



COMMUNICATION MANAGEMENT PLAN

Suffolk Care Collaborative

Office of Population Health

Stony Brook Medicine

HSC, Level 5, Rm 058

Stony Brook, New York 11794-8520

August, 2015

Communication Management Plan

Suffolk Care Collaborative Project Management Office

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Introduction

The purpose of the Communications Management Plan is to define requirements for program communication and information distribution, setting up the communications framework for the Suffolk Care Collaborative (SCC). This plan identifies and defines the roles of persons involved in this program. It will serve as a guide for communications throughout the life of the program and will be updated as communication needs change. It also includes a communications matrix which maps the communication requirements of this project. An in-depth guide for conducting meetings details both the communications rules and how the meetings will be conducted, ensuring successful meetings.

The Communications Management Plan defines the following:

- What information will be communicated—to include the level of detail and format
- How the information will be communicated—in meetings, email, telephone, web portal, etc.
- When information will be distributed—the frequency of both formal and informal communications
- Who is responsible for communicating project information
- What resources the project allocates for communication
- How any sensitive or confidential information is communicated and who must authorize this
- How changes in communication or the communication process are managed
- The flow of project communications
- Any constraints, internal or external, which affect project communications
- An escalation process for resolving any communication-based conflicts or issues

A project team directory is included to provide contact information for all stakeholders directly involved in the project.

Communications Management Approach

The Project Managers will take a proactive role in ensuring effective communications on this portfolio. The communications requirements are documented in the Communications Matrix presented in this document.

The Communications Matrix will be used as the guide for what information to communicate, who provides the communication, when the communication is sent and who should receive the communication.

As with most project plans, updates or changes may be required as the project progresses or changes are approved. Changes or updates may be required due to changes in personnel, scope, budget, or as the project matures and additional requirements are needed. The Project Management Office (PMO) Director is responsible for managing all proposed and approved changes to the communications management plan. Once the change is approved, the project manager will update the plan along with any supporting documentation and will distribute the updates to the project team and all stakeholders.

Communications Management Constraints

All project communication activities will occur within the project's approved budget, schedule, and resource allocations. The project managers are responsible for ensuring that communication activities are performed by the project team without the use of any resources that would result in exceeding the authorized budget. Frequency of communication activities will occur in accordance to the details outlined in the Communication Matrix in order to ensure the project adheres to schedule constraints. Any deviation of these timelines may result in excessive costs or schedule delays and must be approved by the Executive Director.

SCC Project Management Office protocols state that where applicable, standardized formats and templates must be used for all formal project communications. The details of these policy requirements are provided in the section titled “Standardization of Communication” in this document.

SCC PMO protocols also state that only a Director or higher level employee may authorize the distribution of confidential information. The project manager is responsible for ensuring that approval is requested and obtained prior to the distribution of any confidential information.

All project communications must comply with the Health Insurance Portability and Accountability Act (HIPAA) privacy and security rules and all applicable laws, regulations and policies. Nothing in this document is intended or should be interpreted to limit free access to the Compliance Officer or the Compliance Hotline for the reporting of concerns.

Change Control

Changes to the communication process, format or content may be proposed by any recipient or communication creator. Often a draft version will be used to generate discussion with the appropriate stakeholders prior to presenting the proposal to the Director of the PMO. The Director of the PMO must receive the requested change request via email to approve the proposed change for it to be implemented. When approved, the new content must be disseminated with an explanation of the change with appropriate revision and version markings included in the updated version.

Stakeholder Communication Requirements

Most projects consist of a broad range of stakeholders, all of whom may have differing interests and influence on the project. As such, it is important for project teams to determine the communication requirements of these stakeholders in order to more effectively communicate project information. There are a number of methods for determining stakeholder communication requirements; however, it is imperative that these requirements are completely understood in order to effectively manage the stakeholder interests, expectations, and influence to ensure a successful project.

The project manager will communicate with each project stakeholders in order to understand preferred frequency and other types/ methods of communication. Standard project communications defined herein will occur in accordance to the Communication Matrix; however, depending on the identified stakeholder communication requirements, individual communication is acceptable.

In addition to identifying communication preferences, stakeholder communication requirements must identify the project’s communication channels and ensure that stakeholders have access to these channels. If project information is communicated via secure means all stakeholders, internal and external, who have access to this channel, must have the necessary access to receive project communications.

Roles

Executive Director

The Executive Director is the champion of the program and has authorized the SCC BOD to lead the Office of Population Health and the portfolio of DSRIP projects. The SCC DSRIP projects received NYS DOH approval for planning and execution. This person is responsible for the funding of the project and is ultimately responsible for its success. Since the Executive Director is at the executive level, communications should be presented in summary format unless the Executive Director requests more detailed communications. The

Executive Director will also communicate directly to the SCC's Board of Directors, any pertinent information regarding the DSRIP program.

Medical Director

The Medical Director is the senior medical administrator of the SCC. The Medical Director is responsible for the activities related to the delivery of medical care and clinical services. Duties and responsibilities include but are not limited to overseeing the development of DSRIP related medical protocols, managing strategic development, supporting physician education, managing physician and community relations.

PMO Director

The Director oversees the projects at the portfolio level and directs most of the resources assigned to the projects. The Director is responsible for overall program costs and schedule which requires more detailed communication than what is sent to the Executive Director.

Director Network Development

The Director of Network Development and Performance oversees the (1) Performance reporting; (2) Workforce; (3) Cultural Competency/Health Literacy; (4) Practitioner engagement; (5) Community engagement; and (6) PCMH programs.

Director Care Management

The Director of Care Management oversees the DOH organizational workstreams: (1) Care management program; (2) Clinical Integration; (3) Patient engagement program; and (4) Population Health Management.

Business Manager for DSRIP Operations

The Business Manager for DSRIP Operations oversees the (1) Budget Development and Management; (2) Financial Sustainability; (3) Funds Flow Management; (4) Finance Operations; (5) Value Based Payment Transition and (6) Managed Care program.

Project Manager (PM)

The PM has the overall responsibility for the execution of the project. The PM supports writing project plan content and is responsible for planning, executing and closing of respective milestones on time, on budget and in scope. The PM also defines and maintains risk registries and risk mitigation strategies for identified risks. The PM manages day to day resources, provides project guidance and monitors and reports on project metrics as defined in the Project Management Plan. The PM ensures that deliverables are rolled up to appropriate approval process before submission to the DOH. As the person responsible for the execution of the project, the PM is the primary communicator for the project in distributing information according to this Communications Management Plan. SCC is assuming two groups of projects: (1) DSRIP eleven projects and (2) organizational workstream projects. The PMs assigned to the DSRIP eleven projects are from PMO, the PMs assigned to the organizational workstream projects may or may not be from the PMO.

Project Analyst

The Project Analyst responsibilities include but are not limited to the implementation and management of Performance Logic, coordination of the NYS DOH quarterly reports, support the management of the communication management plan, and support the overall goals and functions of the PMO.

Project Lead (PL)

The Project Lead has the responsibility to advise the Project stakeholders by providing direction and guidance with how the project relates to the organizational strategy. The Project Lead reviews the overall final draft of the project documents and project plan outputs. The Project Lead can be a Subject Matter Expert, or the Project Manager. The Project Lead along with the Project Manager will determine the type of information that will flow to the Project Workgroup and Committee. The Project Lead will monitor the project plan and is responsible for supporting the DOH quarterly report updates for their project.

Project Workgroup

The Project Workgroup is comprised of all persons who have a role in planning the implementation of the project. The Project Workgroup consists of the Project Manager, Project Lead, Subject Matter Experts and health system representatives. The Project Workgroup needs to have a clear understanding of the project milestones, the work to be completed and the framework in which the project is to be executed. The Project Workgroup plays a key role in creating the Project Plan including defining its schedule, work packages, strategy and resource needs. The Project Workgroup requires a detailed level of communication which is achieved through day to day interactions with the Project Manager, Project Lead, and other team members along with ongoing team meetings.

Project Committee

The Project Committee is comprised of all persons who have an interest and/or role in implementing the project. The purposes of the committee are to receive updates on the progress of the project so they are informed and knowledgeable, act as a project resource in their facility, and provide feedback and advice to the Project Workgroup. The Project Committee communications with the Project Manager is defined according to this Communications Management Plan.

Suffolk Care Collaborative (SCC)

The SCC is Suffolk County's Performing Provider System (PPS), and is responsible for creating and implementing DSRIP projects. The SCC is a partnership between providers that collaborate in DSRIP Project Plans. The SCC includes both major public hospitals and safety net providers. Safety net partners can include an array of providers: hospitals, health homes, skilled nursing facilities, clinics & Federally Qualified Health Centers (FQHC) behavioral health providers, community based organizations and others.

SCC Board of Directors (BOD)

The BOD is the principal governing committee of the SCC which includes representatives from various stakeholders from the SCC partnerships. The BOD has a fiduciary responsibility to the SCC and has decision-making authority with respect to: (1) financial governance, including distribution of DSRIP funds, budget development, and monitoring of financial impact across the partners, (2) clinical governance, (3) IT/ data governance, (4) compliance and (5) other administrative functions.

SCC Governance Committees

The Governance Committees are the sub-committees of the SCC Board of Directors. The fundamental goals of governance are to guide and advise the organization and BOD with timely decision making and to ensure accountability of performance. These committees will make recommendation for BOD approval. Within DSRIP, it will be key for the SCC to be able to make decisions about funds flow, the use of data for accountability, and to have agreements between the partner organizations within this coalition. The nine Governance Committees consist of (1) Finance; (2) Health Information Technology (IT) and Biomedical Informatics (BMI); (3) Workforce; (4) Community Needs Assessment (CNA), Outreach, and Cultural Literacy; (5) Compliance; (6) Audit; (7) Clinical (8) Executive PAC; and (9) PAC.

SCC Project Management Office (PMO)

The functions and purpose of the PMO include: having Staff Project Managers with full-time responsibility for managing the DSRIP project portfolio to champion consistent project management practices and methodologies; to help the SCC and Office of Population Health fulfill the mission, strategic goals and projects; to support the DSRIP project teams as a source for project management leadership and expertise; to keep the project stakeholders informed through a robust communication strategy; and to deliver required status reports to stakeholders including the NYS DOH. The PMO provides documentation, guidance and metrics management throughout the program; provides definitions and maintains standards for project management within the project; standardizes and introduces economies of repetition in the execution of projects (reduce duplication across portfolio). The PMO will provide communication of DOH DSRIP updates and change control procedures. The PMO will also serve as the communication line for Project Leads to Executive

Director on questions, etc. The PMO supports ongoing bi-weekly meetings for Organizational Work Stream planning and monitoring.

Information Technology (IT) Project Management Office (PMO)

The role of the IT PMO is to implement and support the Population Management Platform containing the patient's longitudinal record, that will be used by care managers and others, and populate the Patient Portal. The IT PMO will be accountable for all IT and Population Health IT DSRIP portfolio requirements. The IT PMO team will also ensure proper conduits to the Regional Health Information Organization (RHIO).

Biomedical Informatics (BMI) Team

The BMI team will support the DSRIP project by providing guidance and direction on what data can be collected, where is the source of the data and analysing the data that is collected.

SCC Partners

Any individual or entity that signed the SCC partner attestation and/or SCC participation agreement thereby formally consenting to participate as a partner of the SCC.

Project Advisory Committee (PAC)

The PAC is a state-mandated, internal advisory entity within the SCC that offers recommendations and feedback on SCC initiatives and is expected to be in place over the duration of the DSRIP program. The PAC will advise the SCC on all elements of their DSRIP Project Plans and should include representation from each SCC partner type as well as workers and/or relevant unions.

SCC partners with more than 50 employees are (1) required to have an organizational (managerial) member participate in the PAC, (2) must develop a process to elect a worker (non-managerial employee) member to participate in the PAC if not unionized or (3) if unionized, designate a union representative to participate in the PAC. If any such Coalition Partner operates a hospital, such Coalition Partner may satisfy the foregoing requirement by giving to each of its unions the option of designating one union representative to participate in the PAC if the Coalition Partner so chooses.

SCC partners with less than 50 employees have the following options: (1) select an organizational (managerial) member to participate in the PAC, (2) employees elect a worker (non-managerial employee) member to participate in the PAC if they so choose or (3) if unionized, the union has the option of designating a union representative to participate in the PAC if they so choose.

PAC Executive Committee (EPAC)

The PAC Executive Committee is a smaller subset of the PAC Committee to advise and make recommendations to the board by synthesizing the recommendations of the PAC into a report and furnishing advice on such other matters as shall be requested by the BOD from time to time. PAC Executive Committee is comprised of at least 1 representative from each provider type classification on the PAC.

Health Systems PMOs

This group consists of the project management offices of the Catholic Health Services of Long Island (CHSLI) and North Shore-LIJ (NSLIJ) who are responsible for DSRIP project implementation for all SCC partners assigned to the designated health system. These PMO offices must follow reporting and communication defined herein this plan and in the SCC reporting plan.

NYS DOH Medicaid 1115 Waiver Amendment Administrators –

The entity that is ultimately responsible for reviewing the projects, approving project plans and implementation plans, accepting the final project deliverables and releasing funds.

DSRIP Support Team (DST) - KPMG

--The role of the DST is to help Performing Provider Systems with technical assistance in developing their DSRIP Project Plan. In addition, the state has allocated a portion of the DSRIP funding to assist Performing Provider Systems with their DSRIP Project Plan development in the form of DSRIP Project Design Grants.

Independent Assessor (IA) –Public Consulting Group (PCG)

An independent entity, with expertise in delivery system improvement, whose role is to conduct a transparent review of all proposed/submitted DSRIP project plans and make project approval recommendations to the state using CMS-approved criteria. In addition, the independent assessor will also assist with the mid-point assessment and any other ongoing reviews of the DSRIP project plans.

Compliance Officer

The Compliance Officer administers the SCC's compliance program, which promotes adherence to legal and ethical requirements and responsibilities imposed by the DSRIP program. The Compliance Officer also ensures compliance with the compliance program policies and procedures. The Compliance Officer has direct access for reporting purposes to the Board of Directors and serves as a resource internally to SCC personnel and external parties to receive and investigate (or refer for investigation) reports and concerns about noncompliance or unethical conduct by the SCC or its associated personnel. The Compliance Officer provides training and education on ethics and compliance, manages the conflict of interest disclosure process, consults the SCC Compliance Governance Committee (a subcommittee of the SCC Board of Directors) for guidance on the compliance program operations, and as part of the annual work plan conducts proactive monitoring and testing audits/reviews of internal processes. In the SCC context, the Compliance Officer liaises with the compliance officers serving participating provider members to ensure that their organizations certify their compliance programs annually to the OMIG.

Project Team Directory

The following table presents contact information for all persons identified in this communications management plan. The email addresses and phone numbers in this table will be used to communicate with these people.

Role	Name	Title	Organization/ Department	Project Name	Email	Phone
Executive Director	Joseph Lamantia	COO	Stony Brook Medicine/Office of Population Health	All	Joseph.Lamantia@stonybrookmedicine.edu	(631) 638-1318
Medical Director	Linda Efferen, MD	VP, Medical Director	Stony Brook Medicine/Office of Population Health	All	Linda.Efferen@stonybrookmedicine.edu	(631) 638-1397
Director of PMO	Alyssa Correale	PMO Director	Stony Brook Medicine/Office of Population Health	All	Alyssa.Correale@stonybrookmedicine.edu	(631) 638-1369

Role	Name	Title	Organization/ Department	Project Name	Email	Phone
Director, Network Development & Performance	Kevin Bozza	Network Development & Performance Director	Stony Brook Medicine/Office of Population Health	Workforce, Governance, Performance Reporting, Practitioner Engagement	Kevin.Bozza@stonybrookmedicine.edu	(631) 638-1391
Senior Manager, Provider & Community Engagement	Althea Williams	Provider & Community Engagement Senior Manager	Stony Brook Medicine/Office of Population Health	Governance, Cultural Competency	Althea.Williams@stonybrookmedicine.edu	(631) 638-1392
Business Manager for DSRIP Operations	Neil Shah	DSRIP Operations Business Manager	Stony Brook Medicine/Office of Population Health	All		
Director for Care Management		Care Management Senior Manager	Stony Brook Medicine/Office of Population Health	All		
DSRIP Project Manager	Amy Solar-Doherty	Project Manager	Stony Brook Medicine/Office of Population Health	2.d.i, 3.c.i, 3.d.ii	Amy.SolarDoherty@stonybrookmedicine.edu	(631) 638-1371
	Ashley Meskill	Project Manager	Stony Brook Medicine/Office of Population Health	2.b.iv, 2.b.vii, 3.b.i	Ashley.Meskill@stonybrookmedicine.edu	(631) 638-1398
	Laura Siddons	Project Manager	Stony Brook Medicine/Office of Population Health	3.a.i, 4.a.ii, 4.b.i	Laura.siddons@stonybrookmedicine.edu	(631) 638-1349
Project Analyst	Samuel Lin	Project Analyst	Stony Brook Medicine/Office of Population Health	All	Samuel.lin@stonybrookmedicine.edu	(631) 638-1374
DSRIP Project Lead	Joseph Lamantia	COO	Stony Brook Medicine/Office of Population Health	2.a.i	Joseph.Lamantia@stonybrookmedicine.edu	(631) 638-1318
	Jim Murry	CIO	Stony Brook Medicine		Jim.Murry@stonybrookmedicine.edu	(631) 444-7994

Role	Name	Title	Organization/ Department	Project Name	Email	Phone
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	Robert Heppenheimer	Executive Director	Nesconset Center for Nursing & Rehab and Hilaire Rehab & Nursing	2.b.vii	bobhe@ncnrehab.com	(631) 361-8800
	Dianne Zambori	Assoc Exec Dir	QM Initiatives		DZambori@nshs.edu	(516) 674-7736
	Eric Niegelberg	Emergency Dept-Admin	Stony Brook Medicine	2.b.ix	Eric.Niegelberg@stonybrookmedicine.edu	(631) 444-2496
	Gwen O'Shea	President, CEO	The Health and Welfare Council of Long Island	2.d.i	GOShea@hwcli.com	(516) 483-1110
	Kristie Golden, PhD	Assoc Director of Operations	Stony Brook Medicine	3.a.i	Kristie.Golden@stonybrookmedicine.edu	(631) 444-1956
	Margaret Duffy	Assoc Director Nursing for Cardiac Services	Stony Brook Medicine	3.b.i	Margaret.Duffy@stonybrookmedicine.edu	(631) 444-2946
	Josh Miller, MD	Assistant Professor of Medicine	Stony Brook Medicine	3.c.i	Joshua.Miller@stonybrookmedicine.edu	(631) 444-0580
	Susmita Pati, MD	Associate Professor of Pediatrics; Chief, Primary Care Pediatrics	Stony Brook Medicine	3.d.ii	Susmita.Pati@stonybrookmedicine.edu	(631) 444-2709
	Ellen Miller	Associate Director of Operations	Stony Brook Medicine		Ellen.Miller@stonybrookmedicine.edu	(631) 444-1512

Role	Name	Title	Organization/ Department	Project Name	Email	Phone
DSRIP Project Lead	Kristie Golden, PhD	Assoc Director of Operations	Stony Brook Medicine	4.a.ii	Kristie.Golden@stonybrookmedicine.edu	(631) 444-1956
	Ernie Conforti	Associate Director of Operations for Cancer Services	Stony Brook Medicine	4.b.ii	Ernest.Conforti@stonybrookmedicine.edu	(631) 638-2536
Organizational Workstream Project Leads & Project Managers	Linda Efferen, MD	VP, Medical Director	Stony Brook Medicine/Office of Population Health	Population health mgmt., Clinical Integration	Linda.Efferen@stonybrookmedicine.edu	(631) 638-1397
	Kevin Bozza	Director, Network Development & Performance	Stony Brook Medicine/Office of Population Health	Workforce, Governance, Performance Reporting, Practitioner Engagement	Kevin.Bozza@stonybrookmedicine.edu	(631) 638-1391
	Althea Williams	Senior Manager, Provider & Community Engagement	Stony Brook Medicine/Office of Population Health	Governance, Cultural Competency & Health Literacy	Althea.Williams@stonybrookmedicine.edu	(631) 638-1392
	Sarah Putney	Biomedical Informatics Lead for Patient Data Research Projects & Regulatory	Stony Brook Medicine/Office of Population Health & BMI	Compliance	Sarah.Putney@stonybrookmedicine.edu	(631) 638-1393
	Cordia Beverley, MD	Assistant Dean for Community Health Policy	Stony Brook Medicine	Cultural Competency & Health Literacy	Cordia.Beverley@stonybrookmedicine.edu	(631) 638-2022
	Jennifer Jamilkowski	Director of Planning & Marketing	Stony Brook Medicine	Governance	Jennifer.Jamilkowski@stonybrookmedicine.edu	(631) 444-4500

Role	Name	Title	Organization/ Department	Project Name	Email	Phone
Organizational Workstream Project Leads & Project Managers	Steven Feldman, MD	Medical Center Managed Care	Stony Brook Medicine	Managed Care	Steven.Feldman.1@stonybrookmedicine.edu	(631) 444-7471
	Bernie Cooke	Director Of Finance	Stony Brook Medicine	Financial Sustainability	Bernard.Cooke@stonybrookmedicine.edu	(631) 444-4159
	Ned Micelli (assigned by Jim Murry)	IT PMO	Stony Brook Medicine	IT Systems	Ned.Micelli@stonybrookmedicine.edu	(631) 444-6461
IT PMO	Jim Murry	CIO	Stony Brook Medicine	IT Systems	Jim.Murry@stonybrookmedicine.edu	(631) 444-7994
	Belmira Milosevich	Director, IT PMO	Stony Brook Medicine	IT Systems	Belmira.Milosevich@stonybrookmedicine.edu	(631) 444-6442
	Ned Micelli	Sr. Program Manager, DSRIP	Stony Brook Medicine	IT Systems	Ned.Micelli@stonybrookmedicine.edu	(631) 444-6461
	Christine Gironda	Director, Enterprise Analytics	Stony Brook Medicine	Security Officer	Christine.Gironda@stonybrookmedicine.edu	(631) 444-4010
Biomedical (BMI) Informatics Team	Andrew White, PhD	Senior Director for Informatics	Dept. of Biomedical Informatics	BMI	Andrew.White@stonybrookmedicine.edu	
	Janos Hajagos, PhD	Chief of Data Analytics	Dept. of Biomedical Informatics	BMI	Janos.Hajagos@stonybrookmedicine.edu	
	Jonas Almeida, PhD	Chief Technology Officer	Dept. of Biomedical Informatics	BMI	Jonas.Almeida@stonybrookmedicine.edu	
Health System PMO	Ariel Hayes	Program Manager	NSLIJ	Health System PMO	Ahayes@NSHS.edu	(516) 465-3141
	Jessica Wyman	Assoc Director of DSRIP	CHSLI	Health System PMO	Jessica.Wyman@chsli.org	(516) 705-3949

Role	Name	Title	Organization/ Department	Project Name	Email	Phone
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	Terrance O'Brien	SVP Strategy and Business development	CHSLI		terence.o'brien@chsli.org	(516) 705-3712
SCC Board of Directors	Kenneth Kaushansky, MD, Chair	SVP and Dean	Stony Brook Medicine		Kenneth.kaushansky@stonybrookmedicine.edu	(631) 444-2080
	James Bernasko, MB	Director, OBGYN & Reproductive Medicine, Fetal Diagnostics, Diabetes in Pregnancy	Stony Brook Medicine		James.bernasko@stonybrookmedicine.edu	(631) 444-7650
	Gary E. Bie	CFO	Stony Brook Medicine		Gary.bie@stonybrookmedicine.edu	(631) 444-7581
	Joseph Lamantia	COO	Stony Brook Medicine/Office of Population Health		Joseph.Lamantia@stonybrookmedicine.edu	(631) 638-1318
	Brenda Farrell	VP, Finance CFO	Brookhaven		Bfarrell@bmhmc.org	(631) 654-7175
	Harold Fernandez	Deputy Chief and Director	Stony Brook Medicine		Harold.fernandez@stonybrookmedicine.edu	(631) 444-6590
	Kristie Golden, PhD	Assoc Director of Operations	Stony Brook Medicine		Kristie.Golden@stonybrookmedicine.edu	(631) 444-1956

Role	Name	Title	Organization/ Department	Project Name	Email	Phone
SCC Board of Directors	Carol Gomes	COO	Stony Brook Medicine		Carol.gomes@stonybrookmedicine.edu	(631) 444-9975
	Robert Heppenheimer	Executive Director	Nesconset Center for Nursing & Rehab and Hilaire Rehab & Nursing		bobhe@ncnrehab.com	(631) 361-8800
	Jerrold Hirsch, PhD	VP, Strategic Planning	NSLIJ		jhirsch@nshs.edu	(516) 465-8074
	Jennifer Jamilkowski	Director, Planning	Stony Brook Medicine		Jennifer.jamilkowski@stonybrookmedicine.edu	(631) 444-4500
	Jeffrey A. Kraut	SVP, Strategy and Business Informatics	NSLIJ		jkraut@nshs.edu	(516) 465-8070
	Margaret M. McGovern, MD	Physician-in-Chief, Children's Hospital, Professor and Chair, Department of Pediatrics, Associate Dean for Ambulatory Operations	Stony Brook Medicine		Margaret.mcgovern@stonybrookmedicine.edu	(631) 444-2710
	Jim Murry	CIO	Stony Brook Medicine		Jim.Murry@stonybrookmedicine.edu	(631) 444-7994
	James Sinkoff	EVP, CFO	HRHCare		jsinkoff@hrhcare.org	(844) 474-2273
	Michael O'Donnell	CFO	EEHA		mfodonnell@pbmchealth.org	(63) 548-6000

Role	Name	Title	Organization/ Department	Project Name	Email	Phone
SCC Board of Directors	Gwen O'Shea	President, CEO	Health & Welfare Council of Long Island		goshea@hwcli.com	(516) 483-1110
	L. Reuven Pasternak, MD	CEO	Stony Brook Medicine		reuven.pasternak@stonybrookmedicine.edu	(631) 444-2701
	Michael Stoltz	CEO	Association for Mental Health & Wellness		mstoltz@mhaw.org	(631) 471-7242
	Sr. Mary J. Zagajeski	President, CEO	Dominican Sisters Family Health Services, Inc		mzagajeski@dsfhs.org	(941) 914-1710 ext. 1101
SCC Data Security (IT) Officer	Stephanie Musso-Mantione	Chief Information Privacy & Security Officer	Stony Brook Medicine		Stephanie.Musso@stonybrookmedicine.edu	
Compliance Hotline						(631) 638-1009
Communication Vendor	Gina Bruce			Writer/Publication		
Legal	David Manko		Rivkin Radler	Attorney	David.Manko@rivkin.com	(516) 357-3000
Legal	George Choriatis		Rivkin Radler	Attorney	george.choriatis@rivkin.com	(516) 357-3000
Project Committee	See "Directory" Folder on the Partner Portal Sharepoint site					
Project Workgroup	See "Directory" Folder on the Partner Portal Sharepoint site					

Communication Mediums by Use of Technologies

In order to be effective, project information must be communicated to everyone involved by some method using available technology. Determining communication methods and what technologies are available will be part of determining ongoing stakeholder communication requirements.

The project manager will determine, in accordance with this communication management plan, the communication methods and technologies to be used based on several factors which include: stakeholder communication requirements; available technologies (internal and external, Webex, Conference calls); web

based/cloud mediums such as SCC webpage, Dropbox, Sharepoint, Box, Youtube, Social media, and a standard baseline set of communication requirement by project.

Performance Logic (PL) is a sophisticated project management tool utilized by the SCC PMO to manage DSRIP projects. PL will be used to monitor progress, share information and communicate project status updates to project leads and Suffolk county providers. Project leads can more effectively communicate real-time information to Suffolk county providers by using PL tools such as web forms, project templates and status dashboards.

The PMO also maintains a SharePoint platform which will be used to provide updates, archive various reports, and conduct project communications. Two SharePoint directories will be maintained, one for internal PMO use – “Population Health folder” and the other for external partner use – “Suffolk Care Collaborative Partner Portal”. This platform enables senior management, as well as stakeholders with compatible technology, to access project data and communications at any point in time. SharePoint also provides the ability for stakeholders and project team members to collaborate on project work and communication.

Constant Contact will be utilized by the PMO to create, distribute and manage “DSRIP in Action” email updates, “Synergy” newsletters, and event promotion, announcements and registration.

All project communication and documentation will be archived on the internal SCC shared drive which resides in the PMO program directory. PMO naming conventions for files and folder will be applied to all archived work.

Communications Matrix

The following table identifies the requirements of various types of communication defined to date:

Communication Type	Objective of Communication	Medium	Frequency	Participants	Owner	Deliverable
Kickoff Meeting	Introduce the project team and the project. Review project objectives and management approach.	- Face to Face	Once	- Executive Director - Project Team - Project Leads	- Project Manager	- Agenda

Communication Type	Objective of Communication	Medium	Frequency	Participants	Owner	Deliverable
Project Workgroup Meetings	Develop high level project plans and protocols.	- Face to Face - Conference Call - Webex	Variable by DSRIP Project must engage between 12-30 days	- Project Team	- Project Manager - Project Leads	- Agenda - Project Schedule - Project Updates
Project Committee Meetings	Review status of the project	- Face to Face - Conference Call - Webex	Variable by DSRIP Project must engage between 40-50 days	-Project Committee	- Project Manager - Project Leads	- Agenda - Project Schedule - Project Updates
Weekly PMO Meetings	Discuss and develop technical design solutions for the project.	- Face to Face	Weekly or As Needed	- SCC PMO Team	- PMO Director	- Agenda - Project Updates - Project Decisions
Weekly PMO Status Report	Project Status reports for the COO	-Email	Weekly	-SCC PMO Team - Executive Director	-PMs	-Project Updates
Weekly Project Manager and Director meetings	Project status updates and work plans	-Face to Face	Weekly	PMO Director	-PMs	-Agenda
SCC Directors Meeting	Program management and monitoring	-Face to Face	Weekly	Directors	-PMO Director	-Agenda
Health System PMO Coordination Meetings	Overall project status report, coordination of responsibilities and discussion	- Face to Face - Conference Call - Webex	Weekly	-NSLIJ PMO -CHS PMO -SCC PMO	- PMO	- Agenda - Project Updates

Communication Type	Objective of Communication	Medium	Frequency	Participants	Owner	Deliverable
DSRIP Admin Taskforce Meetings	Project status report, discussion and education	- Face to Face - Conference Call - Webex	Bi-Weekly	- Executive Director - Project Leads - SCC PMO - NSLIJ PMO - CHS PMO	- PMO	- Agenda - Project Updates
General PAC Meetings	Report on the status of the project to management.	- Face to Face	Quarterly	- SCC Partners	- Executive Director	- Project Updates - Project Schedule
IT PMO /PMO/BMI Meetings	Identify project elements/deliverables and coordinate efforts between the departments	- Face to Face - Conference call	Weekly	- SCC PMO Team - IT PMO Team - BMI Team	- PMO	
PMO Departmental Meetings	Identify shared project elements and coordinate efforts within the PMO	- Face to Face	Monthly	- SCC PMO Team	- Executive Director	
MCOs Meetings	Evaluate utilization trends and performance issues and ensure payment reforms are instituted.	- Face to Face - Conference Call - Webex	Monthly	- MCO - VBP Team - Executive Director	- MCO Lead	- Agenda - Meeting materials - Process of reporting meeting outcomes/recommendations to stakeholders and SCC leadership
Synergy eNewsletter	Inform and engage partners with project news	- Constant Contact	Monthly	- SCC Partners	- PMO Director	- Newsletter
DSRIP in Action	Inform and engage partners with project news	- Constant Contact	Bi-Weekly	- SCC partners	- PMO Director	- Email updates
Website	Inform and engage community and partners with project news. Two-way communication with partners	- Website	Updated as needed	- Community - SCC Partners	- PMO	- Webpage

Communication Type	Objective of Communication	Medium	Frequency	Participants	Owner	Deliverable
YouTube Channel	Inform, educate and engage community and partners with project information videos	-Youtube	Updated as needed	-Community -SCC Partners	- PMO	Videos
Q&A with the SCC	Engaging partners by developing dialogue and promoting education	Webinars	ongoing	-SCC Partners	- PMO	-Webinars -Input to Website FAQ
Project Status Reports	Report the status of the project including activities, progress, costs and issues.	- Email	Monthly	Project Committee	- Project Manager	- Project Status Report - Project Schedule
Webinar Series	DSRIP education for partners and community	-Webinar -Youtube	Bi-annually	-Community -SCC Partners	-Project Manager	-Recorded Webinar
Social Media	Engage partners and community	-Facebook -Twitter	As needed	-Community -SCC Partners	- PM	
All-PPS Meeting	Education and network opportunity led by NYS DOH for the 25 PPS	-Face to Face	Monthly	-6 total members from SCC permitted, to be selected by SCC COO based on the DOH Agenda	-NYS DOH	
Annual All-PPS Learning Collaborative	Learning Collaborative	-Face to Face	Annually	Participants to be selected by SCC COO based on the DOH Agenda	-NYS DOH	

On-Boarding New Partners Process

A signed attestation by the entity to formally consent to participate as a coalition partner of the SCC is the initial step to join the collaborative. SCC will then further engage with the entity to formalize their relationship through a participation agreement. Attestation forms can be found on the “Become a Partner” page on the Suffokcare.org website.

Central Service Organization Requests: IT PMO/BMI Requests

Requests for IT/BMI from the PMO can be discussed at the IT PMO/PMO weekly meeting for further prioritization and discussion.

Information Technology Request

Requests for the IT team can be initiated through the SCC PMO office. Any requests for the IT team must be submitted through the hospital’s intranet link:<http://inside.hospital.stonybrook.edu/Intranet/>. On the intranet

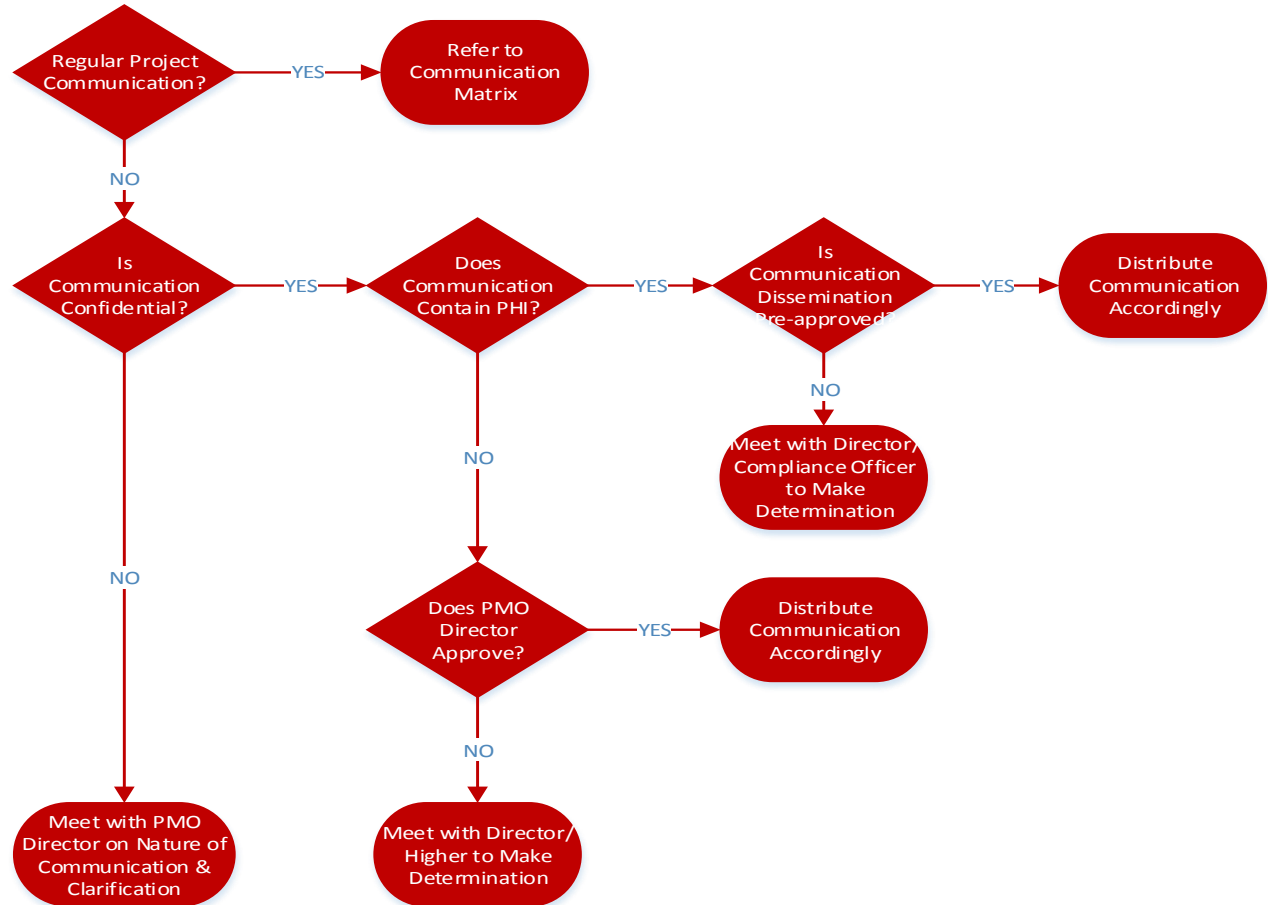
page, under the “my requests” section on the right side, there is a link to submit IT tickets and requests. Further pertinent links for IT requests are provided on the Population Health Sharepoint site.

Biomedical Informatics (BMI) Request

Requests for the BMI team can be initiated through the SCC PMO office. Any requests for the BMI team must first be presented to the COO for approval. After approval, the requestor must submit a ticket through the “OneProject” website: <https://cursus.bmi.stonybrookmedicine.edu/>. Description of request, any pertinent attachments and due date is essential to include for the response to be accurate and delivered on time. Further instructions are provided on the Population Health Sharepoint site.

Communication Flowchart

The below communication flowchart was created as a visual aid in project communication. This flowchart provides a framework for the project to follow. However, there may be occasions or situations that fall outside of the communication flowchart where additional clarification will be necessary. In such situations, the Project Manager is responsible for discussing the communication with the PMO Director to determine how to proceed.



Communication Escalation Process

Efficient and timely communication is the key to successful project completion. As such, it is imperative that any conflicts or discrepancies regarding project communications are resolved in a way that is conducive to maintaining the project schedule and ensuring the correct communications are distributed. In order to ensure projects stay on schedule and issues are resolved, SCC will use a standard escalation model to provide a framework for escalating communication issues. The table below defines the priority levels, decision authorities, and timeframes for resolution.

Priority	Definition	Decision Authority	Timeframe for Resolution
Priority 1	i) Major impact to project or business operations. If not resolved quickly there will be a significant adverse impact to project.	i) Executive Director	i) Within one business day
Priority 2	i) Medium impact to project or business operations which may result in some adverse impact to revenue and/or schedule.	i) Director, PMO	i) Within two business days
Priority 3	i) Slight impact which may cause some minor scheduling difficulties with the project but no impact to business operations or revenue.	i) Project Manager	i) Within three business days
Priority 4	Insignificant impact to project but there may be a better solution.	Project Manager	Work continues and any recommendations are submitted via the project change control process

** NOTE: Any communication including sensitive and/or confidential information will require escalation to Director level or higher for approval prior to external distribution.*

** NOTE: Any DSRIP Compliance concerns must be communicated directly to the SCC Compliance Officer as per compliance #9 in the Policy and Procedure Manual found on the Partner Portal Sharepoint site.*

Guidelines for Meetings

Meeting Agenda

Meeting agenda will be distributed at least 1 business day in advance of each meeting. The agenda should identify the presenter for each topic with assigned time allotment. Agendas must utilize the PMO template or the Performance Logic template.

Meeting Minutes (for all applicable meetings)

Meeting minutes will include the status of all items from the agenda along with new action items and any Parking Lot list. Meeting minutes are required for all governance committee and board of directors meetings. Minutes must utilize the PMO template or the Performance Logic template.

Action Items

Action Items are recorded in both the meeting agenda and minutes. Action items will include both the action item along with the owner of the action item. Meetings will start with a review of the status of all action items from previous meetings and end with a review of all new action items resulting from the meeting. The review of the new action items will include identifying the owner for each action item.

Meeting Chair Person

The Chair Person is responsible for distributing the meeting agenda, facilitating the meeting and distributing the meeting minutes. The Chair Person will ensure that the meeting starts and ends on time and that all presenters adhere to their allocated time frames.

Note Taker

The Note Taker is responsible for documenting the status of all meeting items, maintaining a Parking Lot item

list and taking notes of anything else of importance during the meeting. The Note Taker will use the notes to create the Meeting Minutes and give to the Chair Person within 5 business days after the meeting.

Time Keeper

The Time Keeper is responsible for helping the facilitator adhere to the time limits set in the meeting agenda. The Time Keeper will let the presenter know when they are approaching the end of their allocated time.

Typically a quick hand signal to the presenter indicating how many minutes remain for the topic is sufficient.

Issue Log

An issue log is kept in Performance Logic. To access and input any issues in Performance Logic, the user must log in and select the “Issues” tab. Then click the “Add Issue” button on the bottom of the screen and enter an issue. When completed, the issue can be emailed to an individual, printed and archived to address at a later time.

Parking Lot

The Parking Lot is a tool used by the facilitator to record and defer items which aren’t on the meeting agenda; however, merit further discussion at a later time or through another forum.

A parking lot record should identify an owner for the item as that person will be responsible for ensuring follow-up. The Parking Lot list is to be included in the meeting minutes.

Webex Rules

Begin with roll call/attendance and in consideration for everyone on the call, mute line if environment is noisy.

Standardization of Communication

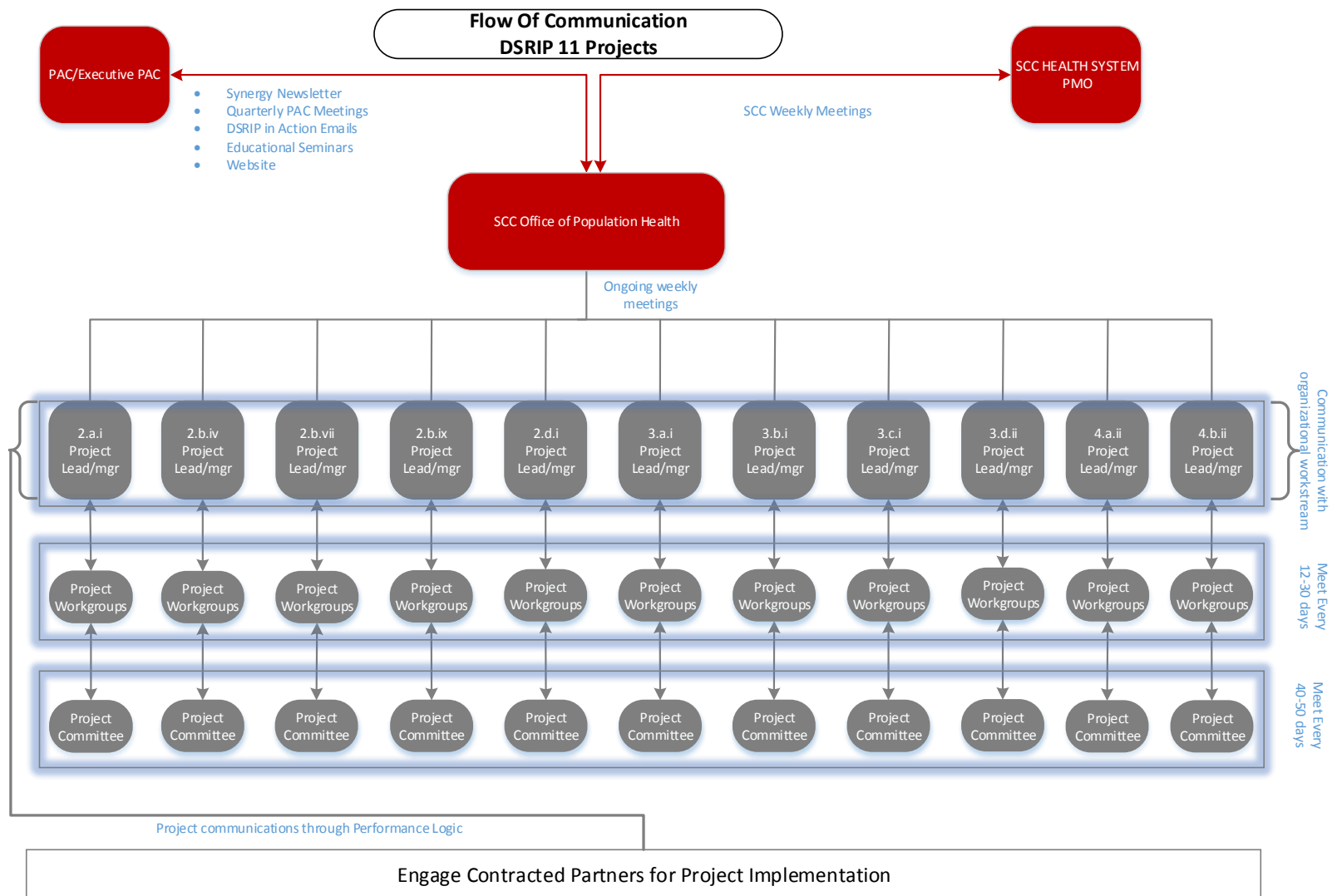
The PMO developed standard templates or formats for the various communication tools used throughout all the projects. Standard templates and formats for meeting agenda, minutes and PowerPoints are housed and kept on the Population Health Sharepoint site. By using standardization, the PMO can help ensure that its project teams and stakeholders have a thorough understanding of what is expected and achieve consistent and effective communication.

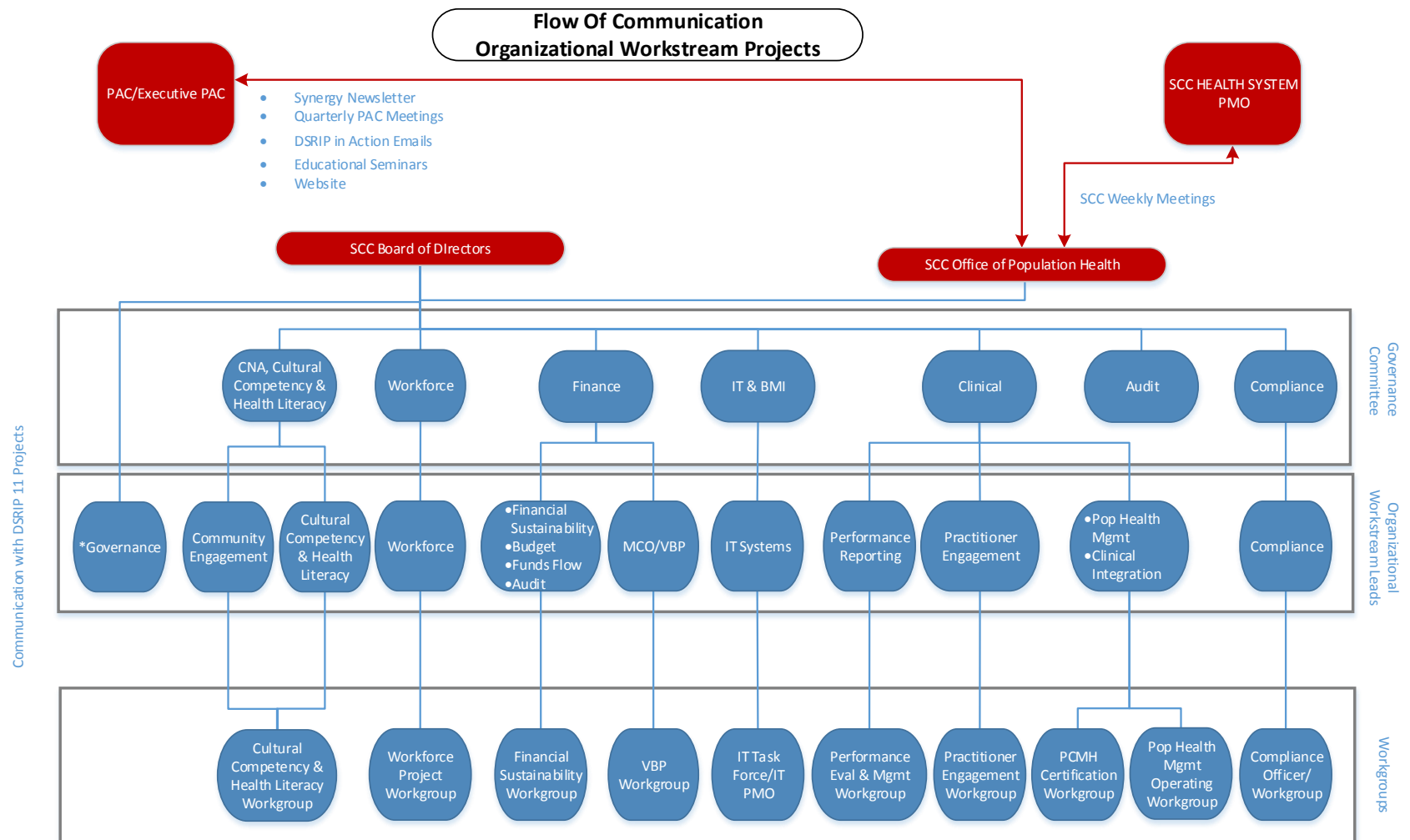
The PMO will utilize standard organizational formats and templates for all formal project communications. Informal project communications should be professional and effective but there is no standard template or format that must be used. Examples of formal or informal written and verbal project communications are explained in the table below.

Method	Examples	When Used
Informal Written	Emails messages, memorandums	Used frequently on the project to communicate and convey information
Formal Written	Contracts, legal notices, project documents (e.g. application and deliverables to NYS DOH), important project communications, the project plan	Used infrequently, but essential for prominent documents that go into the project record. The project plan is a formal written document.
Informal Verbal	Meetings, discussions, phone calls, conversations	Used to communicate information quickly and efficiently
Formal Verbal	Speeches, mass communications, presentations	Used for public relations, special events, organizational-wide announcements.

Glossary of Communication Terminology

Term	Definition
Communication	The effective sending and receiving of information. Ideally, the information received should match the information sent. It is the responsibility of the sender to ensure this takes place.
Stakeholder	Individuals or groups involved in the project or whose interests may be affected by the project's execution or outcome.
Communications Management Plan	Portion of the overall Project Management Plan which details how project communications will be conducted, who will participate in communications, frequency of communications, and methods of communications.
Escalation	The process which details how conflicts and issues will be passed up the management chain for resolution as well as the timeframe to achieve resolution.





* Governance Organizational Workstream Milestones are approved by the Board of Directors Directly

