

## **AGENDA**

**MEDICAL AND PROFESSIONAL AFFAIRS  
COMMITTEE**

**Meeting Date: March 8th, 2016**

**Time: 10:30 AM**

**Location: 125 Worth Street, Room 532**

**BOARD OF DIRECTORS**

**CALL TO ORDER**

**DR. CALAMIA**

**ADOPTION OF MINUTES**

*February 11<sup>th</sup> 2016*

**CHIEF MEDICAL OFFICER REPORT**

**DR. WILSON**

**METROPLUS HEALTH PLAN**

**DR. SAPERSTEIN**

**INFORMATION ITEM:**

1) Laboratory Transformation

**MS. FORD**

**OLD BUSINESS**

**NEW BUSINESS**

**ADJOURNMENT**

## MINUTES

### MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE

Meeting Date: February 11, 2016

### BOARD OF DIRECTORS

### ATTENDEES

#### COMMITTEE MEMBERS

Vincent Calamia, MD, Committee Chair  
Lilliam Barrios-Paoli, Chair  
Josephine Bolus, RN  
Barbara A. Lowe, MS, RN  
Ram Raju, MD President  
Hillary Kunins, MD (representing Dr. Gary Belkin in a voting capacity)

#### HHC CENTRAL OFFICE STAFF:

Machelle Allen, MD, Deputy Chief Medical Officer, Office of Health Care Improvement  
Chalice Averett, Director, Office of Internal Audit  
PV Anantharam, Senior Vice President, Finance  
Janette Baxter, Senior Director, Risk Management  
Charles Barron, MD, Interim Medical Director, Behavioral Health  
Charles Borden, Senior Assistant Vice President, Quality  
Nicholas Cagliuso, PhD, MPH, Assistant Vice President, Office of Emergency Management  
Victor Cohen, Assistant Vice President, Corporate Pharmacy  
Kenra Ford, Assistant Vice President Clinical Lab Operations/M&PA  
Juliet Gaengan, Senior Director, Quality, Medical and Professional Affairs  
Lucinda Glover, Senior Director, Medical and Professional Affairs  
Sal Guido, Acting Chief Information Officer, Enterprise Information Technology System  
Terry Hamilton, Assistant Vice President, Corporate Planning  
Colicia Hercules, Chief of Staff to the Board Chair  
Christina Jenkins, MD, Senior Assistant Vice President/CEO, OneCity Health  
John Jurenko, Senior Assistant Vice President, Intergovernmental Relations  
Michael Keil, Assistant Vice President, Enterprise Information Technology Services  
Fred Leich, Senior Director, Communication and Marketing  
Patricia Lockhart, Secretary to the Corporation  
Ana Marengo, Senior Vice President, Communications & Marketing  
Randall Marks, Chief of Staff, President Office  
Antonio Martin, Executive Vice President and Chief Operating Officer  
Ian Michaels, Media Director, Communication and Marketing  
Christopher Philippou, Assistant Director, Corporate Planning  
Salvatore Russo, Senior Vice President & General Counsel, Legal Affairs  
Marisa Salamone Gleason, Assistant Vice President, Enterprise Information Technology System  
Jesse Singer, Senior Director, Medical and Professional Affairs  
Eli Tarlow, Assistant Vice President, Enterprise Information Technology Services  
Madeline Tarvarez, Director, Office of Emergency Management, Medical and Professional Affairs  
Diane E. Toppin, Senior Director Medical and Professional Affairs  
Ross Wilson, MD, Senior Vice President/Corporate Chief Medical Officer, Medical & Professional Affairs

**FACILITY STAFF:**

Marie Elivert, Senior Associate Executive Director, Queens Hospital Center  
Arnold Saperstein, MD Executive Director, MetroPlus Health Plan

**OTHERS PRESENT:**

James Cassidy, Analyst, OMB  
David Hoffman, Compliance Officer, PAGNY  
Shaxlee Wheeler, Analyst, OMB

**MEDICAL AND PROFESSIONAL AFFAIRS  
COMMITTEE  
Thursday, February 11, 2016**

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 9:00 AM. The minutes of the January 14, 2016 Medical & Professional Affairs Committee meeting were adopted.

**CHIEF MEDICAL OFFICER REPORT**

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

**ACO**

- The ACO reports to Medicare annually on 17 measures of clinical quality in the domains of care coordination/patient safety, preventive health, and at-risk populations. The 2015 process, which began in January and will conclude mid-March, draws upon data extracted from medical records through IT reports and manual chart review. The ACO is currently engaged in significant activity to coordinate IT exports as well as to train and support quality management teams.
- NYC Health + Hospitals committed nearly \$300,000 of its 2014 shared savings to an ACO Team Fund dedicated to the multidisciplinary teams that manage ACO patients. Each team submitted a proposal for the use of their funds, which was reviewed and approved by local and central leadership. Over the next two months, our care teams will participate in engagement and staff appreciation events, population health training, and workplace enhancement activities across the enterprise.
- The Q4 2015 Board Quality Assurance Committee performance improvement project focused on reducing avoidable ED visits and inpatient admissions for a panel of 200 high-risk patients per hospital. Now that the performance period has concluded, the ACO is working with hospital teams to collect, analyze, and evaluate process and outcome data, and prepare for presentations highlighting their findings from one of the most in-depth reviews ever conducted of high risk 'super-utilizer' patients.

**Behavioral Health**

- The Office of Behavioral Health is focusing on readiness for managed care and the start of HARP services as of January 1, 2016. The transformation efforts are focused on the following: Increasing ambulatory access in behavioral health, analyzation of high utilizer data to design interventions to reduce acute care utilization, readiness and implementation of HCBS services for HARP eligible patients, and integration of behavioral health and primary care services. These efforts are being coordinated with One City Health and DSRIP objectives. Transformation includes the work and involvement of Health Home and Ambulatory Care transformation.
- Improved adult mental health access: Over the past 6 months, our adult mental health practices have made a concerted push to improve their scheduling practices, measure their appointment access data more effectively. Nearly all practices are now able to track their access metrics in an automated way. Appointment wait times also fell during this period as well.
- The Office of Behavioral Health along with Ambulatory Care, Women's Health and Pediatrics is working on implementation of a process to screen for depression in pregnant women from prenatal through the postpartum aspects of delivery. This is part of the Mayor's Office city-wide initiative. NYC Health + Hospitals is one of the pilot systems to develop and implement the practice that will be spread across all city agencies. Pilots are focused at Elmhurst, Queens, and Coney Island and scheduled for February.

## **Office of Ambulatory Care Transformation (OACT)**

- M&PA, in collaboration with ambulatory care leadership at each of our sites, has developed (for the first time) a centralized database on primary care staffing and team structures. This was launched in Adult Medicine two months ago, and has already enabled a range of centralized analyses and outputs, including for example: a comprehensive analysis of panel size across primary care; a way to calculate and refresh our staffing shortage; a database Metroplus can use to steer new members to the providers with more availability; and a centralized way to calculate performance incentives for our affiliate contracts.
- In the Collaborative Care for Depression Program, Quarter 4 2015 results demonstrated significant improvement. The average percentage of patients of who showed clinically significant improvement in their depression increased from 17.7% in Q2/2015 to 44.7% in Q4/2015. The program also continues to maintain high screening rates: 90.7% of patients seen in adult medicine are screened for depression. This continuous improvement in patient care and outcomes can be attributed to strong collaboration and communication between OACT and facility teams, particularly around standardization of workflows across sites and utilization of data to drive high quality patient care.
- 249 staff across 15 of our 17 major primary care sites completed Team-Based Care Coordination Trainings facilitated by the Greater New York Hospital Association. Care teams learned the fundamental, evidence-based concepts for building an effective care coordination process to achieve improved outcomes.

A consolidated Brooklyn call center for appointments is now live. As of December, patients calling four of our Brooklyn facilities for appointments or general questions reach a single, 24/7, multi-language, multi-site scheduling in place, with calls answered within 30 seconds. This was implemented at little/no incremental cost, and without any of our new enterprise IT systems. The purpose was to serve as a proof of concept that our business processes can be streamlined and simplified in a way to achieve better scale and enable better call center services. Similar consolidation efforts are planned in other boroughs over the next 6 months.

## **DSRIP**

OneCity Health continues to move forward with implementing its selected clinical projects as part of New York State's Delivery System Reform Incentive Payment (DSRIP) program and is on track to distribute funds to partner organizations, beginning with Community Based Organizations (CBOs), in February. The details of our DSRIP planning is the subject of today's Board discussion; complete information is included in this meeting's information package.

## **IMSAL**

Woodhull Operating Room Simulation to strengthen team work during an emergency (cardiac arrest prior to the commencement of surgery). Twenty-nine OR staff participated in the program. Using simulation methods including effective debriefing, and reinforcing prior Teamstepps training. Many issues were identified for attention from local leadership and staff.

This is consistent with the IMSAL approach of aligning the programs to the current practical needs of the particular facility or clinical area and delivering on those sites, as much as is possible.

## Office of Population Health

- H+H received over \$600,000 in funds from City Council to increase access to colorectal cancer screening. Sites will be utilizing these funds to increase access to colonoscopies for uninsured patients and to enhance patient education on the importance of screening.
- Health Leads program has screened over 10,000 families for social resource needs over the last 5 months. One of the most common resource needs was food-related and we are beginning to explore ways to streamline referrals to SNAP for our patients. A 6 month pre-post evaluation of the Health Leads program began in collaboration with researchers at NYU.
- Sites completed diabetes performance improvement projects over the last 3 months and H+H saw an improvement in diabetes control rates over this time period. Over the next few months, sites will be participating in hypertension performance improvement projects.

## METROPLUS HEALTH PLAN, INC.

Arnold Saperstein, MD Executive Director, MetroPlus Health Plan Inc. Presented to the Committee the total plan enrollment as of January 1, 2016 was 486,928. Breakdown of plan enrollment by line of business is as follows:

Medicaid	402,224
Child Health Plus	12,878
MetroPlus Gold	4,474
Partnership in Care (HIV/SNP)	4,498
Medicare	8,374
MLTC	974
QHP	15,796
SHOP	858
FIDA	187
HARP	7,563
Essential Plan	29,102

The January 1st Medicaid and Exchange (QHP) membership has changed significantly from the last report to this committee. All Medicaid Aliessa members and QHP members that have incomes between 138 and 200 percent of Federal Poverty level were transferred into the new product line, the Essential Plan (EP). Of the 29,102 EP members with an effective date of January 1, 2016, 50% represent transfers from Medicaid (14,743), 16% are transfers from QHP (4,898). The remainder are mostly new members.

The change in the total membership since the last report to this committee shows a growth of 10,000 members. The attached reconciliation report reveals an enrollment of 55,286 members (out of which 60% are new members to MetroPlus), and a disenrollment of 45,410 (out of which 53% were internal transfers to another MetroPlus product, and 47% were involuntarily disenrolled due to loss of eligibility, members moving out of the service area, etc).

Enrollment into the Essential Plan is ongoing year-round. Our staff has been working around the clock outreaching to thousands of members up for renewal and assisted those who had to verify their income eligibility via the NYSOH portal. The outreach efforts resulted in us reaching 89% of the target population. We received close to 18,000 payments over the last few weeks as a result of our outreach campaign.

It is important to note that the increase in the MetroPlus Gold membership from 2015 to 2016 (a total of 24% or 845 members) is comprised of increased enrollment of H+H employees, as well as enrollment from numerous NYC agencies including the Department of Social Services, NYPD and Department of Education staff.

When comparing the January 1, 2015 membership to that of January 1, 2016, we notice an overall increase of 5%. Individual line of business membership has fluctuated throughout the year as a result of new enrollment and various enrollment periods, introduction of new products, transfers of members among product lines, and evidently disenrollments. We are continuing the aggressive marketing and retention campaigns we have embarked on in the recent months, and are also developing new initiatives and products to enhance growth this coming year.

In addition to focusing on membership, we have been working with multiple PPSs on the new Value Based Equity Infrastructure (EIP) and Equity Performance Programs (EPP) under DSRIP, as assigned by the Department of Health. The programs are still in the incipient set-up phase where each PPS is electing its deliverables. We will inform this committee as this project progresses.

We are also working with OneCity Health to identify a plan of action on how MetroPlus will help to administer the Patient Activation Measure (PAM) surveys within the H+H facilities.

A discussion between various associations and DOH took place earlier this week on the suite of managed care rate cuts in the Executive Budget. Most of the call was focused on the Medical Loss Ratio (MLR) proposal. Essentially, DOH looked at those mainstream plans in 2014 that had profits over 3.5% to come up with the proposed scoring of \$62M in savings in the budget. It is their intention to apply the rate cuts through a minimum MLR or 89.5%, which they calculated as a 7% admin plus 3.5% profit/surplus allowance. DOH needs to hit the savings target, but they seem willing to work with the industry to come up with a reasonable implementation plan.

#### **INFORMATION ITEMS:**

Christina Jenkins, MD Chief Executive Officer, OneCity Health Services presented to the committee the DSRIP Planning + Implementation Update.

DSRIP program efforts are aligned with NYC Health + Hospitals' ongoing transformation. We will use the program to enable sustainability through growth, improved access to primary care, and improved patient experience. We are nearing the close of DSRIP Year 1 (DY1; April 1, 2015 – March 31, 2016) and are now implementing projects at site level. We will need a contracting strategy that positions us to increase our value-based purchasing arrangements. Right now, we will contract with DSRIP partners on basis of resource needs and contribution to meeting project/process milestones. To date, we have earned 100% of potential funding (\$148M). Significant risk will be present through year 2020, Performance risk – mitigated by proper implementation planning, Reputational risk – mitigated only by transparency and engagement.

There being no further business, the meeting was adjourned 10:00 AM.

# CHIEF MEDICAL OFFICER REPORT

Medical & Professional Affairs Committee  
March 8th, 2016

## Office of Patient Centered Care

- **NIPCOA (Nurses Improving Primary Care for Older Adults) Grant Curriculum** – In the context of our ageing population, online training modules have been developed for ambulatory care RNs for them to become better able to manage the care of the geriatric patient. The curriculum was developed in conjunction with NYU College of Nursing/Hartford Institute for Geriatric Nursing through a grant titled – NIPCOA – Nurses Improving Primary Care for Older Adults. Nurses who complete the online training would be designated a Geriatric Resource Nurse (GRN). The Role of the GRN will be to work with their nursing colleagues and providers in managing the complex needs of elder adults seen in the ambulatory, primary care setting by improving clinical outcomes and coordinating care to positively assist in minimizing hospital admissions/re-admissions. Ultimately, the goal is for the nurse exposed to this geriatric education to on to take a national certification exam to become an ANCC Certified Generalist Gerontological Nurse. The Geriatric focused modules cover a broad range of clinical issues that impact elder care and also mirror content covered on the ANCC national certification exam. Topics include:
  - ✓ Common Screenings for older adults
  - ✓ Prevention of Illness in Older Adults
  - ✓ Delirium, Dementia and Mild Cognitive Impairment
  - ✓ Advance Directives
  - ✓ Palliative and Hospice Care
  - ✓ Multiple Chronic Dx Management
  - ✓ Persistent pain in older adults
  - ✓ Health Promotion/Patient and Family Education
  - ✓ Elder Mistreatment
  - ✓ Elder Substance Abuse
  - ✓ Sensory Considerations
  - ✓ Falls and Fall Prevention
  - ✓ Medication Management - PolyPharmacy
  - ✓ Skin Disorders



- **Health Home** - During CY 2015, the Health Home program saw a tremendous amount of growth. By increasing our community partnerships - from 6 Care Management Agencies at the end of 2014 to 25 at the end of 2015 – Health Home added a lot of capacity for providing care coordination services to our patients. Health Home saw a 227% growth in enrolled patients – from 2383 at the end of 2014 to almost 8000 at the end of 2015, as well as a growth of patients in active outreach of 642% - from 4695 to 34842 during that same time frame.

## **Behavioral Health**

The Office of Behavioral Health with Ambulatory Care, Women’s Health and Pediatrics is working on implementation of a process to screen for depression in pregnant women from prenatal through the postpartum aspects of delivery. This is part of the Mayor’s Office city-wide initiative. NYC Health + Hospitals is one of the pilot systems to develop and implement the practice that will be spread across all city agencies. Pilots are focused at Elmhurst, Queens, and Coney Island and scheduled for February.

The Office of Behavioral Health is coordinating a work group related to the management of violence. This will involve the Councils of Emergency Medicine and Psychiatry as well as other identified staff from both Central Office and facilities. A draft working plan has been submitted for review and comment. The draft focuses on identification, reporting and data collection, and assessment and engagement of patients. A review of the workforce issues is also underway, with. The OBH has initiated a “real-time” tracking mechanism to capture all staff injuries related to patient care in Behavioral Health. This is in collaboration with the Safety Office and Risk Management.

OBH continues to work on the following: Establishment of on-site assessment and short-term treatment in the Family Justice Centers providing increased mental health services to victims of domestic violence. There will be one in each borough for a total of five sites. NYC Health + Hospitals will provide screening, assessment and short-term mental health services at these sites. The MOA is scheduled for signature and meetings with the host facilities are being scheduled.

### **Office of Ambulatory Care Transformation (OACT)**

- **The Board Quality Assurance Committee Performance Improvement project for Quarter 1 is focused on Collaborative Care for Depression.** The project aims to improve patient care around the following metrics:
  - o Enrollment: Increase enrollment % of all patients who screen positive for depression to  $\geq 50\%$

- o Delivery of Care: Increase the % of Medicaid patients billed for who have received all appropriate clinical care services required by the State Office of Mental Health to 100%
- o Clinical Improvement: Increase the % of patients enrolled in Collaborative Care for 70 days or greater who show clinically significant improvement in PHQ-9 scores to ≥50%
- **OACT and Breakthrough have partnered to launch an effort to address visit flow in our primary care setting.** Patient experience scores have historically been brought down by “moving through your visit” scores. This work represents a centralized effort to tackle this key aspect of patient experience and access, and develop enterprise-wide standards and guidance. The work is launching in 1 acute (Kings County) and 1 Gotham (Morrisania) site, and the methodologies/learnings will be incorporated into the Q3 Board Performance Improvement project for all sites.
- **Health + Hospitals is embarking upon recognition or recertification as Patient-Centered Medical Homes (PCMH) for 56 of our primary care sites.** Gotham is the first PCMH application to be submitted, at the end of March. In addition to improving the delivery of patient care, PCMH recognition results in increased reimbursement rates from payors and meets our requirements for transformation under DSRIP.
- **MetroPlus, in partnership with OACT, has taken steps to enhance the way new members are auto-assigned to providers in our system with more access.** A proof of concept was piloted in November, and since then we estimate that ~20k patients who would have been assigned to providers who are over-subscribed (no room in panel or no available appointments in schedule) have been redirected to providers with more access. MetroPlus is now working on an automated solution to make these enhancements permanent.

## IMSAL

**NYC H+H/Jacobi Labor and Delivery Unit-Based Simulation/Debriefing Program** was commenced in August of 2015, and seeks to improve unit culture and collaboration through simulation and debriefing. The program is led by an inter-professional core team comprised of members from the obstetrics, pediatrics, anesthesia, blood bank, and surgical services.

### Highlights:

- 39 Simulation/Debriefings performed with 447 participant encounters to-date. Topics completed: maternal hemorrhage, shoulder dystocia, and Category 2 fetal heart rate tracing. Upcoming topics: preparing for preterm birth (in-servicing all staff on new thermoregulation equipment using simulation)

- Lessons learned and process improvements uncovered during debriefings are fed directly into the existing quality improvement processes and have resulted in substantial enhancement of safety on the unit. Examples include: quicker escalation during an emergency, update of Nextel STAT phones, revision of hysterectomy trays, and improved communication with trauma team and blood bank.
- The need for a “Caring for the Caregiver” forum was identified through debriefing and implemented. The first session (2/25/16) was attended by 43 staff members from various departments. The response to the session was overwhelmingly positive and additional sessions were requested.

## 2015 NYC Health + Hospitals Research Activities

### Summary Report to Medical & Professional Affairs Committee of the Board

NYC Health + Hospitals is committed to providing high-quality, comprehensive health services to all New Yorkers, and research is a critical part of that mission. In addition to bringing the latest treatment to our patients, the knowledge gained from these research studies advances the quality of care for people around the city.

NYC Health + Hospitals physicians and researchers study new medications, track patient outcomes for years and gather evidence for education and treatment programs. This information is then disseminated into the System through graduate and continuing medical education and to the scientific community through peer-reviewed publications.

In the oversight of all human subjects research, NYC Health + Hospitals (including its investigators, research staff, residents involved with the conduct of human research, the Institutional Review Boards, the System official, and employees) follows the ethical principles outlined in the April 18, 1979 report of The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research titled "Ethical Principles and Guidelines for the Protection of Human Subjects of Research," also known as "The Belmont Report."

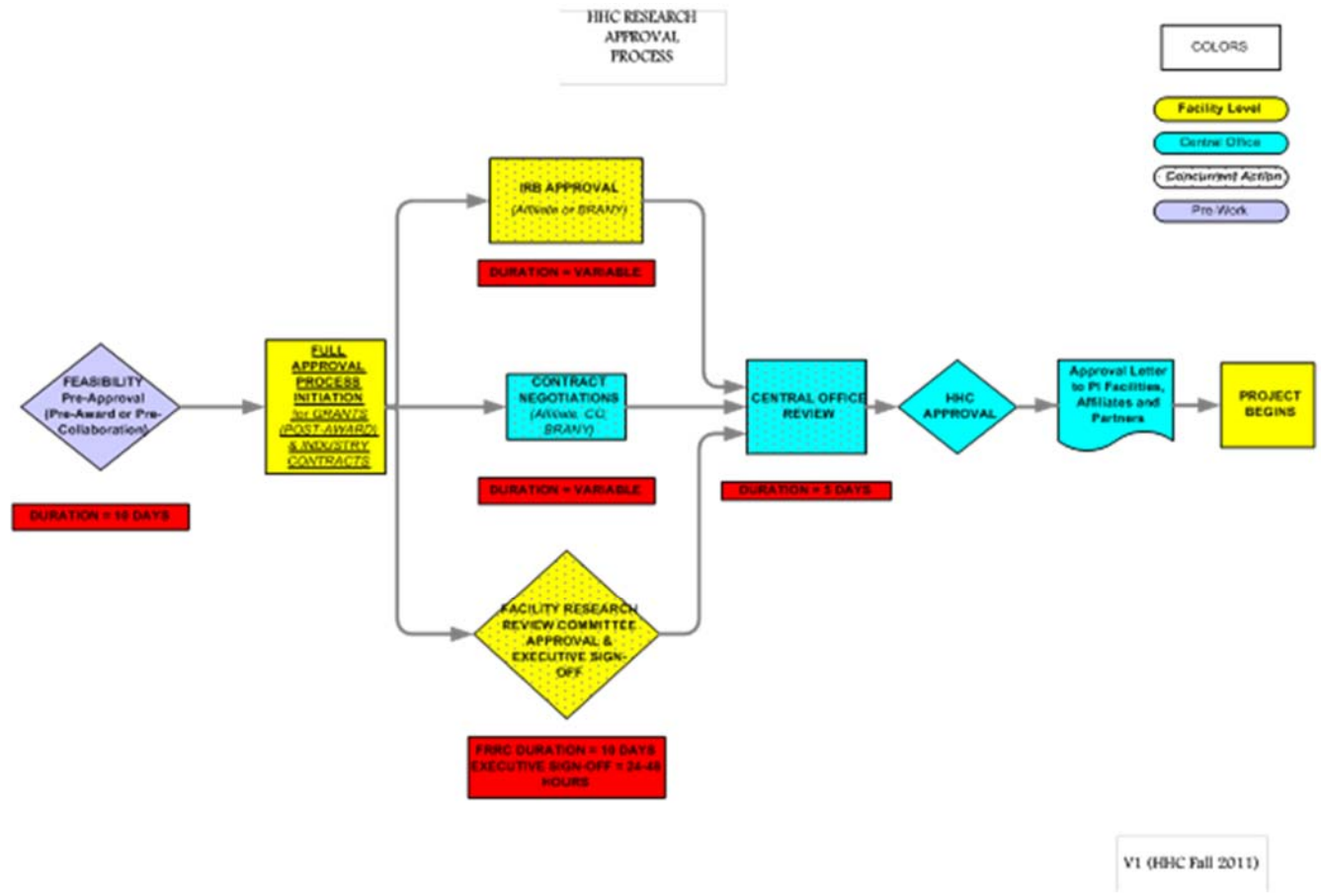
NYC Health + Hospitals Research complies with all federal regulations regarding objectivity in research and the Board's 2015 approved Human Subject Research Protections Program Policies and Procedures. In addition, no incident or a case of research misconduct, protocol violation, and noncompliance was reported last year. The system was not exposed to any risk in 2015 as a result of research conducted in any of its facilities.

NYC Health + Hospitals engages only Institutional Review Boards (IRB) that are guided by the ethical principles established by the Belmont Report. The table below list IRBs used by the System in 2015.

NYC HEALTH + HOSPITALS 2015 INSTITUTIONAL REVIEW BOARDS	
IRB	NO. OF STUDIES APPROVED
BRANY	46
Downstate	20
Einstein	44
Lincoln	15
Maimonides	2
Mount Sinai	34
New York Medical College	18
NYUSOM	140
Other	3
<b>Total</b>	<b>322</b>

# Approval Process

In order to ensure that investigators and researchers comply with NYC Health + Hospitals, Federal, State, and City regulations, policies, and procedures that guides human subject research, all Research Projects must undergo the approval process described in the figure below. Research study will not start at any NYC Health + Hospitals facilities until notification of final Research Office approval is received by the Principal Investigator and Facility.



## Activity Summary

In 2015,

- IRB approved human research studies totaled 322, of which 95 were funded and 227 were unfunded. In addition,
- we received \$1.1M from research activities, and
- Publications of research and review articles in peer-reviewed journals totaled 172.

NYC HEALTH + HOSPITALS 2015 RESEARCH ACTIVITY SUMMARY								
SITE	TOTAL PROJECTS	FUNDED PROJECTS	UNFUNDED PROJECTS	RESIDENT PROJECTS	DRUG TRIALS	DEVICE TRIALS	TOTAL FUNDS RECEIVED	PUBLICATIONS
Bellevue	133	44	89	19	11	1	\$ 2,625	26
Belvis	-	-	-	-	-	-	\$ 800	-
Central Office	-	-	-	-	-	-	\$ 408,052	-
Coney Island	5	2	3	-	1	1	\$ 2,380	4
Elmhurst	24	2	22	3	-	1	\$ 10,068	-
Gouverneur	2	1	1	-	-	-	\$ -	-
Gotham	1	1	-	-	-	-	\$ -	-
Harlem	10	5	5	-	-	-	\$ 52,503	4
Jacobi	52	13	39	12	11	1	\$ 63,951	51
Kings County	28	12	16	7	6	-	\$ 348,515	21
Lincoln	17	3	14	3	1	-	\$ 193,498	42
Metropolitan	18	-	18	9	-	-	\$ -	9
North Central Bronx	2	-	2	-	-	-	\$ -	-
Queens	22	10	12	1	7	-	\$ 26,110	4
Woodhull	8	2	6	3	1	1	\$ 4,487	11
<b>Total</b>	<b>322</b>	<b>95</b>	<b>227</b>	<b>57</b>	<b>38</b>	<b>5</b>	<b>\$ 1,112,989</b>	<b>172</b>

For example, Researchers at Queens Hospital Cancer Center participated in a study with Memorial Sloan Kettering Cancer Center which looked at a new method of treating stage IV Gastric Cancer patients.

Metastatic Gastric Cancer has a poor survival rate with the majority of patients dying within one year of diagnosis. Treatment options at the time for these patients were very toxic leading to poor quality of life, delays in treatment, frequent hospitalizations and discontinuation of treatment due to toxicity. The primary aim of this study was to develop a more tolerable three-drug chemotherapy regimen for gastric cancer without compromising efficacy. The results of this study showed both an increase in progression free survival as well as reduced toxicities and decreased hospitalizations. This treatment is now the preferable regimen for advanced gastric cancer based on this study.

These results were recently published in the prestigious *Journal of Clinical Oncology* where Dr. Margaret Kemeny, Director of Queens Hospital Cancer Center, was co-author. Although this was a multi-center study which included both academic and community institutions, Queens Hospital Cancer Center was able to accrue 50% of the minority patients represented in the study. All of the patients randomized to this regimen did well, but one patient in particular at Queens Hospital Cancer Center exceeded all survival predictions and is alive, traveling and active seven years after diagnosis on this regimen.

## **Clinical & Translational Science Award with NYU**

In 2015 the New York University (NYU) - NYC Health + Hospitals (H+H) was re-awarded a 5-year Clinical and Translational Science Institute grant from the National Center for Advancing Translational Sciences. The partnership will continue to support and enhance collaborations between research teams at NYU and clinical teams at H+H. Specific grant goals include developing an H+H research agenda to promote collaborative research, improving use of H+H clinical data for research, and promoting opportunities to engage in research to our patients. The ultimate goals of the collaboration are to foster innovation and transformation to accelerate the pace at which quality health care services and technologies are brought to the population we serve. Infrastructure funding for Health & Hospitals will flow from this award which totals approximately \$20m over 5 years.

**MetroPlus Health Plan, Inc.**  
**Report to the**  
**HHC Medical and Professional Affairs Committee**  
**March 8, 2016**

Total plan enrollment as of February 1, 2016 was 482,776. Breakdown of plan enrollment by line of business is as follows:

Medicaid	389,948
Child Health Plus	13,111
MetroPlus Gold	4,512
Partnership in Care (HIV/SNP)	4,454
Medicare	8,408
MLTC	1,006
QHP	17,693
SHOP	940
FIDA	183
HARP	7,461
Essential Plan	35,060

MetroPlus has had a high rate of Medicaid members losing eligibility. We have learned from participating in trade organization calls that this is a problem for all plans. Many members who had been on paper recertification by HRA signed on to the New York State of Health website. They no longer will get paper recertification requests. Since they have not recertified online, they automatically lose eligibility and are getting dropped from the plan. According to New York State, there were over 100,000 cases of this last month. We are focusing on outreach to this group in an attempt to recover them.

MetroPlus continues to aggressively focus on growth. We are undertaking many new member retention initiatives. We aim to improve the service we provide to our members, offer them the ability to be engaged in care by providing easy access to their records through our member portal and other means of communication, as well as enhance our network to allow for quick access to care.

I would like to provide this committee with a few informational items. Firstly, as of January 8<sup>th</sup>, 2016, pregnancy qualifies as a reason for Special Enrollment Period (SEP) on New York State of Health. This SEP does not have a 60 day enrollment requirement from the time of the event like other SEPs and it applies only to those applicants that have no insurance (meaning this does not allow applicants to switch to a different QHP. This SEP only opens up enrollment for the pregnant applicant. The rest of the family does not get an SEP when the mother reports a pregnancy.



Secondly, effective July 1, 2016, the provision of School Based Health Center (SBHC) and SBHC-Dental (SBHC-D) Services will be incorporated into the Medicaid Managed Care (MMC) benefit package, and Medicaid Managed Care Plans (MMCPs) will be responsible for reimbursing SBHCs for services. The goal of the transition is to maintain access to these critical SBHC and SBHC-D services while integrating the services into the larger health care delivery system. It is anticipated that the integration of SBHC and SBHC-D services within the existing managed care framework and coordination of services with the child's primary care provider will improve quality and promote an efficient, effective delivery system. MMCPs must permit enrollees who are in an on-going course of care at a SBHC at the time of the transition of these services to managed care to continue their course of treatment unchanged for at least the first 90 days of the SBHC transition period.

Additionally, the State has been working on a Children's Medicaid Redesign initiative, transforming the delivery of health care for children. The key features will be implemented in phases and include expanding access to care management for children with chronic conditions under the Health Home program or for children with lesser needs through the Managed Care plans, creating new state plan services, transitioning existing children's behavioral health benefits from fee-for-service to managed care, providing greater access to an aligned array of home and community based service, and shifting foster care "per diem" population to managed care.



NYC Health + Hospitals  
Medical & Professional Affairs  
Laboratory Transformation Update  
March 8, 2016

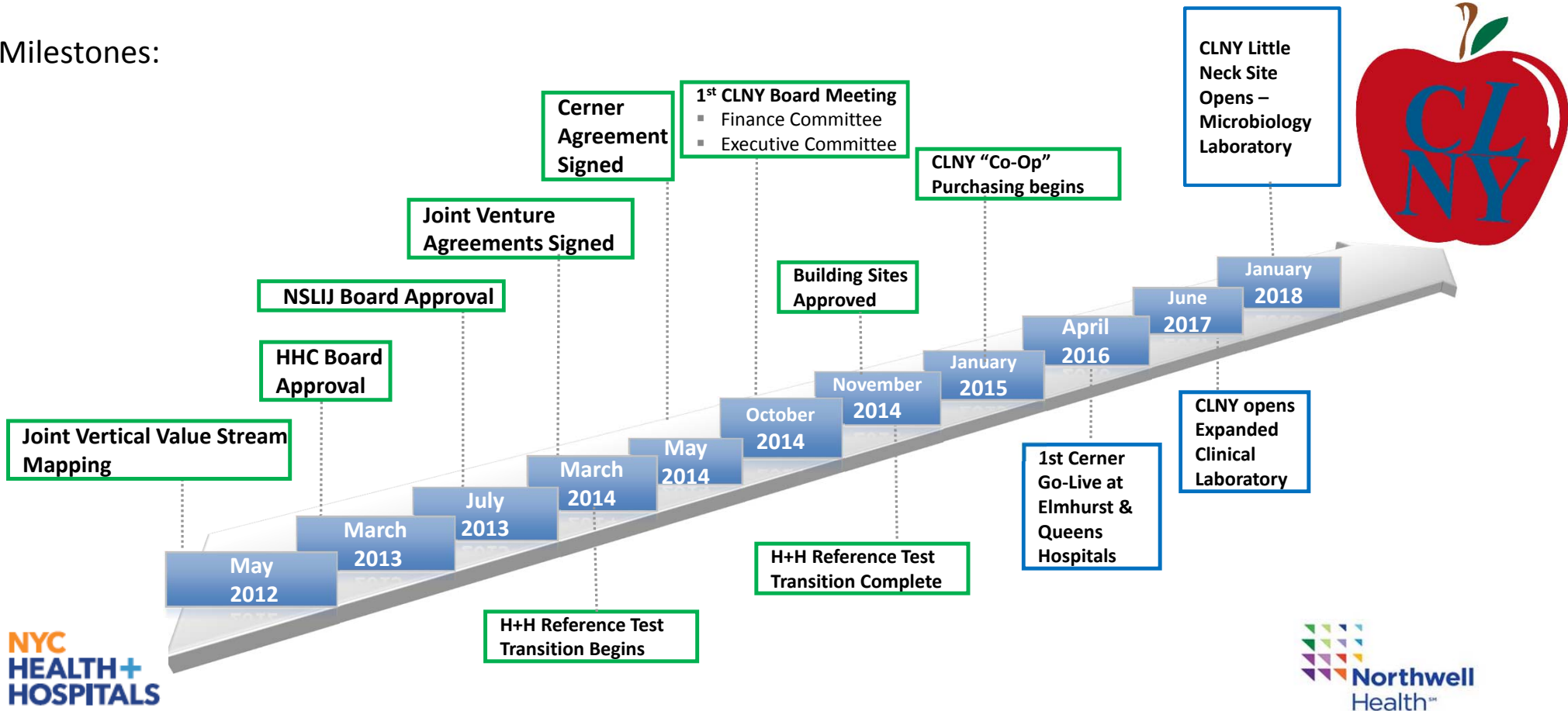
# Vision

- Shared Consolidated Core Laboratory
  - Standardized Equipment across all Laboratories
  - Standardized Information System
  - Standardized Policies & Procedures
  - Standardized Quality Program
  - Seamless Integration
- Increased Quality & Depth of Service
- Reduced Cost
  - NYC Health+Hospitals – \$23 million annual savings at full implementation
  - Northwell Health - \$15 million annual savings at full implementation

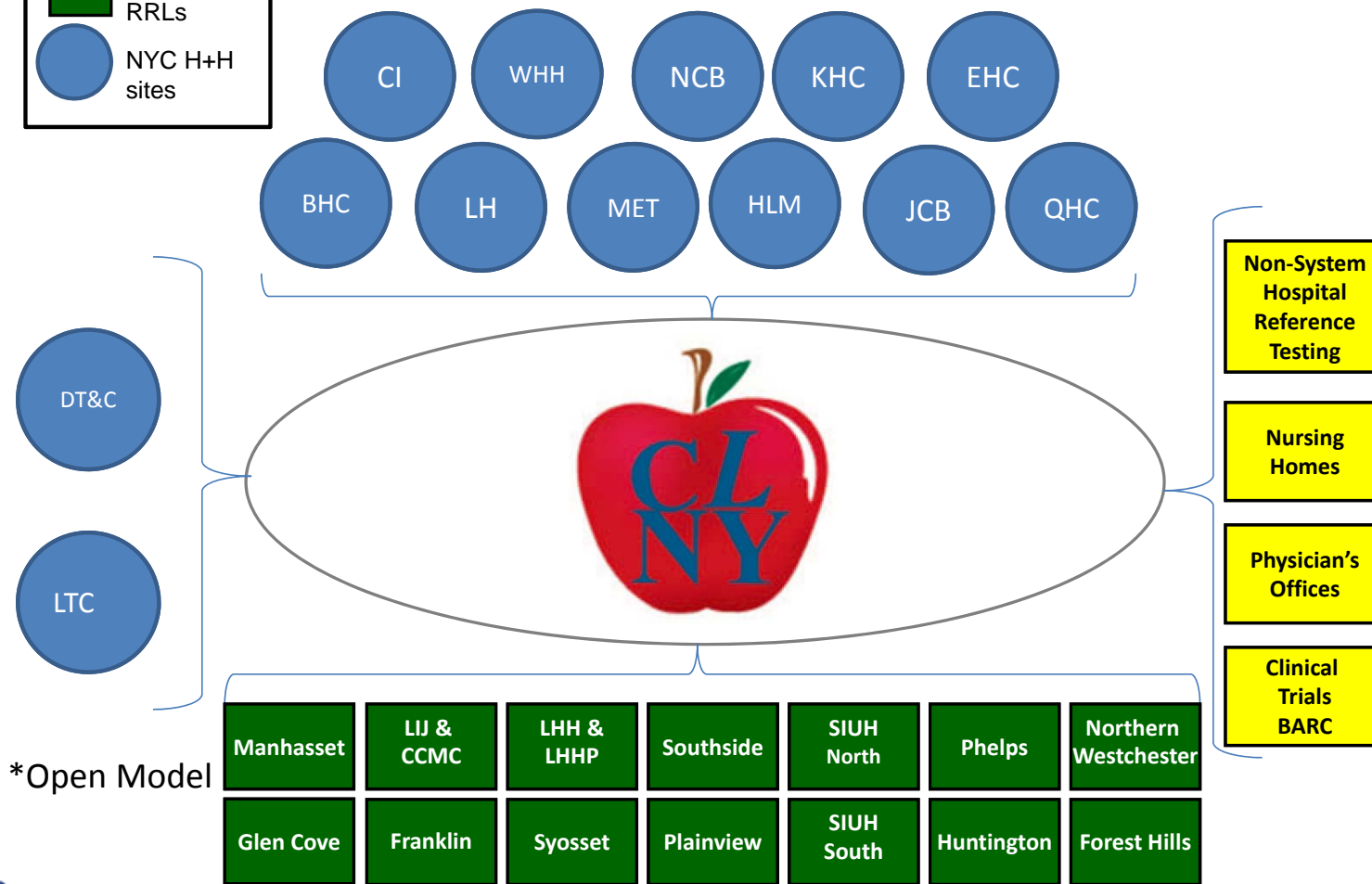
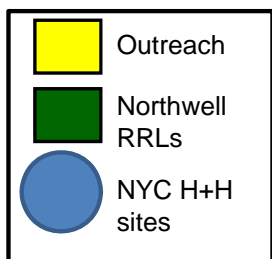
CLNY, an open not-for-profit Cooperative, was formed to achieve this vision.

# Project History

Milestones:



# CLNY Alliance Network\*



\*Open Model

# Major Highlights

- Reference Lab Testing Fully Operational
- Joint Procurement Commenced
- Building Approach Solidified & Underway
- EPIC/Cerner LIS on track for April 1st go-live
- Tax-Exempt Status Achieved

# Reference Testing

Tests that NYC Health+Hospitals previously sent to Quest Laboratories are now sent to the Core Lab.

- Commenced in April 2014 & completed in November 2014
- Quality Monitoring Process Established
- Northwell will begin billing commercial payors on NYC Health + Hospital's behalf.

Calendar Year 2015 savings - \$6.0 million

*Initial Projection - \$1.8 million*

# Procurement

- CLNY member of NSLIJ Alliance GPO – February 2015
- New York Blood Center
  - HHC Projected Annual Savings (price): \$710,800 annually
  - 2016 reduction discussions ongoing
- Equipment
  - Chemistry – CLNY Standard vendor selected, contracting in process
  - Hematology – RFP in process
- Other Opportunities
  - Reference Lab Testing
  - General Lab Consumables



# Building/Real Estate

- Two Building Approach
  - Lake Success: Clinical Laboratory (100K sq ft)
    - Opens July 2017
  - Little Neck, Queens: Microbiology Laboratory (39K sf ft building)
    - Opens January 2018
- Progress
  1. Pre-Schematic Programming – February-June 2015 – Complete
  2. Schematic Design – July 2015 – Complete
  3. Design Development – August 2015 – February 2016

# Information Technology

- Cerner Implementation
  - Hub 1 – Queens/Elmhurst – Go Live April 2016
    - Unit Testing complete
    - Integration testing – in progress/on time
  - Hub 2 – Jacobi/NCB – Go Live 4<sup>th</sup> Quarter 2016
    - Unit Testing complete
  - All Hubs completed by the end of 2018

# Rapid Response Target State



Joint Venture  
Laboratory

Electronic Medical Record



Test Utilization  
Committee

Laboratory Information System



**Rapid Response Laboratory  
(Standardized)**



Standardized Equipment



Point Of Care Program  
Telcor Middleware



# CLNY Goals for 2016

- Identify opportunities to shift volumes prior to Epic/Cerner implementation and building completion
- Begin billing Northwell's commercial payors
- Identify and begin rollout of standardized instrumentation platforms for Chemistry, Hematology, Coagulation and Point of Care
- Drive informatics and utilization agenda
- Implement Cerner at first two Hubs and transition testing
- Build-out of first site

# NYC Health + Hospitals

## Financial Savings Update

- The Lab Restructuring initiative began in Fiscal Year 2011 as part of the Road Ahead. Initial savings were realized of approximately \$10 million a year.
- In Fiscal Year 2015, an additional \$4.8 million was achieved, despite a \$3 million initial investment in the Cerner LIS.
- The current *incremental* target for FY16 in the Financial Plan is \$3 million, above what has been baselined in prior years.
  - These savings are anticipated due to the reference testing and procurement activities, but may be offset by additional large, one-time investments in Cerner.
- Full savings associated with the CLNY Joint Venture are anticipated once:
  - the Cerner system is in place
  - procurement yields additional price reductions
  - revenue from commercial payors further offsets costs
  - both buildings become fully operational, and test volumes shift.