul style="list-style-type: none"> <li>PPS has population health management experience with New York Medicaid population</li> </ul>	
Bonus Points - Workforce	1.3	3		<ul style="list-style-type: none"> <li>The PPS intends to contract with a qualified entity</li> </ul>
Bonus Points – 2.d.i	TBD	TBD	<ul style="list-style-type: none"> <li>PPS elected to pursue project 2.d.i</li> </ul>	



## Project Scoring Narrative Summaries

### Project 2.a.i

**PPS Name:** Stony Brook University 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

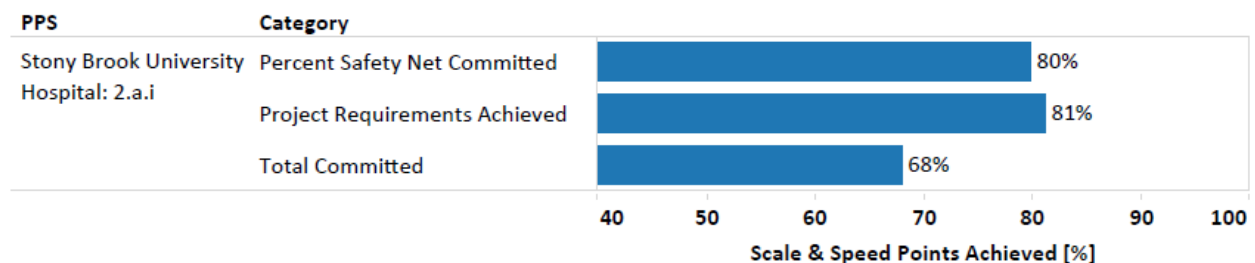
**94.44**

### Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
40.00	40	<ul style="list-style-type: none"> <li>Response links CNA's findings with the project design and sites</li> <li>Comprehensive IDS strategy and action plan clearly described and sourced from CNA</li> <li>PPS will perform warm handoffs between inpatient, outpatient and SNF settings to support success care transitions</li> <li>Response provided a sufficient summary of the current assets/resources to be mobilized to meet the needs of the community</li> </ul>	<ul style="list-style-type: none"> <li>Response gives an unspecific description for technology diversity challenges</li> </ul>

### Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Stony Brook University	Percent Safety Net Committed	48.63%	7.99	10
Hospital: 2.a.i	Project Requirements Achieved	DY3 Q3/Q4	32.50	40
	Total Committed	3935	6.81	10





## Project 2.b.iv

**PPS Name:** Stony Brook University Hospital

**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

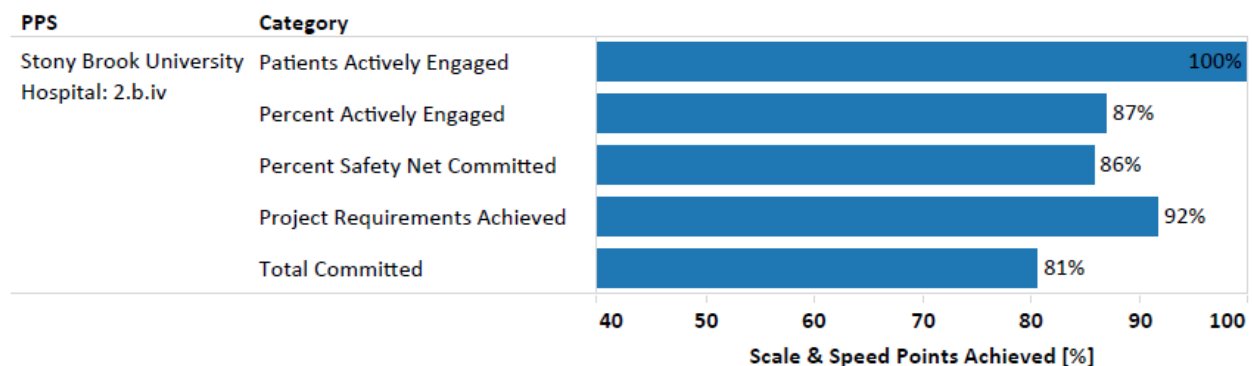
**Final Application Score**  
**95.11**

### Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
20.00	20	<ul style="list-style-type: none"> <li>PPS will implement transition of care protocols that include follow-up care, medication reconciliation and other coordination techniques</li> <li>PPS will leverage care management support currently available at all hospitals in PPS network to achieve project goals</li> <li>Response sufficiently identifies project challenges PPS will encounter in implementing project and describes how these challenges will be addressed</li> </ul>	<ul style="list-style-type: none"> <li>No identified weaknesses. PPS received the maximum amount of points for this project</li> </ul>

### Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Stony Brook University Hospital: 2.b.iv	Patients Actively Engaged	DY2 Q3/Q4	20.00	20
	Percent Actively Engaged	17.10%	17.39	20
	Percent Safety Net Committed	44.74%	8.58	10
	Project Requirements Achieved	DY2 Q3/Q4	18.33	20
	Total Committed	3489	8.06	10





## Project 2.b.vii

**PPS Name:** Stony Brook University Hospital

**DSRIP Project Number:** 2.b.vii

**DSRIP Project Title:** Implementing the INTERACT project (inpatient transfer avoidance program for SNF)

**Number of PPS' Pursuing This Project:** 7

### Final Application Score

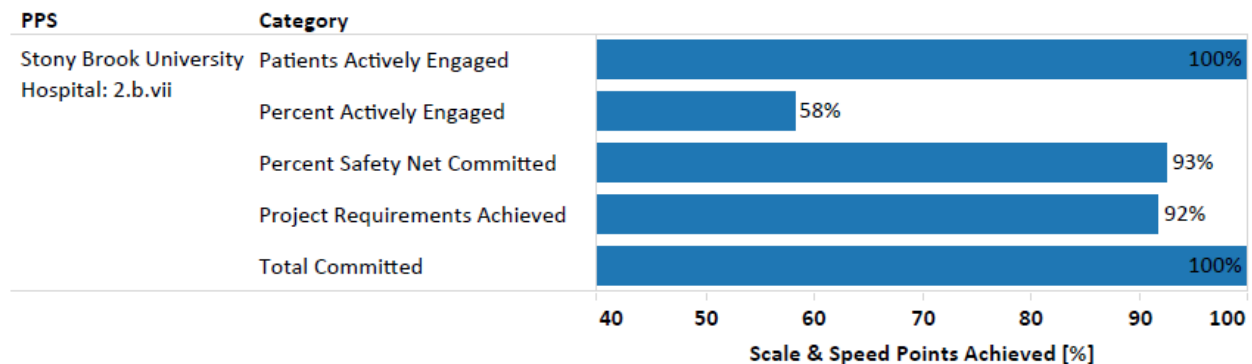
**92.61**

#### Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
20.00	20	<ul style="list-style-type: none"> <li>Response links CNA findings with the project design and sites</li> <li>Response provides a sufficient summary of the current assets to be mobilized. For instance, medical directors, directors of nursing and all in-service staff in all facilities will be trained in INTERACT</li> <li>SNF admission staff will engage families to educate them on the value of treating patient within nursing home, consistent with INTERACT principles</li> </ul>	<ul style="list-style-type: none"> <li>Project challenges are not clearly listed and described</li> </ul>

#### Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Stony Brook University	Patients Actively Engaged	DY2 Q3/Q4	20.00	20
Hospital: 2.b.vii	Percent Actively Engaged	1.29%	11.64	20
	Percent Safety Net Committed	93.75%	9.25	10
	Project Requirements Achieved	DY2 Q3/Q4	18.33	20
	Total Committed	46	10.00	10





## Project 2.b.ix

**PPS Name:** Stony Brook University Hospital

**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

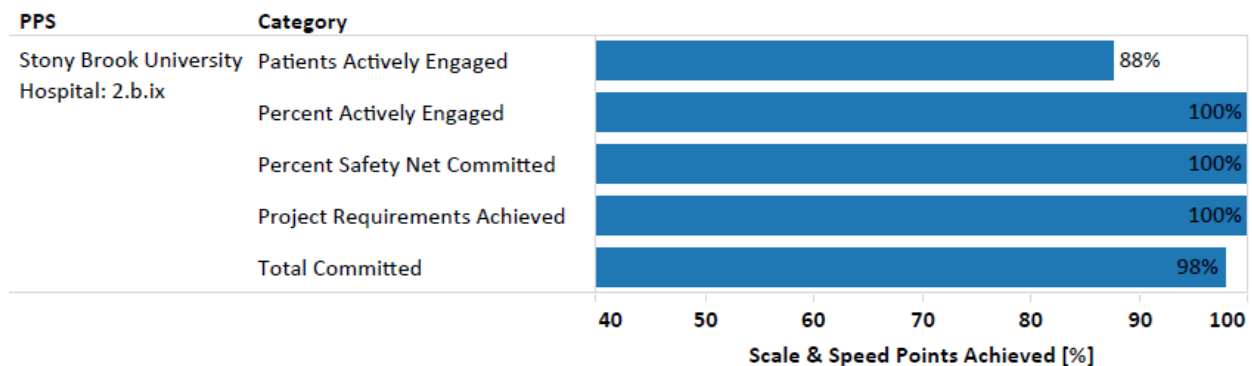
**98.25**

#### Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
20.00	20	<ul style="list-style-type: none"> <li>Response provides a sufficient summary of the current assets necessary for project success. For instance, existing and unused hospital space will be modified and repurposed</li> <li>Response clearly lists and defines project challenges and strategies to overcome each. For instance, limited access to primary care visits will be addressed by the implementation of PCMH/Advanced Medical Home</li> </ul>	<ul style="list-style-type: none"> <li>No significant weakness identified for the project</li> </ul>

#### Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Stony Brook University Hospital: 2.b.ix	Patients Actively Engaged	DY3 Q3/Q4	17.50	20
	Percent Actively Engaged	5.99%	20.00	20
	Percent Safety Net Committed	55.34%	10.00	10
	Project Requirements Achieved	DY3 Q1/Q2	20.00	20
	Total Committed	1820	9.79	10







## Project 2.d.i

**PPS Name:** Stony Brook University 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

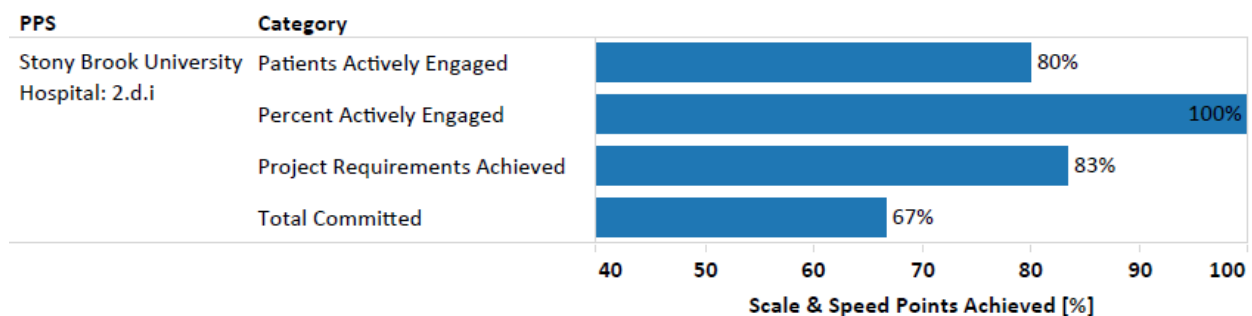
**Final Application Score**  
**90.35**

### Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
20.00	20	<ul style="list-style-type: none"> <li>Response effectively links CNA's findings with the project design and sites included</li> <li>PPS will place health navigators in community settings identified as hotspots to connect with targeted population</li> <li>PPS will use CBOs to locate patients targeted by this project</li> <li>Response provides a clear explanation of patient population PPS is expecting to engage through the implementation of this project</li> </ul>	<ul style="list-style-type: none"> <li>PPS does not clearly identify the capacity to serve an additional 237,999 individuals</li> </ul>

### Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Stony Brook University Hospital: 2.d.i	Patients Actively Engaged	DY4 Q3/Q4	16.00	20
	Percent Actively Engaged	100.00%	20.00	20
	Project Requirements Achieved	DY4 Q1/Q2	16.67	20
	Total Committed	350	13.33	20





## Project 3.a.i

**PPS Name:** Stony Brook University 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

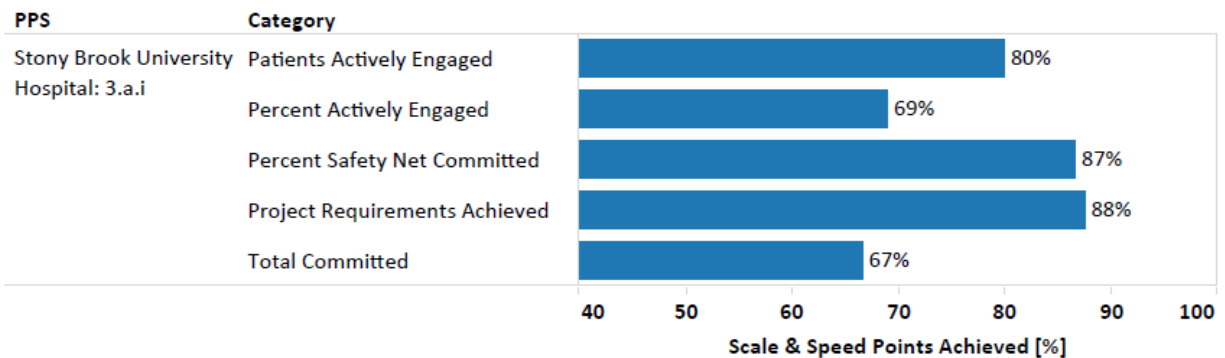
**Final Application Score**  
**87.99**

### Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
20.00	20	<ul style="list-style-type: none"> <li>Response provides a sufficient summary of the current assets/resources to be mobilized</li> <li>Response sufficiently describes how project challenges will be addressed</li> <li>PPS will leverage CBOs in the community to implement project. For instance, Hampton Community Health Care and Family Service League each have pilot programs that will be expanded</li> <li>PPS will use telepsychiatry to expand BH capacity</li> </ul>	<ul style="list-style-type: none"> <li>No significant weakness identified for the project</li> </ul>

### Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Stony Brook University Hospital: 3.a.i	Patients Actively Engaged	DY4 Q3/Q4	16.00	20
	Percent Actively Engaged	30.42%	13.80	20
	Percent Safety Net Committed	46.16%	8.67	10
	Project Requirements Achieved	DY3 Q3/Q4	17.50	20
	Total Committed	3651	6.67	10





## Project 3.b.i

**PPS Name:** Stony Brook University 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

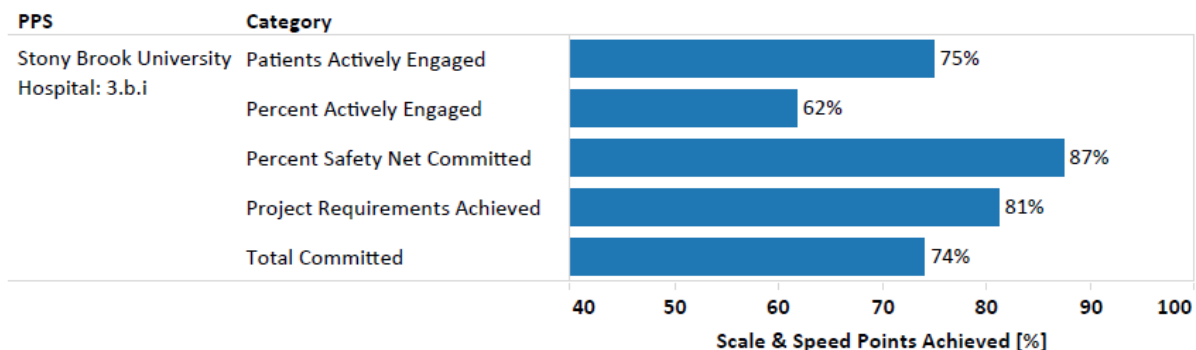
**Final Application Score**  
**85.98**

### Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
20.00	20	<ul style="list-style-type: none"> <li>Response provides a sufficient summary of the current assets/resource to be mobilized. For instance, the project will leverage the Suffolk County Department on Aging's use of the Stanford Program resources</li> <li>Response sufficiently describes how project challenges will be appropriately addressed</li> <li>PPS response contains solid command of CNA to data to support project need</li> </ul>	<ul style="list-style-type: none"> <li>No significant weakness identified for the project</li> </ul>

### Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Stony Brook University Hospital: 3.b.i	Patients Actively Engaged	DY4 Q3/Q4	15.00	20
	Percent Actively Engaged	9.83%	12.37	20
	Percent Safety Net Committed	46.59%	8.74	10
	Project Requirements Achieved	DY3 Q3/Q4	16.25	20
	Total Committed	3763	7.41	10





## Project 3.c.i

**PPS Name:** Stony Brook University Hospital

**DSRIP Project Number:** 3.c.i

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

**Number of PPS' Pursuing This Project:** 10

### Final Application Score

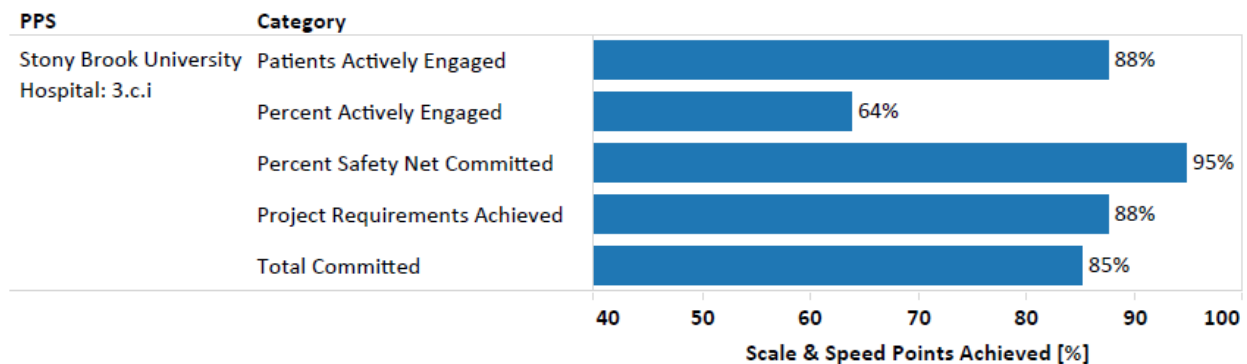
**90.39**

#### Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
20.00	20	<ul style="list-style-type: none"> <li>Response provides a sufficient summary of the current assets/resource to be mobilized. For instance, the project will leverage existing population management registries and care management tools</li> <li>Response sufficiently describes how project challenges will be appropriately addressed</li> <li>PPS will embed medication adherence in all care management protocols and pharmacist support</li> </ul>	<ul style="list-style-type: none"> <li>No significant weakness identified for the project</li> </ul>

#### Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Stony Brook University Hospital: 3.c.i	Patients Actively Engaged	DY3 Q3/Q4	17.50	20
	Percent Actively Engaged	8.17%	12.78	20
	Percent Safety Net Committed	46.59%	9.49	10
	Project Requirements Achieved	DY3 Q3/Q4	17.50	20
	Total Committed	3763	8.52	10





## Project 3.d.ii

**PPS Name:** Stony Brook University Hospital

**DSRIP Project Number:** 3.d.ii

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

**Number of PPS' Pursuing This Project:** 8

### Final Application Score

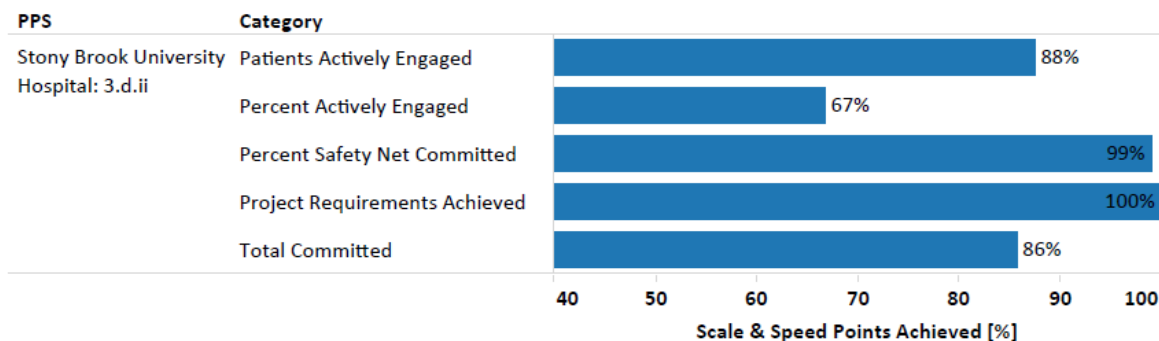
**92.69**

#### Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
20.00	20	<ul style="list-style-type: none"> <li>Response provides a sufficient summary of the current assets/resources to be mobilized. For instance, the programs at Stony Brook Children's has provided over 2,800 home visits to children considered to be "at risk"</li> <li>Response sufficiently describes how project challenges will be appropriately addressed</li> <li>Response describes the hotspotting for initial patient targeting in specific service area geographies</li> </ul>	<ul style="list-style-type: none"> <li>No significant weakness identified for the project</li> </ul>

#### Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Stony Brook University Hospital: 3.d.ii	Patients Actively Engaged	DY3 Q3/Q4	17.50	20
	Percent Actively Engaged	4.56%	13.37	20
	Percent Safety Net Committed	45.26%	9.91	10
	Project Requirements Achieved	DY2 Q3/Q4	20.00	20
	Total Committed	3598	8.57	10





Project 4.a.ii

**PPS Name:** Stony Brook University Hospital

**DSRIP Project Number:** 4.a.ii

**DSRIP Project Title:** Prevent Substance Abuse and other Mental Emotional Behavioral Disorders

**Number of PPS' Pursuing This Project:** 1

**Final Application Score**

**100.00**

**Individual Project Score:**

Subjective Points	Points Possible	Strengths	Comments
100.00	100	<ul style="list-style-type: none"><li>• Response provides a sufficient summary of the current assets/resources to be mobilized to meet the needs of the community</li><li>• PPS will engage peer specialist to work with target patients</li><li>• Response describes specific service area geographies in which patients will be targeted. For instance, Bellport, North Bellport and other specific neighborhoods.</li><li>• PPS will use telehealth to resolve infrastructure challenges</li></ul>	<ul style="list-style-type: none"><li>• Response does not describe how new programs will be developed to match the increased demand this project will create</li></ul>



Project 4.b.ii

**PPS Name:** Stony Brook University 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**

**100.00**

**Individual Project Score:**

Subjective Points	Points Possible	Strengths	Comments
100.00	100	<ul style="list-style-type: none"><li>• Response provides a clear explanation of patient population PPS is expecting to engage</li><li>• Response identifies milestones with dates for achievement</li><li>• PPS will employ existing Health Homes currently serving targeted population to connect patients to appropriate resources</li><li>• PPS will overcome the challenge of transportation by developing new locations and use of mobile screenings to expand services</li></ul>	<ul style="list-style-type: none"><li>• No significant weakness identified for the project</li></ul>