

Organization Name: _____

Address: _____

Contact Person: _____

NPI (If Applicable): _____

Phone Number: _____

Email: _____

Check Below if you are interested in attending future meetings of the Project Advisory Committee:

☐ Yes, I am interested in attending future meetings of the Project Advisory Committee.

Please provide any recommendations or suggestions for our projects or work streams (listed on the back):

CPWNY Projects:

- 2.a.i Create Integrated Delivery Systems that are focused on Evidence-based Medicine and Population Health Management
- 2.b.iii Emergency Department triage for at-risk patients
- 2.b.iv Care transitions model to reduce 30-day readmission for chronic health conditions
- 2.c.ii Expand usage of telemedicine in underserved areas to provide access to otherwise scarce services
- 3.a.i Integration of primary care and behavioral health services
- 3.b.i Cardiovascular Health- Evidence-based strategies for disease management in high-risk affected populations (adult only)
- 3.f.i Increase support programs for maternal and child health through the Nurse Family Partnership Model
- 3.g.i Integration of palliative care into the PCMH model
- 4.a.i Promote mental, emotional and behavioral (MEB) well-being in communities
- 4.b.i Promote tobacco use cessation, especially among low SES populations and those with poor mental health

CPWNY Work Streams:

- Governance
- Financial Sustainability
- Workforce Strategy
- Cultural Competency

Please recommend any additional partners that should be added to our network: