

AGENDA

INFORMATION TECHNOLOGY COMMITTEE

Meeting Date: February 11th, 2016

Time: 10:00 AM

Location: 125 Worth Street, Room 532

BOARD OF DIRECTORS

CALL TO ORDER

DR. BARRIOS-PAOLI

ADOPTION OF MINUTES

January 14, 2016

CHIEF INFORMATION OFFICER REPORT

MR. GUIDO

ACTION ITEM:

- 1) Authorizing the President of the New York City Health and Hospitals Corporation ("NYC Health + Hospitals"), or his delegate, to enter into an enterprise agreement with Microsoft Corporation for software licenses, maintenance and support in an amount not to exceed \$38,439,048 (which includes a 10% contingency of \$3,494,459 million) for a three year period.

MR. GUIDO

INFORMATION ITEM:

- 1) EPIC GO Live Update

MR. MARX

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

NEW YORK CITY HEALTH + HOSPITALS

MINUTES

Meeting Date: January 14, 2016

INFORMATION TECHNOLOGY COMMITTEE

ATTENDEES

COMMITTEE MEMBERS

Lilliam Barrios-Paoli, PhD, Chair
Josephine Bolus, RN
Vincent Calamia, MD
Barbara Lowe, RN
Ram Raju, MD, President
Jennifer Yeaw (representing Steven Banks in a voting capacity)

NYC HEALTH + HOSPITALS CENTRAL OFFICE STAFF:

Kevin Brown, Senior Director, Enterprise Information Technology Services
Joe Gallo, Senior Director, Enterprise Information Technology Services
Alfred Garofalo, DPM, Assistant Vice President, Enterprise Information Technology Services
Freeda George, Senior Director, Enterprise Information Technology Services
Colicia Hercules, Chief of Staff, Board Affairs
Michelle Hyde, Senior Director, Enterprise Information Technology Services
Lauren Johnston, Senior Assistant Vice President, Office of Patient Centered Care
Michael Keil, Assistant Vice President, Enterprise Information Technology Services
Barbara Lederman, Senior Director, Enterprise Information Technology Services
Patricia Lockhart, Secretary to the Corporation
Jeffrey Lutz, Senior Director, Enterprise Information Technology Services
Sal Guido, Interim Chief Information Officer, Enterprise Information Technology Services
Satish Malla, Office of Internal Audits
Ana Marengo, Senior Vice President, Communications & Marketing
Antonio Martin, Executive Vice President and Chief Operating Officer
Matt McQuinlan, Director, Enterprise Information Technology Services
Salvatore Russo, Senior Vice President & General Counsel, Legal Affairs
Barry Schechter, Enterprise Information Technology Services
Jesse Singer, Senior Director, Medical and Professional Affairs
Udai Tambar, Office of the Chairperson
Eli Tarlow, Assistant Vice President, Enterprise Information Technology Services
Devon Wilson, Office of Internal Audits

FACILITY STAFF:

Anthony Rajkumar, Executive Director, Metropolitan
Shaxlee Wheeler, Office of Management and Budget

OTHERS PRESENT:

Larry Garvey, Cerner
David N. Hoffman, Physicians Affiliate Group of New York

INFORMATION TECHNOLOGY COMMITTEE
Thursday, January 14, 2016

Dr. Lilliam Barrios Paoli, Chair of the Committee, called the meeting to order at 10:00 AM. Since this was the first meeting, there were no minutes to approve.

CHIEF INFORMATION OFFICER REPORT

Sal Guido, Interim Chief Information Officer, thanked the committee members for creating this committee. He said he wants it to align with Dr. Ram Raju's 2020 Vision.

Mr. Guido referenced the CIO Report and pointed to a dashboard on the first page called Major IT Program Status Updates. He said this information will be presented monthly and programs will be added and deleted, as necessary. He said if the committee agrees, we will keep this format.

Dr. Barrios-Paoli said it was helpful.

MEANINGFUL USE

Mr. Guido said that NYC H+H is currently in Meaningful Use Stage 2. For the Eligible Hospital (EH) Electronic Medical Record (EMR) Incentive Program in the reporting period of 2015, NYC H+H will receive approximately \$16,457,522. This period spans from October 1, 2014 through December 31, 2015. A similar amount of incentive payment is expected for 2016.

He said that for the Eligible Professional (EP) Incentive Program, NYC H+H, in calendar year 2015,¹ received \$18,870,000 for the 2014 AIU (Adopt-Implement-Upgrade) providers. In calendar year 2016, we will receive \$7,505,500 for the attesting 2014 providers. In calendar year of 2016, we will receive \$49,130,000 for the 2015 AIU providers.

Mr. Guido said we are on track and working very closely with the M&PA Committee and Finance to attain our goals.

EPIC EMR GO LIVE UPDATE

Mr. Guido said that weekly meetings held by Enterprise IT Services, Queens and Elmhurst Hospitals, and the Clinovations team to discuss high priority facility issues and concerns related to the April 1st Epic roll-out and support.

He said that we are on time and within budget. We are looking forward to partnering with Queens and Elmhurst and all of our other facilities moving forward.

Mr. Guido said that the 90 Day Go-Live Readiness Assessment (GLRA) Event was held at Queens Hospital Center on January 13, 2016 (yesterday). These events will be conducted every 30 days until go live and will provide an opportunity to share current progress and receive feedback from operations.

He said that while we are still yellow on the project, we are making tremendous progress and we are still on time.

Question from Dr. Ram Raju: Do you want to tell the board how you are going live with the project even though it is Yellow? Why is that?

Answer: Mr. Guido responded that with IT projects of this size, there are a lot of changes that happen. There are a lot of moving parts. We still go live on Yellow for IT projects even if, for example, there might be

not enough printers or a minor functionality might not be working at the time. He said we track those issues. He said we call it Yellow so there is full transparency in the program and so we can report on any of the changes that still need to be done moving forward.

Question from Antonio Martin: Please describe to the Committee the governance structure which we set up for this project.

Answer: Mr. Guido said the governance structure for GO as well as all EITS projects is a three-tiered structure. He explained that the first or bottom tier is the workgroup. He said we currently have over 200 workgroups in Epic today for all the different aspects with a total of almost 2000 people who attend those weekly meetings. Then on a monthly basis, we have the Strategic Group. These would be the Executive Directors and Mr. Martin's Leadership Group. They will have issues bubble up to them. Mr. Guido said if they cannot handle the issue and move the blockers from the program, then there is the Executive Epic Committee chaired by Dr. Raju. It will have the same function so that if there are any problems, be it with the program, resources or budget, they will get funneled up very quickly. As the decisions come down to the workgroups, he said we take those decisions and apply them.

Question from Dr. Raju: Is there a concern that there is a Yellow on Epic Overall Status? Does that mean we are expecting some trouble with the Epic installation?

Answer: Mr. Guido responded no, it does not mean that. He said it means we understand where the deficiencies are in the program and we are putting resources where needed.

Dr. Barrios-Paoli said she would rather Mr. Guido not be too optimistic and "declare victory" before you are ready.

Mr. Guido said we would not be declaring victory any time soon. He said victory would be some time in 2018.

Question from Dr. Raju: Is this common practice across the country (not just at NYC Health + Hospitals) to go live at Yellow?

Answer: Mr. Guido said yes. He stated that at a previous position, he worked on implementing an SAP system that was global. He said it was much larger and more complicated and they went live at Yellow. Mr. Guido said he spoke with the CIOs of NYU, Mt. Sinai, and another in Boston as well, and they all said the same. This is not uncommon, especially with IT and all the moving parts.

Dr. Vincent Calamia said there are different "shades" of the colors of the issues. He said there are some more serious than others. He said maybe we should get more information on the issues.

Dr. Raju said our governance structure features arrows. If an arrow is pointing up, it is going towards Green. If it is going down, it is pointing towards Red.

Several people in the room said simultaneously that this is a good idea.

Dr. Raju said that since this is such a high profile project, we wanted to make sure the colors would not be misconstrued.

Mr. Guido said that End User Training started on January 4, 2016 at Metropolitan Hospital Center (Base Camp). It will continue until March 2016. He said the facility has 16 classrooms and is state-of-the-art. Training takes place around the clock and on weekends. He invited everyone to visit the facility to see it for themselves.

ENTERPRISE RESOURCE PLANNING (ERP)

Mr. Guido said that the PeopleSoft Financials ERP Contract was approved by the NYC H+H Board of Directors on December 17th, 2015. The team is working to finalize the contract with Mythics/Oracle for execution. He said we are working on the first draft of the Implementation Solicitation. It has been completed and is being reviewed internally with a goal to send out by February. Mr. Guido said that this is to help us with implementation. Hardware requirements are also being finalized. He said this is the same governance that we have in place for Epic: Workgroup, Strategic Group, and the IT Executive Group, which is chaired by Mr. Antonio Martin. He said its first meeting will be at the end of January.

RADIOLOGY CONSOLIDATION

Mr. Guido said that M&PA and IT sponsored an RFP in late summer 2015 for a solution that would transform radiology operations so that users can share images across NYC Health + Hospitals and be more efficient. He said it is moving ahead rapidly and we have our first four sites selected for the next quarter: Metropolitan, Lincoln, Jacobi, and North Central Bronx Hospitals. He said all are on track and on target for go live.

Mr. Guido said that this concludes his presentation for today. We are very excited about this Committee and reporting to you.

Question: Barbara Lowe stated this is a vast program and asked how many end-users are affected in the next go-live.

Answer: Mr. Guido said that for Queens and Elmhurst, we are looking at around 10,000 users.

Question: Ms. Lowe asked will there be people helping "looking over shoulders?"

Answer: Mr. Guido said we will have an "army" at Queens and Elmhurst. He said we contracted a call center. Also, he said we will have "elbow support" for critical spots like the Emergency Department and Operating Rooms. There will be one support person for every four users. Mr. Guido said there will be additional technical and security resources. All will be controlled in a control center (located in a trailer) at each facility.

Question: Ms. Lowe asked if, for sustainability reasons, we have identified experts within our ranks?

Answer: Mr. Guido said absolutely. He said that QuadraMed resources are being trained on Epic to help on a day-to-day basis.

Question: Dr. Raju asked about SuperUsers.

Answer: Mr. Guido said that we have SuperUsers, mostly nurses. He said we have around 700 internal people to support nursing staff. He said we also have provider support. These are physicians who are highly trained to help their colleagues as well. Mr. Guido said everything will be monitored 24/7. The first go-live will teach us a lot. He stated that if there are things we miss, we have the resources ready.

ACTION ITEM:

Sal Guido, Interim Chief Information Officer, presented to the committee the following resolution:

Authorizing the President of the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") or his delegate to enter into an agreement with Lightower Fiber Networks ("Lightower") to build, deploy and support an enterprise-wide area Network ("Network") and to provide voice and data services over such Network for a term of five (5) years with two (2) one-year options to renew, solely exercisable by NYC Health + Hospitals, for an amount not to exceed \$51,259,674, which includes a 20% contingency, for the initial five-year term.

The following EITS staff came up and introduced themselves: Jeff Lutz, Senior Director, Infrastructure; Barbara Lederman, Senior Director, Finance Administration; and Kevin Brown, Senior Director, Telecommunications.

The PowerPoint presentation titled, "Lighttower Voice and Data Circuits Information Technology Committee" was discussed. It included a Background Summary with the Current Scenario. Under Contract Scope/Benefits, there is In Scope Contract Solution and Highlights/Benefits. There is a Solicitation, Financial Analysis, and Budget Overview (which has FY16 Operating OTPS Budget (Non-Epic EMR)).

Mr. Guido explained that Verizon is our primary provider and Lighttower provides backup services. He said if we did not have this support during Superstorm Sandy, we would have lost several facilities. Mr. Guido said this contract will ensure that we provide critical processing needs from facilities to processing centers. He said that it is a "Five 9s configuration." This means that no more than 12 minutes of downtime per month are allowed on the system (just like our data centers). He said this will position us to keep up with advances in connectivity to facilities and will help with tele-health and tele-monitoring, which keeps in line with Dr. Raju's 2020 Vision as well as DSRIP requirements of reducing re-admissions.

Mr. Guido explained (to the points above) that we asked three vendors to respond to solicitation: Verizon, Lighttower, and ATT. He said an evaluation committee produced scores in the chart above. Lighttower and Verizon were the top two. He said their scores were similar but the pricing has a big difference (\$39 million vs. \$45 million). These surcharges and contingency fees have to be paid even by our tax-exempt organization.

Salvatore Russo said these surcharges represent special tariffs that are not tax-exempt. He said we had a discussion about this a couple of years ago and found out that even the tax-exempt have to pay them.

Mr. Guido said the reason for the contingencies is that, as we add additional sites, we want to make sure that we have the spending authority to connect them in a timely manner.

Mr. Guido said the money for this project will come from the Maintenance line in the FY16 Operating OTPS Budget (Non-Epic EMR) on page 6. No additional funding will be necessary.

Josephine Bolus said that she saw a small problem: People coming into our facilities to use the Wi-Fi once they find out about it. Our waiting rooms are packed as they are.

Dr. Raju said these Wi-Fi networks are not public.

Mr. Guido said there are six different Wi-Fi systems. He said one is for guests. He said it has minimal bandwidth and guests will have to register with our system to access it.

Mr. Guido said patients and guests will have a password via self-registration and it has restrictions.

Question: Dr. Calamia asked regarding the fiscal year 2016 maintenance. He said that keeping it neutral is amazing. But going forward, over the next five year period, the 20% contingency is real. He asked if there might be potential budgetary effects?

Answer: Mr. Guido responded that if we increase very much that we will need to come back to the Board. Or, he said, when we start connecting our DSRIP partners to the network, there will be more costs. However, the 20% should cover it. If not, we will come back to the committee to inform you.

Approved for consideration by the full board.

INFORMATION ITEMS:

Sal Guido, Interim Chief Information Officer, and Joe Gallo, Senior Director, Enterprise Information Technology Services, gave the following update:

Joe Gallo spoke to a PowerPoint presentation called, "EITS Solutions Management and Governance." It includes a section called EITS Program Management Office (PMO). EITS Solution and Services Metrics has several sub-categories called: EITS Portfolio of 198 Projects, Milestone Analysis (179 EITS Managed by Age Bucket), EITS In-Take Process (Success Criteria Managed via Metrics), and Governance Best Practices.

In looking at EITS Portfolio of 198 Projects, Mr. Gallo said that the EITS Portfolio of Projects was first managed by Network. He said we are now doing this by clinical business service line and facility level. He said that for this presentation, this is how it breaks down from a Network view.

Mr. Gallo said that – regarding Milestone Analysis – these are upcoming and incomplete requests. It gives cause and impact. He said we are working on remediating anything past due on this chart.

Mr. Guido said every project, milestone and sub-milestone is tracked and is completely transparent.

He said we started the EITS In-Take Process in June. He said that before we started this Process, it was taking 2-3 months to do this review. Now, it is down to around one week.

Mr. Gallo said that the Governance Best Practices slide shows what Mr. Guido mentioned earlier about the governance structure we have in place. He explained that it is 3-tiered: Executive, Strategic, and Operational.

Mr. Guido thanked everyone saying we could not have done it without their help.

There being no further business, the meeting was adjourned 10:35 AM.

CHIEF INFORMATION OFFICER REPORT

**Information Technology Committee of the NYC H+H Board of Directors
February 11, 2016 @ 10 a.m.**

Thank you and good morning. NYC Health + Hospitals is fifty (50) days away from our first Epic go-live scheduled at Elmhurst and Queens Hospital Centers. For our Informational Item this morning, Edward Marx, Clinovations CIO for the Epic Go Live Project will provide the Committee with an update of the program's status.

I also have several other updates that I want to provide the committee with:

Major IT Program Status Updates:

<u>EITS PROGRAM</u>	OVERALL STATUS	BUDGET STATUS	ON-TIME STATUS
MEANINGFUL USE			
ELECTRONIC MEDICAL RECORD (EMR)			
ENTERPRISE RESOURCE PLANNING (ERP)			
RADIOLOGY CONSOLIDATION			
DATA SCIENCES (ANALYTICS)			

On-Time no issues to report
 Caution – watch for potential project or budget overruns
 Critical – Missed timelines

Soarian Stress Test Results:

- In preparation for the Soarian Financials go-live, Stress testing of the system was performed.
- I am happy to report to the Committee that it was completed on-time and on-budget.
- Stress testing simulates the peak system using a pre-determined number of users in order to judge the overall performance of the system as well as identifying areas within the system that are performing like bottlenecks.
- This type of testing ensures that the system has been sized correctly.
- The stress testing showed that there were no significant error conditions or events that occurred during this effort with all environments being tested showing within acceptable parameters.
- With these results, NYC Health + Hospitals can remain confident that the Soarian Financials and Scheduling Application will perform as expected, especially at peak usage.
- Again, this was a collaborative effort which could not have been accomplished without the Cerner team, Maxine Katz and the Finance team and IT's Janet Karageozian and Paul Cush.

IT Steering Committee Update:

- On Thursday, January 21st Information Technology held its first 2016 bimonthly IT Steering Committee meeting.
- The Committee is comprised of all NYC H+H Facility Executive Directors, the Chief Medical Officer and is chaired by Antonio Martin.
- The responsibility of the Committee is to evaluate, decide and prioritize business requests for IT solutions supporting the 2020 vision for NYC Health + Hospitals.
- Strategic decisions made at this meeting will be for the entire enterprise not just one facility.

Identity IQ Project Roll-out:

- Project underway to implement a new provisioning tool which will automate the account management process for user access to the HHC network, email and applications.
- IT's goal is to create and remove accounts in a more timely fashion for network access and managed applications.
- Application will be timed to the PeopleSoft application so that any changes in the user's information can be replicated out across all applications and address book without additional requests.
- Roll-out began with Central Office in December 2015.
- To date, Queens, Elmhurst, Woodhull, Cumberland, Jacobi and North Central Bronx Hospitals have been added.
- The next roll-out phase will begin in mid-February with Coney Island Hospital.
- The remaining facilities (Lincoln, Harlem, Kings County, McKinney, Henry J. Carter, Coler, Gouverneur, Bellevue and Metropolitan should be completed by the end of May.
- Integration with the PeopleSoft application will also begin in February.
- The User Engagement Team is also working with the Security team to integrate the Epic application into Identity IQ.

Consolidation of NYC Health + Hospitals Mobile and Data Plans:

- Enterprise IT Services (EITS) is working with NYC Health + Hospitals' three (3) mobile device and data carriers (Verizon, AT&T and Sprint) to consolidate their multiple contracts across the System.
- This consolidation would affect all staff who have NYC H+H issued mobile devices (i.e., phone and/or tablet).
- EITS has provided Verizon, AT&T and Sprint with requirements and is waiting for these vendors to submit their proposals.

- The goal is to collapse multiple device and data plan contracts into 3 enterprise corporate contracts which would allow for increased savings across NYC Health + Hospitals., including an increased advantage for shared data and minutes.
- Under this contract consolidation, facilities would still be responsible to manage their respective inventories, while using a standard process to request and track these devices.
- By consolidating these contracts EITS hopes to achieve greater cost efficiencies as well as increased economies of scale.
- Through this initiative, EITS anticipates savings in the range of \$850k. Based on current trends and spending this translates into savings of 27%.

This completes my report today. Thank you.

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”), or his delegate, to enter into an enterprise-wide agreement with Microsoft Corporation for renewal of software licenses and maintenance and support agreements in an amount not to exceed \$38,439,048 (which includes a 10% contingency of \$3,494,459) for a three year period.

WHEREAS, NYC Health + Hospitals uses a wide array of Microsoft software products and Enterprise Information Technology Services (“EITS”) is required to procure the licenses and software maintenance and support needed to run this software; and

WHEREAS, the current Enterprise Agreement with Microsoft expires on March 31, 2016, and therefore renewals are required for the licenses and maintenance and support agreements to cover the Microsoft products currently in use across NYC Health + Hospitals; and

WHEREAS, the Office of Legal Affairs has determined that, under Operating Procedure 100-5, Article XII(F), neither Contract Review Committee (the “CRC”) nor Board of Directors review and approval is required for these renewals; however, in view of their substantial cost, EITS wishes to obtain Board of Directors’ approval to enter into such renewals; and

WHEREAS, the accountable person for these renewal agreements is the Senior Assistant Vice President/Interim Corporate Chief Information Officer.

NOW, THEREFORE, be it:

RESOLVED, THAT the President of New York City Health and Hospitals Corporation, or his delegate, be and hereby is authorized to enter into an enterprise agreement with Microsoft Corporation for software licenses and maintenance and support agreements in an amount not to exceed \$38,439,048 (which includes a 10% contingency of \$3,494,459) for a three year period.

Executive Summary

The accompanying resolution is for a renewal of the agreement with Microsoft Corporation for software licenses, maintenance and support on an on-going basis in an amount not to exceed \$38,439,048 (\$34,944,588 with an additional 10% contingency of \$3,494,459 million) for a three year period.

NYC Health + Hospitals' current Enterprise Agreement with Microsoft expires on March 31, 2016, requiring a new agreement for licenses and maintenance to cover the wide array of Microsoft products currently in use across NYC Health + Hospitals. The proposed contract is a renewal under Operating Procedure 100-5 Article XII(F), that allows for the renewal of contracts for maintenance of existing computer systems and for the replacement of an existing contract with the same vendor for such maintenance. The Office of Legal Affairs has determined that, under this section of Operating Procedure 100-5, neither Contract Review Committee (the "CRC") nor Board of Directors review and approval is required for these renewals; however, in view of their substantial cost, EITS wishes to obtain Board of Directors' approval to enter into such renewals; and in the interests of time, has obtained the Information Technology Committee's approval but not the CRC's approval.

The initial Enterprise Agreement with Microsoft allowed NYC Health + Hospitals to centralize purchasing of Microsoft products and support resulting in steep discounts and software upgrade rights for all products covered by the agreement. In addition, the agreement provides payments for the software in a predictable annual payment schedule.

The renewal agreement will include the licensing and support rights for all the Microsoft products used by NYC Health + Hospitals today such as Microsoft Office, Windows, SharePoint, System Center, Exchange and SQL-Server. Additionally, the agreement contains Microsoft Cloud Services which includes online access to Microsoft Office365, Microsoft Azure Services, SharePoint (collaboration web sites), and Skype (video conferencing and instant messaging), enabling access to Microsoft products for the emerging mobile users and workforce.

Under the current Microsoft agreement, the amount that NYC Health + Hospitals would owe next year would be \$10.4 million without any changes or additions. Given this baseline, over the next three years the total spend for Microsoft would be \$31.2 million. If NYC Health + Hospitals had remained on the GroupWise system, Novell would also be owed \$1.8 million next year, assuming no changes or additions, which would result in a \$5.4 million payment over the same three-year period. In total NYC Health + Hospitals would be spending \$36.6 million. Therefore with the new agreement would result in an estimated savings of \$1.6 million over those three years not including the contingency.

The new Microsoft Agreement allows additional flexibility to support the ever increasing needs to license this software on multiple devices due to demands of other projects like Epic and the ever increasing request to mobilize our workforce allowing NYC Health +

Hospitals to provide the same access and care outside the hospitals that we provide within the physical locations.

CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

Contract Title: Microsoft Enterprise License Agreement

Project Title & Number: _____

Project Location: _____

Requesting Dept.: EITS

Successful Respondent: Microsoft Corporation

Contract Amount: \$38,439,048

(\$34,944,588 with an additional 10% contingency of \$3,494,459 million)

Contract Term: Three Years

Number of Respondents: Not Applicable—Computer Maintenance Renewal—direct renewal

(If Sole Source, explain in Background section)

Range of Proposals: \$ Not Applicable

Minority Business Enterprise Invited:

No If no, please explain: No, direct buy from vendor

Funding Source:

General Care Central Budget
Grant: explain _____
Other: explain _____

Method of Payment:

Lump Sum Per Diem Time and Rate
 Other: explain Annual payment

EEO Analysis:

Conditionally Approved subject to annual review

Compliance with HHC's McBride Principles?

Yes No

Vendex Clearance

Yes No N/A Pending

(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):

NYC Health + Hospitals' current Enterprise Agreement with Microsoft expires on March 31, 2016, requiring a new agreement for licenses, software maintenance and support to cover the wide array of Microsoft products currently in use across the enterprise.

Contract Review Committee

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

Under OP 100-5, Article XII (F), such contracts do not need to go to the Board or the CRC. EITS determined that, because of the large value of the contract, it is best to present the contract to the IT Committee and to the Board for approval. Office of Legal Affairs confirmed that it is permissible to go directly to the Board without a CRC review under the circumstances.

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:

No.

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 proposed agreement will be procured according to Operating Procedure 100-5 Article XII (F), under the Renewals of Computer Maintenance Equipment, directly with Microsoft Corporation. After researching several means of procurement it was determined that the best pricing and terms can be obtained by negotiating directly with Microsoft.

Scope of work and timetable:

The agreement is a 3 year agreement that includes software usage rights, software maintenance (termed by Microsoft Software Assurance or SA), premier support, and hosting services for Azure, inTune, Microsoft Exchange, SharePoint, and Skype (termed Office 365).

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

Under the current Microsoft agreement, the amount that NYC Health + Hospitals would owe next year would be \$10.4 million without any changes or additions. Given this baseline, over the next three years the total spend for Microsoft would be \$31.2 million. If NYC Health + Hospitals had remained on the GroupWise system, Novell would also be owed \$1.8 million next year, assuming no changes or additions, which would result in a \$5.4 million payment over the same three-year period. In total NYC Health + Hospitals would be spending \$36.6 million, therefore with the new agreement it would be a savings of \$1.6 million over those three years.

CONTRACT FACT SHEET(continued)

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

This is for the purchase of proprietary software, software maintenance, and services that can only be acquired from the software manufacturer.

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?

Yes, the agreement has intellectual property and copyright limitations. Legal Affairs is reviewing the contract.

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

Sal Guido, Senior Assistant Vice President / Interim Corp. 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

31598

Manasses C. Williams
Senior Assistant Vice President
Affirmative Action/EEO

manasses.williams@nychhc.org

TO: Brenda Schultz, AVP
EITS IT Financial Administration
Office of Information Technology

FROM: Manasses C. Williams

DATE: September 9, 2015

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **Microsoft Corporation** 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 Non-M/WBE

Project Location(s): Corporate

Contract Number: _____

Project: Enterprise License Agreement

Submitted by: Office of Information Technology Services

EEO STATUS:

1. Approved
2. Approved with follow-up review and monitoring
3. Not approved
4. Conditionally approved subject to EEO Committee Review

COMMENTS:

MCW/srf

Microsoft Enterprise License Agreement

Information Technology Committee Meeting
February 11, 2016



Background Summary

- **NYC Health + Hospitals Requirements**
 - Maintain License Compliance Across the Corporation
- **Current Enterprise Agreement**
 - NYC Health + Hospitals' current Enterprise Agreement with Microsoft expires on 3/31/2016
 - The agreement provides for centralized discounted purchasing for all NYC Health + Hospitals' networks and facilities with no price increases for three years
 - Agreement includes support and upgrade benefits.
- **In Scope Software Products**
 - Microsoft Office Suite including Word, Excel, and PowerPoint
 - Windows 7, Windows 10, Windows Server and future release versions
 - Microsoft System Center
 - SQL-Server, SharePoint, and Exchange / Outlook



Solution Summary

- **Enterprise Agreement**
 - MS Office, Windows 7 and Windows 10
 - SharePoint Enterprise Edition (Collaboration)
 - Exchange Enterprise Edition (Email)
- **Special Enrollment Programs**
 - Microsoft has introduced the structure of licensing to allow per-user based licensing add-ons. This enrollment allows more flexibility for Users to use these products through non-traditional needs including Virtual Desktops and mobile devices.
 - New Agreement renewal would allow NYC Health + Hospitals to retain products currently licensed under the existing contract without having repurchase the software after the contract term ends.
- **Office 365 Option with Enterprise Mobility Suite**
 - Promotion being offered by Microsoft for external hosting of Microsoft products including Office, SharePoint, Exchange, and Lync. Mobile device configuration and management are also included as part of offering.



Financial Analysis

- Under the current Microsoft Agreement, NYC Health + Hospitals will spend \$10.4 million per year without any changes or additions. The total spending over a three year period would be \$31.2 million.
- If NYC Health + Hospitals had remained on the Groupwise system, the recurring annual cost for Groupwise maintenance would be \$1.8 million per year or \$5.4 million over a three year period.
- In total NYC Health + Hospitals would spend approximately \$36.6 million. Therefore, the new agreement would result in savings of \$1.6 million over the three year contract period, not including contingency.

Future Spend

Description	FY2016	FY2017	FY2018	Total Spend
2016 Enterprise Agreement				
Agreement	\$ 11,648,196	\$ 11,648,196	\$ 11,648,196	\$ 34,944,589
Contingency (10%)	\$ 1,164,820	\$ 1,164,820	\$ 1,164,820	\$ 3,494,459
Total	\$ 12,813,016	\$ 12,813,016	\$ 12,813,016	\$ 38,439,048



Budget Overview

FY16 Operating OTPS Budget (Non-Epic EMR)

FY16 - IT Budget					
			(\$ in millions)		
			Total Budget	Expenditures	Balance
Includes, but not limited to				[Paid or in Progress]	
				as of 12/31/2015 ⁽¹⁾	
1	Maintenance	Radiology/Picture Archiving and Communication System, Dentrix, Microsoft, Quadramed, McAfee, Cerner, Oracle, Sungard and CISCO Smartnet	\$138.9	\$71.2	\$67.7
2	Services	Consulting Services for Business Intelligence, PeopleSoft, Desktop Support, Enterprise Service Desk and Enterprise Operations Center	\$43.5	\$17.0	\$26.5
3	Upgrades	Information Security & Risk Management, Application Standardization, Secure File Transfer, MobileIron, Secure Texting and PC Refresh	\$26.9	\$7.6	\$19.3
	Total (IT OTPS Budget)		\$209.3	\$95.8	\$113.5

(1) Paid or in progress represents received amounts from the OTPS system and accruals



Questions?

(1) Paid or in progress represents received amounts from the OTPS system and accruals





Board IT Committee Epic Status

February 2016

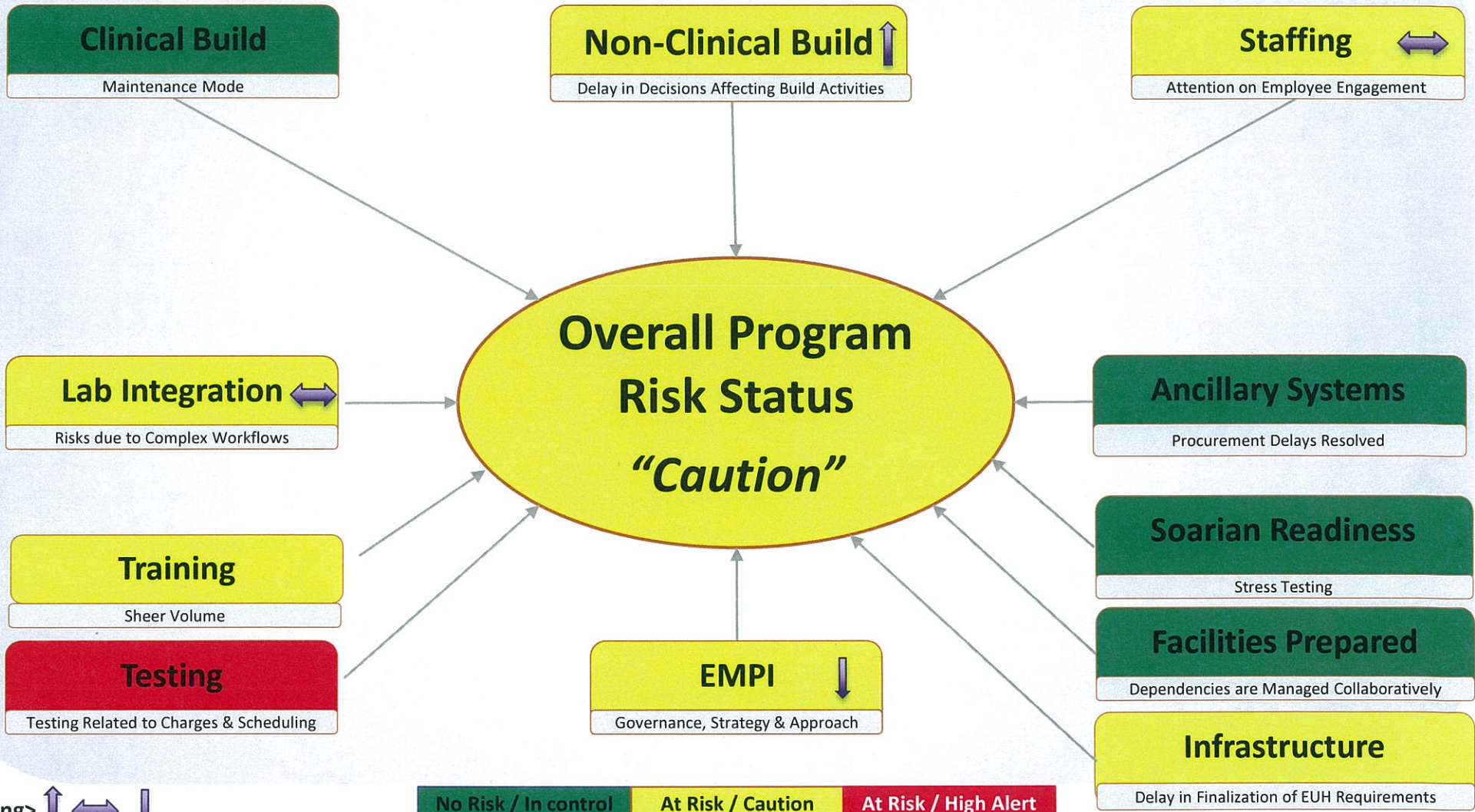
GO Team

February 11, 2016



Executive Summary

(January 25, 2016)



- Cadence Scheduling Build Started
- Clinician Engagement
- Facility Leadership Engagement
- GO Live Readiness Assessment (90)
- Integrated Testing Execution
- Little Apples (focused testing)
- End User Training
- Key Hires Made
- End Users in Production Environment



Top Risks

RISK TOPIC	RISK DESCRIPTION	RESPONSE PLAN	RESPONSE OWNER(S)	RESPONSE TARGET DATE
<u>Integrated Testing:</u> Execution of Integrated Testing is off-track	Critical Integrated Test scripts that involve patient movement must be completed by Go-Live	Expedite Testing through collaboration of Testing, Epic, and Third-Party groups, with continuous involvement of vendors.	Pam Saechow	02/16/16
<u>Non-Clinical Build:</u> Continued Epic-Soarian Integration testing	If Build is not completed by 01/31/16, Integrated Testing can not be completed on time.	Monitor daily progress of all Epic-Soarian build activities and charge testing, escalating blockers timely.	Matt Lambert	02/31/16
<u>Staffing:</u> Timely Acquisition of Resources for Epic Go-Lives	If staffing backfill and "Ramp Up" is not completed by 2/29, creates risk for current and future go-lives.	Closely monitor acquisition of needed resources, working closely with leadership to resolve blockers.	Pam Saechow	02/12/16
<u>Training:</u> Throughput challenges	Identifying and training all staff, residents and agency prior to LIVE.	Daily calls to ensure effective collaboration. Escalation to senior execs.	Edward Marx	03/01/16
<u>EMPI:</u> Meeting < 5% Duplicate Rate	If the EMPI Duplicate Rate of <5% is not met, there is increased risk of duplicate patient record overlap	Recently obtained QuadraMed Fix, and restarted merging to reduce the duplication rate. Create end-user materials to mitigate risk of duplicates.	Erin Moss	03/15/16

Remediation Plan – Integrated Testing

- Build on Big Apple (focused testing) Success...
 - OB Little Apple
 - OR Little Apple
- Volume Scripts Running Via Epic Team
- Blockers Addressed Twice Daily
- “In Room” Collaboration with Finance
- Revised Completion Date February 8.

*All RED milestones have a remediation plan



GO Budget Overview

EMR Project - Six Year Implementation Budget					
[Expenditures include Invoices Paid or In-Process]					
	Item		Total Implementation Dollars (in millions)		
			Total Budget	Expenditures [Paid or in Process] as of 12/31/2015	Balance
1	Epic Contract	Includes Software and Implementation and Training Services.	\$144	\$74	\$70
2	Third Party & Other Software	Includes Endoscopy, Fetal Monitoring Systems, ePrescribing, Patient Education.	\$30	\$7	\$23
3	Hardware	Includes Servers, Storage, Server Licensing, Network Switches.	\$83	\$45	\$38
4	Interfaces	Includes Interface Software/Biomed Middleware.	\$38	\$4	\$34
5	Implementation Support	Third party vendor staff augmentation, go-live support and training (includes costs associated with backfilling non-IT staff and temps).	\$356	\$45	\$311
6	Application Support Team	New HHC FTE staff to be used through the implementation period including fringe benefits. These costs will become on-going after implementation period.	\$113	\$35	\$78
	Clinicals-Only Total	[Without QuadraMed Transition/Existing Application/Existing Staff Costs]	\$764	\$209	\$555

Note :

1. 5 year current cost projection for Revenue Cycle was an additional \$125 million. Budget is under review. Further evaluation required.



GO Action Items

- Cerner Update – Soarian Stress Test
- Epic Resolute (Financials) Costs Update



- Soarian Financials – Stress Testing
 - 3rd party Contractor Engaged, NDA Executed
 - Scope and Timeline Agreed to by all Parties
 - Key Dates:
 - 12/14 – Environment Delivered
 - 01/15 – Checkpoint Status - Completed
 - 01/29 – Testing Complete / Interim Report – On Track.
No problems to report



- RFP Issued November 24
- Bidders Conference Held December 7
- Multiple Firms Engaged on Conference
- Proposals Received December 14
- Selection Due December 21
 - Selection of PWC was made on 1/12/16
 - CRC approved 1/13/16
 - Contract under review

