125 Worth Street ▪ New York, NY ▪ 10013

<u>BOARD OF DIRECTORS MEETING</u>
<u>THURSDAY, MAY 30, 2013</u>
A~G~E~N~D~A

Call to Order - 4 pm	Dr. Stocker
1. Adoption of Minutes: April 18, 2013	
<u>Chairman's Report</u>	Dr. Stocker
<u>President's Report</u>	Mr. Aviles
>>Action Items<<	
Corporate 2. RESOLUTION authorizing the President of the New York City Health and Hospitals Corporation to seek the Board of Director's approval of twelve (12) facilities' Implementation Strategies. These Implementation Strategies are informed by the results of **Community Health Needs Assessments** conducted by the facilities. *(Information Item - Community Relations Committee – 05/07/2013)*	Mrs. Bolus
3. RESOLUTION authorizing the President of the New York City Health and Hospitals Corporation to execute a contract with **Siemens Enterprise Communications, Inc**. via NYS Office of General Services (OGS) contract for the enterprise wide **PBX Consolidation of services and maintenance for all telecommunications platforms** used throughout the Corporation's facilities. The contract will be for an amount not to exceed $21,014,226 including a 20% contingency for an initial term of three years, with two (1) year renewal options, exercisable solely by the Corporation. *(Med & Professional Affairs / IT Committee – 05/23/2013)*	Dr. Stocker
4. RESOLUTION authorizing the President of the New York City Health and Hospitals Corporation to negotiate and execute a sole source Agreement with **Cablevision Lightpath** via New York State Office of General Services (OGS) to **provide enterprise wide voice and data circuits** for three (3) years with a one (1) year option to renew, solely exercisable by the Corporation, for an amount not to exceed $9,249,235, which includes a 20% contingency. *(Med & Professional Affairs / IT Committee – 05/23/2013)*	Dr. Stocker
5. RESOLUTION authorizing the President of the New York City Health and Hospitals Corporation to negotiate and execute contracts with **Elsevier BV, McGraw-Hill Education, Truven Health Analytics Inc. and UpToDate, Inc**. to provide **electronic medical reference and knowledge-based information subscription service products for HHC's medical libraries** for a term of one year each, with four-one year options to renew, solely exercisable by the Corporation. The individual contract not-to-exceed amounts are as follows: Elsevier BV-$2,750,000; McGraw-Hill Education-$872,459; Truven Health Analytics Inc.-$2,525,000; and UpToDate, Inc.-$1,899,068, for an aggregate amount not-to-exceed $8,046,527. *(Med & Professional Affairs / IT Committee – 05/23/2013)* *EEO: Approved / VENDEX: Approved-McGraw-Hill; Pending-Elsevier BV, Truven and UpToDate*	Dr. Stocker
MetroPlus Health Plan, Inc. 6. RESOLUTION **reappointing Dan H. Still** as a member of the Board of Directors of **MetroPlus Health Plan, Inc**., a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York ("MetroPlus"), to serve in such capacity until his successor has been duly elected and qualified, or as otherwise provided in the Bylaws. *(MetroPlus Board – 05/07/2013)*	Mr. Rosen
7. RESOLUTION **reappointing Mendel Hagler** as a member of the Board of Directors of **MetroPlus Health Plan, Inc**., a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York ("MetroPlus"), to serve in such capacity until his successor has been duly elected and qualified, or as otherwise provided in the Bylaws. *(MetroPlus Board – 05/07/2013)*	Mr. Rosen
(over)	

Committee Reports ➢Audit ➢Community Relations ➢Finance ➢Medical & Professional Affairs / Information Technology	Ms. Youssouf Mrs. Bolus Mr. Rosen Dr. Stocker
Facility Governing Body / Executive Session ➢Jacobi Medical Center ➢North Central Bronx Hospital >>**Old Business**<< >>**New Business**<<	
Adjournment	Dr. Stocker

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

A meeting of the Board of Directors of the New York City Health and Hospitals Corporation (hereinafter the "Corporation") was held in Room 532 at 125 Worth Street, New York, New York 10013 on the 18th of April 2013 at 4:00 P.M., pursuant to a notice which was sent to all of the Directors of the Corporation and which was provided to the public by the Secretary. The following Directors were present in person:

> Dr. Michael A. Stocker
> Josephine Bolus, R.N.
> Dr. Jo Ivey Boufford
> Dr. Vincent Calamia
> Dr. Adam Karpati
> Ms. Anna Kril
> Rev. Diane E. Lacey
> Mr. Robert F. Nolan
> Mr. Bernard Rosen
> Ms. Emily A. Youssouf

Mr. Antonio Martin was in attendance representing President Alan Aviles; Andrea Cohen was in attendance representing Deputy Mayor Linda Gibbs; Dr. Amanda Parsons was in attendance representing Commissioner Thomas Farley; and Linda Hacker was in attendance representing Commissioner Robert Doar, each in a voting capacity. Dr. Stocker chaired the meeting and Mr. Salvatore J. Russo, Secretary to the Board, kept the minutes thereof.

ADOPTION OF MINUTES

The minutes of the meeting of the Board of Directors held on March 21, 2013 were presented to the Board. Then, on motion made by Rev. Lacey and duly seconded, the Board unanimously adopted the minutes.

1. **RESOLVED**, that the minutes of the meeting of the Board of Directors held on March 21, 2013, copies of which have been presented to this meeting, be and hereby are adopted.

CHAIRPERSON'S REPORT

Dr. Stocker presented Dr. Christina Jenkins, former HHC Board member and Chairperson of the Quality Assurance Committee, with a plaque honoring her commitment to HHC's mission, professional leadership, dedication to service on behalf of HHC, and contribution to the advancement of the public health system. Dr. Jenkins is now an employee of HHC and she stated that she looks forward to her continued work with the Corporation.

Dr. Stocker acknowledged Board member Robert Nolan's participation as Grand Marshall from the Bronx at this year's St. Patrick's Day Parade. He further acknowledged Mr. Nolan's presence during the Joint Commission review at Jacobi Medical Center, which went very well.

Dr. Stocker received the Board's approval to convene an Executive Session to discuss matters of quality assurance.

PRESIDENT'S REPORT

The President's remarks were in the Board package and made available on HHC's internet site. A copy is attached hereto and incorporated by reference.

Antonio Martin, Acting President, acknowledged and congratulated Stanlee Richards, Director of Nursing at Coler

Goldwater Specialty Hospital and Nursing Facility, who received

the Alfred P. Sloane Award for public service for 2013.

ACTION ITEMS

RESOLUTION

2.   Authorizing the President of the New York City Health and
Hospitals Corporation to **procure and outfit** one hundred-nineteen
(119) **ambulances** in Fiscal Year 2014 on behalf of the **Fire
Department of the City of New York (FDNY)** through City-wide
Requirements contracts for a total amount not to exceed $37.3
million.

Ms. Youssouf moved the adoption of the resolution which was

duly seconded and unanimously adopted by the Board.

RESOLUTIONS

3.   Authorizing the President of the New York City Health and
Hospitals Corporation to execute a **Customer Installation
Commitment** with the **New York City Department of Citywide
Administrative Services and the New York Power Authority** for an
amount not to exceed $34,349,705 for the planning, pre-
construction, design, construction, procurement, construction
management and project management services necessary for the
Comprehensive Energy Efficiency upgrade project at **Metropolitan
Hospital Center.**

- and -

4.   Authorizing the President of the New York City Health and
Hospitals Corporation to execute a **Customer Installation
Commitment** with the **New York City Department of Citywide
Administrative Services and the New York Power Authority** for an
amount not to exceed $28,462,001 for the planning, pre-
construction, design, construction, procurement, construction
management and project management services necessary for the
Comprehensive Energy Efficiency upgrade project at **Elmhurst
Hospital Center.**

Al Pistone, Assistant Vice President, Facilities

Development, explained that the projects resulted from a

comprehensive energy audit. HHC is a participant in the Mayor's

Carbon Challenge, and has opted to reduce greenhouse gas

emissions by 30 percent. Mr. Pistone further reported that the

projects are a combination of regulatory compliance and energy

conservation measures.

Ms. Youssouf moved the adoption of the resolutions which

were duly seconded and unanimously adopted by the Board.

RESOLUTIONS

5.   Authorizing the President of the New York City Health and
Hospitals Corporation to negotiate and execute a **tax-exempt
financing with the New York Power Authority** for a principal
amount not to exceed $22,847,521 to finance the Comprehensive
Energy Efficiency upgrade project at **Metropolitan Hospital
Center.**

- and -

6.   Authorizing the President of the New York City Health and
Hospitals Corporation to negotiate and execute a **tax-exempt
financing with the New York Power Authority** for a principal amount
not to exceed $23,061,199 to finance the Comprehensive Energy
Efficiency upgrade project at **Elmhurst Hospital Center.**

Mr. Rosen moved the adoption of the resolution which were

duly seconded and unanimously adopted by the Board.

INFORMATION ITEM

Mr. Martin discussed the Procurement Initiative

Implementation Plan in which HHC is endeavoring to centralize the

purchasing of supplies. Mr. Martin explained that they reviewed

supply chain operations at other large hospital systems and at GNYHA which supports over 300 hospitals. GNYHA will be assisting HHC in the implementation, but we will not be buying all of our supplies thorough them. We will also be using Breakthrough practices in this project. It is estimated that we will save $35 to $40 million in the first year. This it is a major undertaking and the Board will be updated as the project progresses.
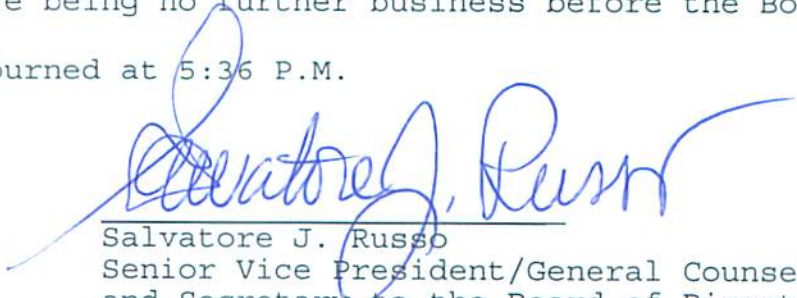
BOARD COMMITTEE REPORTS

Attached hereto is a report of the HHC Board Committees and Subsidiary Boards that have been convened since the last meeting of the Board of Directors. The reports were received by the Chairman at the Board meeting.

FACILITY GOVERNING BODY/EXECUTIVE SESSION

The Board convened in Executive Session. When it reconvened in open session, Dr. Stocker reported that the Board of Directors as the governing body of Metropolitan Hospital Center discussed and adopted the facility report presented.

ADJOURNMENT

Thereupon, there being no further business before the Board, the meeting was adjourned at 5:36 P.M.

Salvatore J. Russo
Senior Vice President/General Counsel
and Secretary to the Board of Directors

COMMITTEE REPORTS

<u>Capital Committee – April 11, 2013</u>
<u>As reported by Ms. Emily Youssouf</u>

Assistant Vice President's Report

Alfonso Pistone, Assistant Vice President, Office of Facilities Development, provided an overview of the meeting agenda. He informed members of the Committee that there would be three action items for consideration. The first two the Committee could consider combining, as they relate to items involving energy conservation measures and boiler replacements at Metropolitan Hospital Center and Elmhurst Hospital Center. The third action item is a pass through for the purchase of 119 ambulances on behalf of the Fire Department of the City of New York (FDNY).

He stated that other than two projects in delay at Bellevue Hospital Center and Coney Island Hospital, whose status has not changed since last reported, there are no project at other facilities in the reporting cycle that are in delay of six months or more.

Mr. Pistone advised that there would be two (2) information items on the agenda; a short update on the renewal of license agreements for multi-service centers with the Human Resources Administration (HRA), given by Jeremy Berman, Deputy Counsel, and a progress report on the major modernization project at Gouverneur Healthcare Services.

That concluded his report.

On motion by the Chair, which was duly seconded, the Committee combined the first two (2) action items.

Mr. Pistone provided an overview of the first two items, relating to energy efficiency. He advised that the projects were being managed by the New York Power Authority (NYPA) which is currently managing the window replacement and boiler replacement projects at Coney Island Hospital. The projects are energy conservation and remediation projects which include no cost grants from PlaNYC and the City of New York of more than $10 million; $1.3 million from the American Recovery and Reinvestment Act (ARRA) (stimulus funds), $5 million in City funds, and the balance in financing approved by the Finance Committee on April 9, 2013. Mr. Pistone thanked the Finance Department and the Finance Committee for supporting the projects, and the Department of Citywide Administrative Services (DCAS) for making stimulus and PlaNYC funding available.

Mr. Pistone explained that the two projects emanated from City funded energy audits that concluded with a number of energy related recommendations to reduce energy consumption. HHC along with a number of other local healthcare systems opted in to the Mayor's Carbon Reduction Challenge to reduce carbon emissions by 30%.

One of the largest contributors to energy consumption is the dated, inefficient, and soon to be outdated, combustion of number six (6) fossil fuels, which the City has mandated be phased out by 2015. An added benefit and incentive to replacement of the boilers is compliance with the elimination of number six (6) fuel combustion at these two (2) locations. This is an opportunity to conduct underground storage tank replacement and remediation work to address open violations. Both projects have a calculated simple payback under 16 years, and both facilities boilers are original to the respective sites. In short, the boilers are in dire need of replacement.

Both projects represent the advancement of energy conservation measures with reasonable payback periods, both projects have undergone a value engineering study with colleagues at the Office of Management and Budget (OMB) and the costs represented in the resolution represent hard numbers. Both projects have been bid, and both have a significant contingency.

Action Items:

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to execute a Customer Installation Commitment ("CIC") with the New York City Department of Citywide Administrative Services ("DCAS") and the New York Power Authority ("NYPA") for an amount not-to-exceed $28,462,001 for the planning, pre-construction, design, construction, procurement, construction management and project management services necessary for the Comprehensive Energy Efficiency upgrade project (the "Project") at Elmhurst Hospital Center (the "Facility").

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to execute a Customer Installation Commitment ("CIC") between the New York City Department of Citywide Administrative Services ("DCAS"), and the New York Power Authority ("NYPA") for an amount not-to-exceed $34,349,705 for the planning, pre-construction, design, construction, procurement, construction

management and project management services necessary for the Comprehensive Energy Efficiency upgrade project (the "Project) at Metropolitan Hospital Center (the "Facility").

Chris Constantino, Executive Director, Elmhurst Hospital Center, read the resolution into the record on behalf of Ann Sullivan, MD, Senior Vice President, Queens Health Network. Meryl Weinberg, Executive Director, Metropolitan Hospital, read the resolution into the record on behalf of Lynda Curtis, Senior Vice President, South Manhattan Health Network. Mr. Constantino and Ms. Weinberg were joined by Rino Trovato, Skip Hodge, and Juso Omaechevarria, New York Power Authority (NYPA).

Ms. Youssouf asked for an explanation of the financing structure used by NYPA. Mr. Omaechevarria advised that the financing was based on a commercial paper available rate, that rate would reset every January when it would be based on the previous twelve (12) months using a weighted average. He noted that the financing structure is not program specific to these projects it is the same used for their overall, approximately $500 million, capital program. He said the current 2013 rate, for all customers throughout the five boroughs and statewide, is 0.86%.

Ms. Youssouf said she understood that there was an annual cap but asked about the ability to have fixed rate financing to prevent exposure to HHC. Mr. Omaechevarria advised that the interest rate is negotiated every three years and the structure is based on the previous year's rates but a not-to-exceed cap is placed at 5.9%.

Ms. Youssouf stated that HHC had requested a fixed rate agreement. Mr. Omaechevarria advised that NYPA was in discussion with HHC Finance and NYPA Finance to determine whether a fixed rate can or will be used. He explained that some discussion points are that fixed rate agreements don't have flexibility to pay-off loans in advance. Ms. Youssouf acknowledged the customary fixed rate lock-out of approximately 5-10 years, but added that it would not be likely that HHC would make pre-payments. She asked that if a fixed rate option be offered that she would like to ensure that it is absolutely in whatever contract is signed at present, and that we (HHC) have the right to switch without penalty to a fixed rate agreement. She asked that Legal Affairs and Mr. Pistone be sure that is the case.

Ms. Youssouf expressed excitement about the energy efficiency projects and asked which others were coming up. Antonio Martin, Executive Vice President, advised that there are potential projects for Cumberland Diagnostic and Treatment Center and Woodhull Medical and Mental Health Center being discussed.

There being no further questions or comments, the Committee Chair offered the matters for a Committee vote.

On motion by the Chair, the Committee approved the resolutions for the full Board's consideration.

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to procure and outfit one hundred-nineteen (119) ambulances in Fiscal Year 2014 on behalf of the Fire Department of the City of New York ("FDNY"), through City-wide Requirements Contracts for a total amount not-to-exceed $37.3 million.

Dean Moskos, Director, Office of Facilities Development, read the resolution into the record. Mr. Moskos was joined by Steve Rush, Assistant Commissioner, and Vincent Barrett, Fire Department of the City of New York.

Ms. Youssouf stated that, as she understood, this arrangement was complete pass through. Mr. Moskos and Mr. Pistone agreed. Ms. Youssouf asked why the purchase is made in this manner and why the appropriation was not given directly to the FDNY. Mr. Rush explained that as part of the long standing relationship between the FDNY and HHC the FDNY runs Emergency Medical Services (EMS) on behalf of HHC, and HHC in return, due to the Medicaid reimbursement rate received for inpatient discharges (of which the depreciation of ambulances is built into) and therefore the money is passed back to HHC and back to the City as repayment to the Fire Department for its services. Mr. Moskos added that the arrangement is part of a Memorandum of Understanding from 1996.

Mrs. Bolus asked what happens to the old ambulances. Mr. Rush advised that ambulances are typically kept in frontline service for approximately five (5) to six (6) years, are then utilized as back-up ambulances for approximately eight (8) to ten (10) years, and then are finally sold at auction. Ms. Youssouf asked how the sale is handled. Mr. Rush said the sale is handled by DCAS and the money, he believes, goes into the general City fund. Ms. Youssouf asked for confirmation of where the money goes when the ambulances are sold.

Information Items:

License Agreements – Human Resources Administration – Multi-Service Centers

Jeremy Berman, General Counsel, Legal Affairs, advised that license agreements for two multi-service centers operated with the Human Resources Administration would commence a new annual term beginning July 1, 2013, at the current occupancy rate. The agreements were authorized by the Board of Directors for a period of five (5) years, but the City of New York issues occupancy agreements on a year by year

basis. However, the last annual renewal involved a rate increase that had not been authorized by the prior Board of Directors approval and therefor the agreements were re-presented to the Board of Directors, and it was then requested that the agreements be brought before the Committee annually to advise of the new term and any possible changes.

Gouverneur Healthcare Services – Major Modernization – Status Report

Mendel Hagler, Executive Director, Gouverneur Healthcare Services, provided the status report on the project. Mr. Hagler was joined by John Pasicznyk, Managing Director, Construction and Metro New York Operations, Dormitory Authority of the State of New York

Mr. Hagler advised that over the past month the facility received Department of Health (DOH) pre-occupancy inspections on floors four (4), five (5), six (6) and seven (7), DOH approved occupancy of the 4th floor, and Imaging and Ophthalmology services had been relocated to that space in late March. He noted that the DOH had recently advised that occupancy of floors five (5), six (6), and seven (7) could commence pending written documentation. Decanting of floors ten (10) and eleven (11) would hopefully take place in the next week to ten (10) days. In conclusion he advised that the facility was working closely with DASNY to transition the first floor phase of the project.

Mr. Pasicznyk explained that distributed photos showed progress of construction as well as occupied floors. He then reviewed the project budget. Mr. Pasicznyk advised that, as previously reported, the DASNY managed budget for the project was $247.4 million; including construction, soft costs, Furniture, Fixtures and Equipment (FF&E) and a project contingency of $8.75 million – with the contingency still holding. He noted that there were still some portions of the project not approved for funding by the City Office of Management and Budget (OMB), primarily $13 million for FF&E and a $5 million portion of the contingency that was being held back, therefore not available for the Project at the moment. As of March the construction value of the project was $142 million, 78% of the total construction budget, with about $40 million worth of work remaining.

Mr. Pasicznyk reviewed Minority and Women Owned Business Enterprise (MWBE) statistics on the project; which has a 14% MWBE participation rate and a 8% WBE participation rate, for a combined 22% participation rate.

Overall, the project is 78% complete, as measured by construction in place as of March 31, 2013. Floors 2 and 3 are the next floors to be delivered, with the TCO expected by May 2013. Floors 8 and 9 TCO is expected by October 2013. The 10th and 11th floors will decant patients to floors 5, 6 and 7, which is expected to begin April 12, 2013. Floors 10 and 11 TCO is expected by November 2013. The intention is to deliver the 1st floor TCO by February 2014.

That concluded the status report.

Project Status Reports
Central/North Brooklyn Health Network
Generations+/Northern Manhattan Health Network*
Queens Health Network*
* Network contains project(s) that require a delay report

As noted in the Assistant Vice President's report, there were no reports to be provided.

Equal Employment Opportunity Committee – April 9, 2013
As reported by Rev. Diane Lacey

Assistant Vice President's Report

Manasses C. Williams, Assistant Vice President, Affirmative Action/EEO briefed the Committee on the Equal Employment Opportunity Commission's (EEOC) 2011 report on discrimination cases. He reported that for 2013 the EEOC saw a 0.54% percent decrease (99,947 to 99,412) from the previous year charges filed. He further stated that charges based on retaliation, sex, race and disability were the leaders in most frequent filed claims, with retaliation as the number one complaint filed.

2012 Facility Discrimination Complaints Update

Gail Proto, Senior Director, Affirmative Action/EEO reported on the discrimination complaint status of the twelve network/facilities that were analyzed. The report shows that the overall number of open complaints in the Corporation decreased from 161 in 2011 to 153 in 2012 a decrease of 8 or 5%. New complaints increased from 202 in 2011 to 217 in 2012. Two hundred and eight cases were closed in 2011 and 225 in 2012. Counseling sessions over the period decreased from 182 in 2011 to 176 in 2012.

The results also showed that allegations filed in 2012 showed a significant increase in eight of the fourteen allegations tracked and a decrease in the remaining nine.

Finance Committee – April 9, 2013
As reported by Mr. Bernard Rosen

Senior Vice President's Report

Ms. Marlene Zurack introduced to the Committee Ms. Manuela Brito, newly appointed Chief Financial Officer, Coler/Goldwater Specialty Care Facility. As part of her report, Ms. Zurack stated that there were two action items on the agenda that relate to the New York Power Authority (NYPA) financing that would be presented by Ms. Dehart, Assistant Vice President, Corporate Reimbursement Services and Mr. Alfonso Pistone, Assistant Vice President, Office of Facility Development who would answer any questions from the Committee regarding the actual projects that are being financed. Additionally, the Capital components for those projects will be presented at the April 11, 2013 Capital Committee meeting. The report will also cover an update of the cash flow and commentary on the Financial Plan that was presented by Corporate Assistant Vice President for Budget Reporting, Mr. Fred Covino to the Committee last month. As of April 5, 2013, HHC cash balance was $425 million or 26 days compared to 33 days of cash on hand last month. As previously reported, as a result of the revenue losses at Bellevue and Coney Island resulting from the storm, a negative cash balance is reflected in the cash flow as of 6/30/13. Since last month's meeting, there were several discussions with City Hall and OMB and the City has agreed to allow HHC to move its FY 13 City payments to next year, FY 14.

Mr. Rosen asked what the total amount of those payments is. Ms. Zurack stated that those payments total $465 million and with that adjustment the closing FY 13 cash balance is projected to be $333 million. The reason the City has agreed to move those payments is due to the delay of the Community Development Block Grant (CDBG) monies that are projected to be received in July or August 2013. Therefore, this deferral is a "float" until those funds are received by HHC.

Ms. Zurack stated that next year as reflected in the financial plan there is an above the line gap of $673 million that resulted from a growing gap starting from FY 14 of $673 million increasing to $1.3 billion. In FY 11, HHC was in a similar situation, in that HHC was facing very large budget gaps in a two year period which is where HHC is projected to be; however, In FY 11, HHC was able to address those gaps through internal actions that were presented to the Committee and the Board. Of the $600 million target, HHC has achieved $588 million through City support matched with federal support which has also been received totaling $600 million. However, there have been some Medicaid and Medicare reductions that were direct cuts and others from the MRT and the Affordable Care Act have eroded HHC's bottom-line along with additional health and pension costs that have been reported to the Committee. In the plan, there are significant below the line items, State and Federal actions. Since last month, HHC has developed a list of items that must be achieved in order to address those actions. These items include but not limited to the assurance of Medicare DSH redistribution that is in the Affordable Care Act is implemented on-time that would generate $100 million annually to HHC but may cause other hospitals to lose money due to the redistribution of funds. Therefore, those hospitals are attempting to get a postponement and regulatory relief to offset this action. It is anticipated that those funds will be forthcoming in October 2013 with the methodology that benefits HHC. The second item relates to the Medicaid Redesign Team (MRT) 1115 waiver whereby the State is seeking a waiver from the Federal government to allow for a drawdown of additional federal dollars as a partial reinvestment of savings that had been granted to the federal government due to the MRT that would be used as a reinvestment in the healthcare industry. The State has argued with all of the changes in the MRT, the federal government over a five year period will see in total reduction in Medicaid spending of $18 billion. Based on those savings, the State's position is that the federal government should reinvest $10 billion in the healthcare industry. Those negotiations between the State and Federal governments have been ongoing for many months. Within the State's reinvestment argument is the public hospitals innovations pool which would bring $250 million a year over a five year period to HHC. Deputy Mayor Gibbs has been involved in those discussions with the State as it relates to the MRT Redesign 1115 Waiver. The State has indicated that HHC's public hospitals innovation's monies are included in the waiver and will be negotiating on behalf of those funds. However, the State is very much embroiled in a major conflict with the federal government over its last waiver that related to individuals with developmental disabilities. There has been a history throughout waivers between NYS and the federal government where there was funding linked to persons with developmental disabilities for twenty years. This dispute is related to whether there was an overpayment that was resolved going forward to reduce federal payments for persons with developmental disabilities at long term institutions; however, the retroactive component is yet to be resolved. This has delayed the MRT waiver which is very important to HHC. Additionally, in HHC's original plan in FY 11, HHC achieved the MetroPlus enhancement payment which at that time was valued at $200 million but has now been reduced to $60 million due to a change in the methodology at the State. HHC is addressing this issue in an effort to have it restored to the original amount of $200 million. It is important for the Committee to understand that there is a lot of detail in those State and Federal actions that are included in the plan. As HHC completes its reforecasting as part of the Executive Financial Plan in the out-years, if HHC achieves those items, which as reported involves some risks, it would not cover the projected spending included in the plan. Therefore, Mr. Aviles has begun discussions with the Senior Leadership team regarding the achievement of additional actions that will begin and continue throughout the coming months on developing an internal strategy to address this issue as part of HHC actions. HHC has informed the City of those actions relating to the State and Federal governments.

Committee member Ms. Emily Youssouf asked what is the benefit to HHC for deferring those payments to the City.

Ms. Zurack stated that it is a cash flow benefit for HHC. Ms. Youssouf asked if it was until HHC gets the CDGB funding. Ms. Zurack stated that in terms of the CDBG funds, HUD is currently reviewing the plan that relates to the funds that are forthcoming for the revenue losses that are not funded by HUD. HHC has requested funding for those expenses for Coney Island and Bellevue that became a part of the City's HUD submission which is currently under review by that agency. Therefore, HHC would appreciate any assistance from the Committee in resolving this issue. There is a process for obtaining those funds but cannot be achieved until the summer 2013 which would get HHC to that point. If those Federal and State action are achieved by HHC, there is a structural budget issue that would need to be addressed. In exploring all options, there is one other action that was raised by Ms. Dehart that relates to a "spend up" or a change in a State payment that will significantly increase the cash flow from NYS to HHC. HHC's team, Ms. LaRay Brown, Senior Vice President, Corporate Planning, Community Development, Intergovernmental Relations, Mr. John Jurenko, Senior Assistant Vice President and Ms. Wendy Saunders, Assistant Vice President are addressing this issue.

Board Chairman Dr. Michael Stocker asked for clarification of the "spend up." Ms. Zurack stated that the "spend up" relates to the overlap of the State FY (SFY) with the City that would allow HHC to gets a particular supplemental Medicaid payment of $524 million moved to a month that would benefit HHC without a major impact or change to the State given that it would be within the SFY.

Ms. Youssouf asked what is included in those deferred payments.

Ms. Zurack stated that those payments include: EMS $148.5 million; malpractice $135.9 million; Medicare Part B for retirees $14.1 million; the welfare stabilization fund $3.1 million; HHC overhead payment to the City $8.5 million and debt service $155.2 million.

Mr. Rosen added that this was not the first time the City has allowed HHC to defer payments.

Ms. Zurack stated that there was a deferral in FY 11; however, HHC was not required to make-up those payments.

Ms. Youssouf stated that given the extraordinary year the City is expected to have in addition to the CDBG funds, HHC should explore the possibility of having the City cover those payments from the various available funding resources.

Ms. Zurack stated that HHC has explored various options with the City that included that recommendation; however, the CDBG funds are very specific in that the funding is directly related to the disaster/storm. The details of those funds can be shared with the Committee.

Agent Designee for Committee member Deputy Mayor Linda Gibbs, Ms. Andrea Cohen stated that there are some constraints that HUD has ultimately to approve.

Ms. Youssouf stated that given the City's projected financial status it would be a good year for the City to forgive a portion of those payments or the debt service which was discussed with the City.

Ms. Zurack stated that it was discussed and it is currently in a not yet decided category. The City is currently doing its Executive Budget which is the final step in this process.

Ms. Cohen stated that there is a lot of uncertainty about what will be included in the disaster relief fund.

Ms. Zurack added that the City's position is to see what is in the disaster fund before any decisions are made from a funding perspective. The last time this type of action occurred, it was a part of an overall package that closed HHC's gaps for five years. That decision is being deferred along with those payments.

Key Indicators/Cash Receipts And Disbursement Reports

Mr. Fred Covino reported that utilization as of February 2013 acute discharges are down by 9.5% or 12,000 discharges. After adjusting the data to exclude Bellevue and Coney Island, discharges are up by 140. The D&TC visits are down by 12.3% which is consistent with last month. Nursing home days are down by 13.8%. The ALOS, all of the facilities with the exception of Lincoln and Metropolitan are within a 1/3 day of the corporate average.

Ms. Cohen asked if the decline in the nursing home days is attributable to Coler/Goldwater. Mr. Covino stated that the majority relates to those facilities in addition to the construction at Gouverneur. Continuing with the reporting, Lincoln is down by 6/10 day compared to the expected ALOS and Metropolitan is down by 4/10 day. The corporate-wide CMI is up by .25% through February 2013 of which nine facilities are up and two are down year-to-date (YTD).

Mr. Rosen asked Mr. Covino how would the removal of Bellevue and Coney Island from the data impact the status. Mr. Covino stated that utilization is up by .14% or 140 discharges. Moving to the next page of the report, FTEs are down by 810 YTD compared to the target of 446 FTEs, 364 FTEs better than the target. Receipts are down by $205 million compared to the budget and disbursements are $40 million over budget for a total net deficit YTD of $245 million. Page 3, a YTD a comparison of actuals to the current and prior FY, receipts are $196 million better than last year primarily due to $162 million increase in DSH/UPL payments and the timing of a supplementary Medicaid payment of $89 million and the pools portion. Expenses are $182 million better than last year due to the timing of pension payment of $149 million; City payment of $94 million better and FICA refund of $23 million offset by a $55 million in OTPS expense repairs for Bellevue and Coney Island revenue losses due to a reduction in the Medicaid fee-for-service down by $162 million. Medicaid cases are down by 7,000 compared to the budget and 35,000 days in psych visits.

Ms. Youssouf asked if the reductions were related to the storm. Mr. Covino stated that a portion is related to the storm, $126 million of the $209 million is related to Bellevue and Coney Island. On the outpatient side, receipts are down by $71 million, $28 million is due to Bellevue and Coney Island primarily in the Medicaid fee-for-service. All other is up by $75 million primarily in grants and tax levy. Grants are up by $61 million due to FEMA funding received due to the storm. Expenses are $3 million better than budget due to the reduction in FTEs, 364 FTEs over the planned target offset by a $3.5 million increase in overtime compared to the plan. Fringes are $24 million better due to the FICA recovery. OTPS expenses are $64 million worse than budget due to restoration expenses at Coler, Bellevue and Coney Island due to the storm.

Ms. Youssouf extended thanks for the inclusion of the footnotes as requested by the Committee last month. Mr. Covino stated that the footnotes will be update each month as to reflect the restoration of services at each of those facilities that were restored.

Action Items:

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to negotiate and execute a tax-exempt financing with the New York Power Authority ("NYPA") for a principal amount not-to-exceed $22,846,607 to finance the Comprehensive Energy Efficiency upgrade project at Metropolitan Hospital Center (the "Metropolitan Project").

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to negotiate and execute a tax-exempt financing with the New York Power Authority ("NYPA") for a principal amount not-to-exceed $24,368,393] to finance the Comprehensive Energy Efficiency upgrade project at Elmhurst Hospital Center (the "Elmhurst Project").

Assistant Vice President for Debt Finance/Corporate Reimbursement Services, Ms. Linda Dehart brought to the attention of the Committee that the two resolutions relate to the NYPA financing and would therefore be presented together. Ms. Dehart stated that there was a summary presentation of the financing of the projects that was not included in the Finance package but was distributed to the Committee at the meeting and that copies were available as well. These resolutions will allow HHC to take advantage of financing that is offered by NYPA which has a better credit rating than the Authority. NYPA started a variable rate financing program that is offered to its clients since 1995 and over the life of that program the interest rates which are set on an annual rate have ranged from .51% to 4.15%. Currently the annual rate for this year is .86%. These projects were recommended through a comprehensive energy audit that was done under the auspices of the clean air buildings plan, a NYC program and are also required for boilers or fuel burning regulations that will become effective in 2015. At Metropolitan the total cost of the project is $34.3 million. There were some grants that HHC received through the Plan NYC Program that will be used to offset the cost of the project. At Metropolitan in particularly there is also some fuel oil remittance work that needs to be done that will be funded by some additional City capital funds and the balance of the project $22.8 million would be financed through NYPA. It is estimated based on the average interest rate over the life of the NYPA program at 2.55% that the debt service on the NYPA financing would be $1.5 million. In addition HHC would repay the City their capital debt service of $332,000 for a total debt service cost of $1.8 million. The energy audit estimates that the annual energy savings cost from the project would be $1.5 million leaving a net annual cost to HHC over 20 years of $328,000. Also reflected on the summary is that it is variable rate financing some scenarios of what the annual cost might be under a different interest rate. The current interest rate, the annual cost to HHC would be $112,000. NYPA purchases a cap on its financing generally at about 6% to hedge against interest rate spikes at the capped level of 5%, the cost on an annual basis would be $832,000.

Dr. Stocker stated that the analysis was very helpful in providing a better understanding of the financing. However, from a point of clarification, is the variable rate on the twenty years average 2.55%.

Ms. Dehart stated that it is the average over the life of the NYPA program, since 1995 averaging the growth that they have experienced.

Dr. Stocker asked if the cap is at 6% compared to the current .86% and if HHC breaks even at 3.7% at a 20 year average, HHC would be ahead. Ms. Dehart stated that it would save money at Elmhurst.

Ms. Cohen asked what the assumptions are for the fuel on the savings side.

Mr. Pistone stated that the savings for the calculations are conservative estimated that could probably go higher than the stated estimates. These estimates were provided by the design team.

Ms. Zurack stated that those estimates are not guaranteed but rather estimates from the energy utilization reduction and energy cost program, whereby if the cost goes down the savings would increase.

Dr. Stocker asked for further clarification of the savings relative to the energy cost.

Mr. Pistone stated that it goes to the efficiency of the systems and there are calculations that would be required as far as fuel rates are concerned. The fuel assumptions estimates and the calculations were not readily available but based on past experience, those calculations are usually very conservative. Currently the fuel rates that are being charged could go up or down.

Dr. Stocker asked if those assumptions were basically for the boiler system in addition to other savings in the building. Mr. Pistone stated that it was for the entire system that is going to be installed not just the boilers which is only attributable to these projects.

Dr. Stocker added that the assumption is that this would be less fuel, less cost. Mr. Pistone stated that the fuel consumption would be reduced.

Ms. Zurack asked how old are the boilers at those facilities.

Mr. Pistone stated that the boilers at both of the facilities are about 60 years old and are the original boilers.

Dr. Stocker asked what was the life expectancy of those boilers. Mr. Pistone stated that it was 25 – 30 years which based on that those boilers must be replaced in addition to the ban on the use of #6 fuel which is what those boilers current burn. There is a regulation that #6 fuel must be phased out by 2015 which is the primary driver of these replacements.

Ms. Youssouf added that it is important for HHC to replace those boilers; however, it is important to note that the financing is from their commercial paper 364 financing whereby each year the rates reset the cap that is purchased which is at one year at a time. When that occurs and the rates are increased how will that be addressed by HHC? Given that possibility, HHC should try to get NYPA to do fixed rates which would be safer and based on the information presented by Ms. Zurack, HHC should make every effort to lock into a fixed rate.

Ms. Dehart stated that currently NYPA does not offer a fixed rate. In their prior history before 1995 it was offered but NYPA did not have a good experience with the fixed rate option. However, NYPA is evaluating whether to again offer a fixed rate but has expressed to HHC that there are some issues relative to offering a fixed rate that would need to be thoroughly explored involving disclosure and arbitrage issues. NYPA is currently addressing those issues with their legal counsel and expect that it will take up to a year to complete and come to a decision on whether fixed rate will be offered. In the interim, the way the financing would work is that HHC would sign an initial agreement to enter into the project and NYPA would finance during construction and at the close of construction and following an audit of the entire project, HHC would sign a final financing agreement which is expected to occur in August 2013. If at that time, NYPA decides to offer fixed rate HHC can negotiate at that point before the final financing agreement is signed to close those projects out as a fixed rate financing.

Ms. Youssouf asked if that would be stated in the contract or is it just a verbal understanding. Ms. Dehart stated that at this time it is verbal only. Ms. Youssouf stated that it would be advantageous for HHC to get that language into the contract.

Ms. Zurack stated that Corporate Finance would address this issue with NYPA and work on getting it resolved in the contract and include Ms. Youssouf in that process.

Mr. Rosen asked if the new boilers would be gas fire. Mr. Pistone stated that they are a combination of gas and #2.

Ms. Cohen asked if there are other boilers at facilities that are using #6 fuel that would be subject to the 2015 deadline.

Mr. Pistone stated that Woodhull and Cumberland would be affect by that deadline.

Ms. Zurack stated that based on discussions with the City's Resiliency Committee, the issue of raising the boilers at Metropolitan as part of the installation is being explored. The cost is yet to be determined and could increase the cost of the project; however, there is a 20% contingency included as part of the project cost.

Ms. Youssouf asked if the boilers could be included as part of the CDBG resilience. Ms. Zurack stated that it had been raised with the Resiliency Committee and only the cost of moving the boilers could be included as part of that funding.

Mr. Rosen asked what the grants are that are included as part of the funding.

Ms. Dehart stated that the grants relate to the plan NYC. Mr. Pistone added that HHC received the grant from the City Department of Citywide Administrative Services (DCAS) through plan NYC.

Mr. Rosen asked if it is an energy improvement grant and whether HHC has to repay the funding. Ms. Zurack stated that it is not just an energy improvement grant but rather an emission improvement as well. The grant does not require a repayment from HHC.

Ms. Youssouf asked if there is any remediation as a result of moving those boilers that have been there for a long period of time.

Mr. Pistone stated that for the #6 there is remediation work which is included in the cost.

Committee Member Josephine Bolus, NP-BC asked when the work will begin on the remaining two facilities. Mr. Pistone stated that the work has already begun. The design work has started and the evaluation is currently underway. It's important to note that those are smaller projects.

Medical and Professional Affairs / Information Technology Committee
– April 11, 2013 – As reported by Dr. Michael Stocker

Chief Medical Officer Report:

Ross Wilson, MD, Senior Vice President/Corporate Chief Medical Officer reported on the following initiatives:

NYS Hospital Medical Home

NYS DOH reports that: "all 63 academic training hospitals participating in the Hospital Medical Home Demonstration Program have created work plans that meet the goals and requirements of this initiative. These impressive work plans include creative projects and innovations that will support the Patient Centered Medical Home model, improve continuity in Residency Training programs, and most importantly improve care for patients in the primary care residency training setting". Eleven (11) HHC Hospitals are participating in this program and as a group have been award approximately $38 million dollars. 25% of this award was disbursed in January of 2013. The remaining 75% of the award is contingent on our primary care clinics becoming re-certified as NCQA Patient-Centered Medical Homes by the end of 2013.

Ambulatory Documentation and Coding Corporate-wide Training

The American Medical Association (AMA) issued major changes to CPT codes impacting both payers and providers this year. These affect mental health and substance abuse programs. To help ensure integrity in coding/billing practices across the board, HHC is providing training this month with regard to the new codes, focused on appropriate documentation for E&M codes and highlighting the coding changes relevant to NYS OMH and OASAS. Provider Consulting Solutions, Inc. will be conducting these webinar trainings. There will be one training session, repeated two times, with a final wrap-up and FAQ. The training is targeted to psychiatrists (MD), nurse practitioners in psychiatry (NPP) as well as Coders.

Wearing a Mask for Next Flu Season

The Public Health & Planning Council (PHHPC) heard submissions on the proposed mandatory wearing of masks for health care employees who decline flu vaccination in Albany on April 11, 2013. HHC strongly supports this position and will be doing so publicly at the hearing. Clearly flu vaccination is the best prevention for staff, their family and our patients, but HHC"s employee vaccination rate was less than 40% across our whole system for the last season.

Opioid Prescribing Guidelines

HHC has taken a strongly supportive position on these guidelines which originated from Mayoral Taskforce and were launched in January of this year. In addition to agreeing to their implementation at all of our Emergency Rooms, members of HHC's clinical community have been active in the media. These guidelines are aimed at reducing the number of opioid prescriptions in order to assist with the public health problem of these drugs being abused and causing an increasing number of deaths in communities across the country. We are now reviewing the use of these guidelines in dental and primary care areas, as well as monitoring prescribing on an ongoing basis.

New Research Approval System

After considerable review of the necessary steps at facility and central office level, HHC has entered into a contract to implement a new software program to streamline the research approval process. This is a major step forward for our investigators, as well as our administrators to speed and increase transparency of this important process. Implementation is being overseen jointly by the Research Administration office and HHC Enterprise Information Systems.

MetroPlus Health Plan, Inc.

Arnold Saperstein, MD, Executive Director, MetroPlus Health Plan, Inc. presented to the Committee. Dr. Saperstein informed the Committee that the total plan enrollment as of March 29, 2013 was 430,545. Breakdown of plan enrollment by line of business is as follows:

Medicaid	367,932
Child Health Plus	12,928
Family Health Plus	34,264
MetroPlus Gold	3,193
Partnership in Care (HIV/SNP)	5,557
Medicare	6,617
MLTC	54

Dr. Saperstein informed the Committee that this month, MetroPlus had a net loss of 11,484 members. MetroPlus experienced a positive gain in Medicare, gaining 132 enrollees.

Dr. Saperstein provided the Committee with reports of members disenrolled from MetroPlus due to transfer to other health plans, as well as a report of new members transferred to MetroPlus from other plans.

This month, MetroPlus experienced a loss of over 20,000 involuntary disenrollments as a result of retroactive adjustments due to Hurricane Sandy. HRA offered a two month extension for the recertification of members, yet the recertification packages were sent out just around the date of the storm. A very large percentage of these recertification's were not returned leading to loss of Medicaid. MetroPlus is working very closely with HRA to address these losses as well as outreaching to these members to assist them in reapplying.

This month, MetroPlus successfully completed the submission of the initial Centers for Medicaid and Medicare Services (CMS) FIDA application on February 21, 2013. The FIDA program is a demonstration project between CMS and the State of New York and is focused on long term care. MetroPlus is currently waiting for guidance from the State on any next steps that may be required.

In February, MetroPlus implemented an authorization program for outpatient high tech radiology services (PT, MRI, MRA, CT) and nuclear cardiology services. Due to the volume of requests, and expertise required, MetroPlus will be partnering with MedSolutions to issue the authorizations for these services. All HHC facilities are excluded from this authorization requirement.

The HHC Health Home initiative has entered into its second phase of enrollment. At the end of January, the State sent HHC a new list of members for outreach to join the HHC Health Home. The current outreach strategy includes a target outreach population of 50% of HHC FFS patients and 50% MetroPlus members. A mailing of 1,300 letters was sent this month and the response is favorable. The current enrollment in the HHC Health Home is 640 patients, 348 of which are MetroPlus members. In addition, the NYSDOH notified health plans that the plans must diversify their contracts beyond HHC. MetroPlus has entered into negotiations with other Health Homes that are not considered direct competitors.

This month, the State has announced the Phase II Medicaid Redesign Team rate adjustments for health plans. There will be an overall increase of 0.6% to Medicaid rates and 0.7% to Family Health Plus rates. In the future, there will also be a rate increase for our Managed Long Term product line. The calculation for reimbursement was made on the assumption that 80% of members in the program would be nursing home certifiable. The actual number has proven to be 98% of members that are nursing home certifiable- generating the rate increase.

There will be a .7% shift in dollars due to the transportation carve-out; these dollars will be used to support the primary care rate increase required by the Affordable Care Act. For dates of service starting January 1, 2013, the statute specifies that higher payment applies to primary care services delivered by a physician with a specialty designation of family medicine, general internal medicine, or pediatric medicine. The regulation specifies that specialists and subspecialists within those designations as recognized by the American Board of Medical Specialties (ABMS) the American Osteopathic Association (AOA) or the American Board of Physician Specialties (ABPS) also qualify for the enhanced payment. In order to be eligible for higher payment physicians must first self-attest to a covered specialty or subspecialty designation. It was recently announced that the State will collect attestations from providers and will provide plans with an eligibility file to aid in the reimbursement process.

As the New York State Medicaid Redesign Team continues their work to cut costs, the focus is now on the Behavioral Health population. The latest recommendation for NYC will be full benefit integrated SNPs (affiliated with existing plan or freestanding) for high need populations to be called Health and Recovery Plans (HARPs). HARPs eligibility criteria and specialized benefits will be developed by DOH, OASAS, OMH and NYC with stakeholder input. The State has issued a draft BH benefit redesign proposal timeline which shows that applicants will need to be prepared to respond to serve as a HARP in the Summer of 2013 with a 30-day response time to an RFP. HARPs will begin operation in Fall/Winter 2014.

Information Items:

Soarian Revenue Cycle Management System Project Update

Presenting to the Committee were Maxine Katz, Senior Assistant Vice President and Richard Minott, Senior Director, Revenue Management. The decision to migrate to a revenue cycle management system was to improve collections, have a system that makes work easier for staff and to allow patients easier access to HHC. The revenue cycle process was described to the Committee (see full presentation below). Soarian is a web-based system that integrates scheduling and registration; billing and follow-up; and management support. Soarian combines 21 facility databases into one database and supports operational work flows. The new features of this system includes: enterprise document management; easy to use management decision reporting; a single corporate patient directory; a single corporate scheduling system; decision support for patient account staff; denials management tools; and automated work listing and workflow throughout the entire process.

Ms. Katz walked the Committee members through the updated schedule for implementation covering the areas of document imagining, data reporting; revenue cycle management (scheduling and enterprise master patient index development & testing) which was installed at 2 sites in September 2012 with installation at remaining sites to occur during July and August 2013; and the financials development and testing will occur beginning September 2013 with full installation at all sites by December 2014.

The presentation concluded with what went well and the challenges for developing and implementing this system. What went well included: using Breakthrough to develop business needs; overcoming conflict between Siemen's implementation strategy and HHC's vision; and hospital teams worked collaboratively. Challenges faced include: existing variation in practices between facilities; complexity of designing, developing and implementing difficulty of rolling out process improvement in all facilities; vendor underestimated the level of development required; and coordination throughout all facilities and departments.

Care Coordination Demo

Due to time constraints this demonstration will be presented at the May 2013 Medical and Professional Affairs/IT Committee meeting.

SOARIAN REVENUE CYCLE MANAGEMENT SYSTEM PROJECT UPDATE- MPA / IT BOARD COMMITTEE

Maxine Katz
April 11, 2013

Agenda

- □ Background
- □ Deliverables
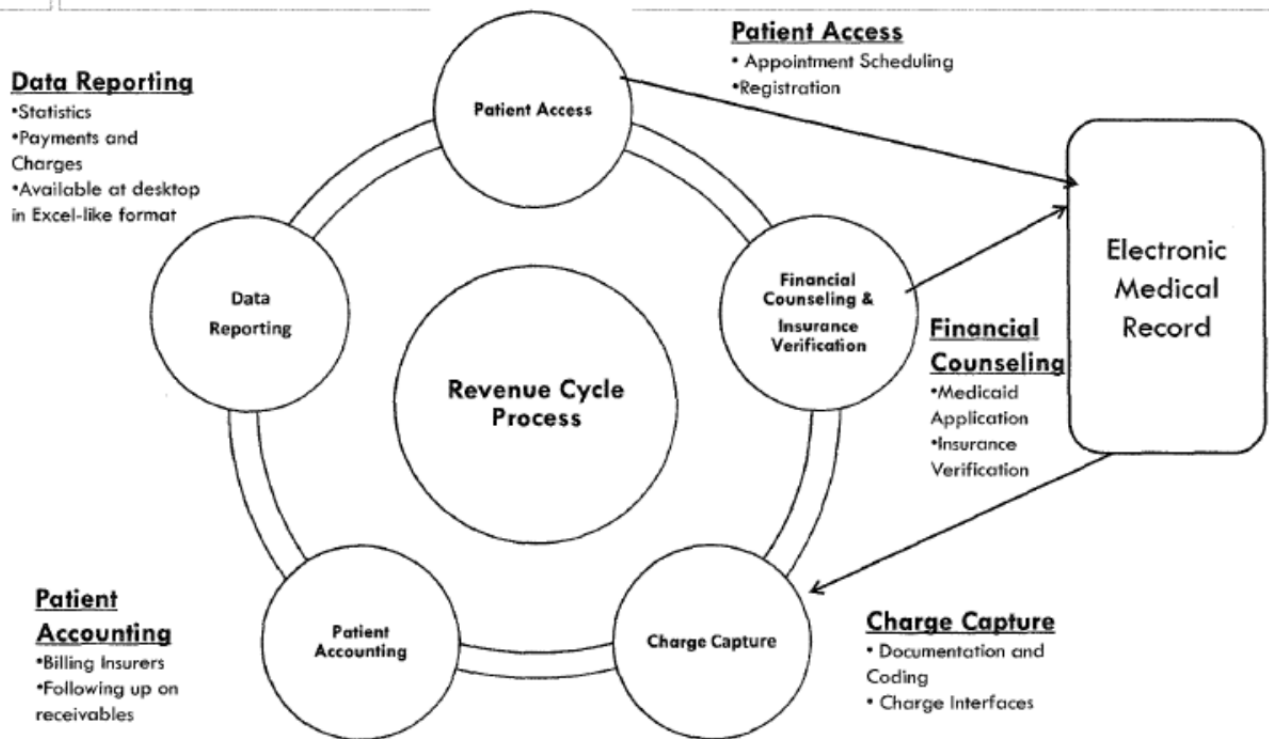- □ Schedule
- □ Experience to date

Background

- □ Why Migrate to a Revenue Cycle Management System?

- □ What's different in the new system?

- □ New Features

Why Migrate to a Revenue Cycle Management System?

☐ Improve Collections

☐ Make Work Easier For Staff

☐ Allow Patients Easier Access to HHC

Revenue Cycle Management

nyc.gov/hhc

Data Reporting
•Statistics
•Payments and Charges
•Available at desktop in Excel-like format

Patient Access
• Appointment Scheduling
•Registration

Financial Counseling
•Medicaid Application
•Insurance Verification

Charge Capture
• Documentation and Coding
• Charge Interfaces

Patient Accounting
•Billing Insurers
•Following up on receivables

Patient Access

Data Reporting

Financial Counseling & Insurance Verification

Revenue Cycle Process

Patient Accounting

Charge Capture

Electronic Medical Record

What's different in the new system?

Soarian is a web based system that:

- ❑ Integrates:
    - ▪ Scheduling and Registration
    - ▪ Billing and Follow-up
    - ▪ Management Support

- ❑ Combines twenty-one facility databases into one

- ❑ Supports operational work flows

- ❑ Adds features

New Features

- ❑ Enterprise Document Management

- ❑ Easy to use Management Decision Reporting

- ❑ Single Corporate Patient Directory

New Features-- continued

❑ Single Corporate Scheduling System

❑ Decision support for patient account staff

❑ Denials Management Tools

❑ Automated Work Listing and Workflow throughout the entire process

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Deliverables

nyc.gov/hhc

	Completion Date
Enterprise Document Imaging	November 2010
Data Reporting	June 2012
Revenue Cycle Management	December 2014 20 % complete

Updated Schedule

Completion Dates	2010	2011	2012	2013	2014
Document Imaging	Nov				
Data Reporting			June		
Revenue Cycle Management					
Scheduling and enterprise master patient index development and testing			July		
Installation first 2 sites			Sept		
Remaining sites				Jul/Aug	
Financials development and testing				Sept	
Installation long term care				Oct	
First 2 acute hospitals					Jan
Remaining sites					Dec

Initial Schedule

Completion Dates	2010	2011	2012	2013	2014
Document Imaging	Nov				
Data Reporting					
Communication		July			
Training		Dec			
Installation in all sites			March		
Assessment			June		
Revenue Cycle Management					
Scheduling and enterprise master patient index development and testing			April		
Installation first 4 sites			July		
Second 4 sites			Oct		
Third 4 sites			Dec		
Remaining sites				March	
Financials development and testing			Nov		
Installation of First 4 sites				March	
Second 4 sites				July	
Third 5 sites				Nov	
Remaining sites					March

Experience to date

- □ What Went well
    - ◘ Using Breakthrough to develop Business Needs
    - ◘ Overcoming conflict between Siemen's implementation strategy and HHC vision
    - ◘ Hospital Teams Worked Collaboratively

- □ Challenges
    - ◘ Existing variation in practices between facilities
    - ◘ Complexity of designing, developing and implementing
    - ◘ Difficult to roll-out process improvement in all facilities
    - ◘ Vendor underestimated the level of development required
    - ◘ Coordination throughout all facilities and departments

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Strategic Planning Committee – April 9, 2013
As reported by Josephine Bolus, RN, NP

Senior Vice President Remarks

Ms. Brown greeted and informed the Committee that her remarks would include brief updates on federal, city and state issues.

FEDERAL UPATE

Final Rule Issued For Federal Medicaid Match under ACA

Ms. Brown reported that on March 29, 2013, HHS published the final rule governing the federal match calculation for Medicaid under Obamacare effective January 1, 2014. She explained that, for states such as New York State that had coverage expansions in effect prior to enactment of the Affordable Care Act (ACA), the rule provides for an increased Federal Medical Assistance Percentages or FMAP match rate of the following:
- 75% in 2014
- 80% in 2015
- 85% in 2016
- 86% in 2017
- 90% in 2018 and
- 93% for 2019

Ms. Brown reported that the enhanced FMAP rate will apply for childless, non-pregnant adults who are not "newly eligible" because New York State provides coverage for parents up to 150 percent of the federal poverty level (FPL) as of December 1, 2009. It has been estimated that this will mean an extra $1.3 billion for New York in 2014, according to state estimates. (This estimate was included in Schumer's Press Release on March 25, 2010).

Ms. Brown reported that for states that did not provide coverage for individuals up to 133% FPL, the federal government will pay 100 percent of the cost of certain newly eligible adult Medicaid beneficiaries effective on January 1, 2014. She noted that these payments will remain in

effect through 2016, but would phase down to a permanent 90 percent matching rate by 2020. Ms. Brown reminded Committee members that the ACA authorizes states to expand Medicaid to adult Americans under age 65 with income of up to 133 percent of the federal poverty level.

She added that during the negotiations of the ACA there was a lot of contention about how the federal government was addressing as an incentive the amount of support the Feds will provide to states to increase the Medicaid population. She stated that the good guy states like New York and others, through some existing states programs, have already achieved a level of that coverage that was being incented in the ACA and were able to benefit some federal match for the next seven years.

Continuing Resolution Enacted To Fund Federal Government through Rest of The Fiscal Year

Ms. Brown reported that, on March 20, 2013, the Senate had passed the continuing resolution (CR) spending measure (HR 933) by a vote of 73-26. She noted that the House had approved the Senate-passed CR by 318-109 and it was signed by the President thereby avoiding a government shutdown. Ms. Brown stated that the CR left most of the sequester cuts in place with a few exceptions. For instance, the National Institutes of Health got $71 million of its $1.5 billion cut restored. For the WIC Program, a total of $250 million of its $333 million cut was restored, which will allow the WIC program to provide assistance to 300,000 more individuals in need.

Budget Resolutions

Ms. Brown stated that the House and Senate Budget Resolutions were so comprehensively different in their approach that the House-Senate conference is not expected to ever reach a compromise between them. She explained that, if, however, a "grand bargain" between the Senate, House and President is achieved, that grand bargain, which may or may not include items from the Budget Resolutions, could be reported from this conference committee. It would then go to the floors without going through any committees and, as is the case with all conference reports, would be protected from any floor amendments.

Ms. Brown reported that, on March 21, 2013, the House passed the Ryan Budget Resolution by a vote 221-207 on a mostly party-line vote. She noted that New York Republicans Gibson and Hanna were 2 of the 10 Republicans to vote no. Ms. Brown stated that the spending plan would bring the federal budget into balance within 10 years by repealing President Obama's health care law except the cuts, turning Medicare into a premium support program and block granting Medicaid. She noted that the Ryan plan would cut more than $4.6 trillion in spending over 10 years; seventy percent of which would be from health programs, with $756 billion from Medicaid over 10 years. Approximately $2.7 trillion of the cuts would be from repealing the Patient Protection and Affordable Care Act's (PPACA) coverage provisions but retaining the PPACA Medicare and Medicaid cuts. In addition, the plan also recommends reforming the medical liability system; increasing means testing for Medicare Parts B and D; repealing the Independent Payment Advisory Board; and establishing a deficit-neutral reserve fund to address the doc fix. Moreover, starting in 2024, Medicare would transition to a premium support program, with workers currently under age 55 choosing between private plans and a traditional fee-for-service option through a newly created Medicare Exchange.

Ms. Brown reported that, on Saturday, March 23, 2013, the Senate had voted 50-49 to pass a fiscal year 2014 budget resolution that would raise $1.85 trillion in savings over 10 years through an equal combination of tax revenue increases and spending cuts. She explained that the cuts would include $275 billion in unspecified health care reductions, including $125 billion from Medicare and an unspecified $10 billion from Medicaid.

Ms. Brown reported that there was an interesting vote on coverage of immigrants during the debate. The Senate defeated (43 to 56) an amendment to the budget resolution, offered by Budget Ranking Member Sessions (R-AL), which would have put the Senate on record as opposing access to health care under Medicaid or the Affordable Care Act for undocumented immigrants who get a green card under any immigration reform legislation. She noted that the Senate's bipartisan immigration working group (aka "gang") split along party lines. In addition, all Democrats opposed the amendment, including gang member Senators Schumer (D-NY), Durbin (D-IL), Menendez (D-NJ), Bennet (D-CO), plus Collins (R-ME), and Murkowski (R-AK); all other Republicans supported the amendment, including immigration negotiators Rubio (R-FL), McCain (R-AZ), Graham (R-SC), and Flake (R-AZ).

Ms. Brown announced that the President is set to release his budget on April 10, 2013. She added that there have been "leaks" to the press indicating that the President will cut $400 billion from health care programs, but none from Medicaid.

340B Rule and Group Purchasing Organizations (GPOs)

Ms. Brown reported that, on Friday April 5, 2013, the Health Resources and Services Administration (HRSA) had extended their April 7th deadline to August 7, 2013 to comply with a new HRSA policy on 340B and GPOs. As discussed at last month's Committee meeting, on February 7th, HRSA had released a 340B Drug Pricing Program Notice to "explain and clarify" HRSA's position on 340B hospitals' use of group purchasing organizations (GPO), often referred to as the GPO exclusion. The 60-day notice was insufficient to make major systems changes and the only penalty available is total exclusion from the 340B program, whose purpose is to assist low-income patients gain access to their prescriptions. Through its participation in 340B, HHC saves approximately $60-80 million. She added that Ms. Judy Chesser and Mr.

Leonard Guttman, Assistant Vice Presidents, met in Washington last month with a coalition that ultimately had had an impact on modifying this directive. Ms. Brown stated that the coalition included hospital systems from Pennsylvania and Iowa. The group worked together to have their Senators draft a letter to HHS/HRSA asking for an extension in order to allow 340B participating hospitals to shore up their systems to ensure that there are appropriate processes in place. Ms. Brown added that in addition to this letter submitted to HRSA, there were some phone calls made to HRSA highlighting the concerns of HHC and other public hospitals. Ms. Brown reiterated that, the extension will enable HHC to shore up its systems and be fully in compliance.

STATE UPDATE

State Budget Passage

Ms. Brown announced that a detailed presentation on the recently enacted State Budget will be distributed later in this meeting. However, she wanted to quickly highlight some of the healthcare policy issues that surfaced during the budget process, which are likely to reemerge as stand-alone bills when the Legislature returns from their Easter/Passover recess. These include reforms to the state's Certificate of Need (CON) process, creation of new rules governing payment and billing when patients get care from out-of-network providers, authorization for retail clinics operated by chain pharmacies, and pilot programs to allow private, for-profit companies to partner with New York hospitals. In addition to these issues, a robust discussion of legislation that would implement staffing ratios in healthcare facilities and to impose new requirements for safe patient handling, as well as legislation on a variety of liability and malpractice issues is anticipated.

Mr. Nolan asked if the retail clinics operated by chain pharmacies such as Walgreen, Rite Aid, and CVS were projected to happen in the future. Ms. Brown responded that it was already happening in other regions. Mr. Nolan also asked if that plan was a good idea. Ms. Brown responded that it would be a good idea if these entities were treated equally in terms of the requirements and mandates that are in place for non-retail clinics. HHC's clinics as well as other healthcare providers, including community health centers, have to comply with a variety of state regulations. Ms. Brown suggested that HHC and other hospitals need to look at that design to find out what the retail pharmacies are doing to make it a good business and how to improve access to care.

Mr. Aviles referred back to the retail clinics discussion and stated that to the extent that these are safe alternatives that are relatively low-cost and convenient for patients, particularly for very routine things (procedures, diagnoses) that otherwise might end up clogging up the emergency departments, pediatrics specifically, there is no reason to oppose the retail clinics. He added that the issue is to ensure that the practice does not proliferate into a realm of greater complexity that really is not appropriate for that sort of a setting. Mr. Aviles reiterated that, for parents taking their children for an ear ache, for example, the setting is very convenient, reasonably priced, and would serve a patient's needs.

Mr. Bernard Rosen, Board Member, commented that by giving influenza flu shots, for example, these retail pharmacies are like an extension of the hospitals. Ms. Brown added that in addition to the influenza and the pneumococcal shots, they also conduct screening for hypertension, diabetes and other conditions.

Ms. Brown introduced Ms. Wendy Saunders, Assistant Vice President and invited her to present an overview of the 2013-2014 State Fiscal Year Executive Budget.

Information Item

2013-2014 State Fiscal Year Executive Budget Presentation

Wendy Saunders, Assistant Vice President, Office of Intergovernmental Relations greeted Committee members and invited guests. She commented that not only was this year's budget timely, it was also early. Mrs. Saunders summarized key items within New York State's 2013-14 Executive Budget that were of importance to HHC. This summary is provided below:

Final 2013-14 State Budget

- $135 Billion Budget
- Closes $1.3 Billion deficit
- Earliest passage in decades
- Total impact on HHC estimated at approximately $63.3 million
- Estimated $26 million MetroPlus impact (due to 2% across-the-board Medicaid cut)
- New two-year agreement on Medicaid
- Extends Global Medicaid Cap for two years
    o Excludes funds for Hurricane Sandy

- o Requires SDOH to include more information in updates
- o Extends SDOH's "superpowers" to make cuts to stay under Cap
- No inflation factor for providers until April 2015 (-$26.4 million HHC impact)
- Extends 2% across-the-board rate cut until 2015, with option to end earlier (on track for April 2014) (-$17.6 million HHC impact)

Charity Care Reform

- Reforms charity care reimbursement / Disproportionate Share Hospital (DSH) funding to comply with federal ACA requirements
- 3 year transition
- Includes additional reporting requirements on impact of changes on safety net providers and improvement in amount of charity care provided
- Creates Financial Assistance Law Compliance Pool
- More funding to hospitals that care for uninsured, underinsured and Medicaid enrollees (likely some small HHC benefit)
- No longer reimburses for Bad Debt
- Rejects using HHC DSH room to fund Voluntary Hospital Transition Pool ($25 million)

Final 2013-14 State Budget

- Allows previously disqualified nursing homes to receive Upper Payment Limit (UPL) funding (-$6.4 million HHC impact)
- Decreases Outpatient APG rate (not intended to apply to public hospitals)
- Decreases Article VI public health funding for HHC's child health clinics due to reforms to focus on local DOH core public health services (up to -$4.5 million HHC impact)
- Administratively reduces Patient Centered Medical Homes reimbursement (Tier II reimbursement) (-$2.4 million HHC impact)
- Creates $15 million Health Home Establishment Grants
- Rejects reforms to Excess Medical Malpractice Pool. Allows up to 1,000 additional policies
- Rejects streamlining CON process
- Rejects changes to Character and Competence requirements
- Allows temporary operator for Health Care Facilities 1) in dire financial situations that threaten access to care; or 2) when facility requests extraordinary State aid
- Rejects private equity pilot proposal
- Rejects proposal to allow limited services "retail" health clinics
- Adds $52 million for Vital Access Providers/Essential Community Providers
- Adds $5 million for Critical Access Providers
- Rejects SDOH authority to set rate for Nursing Home Capital reimbursement
- Rejects uniform wage requirement for nursing home workers
- Creates SDOH Home and Community Based Care Workgroup to consider issues, including alignment of functions between managed care and CBOs

MRT 1115 Medicaid Waiver

- Reflects current discussions with CMS on MRT Waiver
- Gives SDOH authority to enter into agreements with public hospitals to use IGTs to fund non-federal share of MRT Initiatives
- Would utilize Delivery System Reform Incentive Payments (DSRIPs)

Housing Initiatives

- Reduces Affordable Housing funding by total of $17.5 million
- Supportive Housing Reinvestment Program from downsizing hospitals and nursing homes
  - 1,000 units for nursing homes (400 in 2014)
  - 4000 for adult homes (1,400 in 2014)
  - 3400 homeless housing in NYC (634 in 2014)

Managed Care

- Expands populations enrolled in Managed Care and Managed Long Term Care (MLTC)
- Expands Prescriber Prevails to previously exempt classes of pharmaceuticals (unable to calculate impact)

- Establishes the Fully Integrated Duals Advantage (FIDA) Program – a managed care program that will align Medicaid and Medicare for dually eligible patients

SUNY Downstate

- Requires SUNY Downstate to submit restructuring plan by June 2013
    - SDOH and DOB must approve
- Must achieve financial stability and remain teaching hospital
    - Can reallocate funds from other SUNY hospitals
- Can reduce or eliminate services & can contract with for-profit entities
- Must consult with labor, community representatives and other stakeholders

ACA Implementation

- Family Health Plus enrollees will enter Health Benefits Exchange, but State will pay premiums for all enrollees up to 150% FPL
- Allows Statewide Enrollment Center to make Child Health Plus eligibility determinations
- Does not include Basic Health Plan, but creates workgroup to consider establishment for individuals up to 200% FPL

Scope of Practice Changes

- Rejects scope of practice changes:
    - ✓ Allow NPs to provide primary care without written collaborative agreement with a physician
    - ✓ Allow physician to supervise up to 4 PAs (currently 2)
    - ✓ Allow Home Health Aides to administer routine, pre-measured medications
    - ✓ Create Certified Advanced Home Care Aides to provide nursing services to self-directing patients under RN
    - ✓ Allow dental hygienists to work in hospital with a collaborative agreement

Behavioral Health

- Creates new Mental Hygiene Stabilization Fund (carves out $730 million from Global Cap)
- Delays implementation of Behavioral Health Special Needs Managed Care Plans until April 2014
- Requires report on transition of behavioral health services to managed care
- Creates State Mental Health Incident Review Panels

* * * * * End of Reports* * * * *

ANTONIO D. MARTIN
EXECUTIVE VICE PRESIDENT AND CHIEF OPERATING OFFICER
REPORT TO THE BOARD OF DIRECTORS
APRIL 18, 2013

JOINT COMMISSION SURVEYS AT JACOBI AND McKINNEY

The 2013 Joint Commission surveys of HHC facilities continued with surveys at Dr. Susan Smith McKinney Nursing and Rehabilitation Center and Jacobi Medical Center. Both facilities did very well on their surveys.

At McKinney, The Joint Commission's long term care surveyor was extremely impressed with how the facility was maintained, and the excellent care that staff provided to such a vulnerable population. From discussions with staff and leadership and data collected, she stated it was obvious that the organization was doing a lot of great work, compared to other organizations across the country. She commented on staff longevity with the organization as evidence of their commitment to their patients, and stated that such commitment "said a lot about the leadership of the organization."

Last week, The Joint Commission also completed its triennial survey of Jacobi Medical Center. The Life Safety Code surveyor stated it was the cleanest survey he had ever seen as a Life Safety Code specialist, and he would not hesitate to bring a family member to Jacobi, a sentiment echoed by the Behavioral Health surveyor. At the survey team's Exit, the team leader remarked that Jacobi serves as a "beacon of service to a community that is very challenging."

Along with the members of the Board of Directors, let me congratulate Senior Vice Presidents George Proctor and William Walsh, McKinney Executive Director Michael Tartaglia, Medical Directors Dr. Stephen Kaner and Dr. Joseph Skarzynski, Chief Nurses Jacqueline Horsford and Ellen O'Connor and the staff of Dr. Susan Smith McKinney and Jacobi Medical Center for a job well done.

Elmhurst and Metropolitan Hospitals are the remaining facilities to be surveyed in the 2013 cycle.

FEDERAL UPDATE

On April 10, 2013, the President released his federal fiscal year (FFY) 2014 budget. The budget includes additional cuts to Medicaid and Medicare Disproportionate Share Hospital (DSH) funding and substantial changes in Medicare reimbursement for post-acute care. Specifically the President's budget proposals include:

- A delay in the cut to Medicaid DSH to FFY 2015, however, as a result, reductions will be deeper in subsequent years than were originally proposed and extended through FFY 2023.

- A 10 percent reduction in Indirect Medical Expenses (IME) funding for teaching hospitals starting in FFY 2014. In the first year this reduction would mean an estimated $9.4 million loss in funding for HHC, and total losses through 2022 of $90 million.

- A reduction in Medicare reimbursement for bad debt from 65 percent of bad debts to 25 percent. This would be an estimated loss for HHC of $16 to $17 million from 2014 to 2022.

- A reduction in rate updates for post-acute care by 1.1 percent for skilled nursing facilities, long term care hospitals, inpatient rehabilitation facilities and home health agencies, resulting in an estimated loss to HHC of $19 million between FFY 2014 and FFY 2022.

- Cuts to Medicare reimbursement of inpatient rehabilitation facilities by increasing from 60 percent to 75 percent, the minimum proportion of patients with one of thirteen conditions in order for the facility to receive that level of reimbursement.

- A reduction in payments to inpatient rehabilitation facilities to the same level as payments to skilled nursing facilities for three conditions involving hips and knees, pulmonary, as well as other conditions to be selected by the Secretary of Health and Human Services. National savings of $2 billion over 10 years are projected to result from this proposal. We do not have an HHC impact estimate at this time.

- A reduction in skilled nursing facility (SNF) payments when residents are readmitted to acute care hospitals for conditions that could have been avoided. The SNF payments would be reduced by up to 3 percent for facilities with high rates of care-sensitive, preventable hospital readmissions beginning in FFY 2017. National savings of $2.2 billion are projected between FFY 2017 and FFY 2022. We do not have an HHC impact estimate at this time.

- A bundle-payment approach for at least half of the Medicare payments to post-acute care providers, including long term care hospitals, SNFs and home health providers beginning in FFY 2018. Rates would be based on patient characteristics and other factors to produce a permanent and total cumulative adjustment of -2.85 percent by FFY 2020. Beneficiary coinsurance would equal levels under current law. This proposal is estimated to result in national savings of $8.2 billion between FFY 2018 and FFY 2022. We do not have an HHC impact estimate at this time.

Immigration Reform

On April 17, 2013 a bipartisan group of eight senators introduced a bill that would allow an estimated 11 million illegal immigrants to achieve citizenship. The bill proposes that a person who has been in the U.S. since December 31, 2011, may apply to become a Registered Provisional Immigrant or RPI. RPIs are not eligible for means-tested public benefits or for subsidies to buy insurance through the health care exchanges. Applicants must pay fines, pay back taxes, learn English, remain employed and pass a criminal background check.

After 10 years as an RPI, the person can apply for a green card and can apply for Lawful Permanent Resident status, which in turn requires a three year wait to become a citizen. This bill states that no RPI can become a Lawful Permanent Resident until certain border security and employee verification systems are in place. Dream Act youth can obtain green cards in five years and citizenship immediately thereafter.

As to the changes for people who are in the US legally or enter legally, the bill does the following:

Upon enactment, the bill raises the cap on temporary H1B visas from 65,000 to 110,000, which can rise by 10,000 annually to 180,000 under certain conditions. The bill requires an employer to demonstrate that they have recruited American workers before an H1B visa is granted. HHC is currently using 630 H-1 visas for workers employed in our facilities and professional affiliates.

The legislation would also create a merit-based program to award visas for legal permanent residents based on a point system. When the merit system takes effect, five years after the bill is passed, at least 120,000 immigrants are expected to receive merit based visas.

Over a decade it is estimated that the balance of visa applications in the immigration system will gradually shift from 75 percent to 50 percent of visas going to family members of immigrants already here. The remaining 50 percent of visas will go through the merit program to foreigners based on job skills. Forty percent of the employment-based visas are to go to certain categories, including those with foreign medical school degrees.

It is important that HHC follows federal immigration reform discussions because a significant number of our patients are undocumented immigrants. Understanding what may or may not become available to undocumented New Yorkers in terms of health care coverage under the different proposals and what may change in terms of visa policies and targets informs our financial, human resources and service planning.

STATE BUDGET UPDATE

The recently enacted State Budget includes many proposals that affect HHC. In total, we are estimating that HHC will lose approximately $63.3 million, with MetroPlus losing an additional $26 million. Importantly, the Budget reflects a two-year spending agreement between the Governor and Legislature. The following are key provisions for HHC:

- Extension of the 2 percent across the board Medicaid cut for two years. However, the State Department of Health would have the ability to end the cut sooner and has stated that if Medicaid spending stays on track it will be able to do so;
- Elimination of the trend factor increase for health care providers for two years;
- Reallocation of charity care dollars to direct a greater proportion of the funding to hospitals that provide care to the uninsured, underinsured and Medicaid populations;
- Elimination of funding for clinical care provided by local public health departments, which will result in a loss of funding to HHC's Children's Health Clinics.

In addition, many of the healthcare policy issues that surfaced during the budget process are likely to reemerge as stand-alone bills during the remainder of the legislative session. These include reforms to the State's Certificate of Need process; creation of new rules governing payment and billing when patients get care from out-of-network providers; authorization for retail clinics operated by chain pharmacies; and pilot programs to allow private, for-profit companies to partner with New York hospitals. We also anticipate robust discussion of legislation to implement staffing ratios in healthcare facilities and to impose new requirements for safe patient handling, as well as legislation on a variety of liability and malpractice issues.

PAYMENTS RECEIVED FOR STORM RECOVERY WORK

HHC is continuing its work with FEMA, the NY State Office of Emergency Management, and our disaster recovery consultant, Base Tactical, to apply for reimbursement for damages caused by Sandy.

We are currently making claims related to the system-wide damages. The majority of these have been for Emergency Protective Measures for the cleanup and replacement of equipment needed to stabilize and reopen our closed facilities. Now we are turning our attention to the development of Buildings and Equipment claims to make permanent repairs, replace destroyed contents and apply hazard mitigation to our facilities.

We have received about $62 million of the first $139 million in claims submitted and approved.

HHC PROFILE INCLUDED IN UHF REPORT ON
ACCOUNTABLE CARE ORGANIZATIONS

Last week, the United Hospital Fund published a report titled "Moving Toward Accountable Care in New York." It includes a profile of HHC, summarizing our experience, and showing our strong foundation for organizational success as an Accountable Care Organization. The profile outlines the many resources we have invested in developing the Corporation, the growth of our managed care affiliate MetroPlus, and the efforts we've made that have focused on managing the care of sometimes challenging patient populations. All of these assets make it inevitable that HHC reposition itself as a high-quality, fully integrated delivery system that includes ambulatory care, inpatient care, homecare and an allied payer. With HHC's decision to participate in the Medicare Shared Savings Program, we accepted the responsibility and financial risk for improving the quality and reducing the cost of care. As we continue in our progress as an Accountable Care Organization, HHC will continue, through development and partnerships, to provide our patients with all their healthcare needs and to encourage payment arrangements that reward -- and punish -- providers for their performance.

QUEENS HOSPITAL OPENS NEW EXPANDED GERIATRIC CENTER

Queens Hospital Center today celebrated the opening of its newly expanded Geriatrics Center to help meet the growing healthcare needs of elderly residents of the borough, particularly in light of recent hospital closures. The new 4,400 square foot outpatient care center is now nearly double its original size and is staffed by board-certified geriatrics specialists, nurses and social workers to provide quality, comprehensive and senior-friendly primary and specialty services in more comfortable, modern space. This new center also features an activity room, six oversized exam rooms that better accommodate wheelchairs and special equipment, physician consult rooms, and additional space for nurses and social workers.

The Geriatric Center is part of the hospital's Senior Care Program that includes the Diabetes Center of Excellence, ophthalmology and optometry, the Women's Health Center, physical medicine and rehabilitation, behavioral health, cardiology, emergency services, the Queens Cancer Center, an on-site and satellite pharmacy, and geriatric alcohol and chemical dependency services. Last year, the hospital's Senior Care Program generated more than 5,600 outpatient visits. The new $4 million Center was funded through a grant from the NY State Department of Health.

MAY IS FOR MAMMOGRAM AWARENESS AT HHC

Our annual Mother's Day Mammogram Awareness Campaign this year will again feature a series of education events in our hospitals and health centers where the public, our patients and our staff will be invited to learn more about this life-saving cancer screening exam and be urged to schedule a mammogram this year. Breast cancer kills about 1,260 women in New York City every year and still 23 percent of women 40 and older have not had a recent mammogram. Our month-long campaign will include a number of initiatives to create awareness about the benefits of breast cancer prevention, screening and early detection.

HHC will go pink and turn our logo pink for the month -- on our website and on print materials. And we will once again ask women, "Who do you dedicate your mammogram to?" and ask participants to post their dedications on a pink ribbon wall at each event. To add a bit of excitement and increase participation, we will also launch a comprehensive social media campaign, allowing women to make mammogram dedications on Facebook and Twitter. For the first time this year, we'll host a social media contest on Facebook where

we will invite our patients and the public at large to submit a special dedication of 150 words or less and enter to win an iPad mini. (HHC employees will not be eligible.)

Other features of the campaign include a collaboration with the American Cancer Society to secure pro-bono media placements to promote the public events, a direct mail piece to all our female patients 40 and older, and a special website page nyc.gov/hhc/mammograms that features compelling dedications from our patients and employees to emphasize the importance of mammograms. We will also continue our year-round effort directed at our staff, where every month we send birthday cards directly to the homes of female employees when they turn 40 to remind them about the benefits of breast cancer prevention, screening and early detection.

ELMHURST GETS TOP PATIENT SAFETY RANKING
FROM NY STATE FOR ANGIOPLASTY

According to a report issued by the NY State Department of Health, HHC's Elmhurst Hospital leads all Queens hospitals with the best overall safety rating for percutaneous coronary intervention (PCI), a procedure commonly referred to as angioplasty, where a physician inserts a catheter device to clear obstructed or blocked arteries in the heart.

The latest data, which covers patients discharged from 2008 to 2010, shows that Elmhurst Hospital Center treated 1054 PCI patients during that period and for those cases had a risk adjusted mortality rate about half of other Queens hospitals that perform the same procedure. Elmhurst also performed better than most Manhattan hospitals.

Dr. Mazullah Kamran, Director of the Elmhurst Cardiac Catheterization Lab, noted that Elmhurst also specializes in a kind of PCI that results in greater comfort for the patient and fewer complications. Because catheters are inserted through the radial artery in the wrist instead of the femoral artery in the groin, patients experience less bleeding and discomfort at the entry site and have quicker recoveries. Around 80 percent of PCI procedures performed at Elmhurst use the radial artery.

PROCUREMENT SYSTEM AT HHC TO BE CONSOLIDATED TO
LOWER COSTS, IMPROVE EFFICIENCY

Planning is underway for the centralization of HHC's procurement operations. Our goal is to enhance corporate-wide coordination and oversight, while achieving cost savings through greater standardization and economies of scale. I will give a brief presentation on this initiative later in the meeting.

HHC IN THE NEWS HIGHLIGHTS

Broadcast

NICHE Senior-Friendly Nurse Training, Julius Wool, Executive Director; Toni Hilton, RN, Queens Hospital; Susan Domingo, RN; Sonia Nesbeth, RN, Elmhurst Hospital, NYC Media-That's So New York, March 2013

Asthma in the Bronx, Dr. Raghu Loganathan, Lincoln Hospital, News 12 Bronx, 04/05/13

Doctor gives tips on suppressing allergies, Dr. Kiran Shah, Lincoln Hospital, News 12 Bronx, 04/11/13

NY1 Reporter Bowls for Good Cause, Metropolitan Hospital, NY1, 04/11/13

Print

HHC, North Shore in laboratory joint venture, Crain's Health Pulse, 04/03/13

Of Guns & Gangs, Dr. Teperman, Jacobi Hospital; Erik Cliette, Harlem Hospital, New York Daily News, 04/05/13

C. Diff Dangerous in ESRD, Massini Merzkani, MD, Jacobi Medical Center, MedPage Today, 04/05/13

Bellevue Resumes Kids' Book Giveaway After Donation of 7,000 Volumes, DNAinfo.com, 04/11/13

The Rain Is Gone, Here Comes the Sun, Bellevue Hospital, Huffington Post, 4/10/13

HHC Violence Prevention Programs, Kings County Hospital, The Fund for HHC, NAPH Website - Member Innovations, 3/29/2013

The Power of Personalized Music, Margaret Rivers, Coler- Goldwater Hospital, MD News (iPad Exclusive), March/April Edition

HHC Appoints New Executives to Leadership Roles, Denise Soares, Milton Nunez, Lincoln Hospital, Bronx Free Press, 04/10/13

Metropolitan Hospital Community Advisory Board Legislative Forum With Harlem Rep. Rangel, Harlem World, 03/25/13

"When 'Baby Blues' don't go away", Dr. Ray Mercado, Lincoln Hospital, Bronx Free Press, 04/10/13

When food is too little or too much, Dr. Sharma, Lincoln Hospital , Bronx Free Press, 03/27/13

Metropolitan Hospital Auxiliary, amNewYork, 04/10/13

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to procure and outfit one hundred-nineteen (119) ambulances in Fiscal Year 2014 on behalf of the Fire Department of the City of New York ("FDNY"), through City-wide Requirements Contracts for a total amount not-to-exceed $37.3 million.

WHEREAS, on January 19, 1996, the Corporation and the City of New York (the "City") executed a Memorandum of Understanding ("MOU") allowing the transfer of the Corporation's Emergency Medical Service ("EMS") ambulance and pre-hospital emergency medical service functions to the Fire Department of the City of New York ("FDNY") to be performed by FDNY for the benefit of the City; and

WHEREAS, the MOU requires that the FDNY have access to and use of the Corporation's property to the same extent that EMS had prior to the transfer; and

WHEREAS, a major portion of the Corporation's property used and maintained by the FDNY is the ambulance fleet formerly managed and operated by EMS; and

WHEREAS, to maintain an appropriate ambulance and pre-hospital emergency medical service, vehicles in the ambulance fleet must be periodically replaced when such vehicles have exceeded their useful life, requiring more than routine repairs and maintenance; and

WHEREAS, 119 vehicles out of the FDNY's active fleet of 413 ambulances have reached the end of their useful life and must be replaced at a cost of $37,266,000; and

WHEREAS, the City provides the funding for ambulance replacement to the Corporation for allocation to the FDNY; and

WHEREAS, the City has allocated $49,040,000, on behalf of the FDNY, in the Corporation's Capital Commitment Plan in Fiscal Year 2013 for this purpose.

NOW, THEREFORE, be it

RESOLVED, that the President of the New York City Health and Hospitals Corporation (the "Corporation") be and is hereby authorized to procure and outfit one hundred-nineteen (119) ambulances in FY 2014 on behalf of the Fire Department of the City of New York ("FDNY"), through City-wide Requirements Contracts for a total amount not-to-exceed $37.3 million.

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to execute a Customer Installation Commitment ("CIC") between the New York City Department of Citywide Administrative Services ("DCAS"), and the New York Power Authority ("NYPA") for an amount not-to-exceed $34,349,705 for the planning, pre-construction, design, construction, procurement, construction management and project management services necessary for the Comprehensive Energy Efficiency upgrade project (the "Project) at Metropolitan Hospital Center (the "Facility").

WHEREAS, in March 2005, the Corporation, the City University of New York, the New York City Board of Education, and the City of New York, through the Department of Citywide Administrative Services (collectively, the "Customers"), entered into an Energy Efficiency-Clean Energy Technology Program Agreement ("ENCORE Agreement") with NYPA; and

WHEREAS, in 2007 the City mandated a 30% reduction in greenhouse gas emissions in City-owned properties by 2017, managed by Division of Energy Management within DCAS; and

WHEREAS, in December 2009, as part of PlaNYC 2030, the City passed major legislation known as the "Greener, Greater Buildings Plan" that includes more stringent code requirements; requires installation of lighting upgrades and tenant meters in non-residential spaces; and requires all buildings over 50,000 square feet to undertake benchmarking and audit; and implement retro-commissioning measures. Local Law 87 mandates Comprehensive Energy Audits be completed within a 10 year time frame (2013 – 2023); and

WHEREAS, under the City mandate of 30% reduction in greenhouse gas emissions, DCAS approved NYPA to perform a Comprehensive Energy Efficiency Audit of the Facility's campus; and

WHEREAS, a component of the Project will make the Corporation complaint with fuel combustion standards through elimination of No. 6 fuel oil; and

WHEREAS, the Corporation has determined that it is necessary to address the proposed energy conservation measures at the Facility by undertaking the project at a not-to-exceed cost of $34,349,705 (see Exhibit A – Executive Project Summary), to enhance the reliability of its systems, as well as increase the comfort and safety of building occupants; and

WHEREAS, PlaNYC will provide $6,502,184, and the City of New York will provide $5,000,000 for the Project at the Facility (see Exhibit B – NYC Office of Management and Budget Approval); and

WHEREAS, NYPA has estimated that the Project will produce total annual savings of $1,464,184; and

WHEREAS, the overall management of the construction contract will be under the direction of the Facility's Executive Director and Assistant Vice President - Facilities Development.

NOW THEREFORE, be it

RESOLVED, that the President of the New York City Health and Hospitals Corporation (the "Corporation") be and is hereby authorized to execute a Customer Installation Commitment ("CIC") between the New York City Department of Citywide Administrative Services ("DCAS") and the New York Power Authority ("NYPA") for an amount not-to-exceed $34,349,705 for the planning, pre-construction, design, construction, procurement, construction management and project management services necessary for the Comprehensive Energy Efficiency upgrade project (the "Project") at Metropolitan Hospital Center (the "Facility").

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to execute a Customer Installation Commitment ("CIC") with the New York City Department of Citywide Administrative Services ("DCAS") and the New York Power Authority ("NYPA") for an amount not-to-exceed $28,462,001 for the planning, pre-construction, design, construction, procurement, construction management and project management services necessary for the Comprehensive Energy Efficiency upgrade project (the "Project") at Elmhurst Hospital Center (the "Facility").

WHEREAS, in March 2005, the Corporation, the City University of New York, the New York City Board of Education, and the City of New York, through the Department of Citywide Administrative Services (collectively, the "Customers"), entered into an Energy Efficiency-Clean Energy Technology Program Agreement ("ENCORE Agreement") with NYPA; and

WHEREAS, in 2007 the City mandated a 30% reduction in greenhouse gas emissions in City-owned properties by 2017, managed by Division of Energy Management within DCAS; and

WHEREAS, in December 2009, as part of PlaNYC 2030, the City passed major legislation known as the "Greener, Greater Buildings Plan" that includes more stringent code requirements; requires installation of lighting upgrades and tenant meters in non-residential spaces; and requires all buildings over 50,000 square feet to undertake benchmarking and audit; and implement retro-commissioning measures. Local Law 87 mandates Comprehensive Energy Audits be completed within a 10 year time frame (2013 – 2023); and

WHEREAS, under the City mandate of 30% reduction in greenhouse gas emissions, DCAS approved NYPA to perform a Comprehensive Energy Efficiency Audit of the Facility's campus; and

WHEREAS, a component of the Project will make the Corporation complaint with fuel combustion standards through elimination of No. 6 fuel oil; and

WHEREAS, the Corporation has determined that it is necessary to address the proposed energy conservation measures at the Facility by undertaking the project at a not-to-exceed cost of $28,462,001 (see Exhibit A – Executive Project Summary), to enhance the reliability of its systems, as well as increase the comfort and safety of building occupants; and

WHEREAS, PlaNYC capital will provide $4,093,608, and PlaNYC American Recovery and Reinvestment Act of 2009 (ARRA) expense will provide $1,307,194 (see Exhibit B(i) – NYC Office of Management and Budget Approval and Exhibit B(ii) NYC DCAS Payment); and

WHEREAS, NYPA has estimated that the Project will produce total annual cost savings of $1,572,685; and

WHEREAS, the overall management of the construction contract will be under the direction of the Facility's Executive Director and Assistant Vice President - Facilities Development.

NOW THEREFORE, be it

RESOLVED, the President of the New York City Health and Hospitals Corporation (the "Corporation") to execute a Customer Installation Commitment ("CIC") with the New York City Department of Citywide Administrative Services ("DCAS") and the New York Power Authority ("NYPA") for an amount not-to-exceed $28,462,001 for the planning, pre-construction, design, construction, procurement, construction management and project management services necessary for the Comprehensive Energy Efficiency upgrade project (the "Project") at Elmhurst Hospital Center (the "Facility").

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to negotiate and execute a tax-exempt financing with the New York Power Authority ("NYPA") for a principal amount not-to-exceed $22,847,521 to finance the Comprehensive Energy Efficiency upgrade project at Metropolitan Hospital Center (the "Metropolitan Project").

WHEREAS, the Corporation, the City University of New York, the New York City Board of Education, and the City of New York (collectively, the "Customers") entered into an Energy Efficiency-Clean Energy Technology Program Agreement dated March 18, 2005 (" ENCORE Agreement") with NYPA; and

WHEREAS, the Corporation has determined that it is necessary and desirable to authorize the incurrence of Alternative Indebtedness with NYPA to finance the Metropolitan Project (see Exhibit A - Executive Summary for the Metropolitan Project); and

WHEREAS, the City of New York ("NYC") in 2009 passed major legislation known as the "Greener, Greater Buildings Plan", which requires NYC to improve the energy efficiency of existing buildings. The citywide initiative is named PlaNYC 2030 with the goal to reduce citywide greenhouse gas emission by 30% by 2030; and

WHEREAS, PlaNYC will provide $6,502,184 and the City of New York will provide $5,000,000 for a total of $11,502,184 (see Exhibit B – NYC Office of Management and Budget Approval) towards the Metropolitan Project costing approximately $34,349,705; and

WHEREAS, the overall management of the NYPA financing will be under the direction of the Senior Vice President of Finance/Chief Financial Officer and Assistant Vice President, Debt Finance/Corporate Reimbursement Services.

NOW THEREFORE, be it

RESOLVED, that the President of the New York City Health and Hospitals Corporation be and is hereby authorized to negotiate and execute a tax-exempt financing with the New York Power Authority for a principal amount not-to-exceed $22,847,521 to finance the Comprehensive Energy Efficiency upgrade project at Metropolitan Hospital Center.

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to negotiate and execute a tax-exempt financing with the New York Power Authority ("NYPA") for a principal amount not-to-exceed $23,061,199 to finance the Comprehensive Energy Efficiency upgrade project at Elmhurst Hospital Center (the "Elmhurst Project").

WHEREAS, the Corporation, the City University of New York, the New York City Board of Education, and the City of New York (collectively, the "Customers") entered into an Energy Efficiency-Clean Energy Technology Program Agreement dated March 18, 2005 (" ENCORE Agreement") with NYPA; and

WHEREAS, the Corporation has determined that it is necessary and desirable to authorize the incurrence of Alternative Indebtedness with NYPA to finance the Elmhurst Project (see Exhibit A - Executive Summary for the Elmhurst Project); and

WHEREAS, the City of New York ("NYC") in 2009 passed major legislation known as the "Greener, Greater Buildings Plan", which requires NYC to improve the energy efficiency of existing buildings. The citywide initiative is named PlaNYC 2030 with the goal to reduce citywide greenhouse gas emission by 30% by 2030; and

WHEREAS, PlaNYC will provide $4,093,608 and the PlaNYC ARRA expense will provide $1,307,194 (see Exhibit B(i) – NYC Office of Management and Budget Approval and Exhibit B(ii) – NYC Citywide Administrative Service Payment) towards the Elmhurst Project costing approximately $28,462,001; and

WHEREAS, the overall management of the NYPA financing will be under the direction of the Senior Vice President of Finance/Chief Financial Officer and Assistant Vice President, Debt Finance/Corporate Reimbursement Services.

NOW THEREFORE, be it

RESOLVED, that the President of the New York City Health and Hospitals Corporation be and is hereby authorized to negotiate and execute a tax-exempt financing with the New York Power Authority for a principal amount not-to-exceed $23,061,199 to finance the Comprehensive Energy Efficiency upgrade project at Elmhurst Hospital Center.

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to seek the Board of Director's approval of twelve (12) hospitals' Implementation Strategies. These Implementation Strategies are informed by the results of Community Health Needs Assessments conducted by the hospitals.

WHEREAS, the Corporation operates eleven acute care hospitals and one long term acute care hospital that have 501(c)(3) nonprofit tax status under the Internal Revenue Code; and

WHEREAS, The Patient Protection and Affordable Care Act was signed into law in 2010; and

WHEREAS, The Patient Protection and Affordable Care Act added to the Internal Revenue Code several new sections that apply to Section 501(c)(3) hospital organizations; and

WHEREAS, one of these new sections, Section 501(r)(3), requires that hospitals with 501(c)(3) tax status conduct a Community Health Needs Assessment (CHNA) at least once every three years, with the first CHNA being completed by June 30, 2013; and

WHEREAS, the 12 aforementioned HHC hospitals have conducted CHNAs and developed Implementation Strategies (summaries of which are attached – Exhibit A) to meet community needs which were identified through their respective CHNAs; and

WHEREAS, Section 501(r)(3)(A)(ii) provides that a hospital organization meets the CHNA requirements only if it has adopted an "Implementation Strategy" to meet the community health needs identified through the CHNA; and

WHEREAS, a hospital organization's governing body or a committee authorized by the governing body must approve the Implementation Strategy.

NOW, THEREFORE, BE IT

RESOLVED, that the Board of Directors of the New York City Health and Hospitals Corporation (the "Corporation") approves the Implementation Strategies which are responsive to the findings of the Community Health Needs Assessments conducted by the Corporation's eleven acute care hospitals and one long term acute care hospital.

COMMUNITY HEALTH NEEDS ASSESSMENT
IMPLEMENTATION STRATEGIES

EXECUTIVE SUMMARY

Signed into law in 2010, The Patient Protection and Affordable Care Act (ACA) added to the Internal Revenue Code requirements that hospitals with 501(c) (3) status must conduct Community Health Needs Assessments (CHNA) every three years. In response to the health needs that are identified, hospitals are also required to develop Implementation Strategies to address those needs. Moreover, hospitals comply with the IRS code requirements only if (a) a hospital's governing body or a committee authorized by the governing body approves the Implementation Strategy and (b) the CHNAs are widely available to the public by posting on the hospital website with clear instructions for accessing the report on the website. The deadline for HHC to post its hospitals' CHNAs is June 30, 2013 (the third tax year following the passage of the ACA). Failure to comply with this new requirement will result in an IRS penalty of $50,000 per hospital, per year of noncompliance.

The IRS determined that each hospital in a multi-hospital system must conduct its own CHNA. IRS has determined that government related organizations, such as HHC, while not required to submit IRS Form 990, are not exempt from the CHNA requirements.

In response, the eleven HHC acute care hospitals and its long term acute care hospital (Coler-Goldwater LTACH) either conducted Community Health Needs Assessments through focus groups in 2013 or conducted extensive community surveys. Focus group members and respondents to the surveys included consumers, health care experts, hospital staff, and representatives from community-based organizations. Most of the focus group members and survey respondents reside in the hospitals' service areas. Hospital leadership, when developing their respective hospital's Implementation Strategy, prioritized all responses from the CHNAs.

The most frequently identified community needs were those relating to diabetes, mental health, substance abuse, cancer, obesity, HIV/AIDS, asthma, cardiovascular disease, and hypertension. Each of the hospitals identified strategies to address 5-8 of these priority health needs. Some strategies have been identified by multiple hospitals. They include:

- Implementation of Patient-Centered Medical Homes
- Deployment of Lean/Breakthrough to improve access and efficiency
- Expanded screening for early detection and prevention of diseases that are prevalent in their service areas (e.g., cancers, diabetes)
- Providing "one-stop shopping" access to services
- Strengthening collaborations with community organizations, schools, etc.
- Developing strategies to reduce obesity and increase physical activity

Hospital-specific implementation strategies also include the continuation of existing programs as well expanded program/service hours. In many instances, there were strategies which

focused on providing patient education/awareness activities and conducting forums that solicit continuous patient and community feedback.

In this inaugural three-year implementation period, the IRS has allowed hospitals to provide a list of health needs and describe Implementation Strategies (copies of the hospitals' full Implementation Strategies are maintained in the Office of Corporate Planning Services). Proposed guidance for future tax years requires that, in addition to a listing of needs and description of Implementation Strategies, hospitals must estimate the economic impact of their strategies and identify how they will evaluate the impact. Thus, the level of rigor and staff resources required to complete the Implementation Strategy will increase in future years.

The HHC Board of Directors' approval of the twelve hospitals' Implementation Strategies at its May 2013 meeting will enable HHC to be in compliance with the IRS mandated deadline of June 30, 2013.

BELLEVUE HOSPITAL CENTER

Priority Health Need	2013 Implementation Strategy
1. Mental Illness	• Increase depression screening in the Primary Care setting for adults and children • Integrate behavioral health practitioners within Primary Care to Provide "One-Stop" Model of Care • Deploy Breakthrough/Lean Methodology of Performance Improvement to Reduce Delays for Appointments and to Reduce Delays on the Day of the Appointment • Create Patient Panels to Ensure Continuity Between Patient and Primary Care Provider • Establish the only Children's Comprehensive Psychiatric Emergency Program (CPEP) in NYC
2. Diabetes	• Coordinate Care and Patient Education through Diabetes Registry • Assign Adult Diabetic Patients to Primary Care Practice to Ensure Continuity of Care • Provide Care Coordination and/or Care Management Services • Develop Intensive Medical Weight Management Clinic • Expand Access to Bariatric Surgery Clinic
3. Hypertension	• Connect Patients to Primary Care Providers for Continuity of Care and Disease Management • Provide Regular Performance Reports to Primary Care Providers • Develop Self-Care Plans in Collaboration with Patients • Obtain Additional Dietician Support through Patient Centered Medical Home (PCMH) Initiative • Develop Group Classes on Topics such as Healthy Cooking and Stress Management
4. Substance Abuse	• Provide Care Management and Connect Patient to Regular Care through NYS Health Home Program (HH) • Move Virology Community Follow-up Program (COBRA) Patients into the HH Model • Refer Patients to Inpatient Detoxification Services
5. Health Literacy	• Teach Parents How to Administer Medication to Children through HealthPix Program • Identify Effective Tools to Educate Patients/Family using Breakthrough Methodology • Convene Patient Focus Groups to Ascertain Effectiveness of Education Materials
6. Cancer Services	• Screen Patients for Lifestyle Habits that are Known to Increase Cancer Risk • Expand Access to Cancer Screening and Treatment through Cancer Program • Improve Outreach, Education, Access and Coordination of Services • Implement Referral and Scheduling Guidelines to Decrease Wait Time for Appointment
7. Obesity	• Provide Comprehensive Evaluation and Treatment for Children and Youth through the BHC Nutrition and Fitness Program (BENUFIT) • Improve Access to Weight Management Clinic, Dietary Services and Bariatric Surgery
8. HIV/AIDS/STDs	• Screen All Adults in Emergency, Inpatient and Outpatient Settings for HIV/AIDS • Increase Patient Involvement in HIV Harm Reduction, Recovery Readiness and Relapse Prevention Program (HRR) • Screen Patients Annually for STDs • Improve Accuracy of STD Screening Tests for Men who have Sex with Men by Employing Rectal Swab Test

Exhibit A

COLER-GOLDWATER ACUTE CHRONIC HOSPITAL

Priority Health Need	2013 Implementation Strategy
1. Housing for Disabled Persons	• Provide Housing through NYCHA 504 Housing, CAMBA, Assisted Living Programs, NYS' Nursing Home and Transition and Diversion Waiver and TBI Programs and the 99th Street Housing Project • Identify Additional Community Based Organizations for Partnerships
2. Mental / Behavioral Health	• Develop Workgroup to Assess and Treat Early Signs of Depression by Developing Protocol for Care Plan Based on Depression Screen Score • Enhance Existing Activities to Address Substance Abuse and Associated Behaviors • Coordinate Workgroup to Assess Needs of Population and Identify Future Community Needs
3. Diabetes Management	• Develop Peer Workgroup to Partner with Community Based Organizations that Provide Diabetes Management and Education Services
4. Dementia Care	• Develop Protocol for Early Detection, Assessment and Treatment • Reduce Unnecessary Psychotropic Medication Use by Assessing Patient Behavior and Use of Psychotropic Medication Quarterly • Increase Outreach to Families • Expand Music and Memory Program
5. Patient Experience	• Continue Quarterly Grievance Committee Meetings • Conduct Patient Focus Groups to Ascertain Protocols for Better Patient Experiences • Implement "Patient First Program"

CONEY ISLAND HOSPITAL

Priority Health Need	2013 Implementation Strategy
1. Diabetes	• Coordinate Care and Patient Education through Diabetes Registry • Provide Diabetes Management and Education through Frequent Classes and Specialized Clinic Sessions • Educate Patients About Their Disease through Project RED (Re-Engineering Discharge) Program • Support Proactive Care and Improve Self-Management Skills through Chronic Disease Collaborative
2. Cardiovascular Disease	• Establish a Care Plan with Patient through Collaborative Care Model for Congestive Heart Disease and Hypertension Control • Educate Patients About Their Disease through Project RED (Re-Engineering Discharge) Program
3. Behavioral Health Issues	• Began an Initiative to Reduce Psychiatric Inpatient Length of Stay and Re-Admissions • Increase Emphasis on Providing Ambulatory Services in Community Settings • Increase Emphasis on Early Intervention and Integration of Behavioral Health and Primary Care • Redesign Psychiatry and Substance Abuse Programs to Programmatically Address Issues of Alcoholism, Abuse and Suicide Attempts
4. Asthma	• Assure 24-hour Access to Physician Specialist through Pediatric Asthma Program • Monitor and Control Asthma Symptoms and Provide Health Information through Pediatric Clinics • Develop Individualized Care Plan through Adult Asthma Teams
5. Obesity	• Refer Obese Pediatric Patients to Weight Loss Program • Provide Patient and Family Counseling through Nutritionist • Provide Community Health Education and Outreach Programs • Conduct Health Fairs and other Health Educational Programs

ELMHURST HOSPITAL CENTER

Priority Health Need	2013 Implementation Strategy
1. Cancer Care	- Provide Comprehensive Cancer Care Program Focusing on Screening, Education and Treatment - Provide State-of-the-Art Cancer Care through The Hope Pavilion Cancer Center - Provide "One Stop Shopping" Access to a Comprehensive Range of Specialized Services to Uninsured/Underinsured Women through the Breast Service and Oncology Department
2. Diabetes	- Monitor Patient and Track Outcomes through Diabetes Registry
3. Hypertension	- Track Clinical Outcomes through Cardiovascular Risk Registry - Expand Outreach to Patients through Patient Centered Medical Home Initiative
4. Cardiac Care	- Provide Prevention and Treatment Services through Education and Medication - Offer Elective Percutaneous Coronary Intervention
5. Primary Care	- Enhance Primary Pediatric, Adult and HIV Care Services - Transform Primary Care Practices through Patient Centered Medical Homes Initiative - Increase Access to Care by Expanding Hours, Open Scheduling and Offering Traditional and Non-Traditional Modes of Communication (Telephone, Electronic) - Facilitate Care through Health Information Exchange, Sharing and Technology - Increase Patient Satisfaction and Assist Patients in Achieving Care Plan Outcome Goals - Tailor Care to Each Patient's Needs - Enhance Patient's Ability to Develop and Learn Self-Management Skills
6. Behavioral Health	- Offer Culturally Sensitive Services to Adults, Children and Adolescents - Provide Treatment through the Outpatient Clinic and Partial Hospitalization Program and Inpatient and Emergency Services
7. Disease Management	- Monitor Patient, Track Outcomes and Improve Care for Patients with Diabetes, Depression and Hypertension through Chronic Disease Collaborative

Exhibit A

HARLEM HOSPITAL CENTER

Priority Health Need	2013 Implementation Strategy
1. Diabetes	• Follow-up with Patients through Diabetes Registry • Deploy Certified Diabetic Educators to Provide Patient Education on Diabetes Self-Management • Implement NYS Medical Home Demonstration Project and Increase Number of Patients who Received HbA1c Test by 10%
2. Cardiovascular Disease	• Increase Care Managers who Oversee Care of Patients with Congestive Heart Failure • Enhance Disease Management Strategies through Harlem Healthy Hearts Initiative • Offer Hypertension Target to Treat Pathway Program to Improve Clinical Outcomes • Implement NYS Medical Home Demonstration Project and Increase Number of Patients with Blood Pressure Under Control by 10%
3. Obesity	• Provide Continuum of Services through Bariatric Surgery Service to Support Patients through their Procedure and Post-Operative Recuperation and Transition • Motivate Harlem Residents to Adopt Healthier Lifestyles through Central Harlem Health Revival • Increase Children's and Parent's Understanding and Knowledge of Weight Management through Hip Hop Healthy Eating and Living in Schools Program • Provide San Bao Tai Chi and Qigong Workshops for Seniors • Provide Alvin Ailey Dance Workshops for Seniors • Reinforce Health Eating and Living Messages through Harlem Healthy Living Program • Provide Comprehensive Physical Activity Program to Seniors through Harlem Walk It Out! Program • Provide Family Fitness Program through Shape Up NYC • Develop New Initiative to Increase Access to Healthcare for Disabled Obese Patients • Secure Grant Funding to Extend Central Harlem Health Revival and Harlem Health Eating and Living in Schools through July 2014
4. HIV/AIDS	• Assist Patients with Medication Regimens through the Harlem Adherence to Treatment Program • Provide Comprehensive Medical and Specialty Services and Support Services to Children, Adolescents and Adults and their Families through the Family Care Center and the Family Centered Program • Provide HIV Testing on All Emergency, Inpatient and Outpatient Units through the HIV Rapid Testing Program • Employ Harm Reduction Model to HIV-infected Individuals with Past or Current Substance Use Issues to Address Personal Behavior Patterns and Prevent the Transmission of HIV through the Harm Reduction Recovery Readiness Program • Provide Comprehensive Primary Care Services through the Ryan White Part C Program • Enhance Community Access to HIV Testing through Project Brief • Implement Ryan White Part D Program to Address Needs of Women, Infants and Children
5. Cancer Screening	• Assist Patients in Navigating Healthcare System and Accessing Breast Cancer Screening and Breast Health Service through the Family Navigator Program • Provide Education to Patients on the Health Consequences Associated with Smoking through the Quit Smoking Program • Provide Women's Imaging Services through Breast Imaging Center • Increase Outreach Activities and Lectures to Community Organizations • Increase Breast Cancer, Colorectal Cancer, Prostate Cancer and Lung Cancer Screenings
6. Trauma-Related Gun Violence	• Provide Health and Support Services to Victims of Gun Shots, Stabbings and Assaults • Host Community Forms to Discuss Strategies for Preventing Gun Violence • Develop Young Men's Mentoring Program to Offer Structured Activities

JACOBI MEDICAL CENTER

Priority Health Need	2013 Implementation Strategy
1. Diabetes	• Increase "Kept Appointment Rates" and Implement a Weight-Based Insulin Protocol through Diabetes Registry • Support Proactive Care and Improve Self-Management Skills through the Chronic Disease Collaborative
2. Obesity	• Offer Introductory Health Education and Monthly Support Group Sessions through Bariatric Center of Excellence • Increase Informational Sessions for Patients in Bariatric Program and Incorporate Program Information on Hospital Website to Educate Public About Service • Promote General Health and Long-Term Weight Management Strategies for Overweight and Obese Children and their Families through the Family Weight Management Program • Increase Access to Fresh Fruits and Vegetables through Farmers Market • Promote Exercise and Physical Activity as a Means of Controlling Weight and Other Chronic Health Conditions through Session with an Exercise Physiologist • Supply Land on Hospital Campus on which Community Residents, Patients and Staff Can Grow their Own Produce (Jacobi Community Garden)
3. Cardiovascular Conditions	• Provide Education on Nutritional and Lifestyle Factors Affecting Blood Pressure • Reduce Fragmented Care Delivery During Transitions from One Level of Care to Another through Project RED (Re-Engineered Discharge)
4. Mental Illness / Substance Abuse	• Maintain Patients in Outpatient Treatment and Reduce Hospitalizations through Assertive Community Treatment (ACT) • Perform Extended Observation, Assessment and Stabilization of Acute Psychiatric Patients through Comprehensive Psychiatric Emergency Program (CPEP)
5. Asthma	• Develop Asthma Action Plan through Pediatric Asthma Program • Develop Individualized Care Plan to Manage Symptoms, Reduce Triggers and Deal with Impending Asthma Attacks through Adult Asthma Program • Study Effectiveness of Environmental Interventions through Asthma Research Programs
6. Infectious Diseases	• Provide HIV Counseling and Testing through Designated AIDS Center (DAC) Services • Redesign HIV Counseling and Testing through the Behavioral Intervention-Rapid HIV Testing Education & Follow-Up (B.R.I.E.F) Model • Adapt B.R.I.E.F Model for Hospital's Community Pharmacy Testing Initiative • Reduce Substance Abuse and HIV/AIDS Transmission through Ryan White Harm Reduction Program

Exhibit A

KINGS COUNTY HOSPITAL CENTER

Priority Health Need	2013 Implementation Strategy
1. Chronic Diseases	· Implement Primary Care Service Enhancement Strategies through Patient Centered Medical Home · Enhance Access to Primary Care and Improve Overall Quality of Care · Reduce Time Patients Wait on Hold while Scheduling an Appointment · Improve Overall Access to the Adult and Primary Care, Cardiology, and Gastroenterology Clinics · Expand and Relocate Diabetes Resource Center to Include New Exam Room and Enhanced Facilities · Increase Number of Clinic Sessions in Cardiology Clinic · Continue Staff Wellness Programs · Expand Community Outreach Programs Via a Mobile Health Van
2. Violence	· Provide Competent Compassionate and Prompt Care to Victims of Sexual Abuse through the Sexual Assault Forensic Examiner (SAFE) Program · Implement KAVI (Kings Against Violence Initiative)/Cure Violence Program to Address Violence in the Community · Sponsor a Community Forum to Develop Recommendations for Intervention Strategies
3. Mental Illness / Substance Abuse	· Reconfigure Medically Managed Withdrawal and Stabilization Service · Establish Inpatient Rehabilitation Unit to Better Meet Needs of Substance Users · Offer Additional Health Screening at Community Events Via Mobile Van · Provide Depression Screening During Primary Care Assessment
4. HIV/AIDS	· Provide Additional HIV Testing Hours in Emergency Department · Increase Access to HIV Counseling and Testing in Clinics
5. Cancers	· Provide a Variety of Treatment and Support Services through on-site Cancer Care Center · Install 2nd Linear Accelerator to Better Meet Needs of Radiation Therapy Patients · Hire Additional Oncologist to Increase Patient Access to Specialist

<div style="text-align: center;">Exhibit A</div>

LINCOLN MEDICAL AND MENTAL HEALTH CENTER

Priority Health Need	2013 Implementation Strategy
1. Asthma and Alcohol Use	• Provide Comprehensive Asthma Care and Access to Care through Adult Asthma and Allergy Clinic • Manage Patients' Symptoms and Reactions to Asthma Attacks through Lincoln's Asthma Team • Develop Asthma Action Plans to Define Patients' Treatment Regimens • Conduct Assessments and Motivational Interviews to Substance Users through the Program to Address Substance Abuse (PASA) • Provide Services to Individuals with Chemical Addictions through Recovery Center • Provide Job Training to Patients Adhering to Treatment Regimen through Recovery Center • Provide Services and Referrals to MICA (Mentally Ill Chemical Abusers) Patients • Provide Short Term Crisis Intervention Services through Mobile Crisis Unit to Adults, Children and Families
2. Diabetes	• Provide Education Programs Focused on Type 1 and Type 2 Diabetes • Improve Care and Clinical Outcomes through Chronic Disease Collaborative
3. Drug Use	• Provide Services to Individuals with Chemical Addictions through Recovery Center • Provide Job Training to Patients Adhering to Treatment Regimen through Recovery Center • Provide Services and Referrals to MICA (Mentally Ill Chemical Abusers) Patients
4. Accidents	• Provide Community Outreach Educators, Preventative Health Assessments, Emergency Department Assessments and Substance Abuse Intervention through the Injury Prevention Program • Reduce Risk of Injury Recurrence through Screening, Brief Intervention and Referral to Treatment (SBIRT) Program • Utilize Screening Tools such as Alcohol Use Screen (AUDIT), Drug Abuse Screening Test (DAST) and CRAFFT (a behavioral health screening tool for patients aged 14-18)
5. Cancer	• Provide Comprehensive Screening, Diagnostic and Treatment Services through the Cancer Center • Promote Public Education, Prevention and Early Detection through Viva Mujer (Long Live Women), Viva Los Hombres (Long Live Men) and the For You, For Life! Cancer Outreach Programs • Provide Cancer Outreach, Education and Support Services

METROPOLITAN HOSPITAL CENTER

Priority Health Need	2013 Implementation Strategy
1. Diabetes	· Provide "One Stop Shopping" Care through Designated Diabetes Clinic Sessions within Primary Care Medicine · Provide Management and Education Services through Clinic Sessions · Facilitate Direct Communication with Providers through House Calls Telehealth Program · Expand Access to Diabetes Educators · Engage Patients in Self-Direction and Proactive Involvement in Care by Improving Access Via the Electronic Health Record System
2. Obesity	· Conduct BMI for Each Patient at Every Visit · Include Weight Loss Goals in Obese Patients Treatment Plan · Develop Obesity Action Plan for Pediatric Patient and Families · Offer Get Fit! Classes Weekly
3. Asthma	· Provide Culturally-Sensitive, Bilingual Education for Patients and Families through Children's Asthma Program (CAP) · Offer Adult Asthma/Primary Care Services in Clinics
4. Hypertension	· Provide Blood Pressure Screenings in Clinics and at Community Events · Expand Community Based Clinical and Educational Services
5. Heart Disease	· Reduce Fragmented Care Delivery During Transitions from One Level of Care to Another through Project RED (Re-Engineered Discharge)
6. Behavioral/Mental Health & Substance Abuse	· Provide Support Services and Blood Pressure, Glucose and Drug Screenings through Assertive Community Treatment (ACT) Program · Provide Comprehensive Outpatient and Inpatient Services to Patients with Addictive Behaviors through the Addiction Recovery Center, the Methadone Treatment Program and the inpatient Drug Detoxification Program · Provide Depression Screenings to Every Primary Care Patient · Offer Smoking Cessation Group Weekly in the Adult Inpatient Mental Health Units and Implement Similar Program in Child/Adolescent Unit · Implement "Build-A-Bear" Program for Pediatric Patients

NORTH CENTRAL BRONX HOSPITAL

Priority Health Need	2013 Implementation Strategy
1. Diabetes	· Increase "Kept Appointment" Rates and Implement a Weight-Based Insulin Protocol through Diabetes Registry · Improve Diabetes Management through Diabetes Clinic Sessions · Provide Patients with Assistance in Adjusting Insulin Levels through Insulin Titration Clinic · Improve Inpatient Management of Diabetes through Inpatient Glycemic Committee
2. Obesity	· Utilize Evidenced-Based Approaches to Weight Management through Twice Weekly Clinical Weight Management Program Sessions
3. Cardiovascular Disease	· Provide Education on Nutritional and Lifestyle Factor Affecting Blood Pressure through the Hypertension Clinic · Reduce Fragmented Care Delivery During Transitions from One Level of Care to Another through Project RED (Re-Engineered Discharge)
4. Behavioral Health & Substance Abuse	· Treat Pediatric, Adult and Geriatric Patients through Psychiatric Emergency Services (PES) · Provide Short Term, Acute Intensive Day Treatment Services to Adults Over the Age of 18 through Partial Hospitalization Program (PHP) · Provide Group Activities/Therapies through Therapeutic Activities Services
5. Asthma	· Coordinate Care Across the Clinical Continuum to Accommodate Children and their Lifestyles through the Pediatric Asthma Program · Develop Individualized Care Plan to Manage Symptoms and Reduce Triggers through Adult Asthma Program
6. Infectious Disease (HIV/AIDS, STDs, Hepatitis)	· Provide HIV Counseling and Testing through Designated AIDS Center (DAC) Services · Redesign HIV Counseling and Testing through the Behavioral Intervention-Rapid HIV Testing Education & Follow-Up (B.R.I.E.F) Model · Adapt B.R.I.E.F Model for Hospital's Community Pharmacy Testing Initiative · Reduce Substance Abuse and HIV/AIDS Transmission through Ryan White Harm Reduction Program

QUEENS HOSPITAL CENTER

Priority Health Need	2013 Implementation Strategy
1. Cancer	· Provide "One Stop Shopping" Access to a Comprehensive Range of Specialized Services to Uninsured/Underinsured Women through the Breast Service and Oncology Department
2. Diabetes	· Monitor Patient and Track Outcomes through Diabetes Registry · Offer Comprehensive Diabetes Outpatient Education through the Diabetes Management Program · Address Key Lifestyle Changes Needed to Prevent Diabetes through Pediatric Healthy Lifestyle Programs for Preschoolers, Pre-teens and Teens
3. Hypertension	· Adopt the Patient-Centered Medical Home (PCMH) Model of Care to Provide Care Coordination Services
4. Heart Disease	· Improve Patient Experience and Outcomes using Breakthrough · Develop a Heart Failure Unit and a Heart Failure Clinic that Specifically Focuses on Caring for Patients with Chronic Heart Failure
5. Behavioral Health	· Provide More Psychiatry /Psychology Consultative Time within Primary Care · Adopt the Katon Model for Collaborative Care which has Psychiatry Co-Supervising Care Managers for Patients with Depression · Institute the Use of the PHQ-9 as a Tracking Tool for Assisting Primary Care Clinicians in Diagnosing Depression as well as Selecting and Monitoring Treatment · Work with HHC's Office of Behavioral Health to Develop a Treatment Pathway for Schizophrenia Focused on Reducing Inpatient Length of Hospital Stay and Connecting Patients to Aftercare

WOODHULL MEDICAL AND MENTAL HEALTH CENTER

Priority Health Need	2013 Implementation Strategy
1. Improving Access for Adult Ambulatory Care	· Reorganize Ambulatory Care Services to Expand Capacity, Decompress the Emergency Department, and Provide Coordinated Medical Services · Expand Access to Outpatient Physician Practices to Decrease the Length of Time for Patients to Get an Appointment and Decrease Wait times During Appointments · Adopt Breakthrough Approach (Managing for Daily Improvement) Designed to Improve Key Metrics
2. Improve Care Management / Coordination	· Enhance Access and Continuity of Care using Patient-Centered Medical Home Model · Enhance Care Management Services in the Emergency Department · Pilot Care Management in Psychiatry · Integrate Chemical Dependency and Psychiatry Staff to Provide Appropriate Treatment for Dual-Diagnosed Patients
3. Obesity	· Refer Patients to Bellevue's Bariatric Surgery Program · Engage Patients on Issues of Weight Management · Conduct Biweekly Obesity Clinic that Monitors Children (2 to 21 years old) Who are Overweight or at Risk of Becoming Overweight · Conduct Dance and Movement Classes Given by Artist Access Program Participants in Trade for Healthcare Credits · Develop Healthy Lifestyles Among Youth through Kids Ride Club
4. Mental Health	· Provide 24-hour, 7-days a Week Emergency Care to Individuals in Crisis through Psychiatric Emergency Department. · Expand the Comprehensive Psychiatric Emergency Program · Provide Psychiatric Consultation/Liaison Services for Inpatients · Address Unique Needs, Increase Engagement, and Improve Management of Chronic Medical Conditions for Adult Psychiatry Clinic Patients through the Center for Integrated Health (CIH) · Provide Urgent Mental Health Care and Crisis Management to Patients in the Community through the Mobile Crisis Management Team · Respond to Special Needs of Children, ages 5-18, and their Families through the Outpatient Adult Mental Health Practice Outpatient Child and Adolescent Service · Provide Comprehensive and Urgent Mental Health Care to Children, Adolescents and their Families through the Single Entry Point Program · Respond to the Special Psychosocial and Psychological Needs of HIV+ Women, their Families and Children with HIV Illnesses through the Pediatrics /Perinatal AIDS Liaison Service (PPALS) · Effectively Manage the Withdrawal of Alcohol and Heroin through the Medically Managed Detoxification Service · Incorporate Individual and Group Therapy Services and Education through the Chemical Dependency Outpatient Clinic · Provide Intensive Group Counseling and Craving Reduction and/or Nicotine Replacement Therapies to Individuals 19 Years of Age and Older Seeking Tobacco Dependence Treatment through the Tobacco Cessation Program
5. Diabetes	· Increase Outreach to Diabetic Patients · Maintain Diabetes Registry, Education, Support Group, Specialty Care, and Care Management

HHC Facility Community Health Needs Assessments and Implementation Strategies 2013

Presentation to:
Board of Directors
5/30/2013

Why a Community Health Needs Assessment (CHNA)?

} The Affordable Care Act added new requirements for tax-exempt hospitals to complete a CHNA and develop an implementation strategy once every three years

  – Separate CHNA must be conducted for each hospital by <u>June 30, 2013</u>

  – Goal is to improve community health by identifying opportunities to improve the delivery system to better meet the needs of the community

} Designed as a way for Congress to assess whether tax-exempt hospitals are fulfilling their responsibilities as not for profit organizations

} IRS responsible for oversight of nonprofit organizations – therefore is overseeing the CHNA requirements

  • IRS will impose a $50,000 excise tax for each HHC facility that does not satisfy the CHNA requirements

Requirements of a CHNA

} A CHNA is considered "conducted" when a full report of its findings is made widely available to the public.

- – "conducted" means a link to the report on the hospital website with clear instructions on how to access the report

} Each hospital must create and adopt a written implementation strategy

- – Implementation strategy (IP) is considered adopted when approved by the Board of Directors

- – IP must be adopted by the <u>end of the same tax year</u> in which the facility conducts the CHNA

Elements of a CHNA

} Description of the community served by the hospital

} Description of the process and methodology used for the CHNA

} Process for gaining input from broad community stakeholders

} Delineation of health needs identified through the CHNA

} Listing of the existing healthcare facilities and other resources in the facilities service community

4

Process and Methodology

- } 10 Facilities(excluding Lincoln & Metropolitan): Identified their community health needs through 90 minute focus group sessions: 1 *provider, 1 patient, and 1community stakeholder focus group*

- } 5 Questions Were Asked:

    - What are the greatest healthcare strengths in the facility's community?
    - What are the greatest healthcare weaknesses in the facility's community?
    - What are the greatest healthcare needs in the facility community?
    - How might you rank the facility's responses to the priority community health needs?
    - How might the facility better respond to these needs?

- } Health needs identified were submitted to facility leadership for prioritization

- } Responses from the three focus groups were used for content in the CHNA

Variations in Process & Methodology

Two facilities took a different approach:

} Lincoln MMHC
- Patient and community stakeholder focus groups conducted throughout 2011 led to the development of a community survey tool with 22 primary questions
- 353 (30%) surveys completed by community stakeholders and patients
- March 2013: convened provider focus group to get their input on needs

} Metropolitan Hospital
- Between June and October 2012, administered a survey to patients, community members and providers
- Data was collected at scheduled outreach events and hospital clinics
- Participants asked to identify most pertinent medical issues
- 556 surveys were administered and completed by patients and community members and 128 providers

Elements of the Implementation Plan

- Identify priority health needs

- Describe the strategies that the hospital will continue and/or put in place to address the specific health priorities

Facility-Specific Implementation Strategies

Bellevue Hospital Center

Priority Health Need	Implementation Strategy
1. Mental Illness	• Increase depression screening in the Primary Care setting for adults and children • Integrate behavioral health practitioners within Primary Care to Provide "One-Stop" Model of Care • Deploy Breakthrough/Lean Methodology of Performance Improvement to Reduce Delays for Appointments and to Reduce Delays on the Day of the Appointment • Create Patient Panels to Ensure Continuity Between Patient and Primary Care Provider · Establish the only Children's Comprehensive Psychiatric Emergency Program (CPEP) in NYC
2. Diabetes	• Coordinate Care and Patient Education through Diabetes Registry • Assign Adult Diabetic Patients to Primary Care Practice to Ensure Continuity of Care • Provide Care Coordination and/or Care Management Services • Develop Intensive Medical Weight Management Clinic • Expand Access to Bariatric Surgery Clinic
3. Hypertension	• Connect Patients to Primary Care Providers for Continuity of Care and Disease Management · Provide Regular Performance Reports to Primary Care Providers · Develop Self-Care Plans in Collaboration with Patients • Obtain Additional Dietician Support through Patient Centered Medical Home (PCMH) Initiative • Develop Group Classes on Topics such as Healthy Cooking and Stress Management
4. Substance Abuse	• Provide Care Management and Connect Patient to Regular Care through NYS Health Home Program (HH) · Move Virology Community Follow-up Program (COBRA) Patients into the HH Model • Refer Patients to Inpatient Detoxification Services
5. Health Literacy	• Teach Parents How to Administer Medication to Children through HealthPix Program • Identify Effective Tools to Educate Patients/Family using Breakthrough Methodology • Convene Patient Focus Groups to Ascertain Effectiveness of Education Materials
6. Cancer Services	• Screen Patients for Lifestyle Habits that are Known to Increase Cancer Risk • Expand Access to Cancer Screening and Treatment through Cancer Program · Improve Outreach, Education, Access and Coordination of Services · Implement Referral and Scheduling Guidelines to Decrease Wait Time for Appointment
7. Obesity	• Provide Comprehensive Evaluation and Treatment for Children and Youth through the BHC Nutrition and Fitness Program (BENUFIT) • Improve Access to Weight Management Clinic, Dietary Services and Bariatric Surgery
8. HIV/AIDS/STDs	• Screen All Adults in Emergency, Inpatient and Outpatient Settings for HIV/AIDS • Increase Patient Involvement in HIV Harm Reduction, Recovery Readiness and Relapse Prevention Program (HRR) • Screen Patients Annually for STDs • Improve Accuracy of STD Screening Tests for Men who have Sex with Men by Employing Rectal Swab Test

Coler-Goldwater Acute Chronic Hospital

Priority Health Need	Implementation Strategy
1. Housing for Disabled Persons	• Provide Housing through NYCHA 504 Housing, CAMBA, Assisted Living Programs, NYS' Nursing Home and Transition and Diversion Waiver and TBI Programs and the 99th Street Housing Project • Identify Additional Community Based Organizations for Partnerships
2. Mental / Behavioral Health	• Develop Workgroup to Assess and Treat Early Signs of Depression by Developing Protocol for Care Plan Based on Depression Screen Score • Enhance Existing Activities to Address Substance Abuse and Associated Behaviors • Coordinate Workgroup to Assess Needs of Population and Identify Future Community Needs
3. Diabetes Management	• Develop Peer Workgroup to Partner with Community Based Organizations that Provide Diabetes Management and Education Services
4. Dementia Care	• Develop Protocol for Early Detection, Assessment and Treatment • Reduce Unnecessary Psychotropic Medication Use by Assessing Patient Behavior and Use of Psychotropic Medication Quarterly • Increase Outreach to Families • Expand Music and Memory Program
5. Patient Experience	• Continue Quarterly Grievance Committee Meetings • Conduct Patient Focus Groups to Ascertain Protocols for Better Patient Experiences • Implement "Patient First Program"

Coney Island Hospital

Priority Health Need	Implementation Strategy
1. Diabetes	• Coordinate Care and Patient Education through Diabetes Registry • Provide Diabetes Management and Education through Frequent Classes and Specialized Clinic Sessions • Educate Patients About Their Disease through Project RED (Re-Engineering Discharge) Program • Support Proactive Care and Improve Self-Management Skills through Chronic Disease Collaborative
2. Cardiovascular Disease	• Establish a Care Plan with Patient through Collaborative Care Model for Congestive Heart Disease and Hypertension Control • Educate Patients About Their Disease through Project RED (Re-Engineering Discharge) Program
3. Behavioral Health Issues	• Began an Initiative to Reduce Psychiatric Inpatient Length of Stay and Re-Admissions • Increase Emphasis on Providing Ambulatory Services in Community Settings • Increase Emphasis on Early Intervention and Integration of Behavioral Health and Primary Care • Redesign Psychiatry and Substance Abuse Programs to Programmatically Address Issues of Alcoholism, Abuse and Suicide Attempts
4. Asthma	• Assure 24-hour Access to Physician Specialist through Pediatric Asthma Program • Monitor and Control Asthma Symptoms and Provide Health Information through Pediatric Clinics • Develop Individualized Care Plan through Adult Asthma Teams
5. Obesity	• Refer Obese Pediatric Patients to Weight Loss Program • Provide Patient and Family Counseling through Nutritionist • Provide Community Health Education and Outreach Programs • Conduct Health Fairs and other Health Educational Programs

Elmhurst Hospital Center

Priority Health Need	Implementation Strategy
1. Cancer Care	· Provide Comprehensive Cancer Care Program Focusing on Screening, Education and Treatment · Provide State-of-the-Art Cancer Care through The Hope Pavilion Cancer Center · Provide "One Stop Shopping" Access to a Comprehensive Range of Specialized Services to Uninsured/Underinsured Women through the Breast Service and Oncology Department
2. Diabetes	· Monitor Patient and Track Outcomes through Diabetes Registry
3. Hypertension	· Track Clinical Outcomes through Cardiovascular Risk Registry · Expand Outreach to Patients through Patient Centered Medical Home Initiative
4. Cardiac Care	· Provide Prevention and Treatment Services through Education and Medication · Offer Elective Percutaneous Coronary Intervention
5. Primary Care	· Enhance Primary Pediatric, Adult and HIV Care Services · Transform Primary Care Practices through Patient Centered Medical Homes Initiative · Increase Access to Care by Expanding Hours, Open Scheduling through Traditional Modes of Communication · Facilitate Care through Health Information Exchange, Sharing and Technology · Increase Patient Satisfaction and Assist Patients in Achieving Care Plan Outcome Goals · Tailor Care to Each Patient's Needs · Enhance Patient's Ability to Develop and Learn Self-Management Skills
6. Behavioral Health	· Offer Culturally Sensitive Services to Adults, Children and Adolescents · Provide Treatment through the Outpatient Clinic and Partial Hospitalization Program and Inpatient and Emergency Services
7. Disease Management	· Monitor Patient, Track Outcomes and Improve Care for Patients with Diabetes, Depression and Hypertension through Chronic Disease Collaborative

Harlem Hospital Center

Priority Health Need	Implementation Strategy
1. Diabetes	• Follow-up with Patients through Diabetes Registry • Deploy Certified Diabetic Educators to Provide Patient Education on Diabetes Self-Management • Implement NYS Medical Home Demonstration Project and Increase Number of Patients who Received HbA1c Test by 10%
2. Cardiovascular Disease	• Increase Care Managers who Oversee Care of Patients with Congestive Heart Failure • Enhance Disease Management Strategies through Harlem Healthy Hearts Initiative • Offer Hypertension Target to Treat Pathway Program to Improve Clinical Outcomes • Implement NYS Medical Home Demonstration Project and Increase Number of Patients with Blood Pressure Under Control by 10%
3. Obesity	• Provide Continuum of Services through Bariatric Surgery Service to Support Patients through their Procedure and Post-Operative Recuperation and Transition • Motivate Harlem Residents to Adopt Healthier Lifestyles through Central Harlem Health Revival • Increase Children's and Parent's Understanding and Knowledge of Weight Management through Hip Hop Healthy Eating and Living in Schools Program • Provide San Bao Tai Chi and Qigong Workshops for Seniors • Provide Alvin Ailey Dance Workshops for Seniors • Reinforce Health Eating and Living Messages through Harlem Healthy Living Program • Provide Comprehensive Physical Activity Program to Seniors through Harlem Walk It Out! Program • Provide Family Fitness Program through Shape Up NYC • Develop New Initiative to Increase Access to Healthcare for Disabled Obese Patients • Secure Grant Funding to Extend Central Harlem Health Revival and Harlem Health Eating and Living in Schools through July 2014
4. HIV/AIDS	• Assist Patients with Medication Regimens through the Harlem Adherence to Treatment Program • Provide Comprehensive Medical and Specialty Services and Support Services to Children, Adolescents and Adults and their Families through the Family Care Center and the Family Centered Program • Provide HIV Testing on All Emergency, Inpatient and Outpatient Units through the HIV Rapid Testing Program • Employ Harm Reduction Model to HIV-infected Individuals with Past or Current Substance Use Issues to Address Personal Behavior Patterns and Prevent the Transmission of HIV through the Harm Reduction Recovery Readiness Program • Provide Comprehensive Primary Care Services through the Ryan White Part C Program • Enhance Community Access to HIV Testing through Project Brief • Implement Ryan White Part D Program to Address Needs of Women, Infants and Children
5. Cancer Screening	• Assist Patients in Navigating Healthcare System and Accessing Breast Cancer Screening and Breast Health Service through the Family Navigator Program • Provide Education to Patients on the Health Consequences Associated with Smoking through the Quit Smoking Program • Provide Women's Imaging Services through Breast Imaging Center • Increase Outreach Activities and Lectures to Community Organizations • Increase Breast Cancer, Colorectal Cancer, Prostate Cancer and Lung Cancer Screenings
6. Trauma-Related Gun Violence	• Provide Health and Support Services to Victims of Gun Shots, Stabbings and Assaults • Host Community Forms to Discuss Strategies for Preventing Gun Violence • Develop Young Men's Mentoring Program to Offer Structured Activities

Jacobi Medical Center

Priority Health Need	Implementation Strategy
1. Diabetes	• Increase "Kept Appointment Rates" and Implement a Weight-Based Insulin Protocol through Diabetes Registry • Support Proactive Care and Improve Self-Management Skills through the Chronic Disease Collaborative
2. Obesity	• Offer Introductory Health Education and Monthly Support Group Sessions through Bariatric Center of Excellence • Increase Informational Sessions for Patients in Bariatric Program and Incorporate Program Information on Hospital Website to Educate Public About Service • Promote General Health and Long-Term Weight Management Strategies for Overweight and Obese Children and their Families through the Family Weight Management Program • Increase Access to Fresh Fruits and Vegetables through Farmers Market • Promote Exercise and Physical Activity as a Means of Controlling Weight and Other Chronic Health Conditions through Session with an Exercise Physiologist • Supply Land on Hospital Campus on which Community Residents, Patients and Staff Can Grow their Own Produce (Jacobi Community Garden)
3. Cardiovascular Conditions	• Provide Education on Nutritional and Lifestyle Factors Affecting Blood Pressure • Reduce Fragmented Care Delivery During Transitions from One Level of Care to Another through Project RED (Re-Engineered Discharge)
4. Mental Illness / Substance Abuse	• Maintain Patients in Outpatient Treatment and Reduce Hospitalizations through Assertive Community Treatment (ACT) • Perform Extended Observation, Assessment and Stabilization of Acute Psychiatric Patients through Comprehensive Psychiatric Emergency Program (CPEP)
5. Asthma	• Develop Asthma Action Plan through Pediatric Asthma Program • Develop Individualized Care Plan to Manage Symptoms, Reduce Triggers and Deal with Impending Asthma Attacks through Adult Asthma Program • Study Effectiveness of Environmental Interventions through Asthma Research Programs
6. Infectious Diseases	• Provide HIV Counseling and Testing through Designated AIDS Center (DAC) Services • Redesign HIV Counseling and Testing through the Behavioral Intervention-Rapid HIV Testing Education & Follow-Up (B.R.I.E.F) Model • Adapt B.R.I.E.F Model for Hospital's Community Pharmacy Testing Initiative • Reduce Substance Abuse and HIV/AIDS Transmission through Ryan White Harm Reduction Program

Kings County Hospital Center

Priority Health Need	Implementation Strategy
1. Chronic Diseases	• Implement Primary Care Service Enhancement Strategies through Patient Centered Medical Home • Enhance Access to Primary Care and Improve Overall Quality of Care • Reduce Time Patients Wait on Hold while Scheduling an Appointment • Improve Overall Access to the Adult and Primary Care, Cardiology, and Gastroenterology Clinics • Expand and Relocate Diabetes Resource Center to Include New Exam Room and Enhanced Facilities • Increase Number of Clinic Sessions in Cardiology Clinic • Continue Staff Wellness Programs • Expand Community Outreach Programs Via a Mobile Health Van
2. Violence	• Provide Competent Compassionate and Prompt Care to Victims of Sexual Abuse through the Sexual Assault Forensic Examiner (SAFE) Program • Implement KAVI (Kings Against Violence Initiative)/Cure Violence Program to Address Violence in the Community • Sponsor a Community Forum to Develop Recommendations for Intervention Strategies
3. Mental Illness / Substance Abuse	• Reconfigure Medically Managed Withdrawal and Stabilization Service • Establish Inpatient Rehabilitation Unit to Better Meet Needs of Substance Users • Offer Additional Health Screening at Community Events Via Mobile Van • Provide Depression Screening During Primary Care Assessment
4. HIV/AIDS	• Provide Additional HIV Testing Hours in Emergency Department • Increase Access to HIV Counseling and Testing in Clinics
5. Cancers	• Provide a Variety of Treatment and Support Services through on-site Cancer Care Center • Install 2nd Linear Accelerator to Better Meet Needs of Radiation Therapy Patients • Hire Additional Oncologist to Increase Patient Access to Specialist

Lincoln Medical & Mental Health Center

Priority Health Need	Implementation Strategy
1. Asthma and Alcohol Use	• Provide Comprehensive Asthma Care and Access to Care through Adult Asthma and Allergy Clinic • Manage Patients' Symptoms and Reactions to Asthma Attacks through Lincoln's Asthma Team • Develop Asthma Action Plans to Define Patients' Treatment Regimens • Conduct Assessments and Motivational Interviews to Substance Users through the Program to Address Substance Abuse (PASA) • Provide Services to Individuals with Chemical Addictions through Recovery Center • Provide Job Training to Patients Adhering to Treatment Regimen through Recovery Center • Provide Services and Referrals to MICA (Mentally Ill Chemical Abusers) Patients • Provide Short Term Crisis Intervention Services through Mobile Crisis Unit to Adults, Children and Families
2. Diabetes	• Provide Education Programs Focused on Type 1 and Type 2 Diabetes • Improve Care and Clinical Outcomes through Chronic Disease Collaborative
3. Drug Use	• Provide Services to Individuals with Chemical Addictions through Recovery Center • Provide Job Training to Patients Adhering to Treatment Regimen through Recovery Center • Provide Services and Referrals to MICA (Mentally Ill Chemical Abusers) Patients •
4. Accidents	• Provide Community Outreach Educators, Preventative Health Assessments, Emergency Department Assessments and Substance Abuse Intervention through the Injury Prevention Program • Reduce Risk of Injury Recurrence through Screening, Brief Intervention and Referral to Treatment (SBIRT) Program • Utilize Screening Tools such as Alcohol Use Screen (AUDIT), Drug Abuse Screening Test (DAST) and CRAFFT (a behavioral health screening tool for patients aged 14-18)
5. Cancer	• Provide Comprehensive Screening, Diagnostic and Treatment Services through the Cancer Center • Promote Public Education, Prevention and Early Detection through Viva Mujer (Long Live Women), Viva Los Hombres (Long Live Men) and the For You, For Life! Cancer Outreach Programs • Provide Cancer Outreach, Education and Support Services

Metropolitan Hospital Center

Priority Health Need	Implementation Strategy
1. Diabetes	• Provide "One Stop Shopping" Care through Designated Diabetes Clinic Sessions within Primary Care Medicine • Provide Management and Education Services through Clinic Sessions • Facilitate Direct Communication with Providers through House Calls Telehealth Program • Expand Access to Diabetes Educators • Engage Patients in Self-Direction and Proactive Involvement in Care by Improving Access Via the Electronic Health Record System
2. Obesity	• Conduct BMI for Each Patient at Every Visit • Include Weight Loss Goals in Obese Patients Treatment Plan • Develop Obesity Action Plan for Pediatric Patient and Families • Offer Get Fit! Classes Weekly
3. Asthma	• Provide Culturally-Sensitive, Bilingual Education for Patients and Families through Children's Asthma Program (CAP) • Offer Adult Asthma/Primary Care Services in Clinics
4. Hypertension	• Provide Blood Pressure Screenings in Clinics and at Community Events • Expand Community Based Clinical and Educational Services
5. Heart Disease	• Reduce Fragmented Care Delivery During Transitions from One Level of Care to Another through Project RED (Re-Engineered Discharge)
6. Behavioral/Mental Health & Substance Abuse	• Provide Support Services and Blood Pressure, Glucose and Drug Screenings through Assertive Community Treatment (ACT) Program • Provide Comprehensive Outpatient and Inpatient Services to Patients with Addictive Behaviors through the Addiction Recovery Center, the Methadone Treatment Program and the inpatient Drug Detoxification Program • Provide Depression Screenings to Every Primary Care Patient • Offer Smoking Cessation Group Weekly in the Adult Inpatient Mental Health Units and Implement Similar Program in Child/Adolescent Unit • Implement "Build-A-Bear" Program for Pediatric Patients

North Central Bronx Hospital

Priority Health Need	Implementation Strategy
1. Diabetes	• Increase "Kept Appointment" Rates and Implement a Weight-Based Insulin Protocol through Diabetes Registry • Improve Diabetes Management through Diabetes Clinic Sessions • Provide Patients with Assistance in Adjusting Insulin Levels through Insulin Titration Clinic • Improve Inpatient Management of Diabetes through Inpatient Glycemic Committee
2. Obesity	• Utilize Evidenced-Based Approaches to Weight Management through Twice Weekly Clinical Weight Management Program Sessions
3. Cardiovascular Disease	• Provide Education on Nutritional and Lifestyle Factor Affecting Blood Pressure through the Hypertension Clinic • Reduce Fragmented Care Delivery During Transitions from One Level of Care to Another through Project RED (Re-Engineered Discharge)
4. Behavioral Health & Substance Abuse	• Treat Pediatric, Adult and Geriatric Patients through Psychiatric Emergency Services (PES) • Provide Short Term, Acute Intensive Day Treatment Services to Adults Over the Age of 18 through Partial Hospitalization Program (PHP) • Provide Group Activities/Therapies through Therapeutic Activities Services
5. Asthma	• Coordinate Care Across the Clinical Continuum to Accommodate Children and their Lifestyles through the Pediatric Asthma Program • Develop Individualized Care Plan to Manage Symptoms and Reduce Triggers through Adult Asthma Program
6. Infectious Disease (HIV/AIDS, STDs, Hepatitis)	• Provide HIV Counseling and Testing through Designated AIDS Center (DAC) Services • Redesign HIV Counseling and Testing through the Behavioral Intervention-Rapid HIV Testing Education & Follow-Up (B.R.I.E.F) Model • Adapt B.R.I.E.F Model for Hospital's Community Pharmacy Testing Initiative • Reduce Substance Abuse and HIV/AIDS Transmission through Ryan White Harm Reduction Program

Queens Hospital Center

Priority Health Need	Implementation Strategy
1. Cancer	• Provide "One Stop Shopping" Access to a Comprehensive Range of Specialized Services to Uninsured/Underinsured Women through the Breast Service and Oncology Department
2. Diabetes	• Monitor Patient and Track Outcomes through Diabetes Registry • Offer Comprehensive Diabetes Outpatient Education through the Diabetes Management Program • Address Key Lifestyle Changes Needed to Prevent Diabetes through Pediatric Healthy Lifestyle Programs for Preschoolers, Pre-teens and Teens
3. Hypertension	• Adopt the Patient-Centered Medical Home (PCMH) Model of Care to Provide Care Coordination Services
4. Heart Disease	• Improve Patient Experience and Outcomes using Breakthrough • Develop a Heart Failure Unit and a Heart Failure Clinic that Specifically Focuses on Caring for Patients with Chronic Heart Failure
5. Behavioral Health	• Provide More Psychiatry /Psychology Consultative Time within Primary Care • Adopt the Katon Model for Collaborative Care which has Psychiatry Co-Supervising Care Managers for Patients with Depression • Institute the Use of the PHQ-9 as a Tracking Tool for Assisting Primary Care Clinicians in Diagnosing Depression as well as Selecting and Monitoring Treatment • Work with HHC's Office of Behavioral Health to Develop a Treatment Pathway for Schizophrenia Focused on Reducing Inpatient Length of Hospital Stay and Connecting Patients to Aftercare

Woodhull Medical & Mental Health Center

Priority Health Need	Implementation Strategy
1. Improving Access for Adult Ambulatory Care	· Reorganize Ambulatory Care Services to Expand Capacity, Decompress the Emergency Department, and Provide Coordinated Medical Services · Expand Access to Outpatient Physician Practices to Decrease the Length of Time for Patients to Get an Appointment and Decrease Wait times During Appointments · Adopt Breakthrough Approach (Managing for Daily Improvement) Designed to Improve Key Metrics
2. Improve Care Management / Coordination	· Enhance Access and Continuity of Care using Patient-Centered Medical Home Model · Enhance Care Management Services in the Emergency Department · Pilot Care Management in Psychiatry · Integrate Chemical Dependency and Psychiatry Staff to Provide Appropriate Treatment for Dual-Diagnosed Patients
3. Obesity	· Refer Patients to Bellevue's Bariatric Surgery Program · Engage Patients on Issues of Weight Management · Conduct Biweekly Obesity Clinic that Monitors Children (2 to 21 years old) Who are Overweight or at Risk of Becoming Overweight · Conduct Dance and Movement Classes Given by Artist Access Program Participants in Trade for Healthcare Credits · Develop Healthy Lifestyles Among Youth through Kids Ride Club
4. Mental Health	· Provide 24-hour, 7-days a Week Emergency Care to Individuals in Crisis through Psychiatric Emergency Dept. · Expand the Comprehensive Psychiatric Emergency Program · Provide Psychiatric Consultation/Liaison Services for Inpatients · Address Unique Needs, Increase Engagement, and Improve Management of Chronic Medical Conditions for Adult Psychiatry Clinic Patients through the Center for Integrated Health (CIH) · Provide Urgent Mental Health Care and Crisis Management to Patients in the Community through the Mobile Crisis Management Team · Respond to Special Needs of Children, ages 5-18, and their Families through the Outpatient Adult Mental Health Practice Outpatient Child and Adolescent Service · Provide Comprehensive and Urgent Mental Health Care to Children, Adolescents and their Families through the Single Entry Point Program · Respond to the Special Psychosocial and Psychological Needs of HIV+ Women, their Families and Children with HIV Illnesses through the Pediatrics /Perinatal AIDS Liaison Service (PPALS) · Effectively Manage the Withdrawal of Alcohol and Heroin through the Medically Managed Detoxification Service · Incorporate Individual & Group Therapy Services & Education through the Chemical Dependency Outpatient Clinic · Provide Intensive Group Counseling and Craving Reduction and/or Nicotine Replacement Therapies to Individuals 19 Years of Age and Older Seeking Tobacco Dependence Treatment through the Tobacco Cessation Program
5. Diabetes	· Increase Outreach to Diabetic Patients · Maintain Diabetes Registry, Education, Support Group, Specialty Care, and Care Management

Actions Needed to Meet Requirements

} **Adoption**

- Approval of Implementation Plans by HHC's Board of Directors– May 30, 2013

} **Posting**

- Final CHNA report must be posted on facilities' websites by June 30, 2013

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to execute a contract with Siemens Enterprise Communications, Inc. via NYS Office of General Services (OGS) contract for the enterprise wide PBX Consolidation of services and maintenance for all telecommunications platforms used throughout the Corporation's facilities. The contract will be for an amount not to exceed $21,014,226 including a 20% contingency for an initial term of three years, with two (1) year renewal options, exercisable solely by the Corporation.

WHEREAS, the Corporation is seeking to consolidate all PBX Telecommunications maintenance and services into one contract, with the intent to centralize all services currently provided by three separate vendors; and

WHEREAS, the consolidation of these services under one contract will result in savings required under one of the Corporation's cost-containment and restructuring initiatives; and

WHEREAS, a consolidated PBX Telecommunications vendor contract will provide centralized and standardized processes to improve operational efficiencies, service delivery and costs; and

WHEREAS, the NYS OGS contract prices for such services and maintenance are discounted from market price; and

WHEREAS, the Corporation issued a solicitation to obtain responses from authorized NYS OGS vendors in accordance with the Corporation's operating procedures; and

WHEREAS, the overall responsibility for the monitoring of the contract will be under the direction of the Senior Vice President/Corporate Chief Information Officer.

NOW THEREFORE, BE IT:

RESOLVED, that the President of the New York City Health and Hospitals Corporation be and hereby is authorized to execute a contract with Siemens Enterprise Communications, Inc. via NYS OGS contract for the enterprise-wide PBX Consolidation of services and maintenance for all telecommunications platforms used throughout the Corporation's facilities. The contract will be for an amount not to exceed $21,014,226 which includes a 20% contingency, for an initial term of three years, with two (1) year renewal options, exercisable solely by the Corporation.

EXECUTIVE SUMMARY

SIEMENS ENTERPRISE COMMUNICATIONS, INC.
PBX CONSOLIDATION

The accompanying resolution requests approval to enter into a three year contract via NYS Office of General Services (OGS) contract, with an additional two (1) year renewal options, with Siemens Enterprise Communications, Inc. for the Enterprise Wide PBX consolidation of services and maintenance for all telecommunications platforms including diagnostic, maintenance, repair, backup and related equipment to be used throughout the Corporation's facilities in an amount not to exceed $21,014,226. This amount is calculated using the contract amount of $17,511,855 plus a 20% contingency of $3,502,371. This contingency will be used for any new services and maintenance over the term of the contract.

The Corporation is currently engaged with three separate vendors for its Corporate-wide telecommunications needs. In this current state, it is not possible to centralize and standardize processes to improve operational efficiencies, service delivery and costs. The consolidation of these services under one contract will result in savings required by one of the Corporation's cost-containment and restructuring initiatives.

Telecommunications is a dynamic industry that is constantly changing, thus providing new opportunities to lower costs with various vendors. Consolidating existing telecommunication services under one vendor via NYS OGS contract will result in significant savings. Over the course of the full term if renewed, the new contract will allow for an approximate savings of $9.27 million.

Under the proposed contract, beginning approximately July 1, 2013 Siemens Enterprise Communications, Inc. will begin providing maintenance under one agreement for the enterprise wide PBX Consolidation of services and maintenance for all telecommunications platforms used throughout the Corporation's facilities . A service review will be completed quarterly to ensure compliance with all contractual requirements.

CONTRACT FACT SHEET
New York City Health and Hospitals Corporation

Contract Title: Enterprise Wide PBX Consolidation

Project Title & Number: Enterprise Wide PBX Consolidation

Project Location: Enterprise Wide

Requesting Dept.:   EITS/Infrastructure Services

Successful Respondent: Siemens Enterprise Communications, Inc.

Contract Amount: $17,511,855 + $3,502,371 (20% Contingency) = $21,014,226

Contract Term: 3 years (with two 1 year options to renew)

Number of Respondents: Three
(If Sole Source, explain in
 Background section)

Range of Proposals: $17,511,855   to $18,224,215

**Minority Business
Enterprise Invited:**   ☐ Yes X No   If no, please explain:

Funding Source: ☒ General Care   ☐ Capital
                           ☐ Grant: explain
                           Other: explain

Method of Payment: ☐ Lump Sum ☐ Per Diem ☐ Time and Rate
                           ☒ Other: explain   Quarterly

EEO Analysis: N/A

**Compliance with HHC's
McBride Principles?**   ☐ Yes   ☐ No   Pending

Vendex Clearance   ☐ Yes   ☐ No   ☒ N/A

(Required for contracts in the amount of $100,000 or more awarded pursuant to an RFP, NA or as a Sole Source,
or $100,000 or more if awarded pursuant to an RFB.)

CONTRACT FACT SHEET (continued)

Background *(include description and history of problem; previous attempts, if any, to solve it; and how this contract will solve it):*

HHC is currently engaged with three separate vendors (NEC, Siemens Rolm and Verizon) for its companywide Telecommunications needs. The current state inhibits efforts to improve operational efficiencies, service delivery and costs. It is not possible to centralize and standardize related business processes, the service tickets and problem tracking information in the current state. In addition this has been identified as one of the Corporation's Enterprise-wide cost-containment and restructuring actions.

This contract will provide enterprise wide solutions to our current PBX issues by including the following scope in the agreement at a more cost effective price:

- All Telecommunications related hardware and software including Voice Mail, Auto Attendant, Night Bells, Paging and Call Detail Recorder Systems, as well as their UPS's

- Remote diagnostic, maintenance and repair through continuous surveillance of hardware and software by contracted vendor

- Backups of all in-scope systems software, configurations and data and restores when necessary

- Vendor provided Voice Call Handling, Answering/Messaging and Operator Services available on-site as well as from Vendor's site when needed

- All associated configuration and data entry for proper operations and service delivery

- All conference room and user telephones and related equipment

- Enterprise wide wiring distribution, MDF and IDF Cable Management

- On-site spare equipment for all PBX and peripheral equipment

- Entire twisted pair-wiring infrastructure used for voice and data will be maintained and new installations completed according to healthcare facility codes and industry standards

- On-site inventory of PBX cards and related hardware to support up to 4 weeks of service requirements, including spares of critical equipment and at least 1 spare for every end user device and delivery to site within 8 hours for anything else needed to resolve failures

- Call Management and Telephony evaluations per facility through trunk traffic analysis, PBX capacity and utilization studies and SMDR/DCR/EDM quality assurance reviews, making recommendations to improve operations, services and cost

Contract Review Committee

Was the proposed contract presented at the Contract Review Committee (CRC)?   (include date):

Scheduled to be presented at the May 8, 2013 CRC meeting.

Has the proposed contract's scope of work, timetable, budget, contract deliverables or accountable person changed since presentation to the CRC? If so, please indicate how the proposed contract differs since presentation to the CRC:

Not Applicable.

CONTRACT FACT SHEET(continued)

Selection Process *(attach list of selection committee members, list of firms responding to RFP, list of firms considered, describe here the process used to select the proposed contractor, the selection criteria, and the justification for the selection):*

HHC issued a solicitation to five (5) vendors holding NYS OGS contracts. Current installation information was provided by each Facility with PBX and/or related peripheral equipment. This information together with industry standards and best practices was used to develop the requirements for the solicitation. Three vendors submitted proposals. Two vendors declined to provide a bid. The proposals were reviewed by HHC IT Infrastructure staff to determine whether they met the solicitation requirements.

Siemens Enterprise Communications submitted the lowest responsive proposal.

Vendor: NEC Corporation of America		**Vendor: Black Box Network Services**		**Vendor: Siemens Enterprise Communications**	
All Sites: NEC / Nortel / Siemens		All Sites: NEC / Nortel / Siemens		All Sites: NEC / Nortel / Siemens	
TOTAL YEAR 1 FOR ALL SITES	$ 3,644,843	TOTAL YEAR 1 FOR ALL SITES	$ 3,543,767	TOTAL YEAR 1 FOR ALL SITES	$ 3,481,844
TOTAL YEAR 2 FOR ALL SITES	$ 3,644,843	TOTAL YEAR 2 FOR ALL SITES	$ 3,520,064	TOTAL YEAR 2 FOR ALL SITES	$ 3,481,844
TOTAL YEAR 3 FOR ALL SITES	$ 3,644,843	TOTAL YEAR 3 FOR ALL SITES	$ 3,520,064	TOTAL YEAR 3 FOR ALL SITES	$ 3,481,844
Optional (Year 4 Projected *)	$ 3,644,843	Optional (Year 4)	$ 3,830,909	Optional (Year 4 Projected *)	$ 3,533,162
Optional (Year 5 Projected *)	$ 3,644,843	Optional (Year 5)	$ 3,726,509	Optional (Year 5 Projected *)	$ 3,533,162
All 5 Years	$ 18,224,215		$ 18,141,312	All 5 Years	$ 17,511,855

*** Includes an Inflation Rate of 1.47
(March 2012 -March 2013 CPI)**

*The Inflation Rate was calculated using the March 2013 and March 2012 CPI data. Pricing for optional years 4 and 5 will be $3,481,843.56 plus the lower of CPI or 3%.

Scope of work and timetable:

Beginning approximately July 1, 2013 Siemens Enterprise Communications will begin providing maintenance of all telecommunications related hardware and software at current PBX locations. A service review will be completed quarterly to ensure compliance with all contractual requirements.

CONTRACT FACT SHEET (continued)

Provide a brief costs/benefits analysis of the services to be purchased.

The proposed pricing under the new contract will allow the Corporation to save approximately $1.8 million on an annual basis. As illustrated in Table A below, the projected spending is approximately $5.34 million on an annual basis without this new contract based on an average of FY2010, FY2011 and FY2012 annual spending. This annual cost will decrease to approximately $3.48 million for the first three years and to approximately $3.53 million for the two (1) year renewal options under the new contract with Siemens.

Over the course of the initial three years and two (1) year renewal options, the new contract will allow for an approximate savings of $9.2 million.

TABLE A:

PBX Enterprise Wide Maintenance

Current State		Siemens Contract	
FY2010	$ 5,222,079	FY2014	$ 3,481,844
FY2011	$ 5,376,966	FY2015	$ 3,481,844
FY2012	$ 5,432,314	FY2016	$ 3,481,844
FY2013 (Projected)	$ 5,343,786	FY2017 (Optional – Projected)*	$ 3,533,162
FY2014 (Projected)	$ 5,343,786	FY2018 (Optional - Projected)*	$ 3,533,162
Sub-Totals	$ 26,718,932		$ 17,511,855
		PBX Consolidation Savings --->	$ 9,207,076

* Includes an Inflation Rate of 1.47

*The Inflation Rate was calculated using the March 2013 and March 2012 CPI data. Pricing for optional years 4 and 5 will be $3,481,843.56 plus the lower of CPI or 3%.

Provide a brief summary of historical expenditure(s) for this service, if applicable.

FY2010: $5,222,079
FY2011: $5,376,966
FY2012: $5,432,314

HHC 590B (R July 2011)

Provide a brief summary as to why the work or services cannot be performed by the Corporation's staff.

HHC does not have the appropriate staff to complete the services included in this contract. In order to attain the same ability as the vendor, HHC would require staff certified in the technologies in place and on-going training for current and new technologies in order to make recommendations to improve operations, services and cost.

Will the contract produce artistic/creative/intellectual property? Who will own it?
Will a copyright be obtained? Will it be marketable? Did the presence of such property and ownership thereof enter into contract price negotiations?

No artistic/creative/intellectual property will be produced from this contract.

CONTRACT FACT SHEET (continued)

Contract monitoring (include which Senior Vice President is responsible):

Bert Robles, Senior Vice President/Corporate Chief Information Officer

Equal Employment Opportunity Analysis *(include outreach efforts to MBE/WBE's, selection process, comparison of vendor/contractor EEO profile to EEO criteria. Indicate areas of under-representation and plan/timetable to address problem areas):*

N/A – NYS OGS Contract

Received By E.E.O. _____
*   Date*

Analysis Completed By E.E.O._____
*   Date*

_____
Name

Siemens Enterprise Communications, Inc.
PBX Consolidation PowerPoint Narrative

The Corporation is currently engaged with three separate vendors for its Corporate-wide PBX service and maintenance contracts. In this current state, it is not possible to realize economies of scale for reducing costs or to standardizing on common processes to govern operational efficiencies. The proposal is to consolidate these services under one vendor contract resulting in the desired savings required the Corporation's cost-containment and restructuring initiatives.

Beginning approximately July 1, 2013, Siemens Enterprise Communications will begin providing maintenance and services for all PBX equipment under one umbrella contract for the 18 locations that have PBX environments. This contract will replace the three (3) existing contracts currently in place. Procuring this agreement from Siemens Enterprise Communications, Inc. is in the best interest of the Corporation and will not only have a significant savings impact, but positive operational impact as well.

The requests approval to enter into a three year contract via the New York State Office of General Services (OGS) contract, with an additional two (1) year renewal options, with Siemens Enterprise Communications, Inc. for the Enterprise Wide PBX contract consolidation. The proposal requires an amount not to exceed $21,014,226. This amount is calculated using the 5 year contract amount of $17,511,855 plus a 20% contingency of $3,502,371 realizing a five year savings of $9.27 million.

**Enterprise Wide PBX Consolidation
Restructuring/Road Ahead Initiative**

Medical & Professional Affairs/IT Committee

May 23, 2013

nyc.gov/hhc

Restructuring/Road Ahead Initiative / Background Summary

Restructuring/Road Ahead Initiative

§ Three areas of opportunity identified during discovery process

- **PBX Maintenance**
- Cell phone contract restructuring / consolidation
- VOIP deployment

HHC Requirements

§ Realize cost and service benefits associated with enterprise wide consolidation of 18 PBX services and maintenance contracts (Five year cost savings of approximately $9.2 Million.)

Current Scenario

§ Provided by three separate vendors (NEC, Siemens and Verizon)

§ PBX are a fixed based system operating in each facility and provides minimal real time disaster recovery capabilities

§ No central repository for all Telecommunications problems

§ Three different sets of business processes to engage vendors

EITS/Infrastructure Services

In Scope with Contract Solution

- § All Telecommunications hardware and software that includes Voice Mail, Auto Attendant, Night Bells, Paging, Call Detail Recorder Systems and UPS's

- § Remote diagnostic, maintenance and repair through continuous surveillance

- § Disk backups of all systems software, configurations and data

- § Telephone Call Handling, Answering/Messaging and Operator Services

PBX Consolidation Scope of Services

- § Standardize on processes and procedures

- § PBX's and related equipment

- § Enterprise wide wiring distribution and cable management

EITS/Infrastructure Services

Included Highlights

- § Economies of scale by contracting with a single vendor

- § Single source for all related PBX infrastructure

- § On-site spare parts

- § Standard service level agreements – maintain expected service levels throughout HHC

Duration

- § 3 year contract with two 1 year renewals

Historical Spend
(NEC, Siemens & Verizon)

Sum of Vouched Amount Fiscal Years	Enterprise Wide Maintenance
FY2010	$ 5,222,079
FY2011	$ 5,376,966
FY2012	$ 5,432,314
FY2013 (Projected)	$ 5,343,786
FY2014 (Projected)	$ 5,343,786
Grand Total	$ 26,718,932

Bid Response Summaries

$18,224,215
Vendor: NEC Corporation of America
All Sites: NEC / Nortel / Siemens

TOTAL YEAR 1 FOR ALL SITES	$	3,644,843
TOTAL YEAR 2 FOR ALL SITES	$	3,644,843
TOTAL YEAR 3 FOR ALL SITES	$	3,644,843
Optional (Year 4 Projected)	$	3,644,843
Optional (Year 5 Projected)	$	3,644,843
All 5 Years	$	18,224,215

$18,141,312
Vendor: Black Box Network Services
All Sites: NEC / Nortel / Siemens

TOTAL YEAR 1 FOR ALL SITES	$	3,543,767
TOTAL YEAR 2 FOR ALL SITES	$	3,520,064
TOTAL YEAR 3 FOR ALL SITES	$	3,520,064
Optional (Year 4)	$	3,830,909
Optional (Year 5)	$	3,726,509
	$	18,141,312

ü $17,511,855
Vendor: Siemens Enterprise Communications
All Sites: NEC / Nortel / Siemens

TOTAL YEAR 1 FOR ALL SITES	$	3,481,844
TOTAL YEAR 2 FOR ALL SITES	$	3,481,844
TOTAL YEAR 3 FOR ALL SITES	$	3,481,844
Optional (Year 4 Projected *)	$	3,533,162
Optional (Year 5 Projected *)	$	3,533,162
All 5 Years	$	17,511,855

* Includes an Inflation Rate of 1.47
(Mar'2013-Mar'2012 CPI)

ü **Lowest Compliant Bid**

ü **Saving $9,207,077 (Over 5 Years)**

ü **BAF includes a 20% Contingency of $3,502,371**

EITS/Infrastructure Services

Recommendation – Direct Agreement - Siemens Enterprise Communications Utilizing a NY State Office of General Services Contract

Comparison Analysis

PBX Enterprise Wide Maintenance

Source of current funding Facilities Budget

Current State			Siemens Contract		
FY2010	$	5,222,079	FY2014	$	3,481,844
FY2011	$	5,376,966	FY2015	$	3,481,844
FY2012	$	5,432,314	FY2016	$	3,481,844
FY2013 (Projected)	$	5,343,786	FY2017 (Optional - Projected *)	$	3,533,162
FY2014 (Projected)	$	5,343,786	FY2018 (Optional - Projected *)	$	3,533,162
Sub-Totals	$	26,718,932		$	17,511,855
			PBX Consolidation Savings --->	$	9,207,077

* Includes an Inflation Rate of 1.47

Validation

§ Wayman Caliman, Director Telecommunications, Kings County Hospital Center

"As a former customer of Siemens at Coney Island Hospital, I endorse the choice of Siemens as the corporate maintenance vendor for HHC.   Siemens has consistently provided reliable, timely, and thorough response to emergency situations, and all staff dispatched are well-versed in various generations of products and site-specific applications. They easily adapt to the facilities' problem reporting and escalation policies, as well as provide consistent monitoring of hardware and disposable inventory. Siemens technicians are known for their sensitivity to customer needs, and meet every challenge with a positive attitude, friendly demeanor, and personal follow-up to ensure continuous customer satisfaction."

§ Loly Arce, Coordinating Manager Telephone Services, Lincoln

"I am pleased to say that I had worked for over 15 years with Siemens PBX system. Customer support, product reliability I can always count on. Overall my experience with Siemens been above satisfactory."

Questions?

Resolution

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to negotiate and execute a sole source Agreement with Cablevision Lightpath via New York State Office of General Services (OGS) to provide enterprise wide voice and data circuits for three (3) years with a one (1) year option to renew, solely exercisable by the Corporation, for an amount not to exceed $9,249,235, which includes a 20% contingency.

WHEREAS, the Corporation currently uses Cablevision Lightpath for an alternate and Disaster Recovery provider for enterprise wide voice and data circuits for the New York City Health and Hospitals Corporation; and

WHEREAS, Lightpath has been in good standing and consistent with the terms of the current service agreement which will expire on June 30, 2013 with no additional options to renew; and

WHEREAS, Lightpath has managed mission telecommunications services and has provided customized solutions for the Corporation for the last three years without any service interruption; and

WHEREAS, given the anticipated costs of building a replacement alternate voice and data network with a new vendor and migrating off the current alternate provider would be technically and economically infeasible; and

WHEREAS, executing the Lightpath agreement is in the best interests of the Corporation to meet the need for telecommunication links for new Information Technology Capital Projects; and

WHEREAS, the contract will be managed and monitored under the direction of the Senior Vice President/Corporate Chief Information Officer.

NOW, THEREFORE, BE IT:

RESOLVED, that the President of New York City Health and Hospitals Corporation be and hereby is authorized to negotiate and execute a sole source agreement with Cablevision Lightpath via New York State Office of General Services (OGS) to provide enterprise wide voice and data circuits for three (3) years with a one (1) year option to renew, solely exercisable by the Corporation, for an amount not to exceed $9,249,235 which includes a 20% contingency.

EXECUTIVE SUMMARY

Cablevision Lightpath
Cablevision Lightpath Voice and Data Circuits

The accompanying resolution requests approval to negotiate and execute a sole source Agreement with Cablevision Lightpath via New York State Office of General Services (OGS) to provide enterprise wide voice and data circuits for the New York City Health and Hospitals Corporation for a total amount not to exceed $9,249,235, which includes a 20% contingency. The contingency will be used for any new circuit growth and the facility build-outs required for those circuits. The term of the proposed contract is three years with a one year option to renew. This agreement will result in potential savings of $2.1 million over the term of the contract.

The Corporation currently uses Cablevision Lightpath as its alternate and disaster recovery telecommunications provider and the current agreement will expire on June 30, 2013, with no available renewal options to extend. The new Cablevision Lightpath voice and data circuit agreement will be implemented enterprise wide.

The current Ethernet infrastructure as designed and implemented by Lightpath required 6 months for requirements analysis, design; 9 months for facilities coordination, implementation, test and validation; and 9 months for rollout/migration to facilities/hospitals. Enterprise Information Technology Services (EITS) estimates it will take between eighteen months to two years to complete migration from Lightpath to another provider, cost approximately $8 to $10 million to build a replacement data network as well as to migrate the current telecommunications links to a new provider.

Lightpath is the leading provider of voice and data circuits to healthcare facilities in the Metropolitan NYC area. Lightpath's commitment to scalability, flexibility, security, and dependability has provided HHC with the necessary service to continue operations in all circumstances. Lightpath provided critical services during Hurricane Sandy which allowed HHC to continue vital operations. This agreement will provide the Corporation with an immediate reduction in monthly recurring fees and prevent a gap in service.

The continued use of Lightpath's network will allow HHC to avoid undergoing significant structural and work flow changes. In addition, the use of Lightpath will avert a change in continuity for on-going support and services and will prevent the need for limited resources to support multiple services simultaneously. It is in the best interest of HHC to continue its use of Lightpath services.

CONTRACT FACT SHEET
New York City Health and Hospitals Corporation

Contract Title:	Cablevision Lightpath Voice and Data Circuits
Project Title & Number:	Cablevision Lightpath Voice and Data Circuits
Project Location:	Enterprise Wide
Requesting Dept.:	Enterprise Information Technology Services (EITS)/ IT Infrastructure

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Successful Respondent: Cablevision Lightpath

Contract Amount: $7,707,696 plus 20% contingency of $1,541,539 – contract not to exceed $9,249,235

Contract Term: 3 years with 1 year renewal option

Number of Respondents: N/A
(If Sole Source, explain in Background section)

Range of Proposals: $N/A   to $

**Minority Business
Enterprise Invited:**   N/A No   If no, please explain: _____

Funding Source: General Care Capital
                      Grant: explain _____
                      X Other: explain Operating Funds

Method of Payment: Lump Sum   Per Diem   Time and Rate
                        Other: explain Monthly Fixed Payments

EEO Analysis: N/A

**Compliance with HHC's
McBride Principles?**   Yes   No   X Pending

Vendex Clearance   Yes   No   **X** N/A

(Required for contracts in the amount of $100,000 or more awarded pursuant to an RFP, NA or as a Sole Source, or $100,000 or more if awarded pursuant to an RFB.)

Background *(include description and history of problem; previous attempts, if any, to solve it; and how this contract will solve it):*

The Corporation utilizes Lightpath Services as an alternate telecommunication provider to Verizon for fault tolerance and disaster recover between all New York City Health and Hospital Corporation facilities to information technology services which reside at the Jacobi Data Center in the Bronx and Sun Guard Data Center in New Jersey. The Corporation's contract with Lightpath expires on June 30, 2013.

Enterprise Information Technology Services (EITS) estimates it will take between eighteen months to two years to complete migration from Lightpath to another provider, cost approximately $8 to $10 million to build a replacement data network and migrate the current telecommunications links to a new provider.

Why Lightpath:

- v-Line network is Private to HHC only
- All services are protected
- All services are Lightpath owned and operated (not 3rd party)
- Diverse entrances to all HHC facilities
- NYCHHC and Lightpath's partnership and relationship
- Lightpath is the leading provider to Healthcare facilities in the Metropolitan NY area
- Scalable
- Dedicated
- Flexible
- Immediate reduction in Monthly recurring fees
- Dedicated Local Team
- Account Service Manager: point of contact for assisting in both daily operational support and new service implementation processes

Additional considerations:

- No loss or disruption of service in the past 5 years
- Lightpath has demonstrated and provided excellent customer support / service to HHC including dedicated support during natural disasters (i.e. Hurricane Sandy)
- No construction or structural changes are needed
- Continuity in existing work flow; on-going support and services
- Length of time and cost in man-hours to change or replace the existing service
- Confusion on supporting multiple services simultaneously
- It took NYCHHC almost 2 years to rollout the existing Lightpath infrastructure
- It requires extensive amount of engineering efforts to design, implement and rollout alternative solution along with costs:
- Design, build, implement and rollout the new service provider solution in parallel to existing solution.
- Additional circuit costs for running both current and new infrastructure in parallel.
- Provisioning rack space, power, cooling and cabling for new service provider equipment.
- Significant design changes to Wide Area Network.
- The current Ethernet infrastructure as designed and implemented by Lightpath required 6 months for requirements analysis, design; 9 months for facilities coordination, implementation, test and validation; and 9 months for rollout/migration to facilities/hospitals.

CONTRACT FACT SHEET(continued)

Contract Review Committee

Was the proposed contract presented at the Contract Review Committee (CRC)? (include date):

Yes. The contract was presented at the May 8, 2013 CRC meeting.

Has the proposed contract's scope of work, timetable, budget, contract deliverables or accountable person changed since presentation to the CRC? If so, please indicate how the proposed contract differs since presentation to the CRC:

N/A.

Selection Process *(attach list of selection committee members, list of firms responding to RFP or NA, list of firms considered, describe here the process used to select the proposed contractor, the selection criteria, and the justification for the selection):*

The vendor, Cablevision Lightpath, is currently an HHC vendor who is able to meet the Corporation's technical requirements, at a cost equal to or less than that given to its most preferred customers or other government agencies. The rationale of cost is documented below. The accompanying resolution requests approval to negotiate and execute a sole source agreement with Cablevision Lightpath via New York State Office of General Services (OGS) to provide enterprise wide voice and data circuits for the New York City Health and Hospitals Corporation

Lightpath has been able to customize services to meet HHC requirements over time and as such has established a unique reputation by meeting the Corporation's needs.

Enterprise Information Technology Services (EITS) estimates it will take between eighteen months to two years to complete migration from Lightpath to another provider, cost approximately $8 to $10 million to build a replacement data network and migrate the current telecommunications links to a new provider.

CONTRACT FACT SHEET (**continued**)

Scope of work and timetable:

Lightpath provides telecommunications paths to the Corporation. The scope includes data links, dense way division multiplexors and services Lightpath also provides disaster recovery services, managed circuit services and information availability services.

The current contract with Lightpath expires on June 30, 2013. Following approval of this agreement from the Contract Review Committee and the Board of Directors, the anticipated start date of the agreement is July 1, 2013.

Provide a brief costs/benefits analysis of the services to be purchased.

Enterprise Information Technology Services (EITS) estimates it will take between eighteen months to two years to complete migration from Lightpath to another provider, cost approximately $8 to $10 million to build a replacement data network and migrate the current telecommunications links to a new provider.

In addition, the proposed pricing under the new contract is approximately 20% less than the current annual costs that the Corporation pays Lightpath. As illustrated in the table below, the Corporation currently pays Lightpath approximately $2.5 million an annual basis. This annual cost will decrease to approximately $1.9 million under the new contract. Resulting in potential savings of $2.1 million over a 4 year period.

Description	Year 1	Year 2	Year 3	Year 4	Total Spend
Average Current Costs *	$2,451,200	$2,451,200	$2,451,200	$2,451,200	**$9,804,800**
Future Costs	$1,926,924	$1,926,924	$1,926,924	$1,926,924	**$7,707,696**
Total Savings	*$524,276*	*$524,276*	*$524,276*	*$524,276*	***$2,097,104***
20% Contingency					$1,541,539
Spend Request w/ Contingency					$9,249,235
* Based on FY10, FY11 and FY12 historical spending.					

Provide a brief summary of historical expenditure(s) for this service, if applicable.
FY 2010 - $2,243,643.65
FY 2011 - $2,151,104.30
FY 2012 - $2,958,851.49

Provide a brief summary as to why the work or services cannot be performed by the Corporation's staff.
This contract submission is for the uninterruptable network availability for the HHC environment using a tier I network provider. Telecommunications tier standards exist to measure the quality and reliability of a provider network's ability to provide an uptime of 99.999%. The Uptime Institute uses a -Tier ranking system as a benchmark to determining the dependability of a telecommunication provider network using fault redundancy and intelligent path routing for continual service.

HHC currently does not have the ability to provide for this service internally unless we build out a carrier grade network in the New York metropolitan area

Will the contract produce artistic/creative/intellectual property? Who will own It? Will a copyright be obtained? Will it be marketable? Did the presence of such property and ownership thereof enter into contract price negotiations?

This contract will not produce artistic/creative/intellectual property.

CONTRACT FACT SHEET (continued)

Contract monitoring (include which Senior Vice President is responsible):

This contract will be administered by Bert Robles, Senior VP / Corporate CIO

Equal Employment Opportunity Analysis *(include outreach efforts to MBE/WBE's, selection process, comparison of vendor/contractor EEO profile to EEO criteria. Indicate areas of under-representation and plan/timetable to address problem areas):*

Received By E.E.O. _____
                      Date

Analysis Completed By E.E.O._____
                          Date

_____
Name

Cablevision Lightpath Voice and Data Circuits
PowerPoint Narrative

The request for approval to execute a renegotiated contract with Cablevision Lightpath to provide alternate enterprise wide voice and data circuits for the New York City Health and Hospitals Corporation. We use two (2) providers for this service, Verizon as our primary provider and Lightpath for our secondary provider for voice and data distribution throughout the origination.

The proposed is to enter into a three (3) year contract with an additional one (1) year renewal option with Cablevision LightPath to provide enterprise-wide voice and data circuits for the New York City Health and Hospitals Corporation for a total amount of $7,707,696 for three (3) years plus a one (1) year option, not to exceed $9,249,235. This includes a 20% contingency of $1,541,539. This agreement results in a savings of $2,490,574 over 4 years.

Enterprise Information Technology Services (EITS) estimates it will take between eighteen (18) months to two (2) years to complete migration from Lightpath to another provider, cost approximately $8 to $10 million to build a replacement data network and migrate the current telecommunications links to a new provider. These estimates are based on our past experience of build costs and duration of installation that Lightpath provided when they originally installed these services.

Cablevision LightPath Voice and Data Circuits

Medical & Professional Affairs/IT Committee

May 23, 2013

NEW YORK CITY
HEALTH AND
HOSPITALS
CORPORATION

nyc.gov/hhc

HHC Requirements

- § Provide Voice and Data Circuits for Corporate Wide Facilities to Ensure a Fully Redundant and Robust Network

- § Provide Disaster Recovery Capabilities and an alternate telecommunication provider to our primary provider

- § Provide Network Flexibility as Well as Redundancy in the Event of a Carrier Failure by the Corporation's primary telecommunications Carrier (Verizon)

Current Scenario

- § Primary Circuit Provider is Verizon

- § Alternate Circuit Provider is Optimum LightPath

- § Dual Carrier Scenario Provides Network Redundancy in the Event of a Failure by Either Carrier

In Scope With Contract Solution

§ Circuits Have a Guaranteed Service Level Agreement (SLA)

§ Guaranteed Vendor Response Time In the Event of a Circuit Performance Issue or Outage

Highlights

§ Solution Provides a Reliable and Redundant Enterprise-Wide Voice and Data Network.

§ Ensures Critical Corporate IT Services Will Continue to Function During a Carrier Failure

§ LightPath Owns and Operates 100% of Their Fiber Network

§ LightPath is a Major Provider to the Healthcare Industry in the Metro Area

§ LightPath Delivers Dual Cable Fiber Throughout Their Network Architecture

§ Solution Provides Data, Voice, and Internet Flexibility Within Network

EITS/Infrastructure Services

Type of Facilities	Number of facilities	Cost for network build	Total cost for build
Acute care hospitals	11	$70,000	$770,000
Nursing facilities	4	$70,000	$280,000
Diagnostic and treatment centers	6	$70,000	$420,000
Community based clinics	74	$70,000	$5,180,000
Data Center	2	$120,000	$240,000
Corporate Offices	4	$70,000	$280,000
Total Buildout	15		$7,170,000

- Vendors would need to custom build HHC's environment for independence from our primary carrier, Verizon (owners or local loop in tri-state area).

- The cost based on Verizon pricing to build FIOS's dual redundant entry points into the buildings is approximately $7.17 million. An additional $1 - $3 million is estimated for resources to conduct installation and testing for a total cost between $8 to $10 million.

- Lightpath's network installation was conducted over an 24 month period of time.

Description	Year 1	Year 2	Year 3	Year 4	Total Spend
Average Current Costs *	$2,451,200	$2,451,200	$2,451,200	$2,451,200	**$9,804,800**
Future Costs	$1,926,924	$1,926,924	$1,926,924	$1,926,924	**$7,707,696**
Total Savings	*$524,276*	*$524,276*	*$524,276*	*$524,276*	***$2,097,104***
20% Contingency					**$1,541,539**
Spend Request w/ Contingency					**$9,249,235**
* Based on FY10, FY11 and FY12 historical spending.					

Comparison Analysis:

Savings of $2,097,104 over the 4 years by executing this circuit contract with Cablevision - LightPath.

Recommendation: Direct Agreement with Optimum LightPath Utilizing a NY State Office of General Services Contract.

EITS/Infrastructure Services

nyc.gov/hhc

Questions?

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to negotiate and execute contracts with Elsevier B.V., McGraw-Hill Education, Truven Health Analytics Inc. and UpToDate, Inc. to provide electronic medical reference and knowledge-based information subscription service products for HHC's Medical Libraries for a term of one year each, with four-one year options to renew, solely exercisable by the Corporation. The individual contract not-to-exceed amounts are as follows: for Elsevier B.V.: $2,750,000, for McGraw-Hill Education: $872,459, for Truven Health Analytics Inc.: $2,525,000, and UpToDate, Inc.: $1,899,068, for an aggregate amount not-to-exceed $8,046,527.

WHEREAS, the scheduled expiration of the Corporation's current medical library subscription service contracts presents the opportunity for the Corporation to reassess the product domain for innovations and optimal usage; and

WHEREAS, the Corporation will benefit from acquiring and maintaining its medical libraries with industry-leading Electronic Medical Reference and Knowledge-Based Information resources, including specialized and complementary medical reference resources, journals and databases, knowledge-based information references, electronic textbooks, point-of-care references and drug references to meet the Corporation's goals to provide safe and effective care; and

WHEREAS, the Corporation performed an assessment of viable market options, leading to the issuance of a Request for Proposals that was released November 19, 2012; and

WHEREAS, as a result of the Corporation's RFP process, Elsevier B.V., McGraw-Hill Education, Truven Health Analytics Inc. and UpToDate, Inc. have been determined to be leading providers of electronic medical reference and knowledge-based information resources, and the Corporation determined that their proposals best met the requirements of the RFP and the objectives of the Corporation; and

WHEREAS, the overall responsibility for the monitoring of these contracts will be under the direction of the Senior Vice President/Corporate Chief Information Officer;

NOW THEREFORE, BE IT:

RESOLVED, that the President of the New York City Health and Hospitals Corporation be and is hereby authorized to negotiate and execute contracts with Elsevier B.V., McGraw-Hill Education, Truven Health Analytics Inc. and UpToDate, Inc. to provide electronic medical reference and knowledge-based information subscription service products for HHC's Medical Libraries for a term of one year each, with four-one year options to renew, solely exercisable by the Corporation. The individual contract not-to-exceed amounts are as follows: for Elsevier B.V.: $2,750,000, for McGraw-Hill Education: $872,459, for Truven Health Analytics Inc.: $2,525,000, and UpToDate, Inc.: $1,899,068, for an aggregate amount not-to-exceed $8,046,527.

Executive Summary

The accompanying resolution requests approval to negotiate and enter into contracts with Elsevier B.V., McGraw-Hill Education, Truven Health Analytics Inc. and UpToDate, Inc. to provide electronic medical reference and knowledge-based information subscription service products for New York City Health and Hospitals Corporation. HHC EITS currently maintains four online reference resources which are broadly utilized as evidenced by over 3.7 million hits annually.

Under the Corporation's current medical library contracts, Truven Health Analytics, Inc. and UpToDate, Inc. have been providing drug references and point-of-care medical reference subscription services to HHC facilities.

Additional current medical library subscription services contracts exist with other vendors, Ovid and EBSCO, both are providers of journals, databases as well as other knowledge-based information.

The current medical library contracts will be expiring as follows:
- Ovid expired on 3/27/13
- EBSCO expires on 6/30/13
- UpToDate contract expires on 9/30/13
- Truven Health Analytics contract expires on10/31/13

A competitive Request for Proposals process was initiated in November 2012. Following a thorough evaluation process, comprising of an assessment of the product domain for innovations, as well as suitability to HHC, four (4) vendors were determined to be leading providers of electronic medical reference and knowledge-based information resources and selected for contracts with the Corporation.

Procuring contracts with these vendors will permit HHC to continue to furnish the Corporation's Medical Libraries with specialized and complementary medical reference resources, journals and databases, knowledge-based information resources, electronic textbooks, point-of-care references and drug references for use by clinicians in caring for patients at HHC.

The proposed contracts are for a term of one (1) year each, with four (4) one (1) year options to renew, solely exercisable by the Corporation, for an amount not to exceed $8,046,527.

CONTRACT FACT SHEET
New York City Health and Hospitals Corporation

Contract Title:	Medical Library Subscription
Project Title & Number:	*Electronic Medical Reference/Knowledge-Based Information Products* [Document Control Number 2016]
Project Location:	Central Office – 160 Water Street
Requesting Dept.:	EITS - Clinical Information Systems (CIS)

Successful Respondents:

UpToDate Inc. ("UpToDate")
Truven Health Analytics ("Truven")
McGraw-Hill Education ("McGraw-Hill")
Elsevier B.V.("Elsevier")

Contract Amount:

UpToDate $1,899,068
Truven $2,525,000
McGraw-Hill $872,459
Elsevier $2,750,000

Four (4) Contract Amount: $8,046,527

Contract Term: Each a term of one (1) year, with four (4) one (1) year options to renew, solely exercisable by the Corporation.

Number of Respondents: (If Sole Source, explain in Background section)	Ten (10)
Range of Proposals:	$66,189 to $4,204,450 for a five year contract proposal
Minority Business Enterprise Invited:	If no, please explain: No, Waiver received
Funding Source:	X General Care Capital Grant: explain Other: explain
Method of Payment:	Lump Sum Per Diem Time and Rate Other: explain Quarterly

	UpToDate	Truven	McGraw-Hill	Elsevier
EEO Analysis	*Approved 9/13/11, Resubmitted 4/10/13*	*Approved 1/23/13*	*Approved 3/14/13*	*Approved*
Compliance with HHC's McBride Principals	*Yes*	*Yes*	*Yes*	*Yes*
Vendex Clearance	*Pending Approval*	*Pending Approval*	*Approved*	*Pending Approval*

Background (include description and history of problem; previous attempts, if any, to solve it; and how this contract will solve it):

EITS is seeking authorization to contract with four (4) vendors to equip its medical libraries with specialized and complementary medical reference resources, journals and databases, knowledge-based information references, electronic textbooks, and point-of-care references and drug reference products.

The vendors, **UpToDate and Truven** are proposed to provide point-of-care medical reference and drug reference subscription service products. The vendors, **McGraw-Hill and Elsevier**, are proposed to provide medical textbooks, journals and databases, and other knowledge-based information. *Together the four (4) vendors, UpToDate, Truven, McGraw-Hill and Elsevier,* comprise the four (4) contracts being awarded as a result of the release of a Request for Proposals (RFP) for Electronic Medical Reference and Knowledge-Based Information products issued in the fall of 2012.

The acquisition and maintenance of medical libraries with industry-leading Electronic Medical Reference and Knowledge-Based Information resources will benefit the Corporation's objectives in patient care and safety education, performance improvement, and clinical practitioner professional competence.

Historically, EITS has contracted with vendors to furnish electronic medical references for its medical libraries. Given the highly specialized nature of clinical practice and the sole-proprietorship present in this product domain, it is necessary for HHC to contract with multiple vendors. There is increasing reliance upon and an increasingly important role for electronic medical reference products in the provision of healthcare services.

Today, electronic medical reference and knowledge-based information resource contracts are currently being managed by ETIS to furnish HHC's medical libraries with subscription service products from four vendors: Ovid, EBSCO, Truven and UpToDate. Additionally, the medical libraries within the facilities have also purchased products from these same vendors and other vendors, which made the medical reference solution difficult to manage in a streamlined manner and from a budgetary standpoint as well.

The current medical library contracts will be expiring as follows:

CONTRACT FACT SHEET(**continued**)

- Ovid – Expired: 3/27/13
- EBSCO – Expiration Date: 6/30/13
- UpToDate contract – Expiration Date: 9/30/13
- Truven Health Analytics contract – Expiration Date: 10/31/13

These expirations present the opportunity for the Corporation to reassess the product domain.

The Electronic Medical Reference and Knowledge-Based Information products Request for Proposals (RFP) was submitted to the Contract Review Committee for consideration and issued on November 11, 2012. Ten proposals were received of which four (4) vendors were selected: UpToDate, Truven, McGraw Hill and Elsevier.

The proposed vendor selections will i) update and optimize the Corporation's medical library resources to continue the provision of industry-leading products ii) maintain economies of scale through competitive negotiations that leverage HHC's size and iii) expand EITS' medical library contracts to include a product currently purchased at the facility level (McGraw-Hill).

Contract Review Committee
Was the proposed contract presented at the Contract Review Committee (CRC)? (include date):

The application to enter into contracts is being submitted to the CRC for consideration on April 24, 2013.

The Electronic Medical Reference and Knowledge-Based Information products' Request for Proposals (RFP) was submitted to the Contract Review Committee for consideration on October 17, 2012.

Has the proposed contract's scope of work, timetable, budget, contract deliverables or accountable person changed since presentation to the CRC? If so, please indicate how the proposed contract differs since presentation to the CRC:

Not applicable.

Selection Process (attach list of selection committee members, list of firms responding to RFP or NA, list of firms considered, describe here the process used to select the proposed contractor, the selection criteria, and the justification for the selection):

Please see **Attachment A** for the list of Selection Committee members, and the list of firms responding to the RFP and considered by the Selection Committee.

Process Used to Select the Proposed Vendors

The Request for Proposals (RFP) solicitation yielded ten vendor proposals. Each proposal was reviewed to determine if it met the qualifications as specified in the RFP. *All ten (10) were considered for evaluation by the Selection Committee.* After a first round review of the ten (10) vendor proposals, eight (8) semi-finalist vendors were invited by the Selection Committee to hold online demonstrations (WebEx) of their products. The 4 vendors chosen to be awarded contracts were selected based on a thorough evaluation of proposals submitted for completion, accuracy and relevancy to the requirements outlined in RFP. All the eligible vendors were invited to hold online demonstrations (WebEx) of their products for committee

CONTRACT FACT SHEET(**continued**)

members, and Selection Committee nominated 'subject matter experts' (SMEs). Scorecards were used by participants (Selection Committee and SMEs) to evaluate the individual products quantitatively and qualitatively. The vendors and products were selected on the basis of demonstration scores and the recommendations from Selection Committee members and SMEs.

Evaluation Criteria for Products	Points
Company Organization and Qualification	
Reputation and Experience	15
Financial Stability and Security	10
Expertise in the Domain, Comparable Customer Base	5
Product Suitability	
Appropriateness and Fit within Medical Library	15
Functionality Meeting Product Category Needs	15
Strategic Vision, Commitment to Product Improvement	15
Ease of Use and Suitability for Staff	5
Technical Feasibility	5
Customer Support/Training	5
Pricing Model	
Competitive Value Driven Cost	10
TOTAL POINTS	**100**

Scope of work and timetable:

UpToDate – Tentative contract start of *10/1/2013.* This contract will furnish the Corporation with point-of-care medical reference. This vendor's product is a leading global source of medical information, business intelligence, and point-of-care solutions. When compared with competitors' offerings utilizing product demonstrations, it ranked highest for usability. Robust historic utilization across HHC also warrants the continued provision of this product across all facilities.

Truven – Micromedex, CareNotes, NeoFax: Tentative contract start of *7/1/2013*. This contract will furnish the Corporation with drug reference. This vendor's product is a leading global source/aggregator of drug reference content. When compared with competitors' offerings utilizing product demonstrations, it ranked highest for overall quality and comprehensive drug offerings. The proposed contract and pricing reflects the addition of NeoFax; this product will standardize medical reference resources for HHC's vulnerable neonatal patient populations. Robust historic utilization across HHC also warrants the continued provision of this product across all facilities.

McGraw-Hill – AccessMedicine, AccessSurgery: Tentative contract start of *6/1/2013*. This contract will furnish the Corporation with electronic textbooks and other knowledge-based information resources. McGraw-Hill is the publisher and sole distributor of leading medical textbooks; for these resources, there are no other direct competitors. *This contract will also standardize access to a medical reference resource currently available in makeshift fashion at HHC* (and for some facilities ensure access to a resource available through affiliations). Furthermore, facility level pricing underscores the appeal of Corporation-wide pricing and contracting.

CONTRACT FACT SHEET(**continued**)

Elsevier – ClinicalKey: Tentative contract start of *6/1/2013*. This contract will furnish the Corporation with knowledge-based information, journals and databases. This recently introduced medical reference resource product offers user-friendly interfacing and a journal reference package that includes many of HHC's priority journals (as vetted by HHC's librarians and the selection committee); it is also a value driven product choice as ClinicalKey will replace a more expensive contract that expired in the 4th quarter of fiscal year 2013. During product demonstrations it ranked highly both for content and for integration capabilities; ClinicalKey has comprehensive medical reference offerings relative to the competition. HHC currently contracts for Elsevier Mosby's Nursing Skills and anticipates that the Corporation will benefit from synergies between the Elsevier Nursing Skills and ClinicalKey products.

Provide a brief costs/benefits analysis of the services to be purchased.

Proposed Contracts – Cost Analysis

The anticipated total cost of the proposed EITS contracts over 5 years is $8,046,527 which compares favorably with HHC historical medical library expenditures by the Corporation of $7,837,700 (FY 2008 – 12).

	One year cost	*Five year cost*
Future proposed contracts	*Average cost $1,623,819*	*$8,046,527*
Historical total cost (FY2008-12)	*Average cost $1,567,540*	*$7,837,700*

Also, see Tables A and B below.
Amounts shown are the net of existing contracts and pro-rated by fiscal year. The below corresponds to the submitted Budget Allocations Forms (BAFs) for total costs.

TABLE A - Proposed Medical Library Contracts

	UpToDate	**Truven**	**Elsevier**	**McGraw-Hill**	
Tentative Start	*10/1/2013*	*7/1/2013*	*6/1/2013*	*6/1/2013*	*Annual*
FY2013 Q4			$45,833	$13,694	$59,528
2014	$227,883	$505,000	$550,000	$164,742	$1,447,626
2015	$353,105	$505,000	$550,000	$169,685	$1,577,790
2016	$370,584	$505,000	$550,000	$174,775	$1,600,359
2017	$388,928	$505,000	$550,000	$180,019	$1,623,946
2018	$416,283	$505,000	$504,167	$169,544	$1,594,994
2019	$142,285				$142,285
5-yr Total	**$1,899,068**	**$2,525,000**	**$2,750,000**	**$872,459**	$**8,046,527**

CONTRACT FACT SHEET (continued)

Provide a brief summary of historical expenditure(s) for this service, if applicable.

TABLE B - Historical Expenditures for Medical Library Contracts

EITS

	UpToDate	**Truven**	**EBSCO**	**Ovid**	**McGraw-Hill**	*Annual*
2008		$427,562		$ 650,096	*No*	$ 1,077,658
2009	$217,680	$ 432,561		$ 715,105	*Corporate*	$ 1,365,346
2010	$227,243	$ 432,561	$ 154,000	$ 737,672	*Level*	$ 1,551,476
2011	$227,243	$ 432,561	$154,000	$ 718,627	*Contract*	$ 1,532,431
FY 2012	$268,576	$ 432,559	$154,000	$718,627		$1,573,761
Sub-total	$940,742	$2,157,804	$462,000	$3,540,126		$7,100,672

Facilities

	UpToDate	**Truven**	**EBSCO**	**Ovid**	**McGraw-Hill**	*Annual*
2008	$ 410	$2,645		$ 38,655		$ 41,710
2009	$920	$2,568	$ 17,361	$ 91,282		$ 112,131
2010		$2,722	$ 18,403	$ 109,964	$ 1,894	$ 132,983
2011		$2,318	$ 91,375	$ 132,637	$ 2,954	$ 229,284
FY 2012		$ 2,211	$135,234	$ 47,659	$35,816[1]	$220,920
Sub-total	$1,330	$ 12,464	$ 262,373	$ 420,197	$ 40,664	$ 737,028

5-yr Total	**$942,072**	**$2,170,268**	**$ 724,373**	**$3,960,323**	**$ 40,664**	**$7,837,700**

[1] McGraw-Hill facility spending reflects Lincoln Hospital's purchases largely beginning in FY2012

Additional Considerations - FY2013 Medical Library Expenditures

At the facility level, FY2013 budgeted spending will reflect increasing expenditures for McGraw-Hill, with Coney Island Hospital's purchase of the vendor's product in fall 2012. Accordingly, annual expenditures on McGraw-Hill products for Lincoln Hospital and Coney Island Hospital are expected to reach $70,000 in FY 2013. Since Harlem Hospital was expected to also purchase McGraw-Hill's products, the Selection Committee felt that the objectives of EITS contracting had been compellingly triggered. McGraw-Hill is thus proposed as a new EITS vendor for contracting herein.

Provide a brief summary as to why the work or services cannot be performed by the Corporation's staff.

The products being purchased are copyrighted and cannot be developed internally due to associated restriction on unauthorized use or reproduction. In addition, adequate resources

CONTRACT FACT SHEET(continued)

with appropriate expertise will be required to support and maintain this system throughout its life cycle. At this time, no feasible alternative to the service acquisition has been recognized.

Will the contract produce artistic/creative/intellectual property? Who will own It? Will a copyright be obtained? Will it be marketable? Did the presence of such property and ownership thereof enter into contract price negotiations?

No.

Contract monitoring (include which Senior Vice President is responsible):

Bert Robles, Sr. Vice President and Chief Information Officer, will oversee the execution of this contract.

Louis J. Capponi MD, CMIO will be responsible for contract management.

Equal Employment Opportunity Analysis *(include outreach efforts to MBE/WBE's, selection process, comparison of vendor/contractor EEO profile to EEO criteria. Indicate areas of under-representation and plan/timetable to address problem areas):*

Received By E.E.O. (Please refer to Page 2 for dates)
                                    Date

Analysis Completed By E.E.O Manasses Williams

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nyc.gov/hhc

125 Worth Street, Suite 401, New York, NY 10013 Tel: 212-788-3380 Fax: 212-788-3689

Manasses C. Williams
Assistant Vice President
Affirmative Action/EEO

manasses.williams@nychhc.org

TO: Afshan Syed, MBA
             Manager, MIS
             Central Office-Enterprise IT Services

FROM: Manasses Williams

DATE: April 3, 2013

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **Elsevier, Inc.** has submitted to the Affirmative Action Office a completed Contract Compliance Questionnaire and the appropriate EEO documents.

This company is a:

[ ] Minority Business Enterprise [   ] Woman Business Enterprise [X] Non-M/WBE

Project Location(s): HHC's Corporate Wide

Contract Number: _____   Project: Electronic Medical Reference

Submitted by: Central Office- Enterprise IT Services

EEO STATUS:

1. [X] Approved

2. [ ] Conditionally approved with follow-up review and monitoring-No EEO Committee Review

3. [ ] Not approved

4. [ ] Conditionally approved subject to EEO Committee Review

COMMENTS:

c: pt

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CORPORATION

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Manasses C. Williams
Assistant Vice President
Affirmative Action/EEO

manasses.williams@nychhc.org

TO: Afshan Syed, MBA
         Manager, MIS
         Central Office – Enterprise IT Services

FROM: **Manasses C. Williams**

DATE: **March 14, 2013**

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

        The proposed contractor/consultant, McGraw-Hill Professional, a division of MHE, has submitted to the Affirmative Action Office a completed Contract Compliance Questionnaire and the appropriate EEO documents.
This company is a:
[ ] Minority Business Enterprise [   ] Woman Business Enterprise [X] Non-M/WBE

Project Location(s): HHC – Corporate Wide

Contract Number: _____   Project Number:_____

Submitted by: Central Office – Enterprise IT Services

EEO STATUS:

1. [x] Approved

2. [   ] Conditionally approved with follow-up review and monitoring-No EEO Committee Review

3. [   ] Not approved

4. [   ] Conditionally approved subject to EEO Committee Review

COMMENTS:

c:

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Manasses C. Williams
Assistant Vice President
Affirmative Action/EEO

manasses.williams@nychhc.org

TO: Afshan Syed
          Manager of Administration
          IT Financial Administration

FROM: Manasses C. Williams

DATE: January 23, 2013

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **Truven Health Analytics, Inc.** has submitted to the Affirmative Action Office a completed Contract Compliance Questionnaire and the appropriate EEO documents.
This company is a:

[ ] Minority Business Enterprise [   ] Woman Business Enterprise [X] Non-M/WBE

Project Location(s): HHC's Central Office

Contract Number: _____   Project Number: Micromedek Clinical Content Database License

Submitted by: IT Financial Administration Department

EEO STATUS:

1. [X] Approved

2. [ ] Conditionally approved with follow-up review and monitoring-No EEO Committee Review

3. [ ] Not approved

4. [ ] Conditionally approved subject to EEO Committee Review

COMMENTS:

c: pat

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CORPORATION

n y c . g o v / h h c

125 Worth Street, Room 527, New York, NY 10013 Tel: 212-788-3300 Fax: 212-267-6905

Office of Legal Affairs

MEMORANDUM

To: **Afshan Syed**
               Central Office - IT

From: **Karen Rosen**
               Assistant Director

Date: **March 28, 2013**

Subject: **VENDEX Approval**

For your information, on March 28, 2013 VENDEX approval was granted by the Office of Legal Affairs for the following company:

Mcgraw- Hill Education, A Division Of The Mcgraw-Hill Companies, Inc.

cc: Norman M. Dion, Esq.

Medical Library Subscription
PowerPoint Narrative

EITS Clinical Information Systems is seeking approval from the Medical and Professional Affairs Subcommittee to bring to the board a resolution to enter into contracts with four (4) online Medical Library vendors: 1. Elsevier B.V., 2. McGraw-Hill Education, 3. Truven Health Analytics Inc. and 4. UpToDate, Inc.

"Online Medical Library" products benefit healthcare provider objectives in patient care and patient safety, education, performance improvement, and clinical practitioner professional competence. "Online Medical Library" areas include:
- *Knowledge-based information, journals and databases; electronic textbooks and medical reference*
- *Point-of-care medical reference*
- *Drug reference*

HHC currently maintains four online reference resources which are extensively utilized as evidenced by over 3.7 million hits annually. In light of approaching expirations for these four resources, a competitive Request for Proposals (RFP) process was initiated in November 2012.

Following a thorough evaluation process, comprising of an assessment of the product domain for innovations, as well as suitability to HHC, Elsevier B.V., McGraw-Hill Education, Truven Health Analytics Inc. and UpToDate, Inc. were determined to be leading providers and suitable to HHC's needs.

Only two (2) of these vendors will be new to HHC: Elsevier B.V. and McGraw-Hill Education. Both offer more robust and comprehensive resources for comparable cost. The proposed continuation of services from Truven Health Analytics Inc. and UpToDate, Inc. maintains highly used and essential reference products.

The proposed contracts are for a term of one (1) year each, with four one (1) year options to renew, solely exercisable by the Corporation, for an amount not to exceed $8,046,527 over the next five (5) years.

Electronic Medical Reference/Knowledge-Based Information

May 23, 2013

Lori Schomp
Business Analyst
Clinical Information Systems

Patricia Cuartas
Senior Director
Clinical Information Systems

Overview

Exhibits

What are Electronic Medical Reference and Knowledge-Based Information products?

- "Medical Library" products benefit healthcare provider objectives in patient care and safety education, performance improvement, and clinical practitioner professional competence (eg: CME). Areas include:
    - Knowledge-based information, journals and databases; electronic textbooks and medical reference
    - Point-of-care medical reference
    - Drug reference

- These products are accessed via a web portal or may be embedded in an Electronic Medical Record system (EMR) as an additional benefit

- "Medical Library" products are proprietary and highly specialized; contracts with multiple vendors are necessary to purchase complementary products and offer clinicians fully functional Medical Libraries

HHC NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

Why are Medical Libraries Necessary at HHC?

- Essential medical reference resources as evidenced by high utilization
  - The 4 current EITS contracts were accessed 3.7 million times last year
    - Knowledge-based information, journals and databases; electronic textbooks and medical reference (Ovid, EBSCO)
    - Point-of-care medical reference (UpToDate)
    - Drug reference (Truven - Micromedex, CareNotes)

- Furnishing the Corporation's Medical Libraries is a shared responsibility:
  - Librarians tailor to facilities' needs
  - EITS unifies and standardizes resources through competitive contracts
  - Additionally, HHC hospitals with academic medical center affiliations access shared resources

What are HHC's Future Medical Library Needs?

- To maintain EITS Medical Library contracts in light of upcoming expirations:
    - Ovid expired on 3/27/13
    - EBSCO expires on 6/30/13
    - UpToDate contract expires on 9/30/13
    - Truven Health Analytics contract expires on10/31/13

- To reassess the product domain:
    - Expirations present the opportunity for the Corporation to optimize resource usage and increase resource standardization
    - Reassess expenditures and competitively negotiate with vendors to lock-in costs, especially annual increases

- Future synergies with the EPIC Electronic Medical Record (EMR) system

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

Procurement Summary Process

Request for Proposals

- *Electronic Medical Reference/Knowledge-Based Information* RFP issued in November 2012; yielded 10 vendor responses in December 2012

Evaluation Process

- The Selection Committee represented a balance of librarians and clinicians; additional feedback from invited Subject Matter Experts (SMEs) was collected

- Quantitative and Qualitative product comparisons were covered
  - Product quality, cost, and usability was evaluated: determined by accuracy and relevancy to RFP requirements, WebEx product demonstrations, and final product selection per RFP 'Evaluation Criteria'

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Proposed Solution – 4 EITS Medical Library Contracts

Seeking authorization to enter into contracts with 4 vendors to provide complementary products and equip HHC's Medical Libraries

The proposal:

Maintains 2 vendors

Introduces 2 new vendors

Provides drug reference

Truven *- Micromedex, CareNotes and NeoFax*

Provides point-of-care medical reference

UpToDate

Provides medical textbooks, journals and databases, and other knowledge-based information

McGraw-Hill *- AccessMedicine and AccessSurgery*

Elsevier*, ClinicalKey*

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

Proposed Solution – Cost Analysis

	UpToDate	Truven	Elsevier	McGraw-Hill	Total
Proposal 5-yr Cost *Impacts FY2013-19*	$1,899,068	$2,525,000	$2,750,000	$872,459	$8,046,527
Historic Aggregate Cost *FY2008-12*					$7,837,700

Proposal's 5-yr cost $8.05m compares favorably with historic 5-yr medical library expenditures $7.8m

- Proposal cost includes expansion of EITS' contract costs to include a product purchased at the facility level (McGraw-Hill)

Proposals also

- Updates, optimizes, and maintains EITS successful contracting practices
- Achieves value, more robust and comprehensive resources for comparable cost
- Elsevier $2.8m cost compares favorably to prior EITS contracts with Ovid $3.5m and EBSCO $460k
- Locks-in cost increases at HHC's annual option with all vendors

HHC NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

Proposed Solution – Budgetary Detail

	UpToDate	Truven	Elsevier	McGraw-Hill	
Tentative Start	10/1/2013	7/1/2013	6/1/2013	6/1/2013	Annual
FY2013 Q4			$45,833	$13,694	$59,528
2014	$227,883	$505,000	$550,000	$164,742	$1,447,626
2015	$353,105	$505,000	$550,000	$169,685	$1,577,790
2016	$370,584	$505,000	$550,000	$174,775	$1,600,359
2017	$388,928	$505,000	$550,000	$180,019	$1,623,946
2018	$416,283	$505,000	$504,167	$169,544	$1,594,994
2019	$142,285				$142,285
5-yr Total	$1,899,068	$2,525,000	$2,750,000	$872,459	$8,046,527

Tentative start dates for UpToDate and Truven abut staggered expirations of current contracts
Amounts shown are adjusted, pro-rata by fiscal year

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

Questions?

Truven, Micromedex

TRUVEN HEALTH ANALYTICS: AT A GLANCE

- We have clients in all 50 states And 83 countries internationally.

- We have 35+ years experience, exclusively in healthcare.

- We support all healthcare markets:
  - Clinicians
  - Hospitals and Health Systems
  - Government
  - Health Plans
  - Employers
  - Pharma

- 17 of the Fortune 25 use us to help manage their employee health benefits.

- 3500 US hospitals and 2000 hospitals across 83 countries are using Micromedex® Solutions.

- We manage data from 1000 suppliers in 3500 unique data formats each year.

- We currently manage more than 400 unique customer databases.

- MarketScan, our research database for benchmarking, contains 27 years of data and more than 160 million US lives.

- Our research staff has published more than 200 articles in peer-reviewed healthcare journals.

- We serve every U.S. Government health agency and Medicaid programs in 29 states.

- For CMS, we manage data for all 47 million Medicare covered lives.

TRUVEN HEALTH ANALYTICS

- *Over 18 years of partnership with NYCHHC!*

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Truven, Micromedex

Truven, Micromedex

Truven, CareNotes

UpToDate

McGraw-Hill, AccessMedicine

McGraw-Hill, AccessMedicine

Elsevier, ClinicalKey

Elsevier, ClinicalKey

CLINICAL KEY

When you subscribe to the Flex package, your institution will be able to access ALL content within ClinicalKey. This comprehensive offering includes the following:

- Books* - over 1,025 of Elsevier's medical and surgical reference books
- Journals* - over 500 of Elsevier's medical and surgical journals
- Procedures Consult* - all Procedures Consult content and associated procedural videos in various specialties
- First Consult* - over 800 Point-of-Care clinical monographs
- Drug Monographs* - over 2,800 clinical pharmacology drug monographs from Gold Standard
- Patient Education - over 15,000 patient education handouts
- Clinical Trials - all clinical trials from the ClinicalTrials.gov database
- Practice Guidlelines - over 4,000 practice guidelines
- MEDLINE - fully indexed MEDLINE abstracts
- Multimedia - over 13,000 medical and surgical videos and over 5 million images

CME is also included and is sponsored by Cleveland Clinic Center for Continuing Education.

*Full listings for content types marked with an asterisk above can be found on the following pages.

All content in ClinicalKey is updated on a daily basis to ensure that physicians receive the most current and trusted content.

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Exhibit: Utilization

Network	Facility	UpToDate			Ovid			EBSCOhost			Micromedex		
		Total Topic Hits	Percent Facility Usage Within Network	Percent Network Usage	Total Books & Article Views (Full Text)	Percent Facility Usage Within Network	Percent Network Usage	Searches, Full Text and Abstracts	Percent Facility Usage Within Network	Percent Network Usage	Searches, Full Text and Abstracts	Percent Facility Usage Within Network	Percent Network Usage
Central Brooklyn Network	Dr. Susan Smith McKinney Nurs. & Rehab C	815	1.01%	5.41%	191	1.39%	6.03%	-	-	6.22%	310	0.23%	6.62%
	East New York Diagnostic & Treatment Cen	390	0.48%		111	0.81%		-	-		2,057	1.56%	
	Kings County Hospital Center	79,583	98.51%		13,415	97.80%		3,319	100.00%		129,742	98.21%	
	Network Total	**80,788**			**13,717**			**3,319**			**132,109**		
Generations +	Harlem Hospital Center	76,151	42.14%	12.10%	4,090	6.56%	27.44%	3,077	29.98%	19.22%	125,545	30.68%	20.52%
	Lincoln Medical & Mental Health Center	101,778	56.32%		55,458	88.92%		7,185	70.02%		268,683	65.66%	
	Morrisania Diagnostic & Treatment Center	1,522	0.84%		26	0.04%		-	-		6,044	1.48%	
	Segundo Ruiz Belvis Diag. & Treatment Cer	777	0.43%		2,793	4.48%		-	-		7,891	1.93%	
	Renaissance Diagnostic & Treatment Cente	490	0.27%		-	-		-	-		1,022	0.25%	
	Network Total	**180,718**			**62,367**			**10,262**			**409,185**		
North Bronx Network	Jacobi Medical Center	339,465	100.00%	22.72%	44,059	100.00%	19.38%	9,480	100.00%	17.75%	275,764	100.00%	13.83%
	Network Total	**339,465**			**44,059**			**9,480**			**275,764**		
North Brooklyn Network	Cumberland Diagnostic & Treatment Center	1,870	2.33%	5.38%	5,862	14.08%	18.32%	-	-	0.60%	5,878	5.33%	5.52%
	Woodhull Medical & Mental Health Center	78,474	97.67%		35,776	85.92%		322	100.00%		104,313	94.67%	
	Network Total	**80,344**			**41,638**			**322**			**110,191**		
Queens Network	Elmhurst Hospital Center	185,133	70.00%	17.70%	23,597	68.33%	15.19%	14,854	64.25%	43.30%	191,977	56.01%	17.18%
	Queens Hospital Center	79,353	30.00%		10,939	31.67%		8,265	35.75%		150,773	43.99%	
	Network Total	**264,486**			**34,536**			**23,119**			**342,750**		
South Manhattan Network	Bellevue Hospital Center	248,140	64.07%	25.92%	10,847	99.72%	4.79%	3,134	62.32%	9.42%	270,534	64.08%	21.17%
	Coler/Goldwater Memorial Hospital	9,522	2.46%		-	-		-	-		49,895	11.82%	
	Metropolitan Hospital Center	119,398	30.83%		31	0.28%		1,895	37.68%		91,700	21.72%	
	Governeur Nursing Facility & Treatment Cer	10,207	2.64%		-	-		-	-		10,051	2.38%	
	Network Total	**387,267**			**10,878**			**5029**			**422180**		
South Brooklyn/Staten Island Network	Coney Island Hospital	92,439	99.94%	6.19%	11,608	94.21%	5.42%	1,386	79.02%	3.28%	127,600	95.10%	6.73%
	Sea View Hospital Rehab. Center	53	0.06%		714	5.79%		368	20.98%		6,578	4.90%	
	Network Total	**92,492**			**12,322**			**1,754**			**134,178**		
Metroplus	MetroPlus Network	1,111	100.00%	0.07%	5,551	100.00%	2.44%	110	100.00%	0.21%	157,782	100.00%	7.91%
	Network Total	**1,111**			**5,551**			**110**			**157,782**		
Others	Central Office	67,454	100.00%	4.51%	-	-	0.99%	-	-	-	10,386	100.00%	0.52%
	New York City Health & Hospitals Corporati	-	-		2,251	100.00%		-	-		-	-	
	Network Total	**67,454**			**2,251**			**-**			**10,386**		
GRAND TOTALS		**1,494,125**	**100.00%**		**227,319**	**100.00%**		**53,395**	**100.00%**		**1,994,525**	**100.00%**	

RESOLUTION

Reappointing Dan H. Still as a member of the Board of Directors of MetroPlus Health Plan, Inc., a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York ("MetroPlus"), to serve in such capacity until his successor has been duly elected and qualified, or as otherwise provided in the Bylaws.

WHEREAS, A resolution approved by the Board of Directors of the New York City Health and Hospitals Corporation ("HHC") on October 29, 1998, authorized the conversion of MetroPlus from an operating division to a wholly owned subsidiary of HHC; and

WHEREAS, The Certificate of Incorporation of MetroPlus designates HHC as the sole member of MetroPlus and has reserved to HHC the sole power with respect to electing members of the Board of Directors of MetroPlus; and

WHEREAS, the Bylaws of MetroPlus authorize the Chairperson of HHC to select three directors of the MetroPlus' Board subject to election by the Board of Directors of HHC; and

WHEREAS, the Chairperson of HHC has selected Mr. Still to serve an additional term as a member of the Board of Directors of MetroPlus; and

WHEREAS, The Board of Directors of MetroPlus has approved said nomination;

NOW, THEREFORE, **be it**

RESOLVED, that the HHC Board of Directors hereby reappoint Dan Still to the Board of Directors of the MetroPlus Health Plan, Inc. to serve in such capacity until his successor has been duly elected and qualified, or as otherwise provided in the Bylaws of MetroPlus.

EXECUTIVE SUMMARY

Mr. Dan Still first joined the MetroPlus Board in January 2001, completing the term of his predecessor.

Mr. Still is currently the Chairperson of MetroPlus' Finance Committee and MetroPlus' Audit and Compliance Committee. We are very pleased that Mr. Still has agreed to serve an additional 5 year term. He has been a great asset to the MetroPlus Board, and we look forward to another 5 years of Mr. Still's participation.

RESOLUTION

Reappointing Mendel Hagler as a member of the Board of Directors of MetroPlus Health Plan, Inc., a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York ("MetroPlus"), to serve in such capacity until his successor has been duly elected and qualified, or as otherwise provided in the Bylaws.

WHEREAS, A resolution approved by the Board of Directors of the New York City Health and Hospitals Corporation ("HHC") on October 29, 1998, authorized the conversion of MetroPlus from an operating division to a wholly owned subsidiary of HHC; and

WHEREAS, The Certificate of Incorporation of MetroPlus designates HHC as the sole member of MetroPlus and has reserved to HHC the sole power with respect to electing members of the Board of Directors of MetroPlus; and

WHEREAS, the Bylaws of MetroPlus authorize the President of HHC to select two directors of MetroPlus' Board subject to election by the Board of Directors of HHC; and

WHEREAS, the President of HHC has selected Mr. Hagler to serve an additional term as a member of the Board of Directors of MetroPlus; and

WHEREAS, The Board of Directors of MetroPlus has approved said nomination;

NOW, THEREFORE, **be it**

RESOLVED, that the HHC Board of Directors hereby reappoint Mendel Hagler to the Board of Directors of the MetroPlus Health Plan, Inc. to serve in such capacity until his successor has been duly elected and qualified, or as otherwise provided in the Bylaws of MetroPlus.

EXECUTIVE SUMMARY

Mr. Mendel Hagler first joined the MetroPlus Board in June 2005, completing the term of his predecessor.

Mr. Hagler is the Chairperson of MetroPlus' Customer Service and Marketing Committee. We are very pleased that Mr. Hagler has agreed to serve on the MetroPlus Board for another 5 year term. His knowledge and commitment to the mission and vision of HHC and MetroPlus Health Plan will make him a valued member of the MetroPlus Board.