AGENDA

MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE

Date: **May 18th,2017**
Time: **10:00 AM**
Location: **125 Worth Street, Rm. 532**

BOARD OF DIRECTORS

CALL TO ORDER — **DR. CALAMIA**

ADOPTION OF MINUTES
April 4th, 2017

CHIEF MEDICAL OFFICER REPORT — **DR. ALLEN**

CHIEF NURSE EXECUTIVE REPORT — **MS. MENDEZ**

METROPLUS HEALTH PLAN — **DR. SAPERSTEIN**

ACTION ITEM:

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals" or the "System") to enter into a contract with Manatt Health, a division of Manatt, Phelps & Phillips LLP ("Manatt") to prepare a clinical services plan for the System, including how to staff such services, system wide, facility by facility, taking into account the affiliation workforce as well as the GME impact, over a twenty week period for an amount not to exceed $4,225,000 — **DR. ALLEN**

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

MINUTES

MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE

Meeting Date: April 4th, 2017

BOARD OF DIRECTORS

ATTENDEES

COMMITTEE MEMBERS

Vincent Calamia, MD, Committee Chair
Gordon Campbell, Acting Chair of the Board
Stanley Brezenoff, Interim President
Josephine Bolus, RN
Barbara Lowe, RN
Myla Harrison, Representing Gary Belkin, MD, in a voting capacity
Oxiris Barbot, MD, Representing Mary Bassett, MD, in a voting capacity

HHC CENTRAL OFFICE STAFF:

Machelle Allen, MD, SVP, Chief Medical Officer, Medical & Professional Affairs
Charles Barron, Director of Psychiatry, Office of Behavioral Health
Janette Baxter, Senior Director, Risk Management
Eytan, Behiri, MD, Chief Medical Information Officer
Victor Cohen, Assistant Vice President, Pharmacy
Kenra Ford, Assistant Vice President Clinical Lab Operations/M&PA
Victor D. Gonzalez, Intern, Legal Affairs
Lora Giacomoni, Assistant Vice President, Quality
Colicia Hercules, Chief of Staff to the Board Chair
Imah Jones, Senior Director, Research
Ana Marengo, Senior Vice President, Communication and Marketing
Kim Mendez, EdD, ANP, RN, System Chief Nursing Executive
Patricia Lockhart, Secretary to the Corporation
Chalice Pina, Director, Internal Audits
Margaret Ramirez, Communication and marketing
Salvatore Russo, Senior Vice President & General Counsel, Legal Affairs
Diane E. Toppin, Senior Director Medical and Professional Affairs

FACILITY STAFF:

Joseph Carter, Associate Chief Medical Officer, Bellevue Hospital
Khoi Luong, Chief Medical Officer, Coler
Gina Louissanit-Tasco, East New York
Khoi Luong, Chief Medical Officer, Coler Memorial Hospital
Arnold Saperstein, MD Executive Director, MetroPlus Health Plan

OTHERS PRESENT:

Jui Agrawal, OMB
Justine DeGeorge, Office of State Comptroller

MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE
Tuesday, April 4th, 2017

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 4:00 PM. The minutes of the January 23, 2017 Medical & Professional Affairs Committee meeting were adopted.

CHIEF MEDICAL OFFICER REPORT

Machelle Allen MD, Interim Chief Medical Officer, reported on the following initiatives.

Behavioral Health

The Office of Behavioral Health continues to work on integration of care. In collaboration with One City Health, a consultant group is meeting with each facility to determine steps and needs to achieve co-location and other integration of Primary Care and Behavioral Health. In addition the Collaborative care model in primary care is being extended to maternal health sites.

Maternal Depression Screening: Currently as part of NYC Thrive, 8 facilities have formal screening protocols for maternal depression. Screening rates for these sites average: prenatal and postpartum screening rate is100%; rate of positive screen for prenatal is 10% and postpartum is 6%; Referral rate for more extended evaluation and possible treatment for both prenatal and postpartum is 100%. We are developing systems and metrics to measure outcome of those referred for treatment. The Office of Behavioral Health is preparing to add Jacobi, NCB, Elmhurst and Queens in April 2017 to this protocol.

Safety in the behavioral health areas is a key priority. Aggression and violence are significant issues in this area that result in both patient and staff injury. OBH is working with facilities to implement best practice programs that provide screening and identification for the potential for violence as well as clinical programming to reduce aggression on the inpatient and emergency services. At the monthly Director's Council meeting we continue to present best practice models to reduce episodes of violence and cases of staff or patient injury. There continues to be a gradual downward trend in the number of assaults on staff in Behavioral Health.

The Family Justice Center sites provide co-located mental health services at the domestic violence centers. Two of the sites – Queens and Brooklyn – are open to clinical services. The Manhattan site is scheduled to open in April and the Bronx site in June.

Office of Behavioral Health continues to move forward on substance use disorder services. We are collaborating with DOHMH on four areas: Judicious prescribing practices in emergency departments, increasing access to buprenorphine in primary care and emergency departments, increased distribution of naloxone kits to reduce fatal overdose, and establishment of addiction consultation team. The focus of the new services is to increase identification of misuse, increase and de-stigmatize treatment and intervention.

The Office of Behavioral Health in collaboration with the Office of the Chief People Officer is working with facilities to offer training in Mental Health First Aid. This is a program of NYC Thrive that seeks to provide New Yorkers with the knowledge and skills to identify people with trauma and psychological distress, provide basic support, and refer to appropriate resources for more help and treatment. Health + Hospitals is sending staff from each facility to become trainers in Mental Health First Aid.

Pharmacy

Pharmacy and EPIC GO Stabilization for all EPIC Sites: The office of Pharmacy services facilitated the critical fixes needed to assure a stable post Go Live for all three EPIC sites including:

- Facilitated standardization of recording Antimicrobial Indications within EPIC for all three sites. This initiative will be implemented enterprise wide. This initiative is supported by the January 1st, 2017 Joint Commission standard; medication management standards 09.01.01 for core elements of an antimicrobial stewardship. (presented at the CMO Council meeting and during a enterprise WebEx)

- Facilitated standardization for recording weights in kilograms (metrics system) within EPIC for all three sites. This initiative will be implemented enterprise wide. This initiative is supported by Institute of Safe Medication Practices, and The Joint Commission.

- Facilitated standardization for medication adult and pediatric labels for unit doses within EPIC for all three sites. This initiative will be implemented enterprise wide. A tip sheet has been developed to facilitate implementation. This initiative is supported by Institute of Safe Medication Practices and The Joint Commission.

- Facilitated standardization for rounding to the 100th place within EPIC to simplify dose preparation for all three sites. This initiative will be implemented enterprise wide.

- Facilitated standardization of OBGYN use of oxytocin for three EPIC sites. A webinar has been produced to facilitate implementation. Go Live on March 30th, 2017

Pharmacy and EPIC GO Live at Coney Island: Pharmacists from across the system convened at Coney Island to support the safe conversion to a new electronic medical record, EPIC. In collaboration with The GO team; the office of Pharmacy services designed, coordinated, and facilitated a back loading process where pharmacist would verify correct and perfect provider medication orders that were transcribed from Quadramed into the EPIC electronic medical record.

Patient Assistance Program: Many pharmaceutical and medical device manufacturers offer patient assistance programs which provide select medications, such as chemotherapy drugs and medical devices, such as stents used in cardiac catheterization at no charge. One in six patients at New York City Health + Hospitals do not have the ability to pay and Health + Hospitals covers the cost of these medications and devices. Five of our hospitals have currently offer some level of in-house patient assistance. It is the intention of New York City Health + Hospitals to have a robust patient assistance program at all 11 acute care hospitals as we believe we can conservatively save $5M annually.

Hospital Pharmacy initiated Naloxone Distribution: the office of Clinical Pharmacy Services in collaboration with Central Office's division of Behavioral Health is developing and implementing a process for a hospital pharmacy initiated screening, distribution, and counseling of Naloxone kits to eligible patients. This collaboration is hoped to reduce the morbidity/mortality associated with the current national opioid epidemic.

Formulary Standardization: The System's Pharmacy and Therapeutics Formulary committee formulary standardization project continues progress towards a one systems formulary. In addition to the initial threshold of 43% of formulary standardization achieved for EPIC equating to 1720 of 4000 medications line items; a determination of common purchase and dispensing practices has resulted in1200 of 3900 medication line item standardized across the 11 facilities. Of note the average large medical center has no less than 3500 medication line items.

A SharePoint site has been developed "The Pharmacy and Therapeutic Council" as seen in the hyperlink below, periodically updated, lists the enterprise formulary, provides the minutes, agenda, and supporting documents used for formulary decision making.

https://share.nychhc.org/central/CMPA/PTC/Pages/index.aspx

Standardization of adult code tray content for Queens, Elmhurst, and Coney Island Hospitals in order to advance Epic's code narrator build. This will deliver a standardized code narrator build in Epic for adult patients. The benefit is to improve ordering and documenting during the emergency setting and will result in a reduction in the use of verbal orders. The reduced reliance on code carts for non-emergent events will reduce the frequency of cycling though the code carts which would otherwise need replenishment – providing significant labor efficiencies within biomed and pharmacy support group (central supply), reducing wastage associated with carrying superfluous inventory and expiring medications.

Completed review of following drug classes for formulary standardization with the subject matter experts and reviewed evidence based content:

- Radiocontrast
- HIV medications
- Amphotericin B, lipid formulation: Abelcet vs Ambisome
- Fosfomycin
- Ophthalmological drugs
- Intravenous Ofirmev

Simplifi 797: Achieving compliance with new USP 797 and 800 standards is a longitudinal effort. NYC H+H system is moving toward achieving these standards. The office of Pharmacy services in collaboration with supply chain efforts employed an enterprise solution Simplifi 797 for a central monitor quality compliance capability, which is now live at all facilities. This software application actively establishes updated policies and procedures, continuing education, and quality management reports that is centrally monitored and locally implemented.

The Simplify 797 software system has supported the Joint Commission surveys at Elmhurst – as quality reports were easily obtained and generated. The software has been a "win-win" towards meeting the standards for IV admixtures.

Med to beds program: Lincoln Hospital is exploring implementation of a meds to beds program. The meds to beds program provides patients with their medication along with a Pharmacist counseling session upon discharge from the acute facility. Various logistical, operational, financial, regulatory barriers are being resolved to implement this type of program, and to make it reproducible and sustainable.

Quality & Patient Safety

Institute for Healthcare Improvement

On February 16th and 17th Derek Feeley, President and CEO of the Institute for Healthcare Improvement and several members of his team visited NYC Health + Hospitals. The purpose of this visit was to understand the current system wide governance and infrastructure for quality and patient safety. Representative facilities from each of the three service lines were visited. During these site visits, clinical and administrative leadership had the opportunity to share their existing framework for quality. This included how performance improvement plans are developed, how improvement initiatives are selected and prioritized, and how data is collected, analyzed, and used to drive such improvement. Discussion centered on what is working well and what opportunities still exist. At the conclusion of the visit, initial

observations were shared. Most striking was that of an engaged workforce, incongruent with the most recent employee engagement survey. All staff demonstrated a desire for real time actionable data. The formal report from IHI has not yet been received.

National Patient Safety Awareness Week

This year's National Patient Safety Awareness Week was celebrated at NYC Health + Hospital's Patient Safety Forum hosted at Bellevue Hospital in order to provide an enriched learning environment for the enterprise's workforce. There were several engaging presentations provided focusing on de-escalation and debriefing techniques to improve the quality and safety of the care provided to our patients and their support system. NYC Health + Hospitals continues to emphasize safety as a mission critical initiative that is to be integrated into daily operation and system-wide functioning. We take pride in a proactive, humane, person-centered, and team building approach in order to keep our patients, their caretakers, and our employees safe and out of harm's way. Patient Safety will always remain NYC Health + Hospitals top priority as it supports improved patient satisfaction, employee engagement, financial viability and market share. We congratulate our staff in keeping our patients safe so that all can live their healthiest life while seeking services or working for NYC Health + Hospitals. We thank all who were able to attend and support the Patient Safety Forum and welcome feedback. We end with a message received from one of our participants:
"Not only was the entire program well executed but it was most obvious that much careful thought and preparation went into it. I must also say that the caliber of the presentations were excellent. Many thanks, I was informed and challenged." ~ HMR

Medical Staff Affairs / Centralized Credentialing

Centralized Credentialing has several key components. The major components are operational and technical. The operation component includes the standardization of policies, the development of system-wide terminology, and development of new workflows, new credentialing and privileging forms. The technical component includes enhancement of IntelliCred and the development of WebView. Policies in development are the Red Flag Policy, the Board Waiver Policy, and the Temporary Privileges Policy. We are developing standardized course work in the areas of moderate and deep sedation and fluoroscopy for the physicians. The new mandated pain management course will be offered to NYC H+H clinicians through our partnerships with New York State American College of Physicians chapter and the Medical Society of the State of New York. We have modified Intellicred to include this information. We are in the process of obtaining hospital approval of 32 distinct delineation of privileges forms which have been vetted by either the Clinical Councils and/or key stakeholders. The hospital approval process is scheduled to be completed by April 30. At the same time, we are working with the vendor on creating electronic versions of the forms and will begin a pilot program at three facilities in early May 2017, and plan to implement usage of the standard DOPs throughout the organization by July 1, 2017.

Central Office MSO continues to collaborate with key departments to ensure that the credentialing process is evolving with the needs of the organization. We have been working with Legal Affairs to identify practitioners who need to complete the 2017 ELM course. We have been working with colleagues to develop the best medical staff structure for Correctional Health Service and Gotham. With the assistance of the Managed Care office a system-wide Credentials Policy and Procedure has been drafted. The use of a system-wide Credentials P&P will ensure compliance with ever-evolving regulatory (NCQA/JC) changes and increase revenue. The department participates in regularly scheduled conference calls with the IntelliSoft Group to discuss key issues. We also have two standing calls with our IT support team to identify and troubleshoot database and technological limitations. Currently, we are working to expand the use of the IntelliCred web crawler feature, an advanced application to help automate the process of obtaining primary source verifications directly from approved websites**.**

Occupational Health Services

We are narrowing the metrics that need to be reported from OHS. The department is working with our colleagues in Human Resources to improve the employee experience. Press Ganey data is being monitored. We have been working as a system to find the first available appointment so that staff can be serviced more quickly.

Delivery System Reform Incentive Payment (DSRIP) Program

DSRIP Year 3 Contracts

The OneCity Health Executive Committee approved $85 million in total payments that partners are eligible to receive in their next contracts, which is an increase over the 55M allocation in the previous contracts. The new contracts, which began April 1, 2017 – the start of DSRIP Year 3 - are more targeted to partners' services to help OneCity Health achieve New York State-defined outcomes, such as a reduction in preventable Emergency Room visits.

Clinical Project Implementation

To help meet these outcomes, OneCity Health continues to initiate and expand a number of transformation efforts and other programs.

- To support partners implementing care management programs, including Health Home At-Risk (primary care setting), Care Transitions (inpatient setting) and ED Care Triage (Emergency Department), OneCity Health continues to train care management staff on critical skills needed to properly care for high-needs patients, including documenting care plans and motivational interviewing. To date, over 77 individuals from NYC Health + Hospitals/Home Care, BoomHealth!, Harlem United, Village Care, Arch Care, Bridging Access to Care, Federation of Organizations, Selfhelp and Community Healthcare Network have been trained. Subsequently, OneCity Health continues to expand these care management initiatives.

- Six NYC Health + Hospital/ Gotham sites and four community partner primary care practices (Community Healthcare Network, SUNY Downstate Medical Center, Center for Comprehensive Health Practice and Brightpoint Health) have begun piloting the Health Home At-Risk initiative. Through this intervention, primary care practitioners can make referrals to care coordinators provided by OneCity Health's Health Home lead agencies, which are NYC Health + Hospitals, Community Healthcare Network and Community Care Management Partners. Six additional NYC Health + Hospital facilities (Belvis, Bellevue, Cumberland, East New York, Governeur and Morrisania) will soon begin to generate referrals as well.

- Transition Management Teams (TMTs) are continuing to provide 30 days of supportive care management for patients at high risk of readmission at NYC Health + Hospitals/Bellevue and NYC Health + Hospitals/Kings County. To date, 850 patients have been referred to the program and 463 patients have completed all 30 days. Three OneCity Health community partners – VillageCare, ArchCare, and New York City Department for the Aging– are expected to provide an additional eight TMTs across medicine and behavioral health inpatient units in NYC Health + Hospital facilities in May.

- As part of OneCity Health's clinical asthma program, community health workers (CHWs) from seven community partners have completed over 100 home assessments. Seven NYC Health + Hospital facilities (Elmhurst, East New York, Gouverneur, Harlem, Kings, Lincoln + Queens) and two of community partners (Urban Health Plan and Gentle Touch Medical) are generating referrals to the partners with CHWs. The CHWs - from VillageCare, CABS Home Attendants Service, St. Mary's Healthcare System for Children, Asian Community Care Management, Make the Road New York, a.i.r NYC and NYC Health + Hospitals - complete an asthma assessment, reinforce recommendations from the clinical team, and conduct home visits to evaluate the environment for asthma "triggers."

- OneCity Health community partners continue to conduct outreach to, and engage with, uninsured New Yorkers through Project 11. To date, 38 community partners have connected approximately 2,500 people to primary care and approximately 3,200 individuals to insurance.

CHIEF NURSE EXECUTIVE REPORT

Kim Mendez, Chief Nurse Executive, reported the committee of the following;

As NYC Health + Hospitals continues to evolve in response to changes in the healthcare industry a clear vision for the future of nursing throughout the system is critical. Nursing strategic directions will align with a system-wide integrated healthcare delivery system model, focused on quality outcomes, excellent patient experience, fiscally responsible operations, and a healthy work environment. Goals and aligned actions have been outlined in the Chief Nurse Executive Council and include:

- Develop and implement a system-wide Nursing Philosophy and Culture of Care,
- Foster nursing alignment and collaboration on the integration of care and system strategic imperatives,
- Cultivate a system-wide plan and monitoring framework for Nursing Service fiscal contribution, financial structure and accountability, safe, efficient and effective use of human resources inclusive of standardizing and centralizing were appropriate,
- Monitor and set expectations for continual performance improvement with regard to quality and safety outcomes, patient experience and staff engagement/development and;
- Integration of Information Services to support regulatory requirements, caregiver shared communication, and promotion of excellence in integrated care delivery and outcomes.

The Office of Patient Centered Care, in partnership with the Chief Nursing Officer (CNO) Council and other key system stakeholders, is actively working on establishing and implementing strategies to meet outlined goals and objectives. A draft CNO Council charter has been completed as well as a draft NYC H+H System Nursing Philosophy, Mission and Vision. The latter is being further developed in partnership with NYSNA at the System Nurse Practice Council. Nash Analytics continues to provide valuable data to strengthen fiscal accountability, human resource efficiency, and identify areas of opportunity within a framework the supports patient and staff safety, quality outcomes and service excellence. Work has begun on standardizing collection and use of key nurse sensitive data metrics (NDNQI) as well as seeking opportunities to share expert education resources across the system more efficiently. There is forward movement with the integration of information services e.g. EPIC successful Go Live at Coney Island Hospital in 1Q17 in addition to peripheral supportive work on patient portal, etc. Achieving excellence is our driver and the end of this report will highlight nursing achievements at various NYC H+H facilities.

<u>Office of Patient Centered Care- Key 1Q17 Updates</u>

System Nurse Practice Council -Monthly meetings in 2017 have begun with NYSNA. Focus is on establishing collaborative goals to foster nursing practice. Key areas of discussion include staff engagement, shared governance, patient satisfaction and system Nursing Philosophy. Partnership with NYSNA in the selection of one or two actionable initiatives are in the next steps planning phase.

NICHE (Nurses Improving Care for Healthsystem Elders)

Discussing terms of the NICHE (Nurses Improving Care of Health system Elders) contract with NYU NICHE program. Focus is on working with NICHE and all eleven (11) acute care facilities with NICHE designation to better embed the role of the GRN (Geriatric Resource Nurse) on the inpatient unit. Developing a one day learning collaborative with NICHE and NYU's Hartford Institute of Geriatric Nursing to provide NYC H+H NICHE/Site Coordinators with tools and resources to further support the program at each site.

Infection Prevention

In January 2017, Interim System Infection Preventionist, Mary Fornek- Consultant, began a system-wide high level gap analysis with a focus on areas of vulnerability. Topics under review include: Facility level IP program structure, surveillance & data analysis, staffing, competency model, etc. antimicrobial Stewardship regulatory compliance in partnership with Pharmacy; HAI –CAUTI, CLABSI, (point prevalence study to begin at acute and post-acute areas in April/May 2017); support for facilities undergoing Joint Commission Survey; opportunities for system-wide standard work e.g. N-95 masks, flu vaccination compliance, safety syringes, urinary catheter and central line P & P, handwashing, HLD.

Live On NY Projects

Extension of Community HealthCare Outcomes also known as ECHO was launched in February 2017 by NYC Health & Hospital in collaboration with LiveOnNY.

Safe Patient Handling (SPH)

Major goal under this directive is the implementation of Safe Patient Handling for 23 NYC H+H facilities in accordance with NYS SPH legislation. To date there has been the establishment of an interdisciplinary System SPH Steering Committee which meets monthly as well as facility SPH Champion meetings. Accomplishments to date include; Successfully conducted the patient handling hazard assessment on 23 NYC H+H facilities; analyzed the current patient handling practice of NYC H+H; developed draft SPH policy and procedures based on the input provided by stakeholders; created and developed positive relationships with SPH Champions, facility-based SPH committees, executive leadership, Union and SPH vendors; active participation in conferences to network and shared legislative update with SPH Champions and committees; established facility SPH Champions and Committees; Collaborated and shared best practices on SPH with facility leadership.

Education Programs

Continuing Education Providership were Nursing CE program recertified in 10/2016. Valid until 2019 and Physician re-certification required in June 2017. Preparation and required submission underway for onsite March/April 2017 survey visit.

NYSNA Healthcare Workforce Retraining Grant- a partnership program with NYC H+H to provide 200 nurses preparatory training for psychiatric /mental health nurse certification. System-wide plan and timeline development in progress for 2017 & 2018 classes.

Project Partnerships within NYC H+H
Partnering with VBP QIP Governance Committee to gather data, review and select metrics to be included in the Facility Transformation Plan to be submitted to DOH by OneCity Health.

Collaborating with ACO and Office of Population Health to develop a Geriatric Provider Workgroup/Council to bring together geriatric providers to discuss opportunities for clinical collaboration; strengthen transitions of care from in-patient to out-patient geriatric practices; embed the care management concept of ACO into the fabric of the geriatric practice with focus on clinical outcomes (HTN Treat-to-Target, Depression Collaborative) and training opportunities.

Partnering with HR/Workforce Development and the Office of Transformation to develop and strengthen the nursing/clinical education arm of Office of Patient Centered Care and looking at opportunities to centralize trainings and education endeavors.

HAI dashboard phase II development that will include pertinent structural changes, updated exclusion criteria, and expansion to include hospital onset C. Difficile infection.

MetroPlus Health Plan, Inc.
Report to the
H+H Medical and Professional Affairs Committee
April 4th, 2017

Total plan enrollment as of March 1, 2017 was 501,851. Breakdown of plan enrollment by line of business is as follows:

Medicaid	374,982
Child Health Plus	15,637
MetroPlus Gold	7,686
Partnership in Care (HIV/SNP)	4,355
Medicare	8,433
MLTC	1,471
QHP	8,428
SHOP	965
FIDA	176
HARP	8,918
Essential Plan	68,883
GOLDCARE	1,917

As you can see in the membership numbers, our Qualified Health Plan (QHP) individual members dropped by almost 7,000 members from December to March. The majority of our losses were in the QHP membership most likely as a result of our ACA rate increase for 2017. Due to high utilization costs, MetroPlus requested a rate increase of approximately 20% for 2017. However, the New York State Department of Financial Services (DFS) assigned the Plan a 29% rate increase. This was done in a year that had seen other plans go bankrupt, and DFS wanted all plans to be financially viable. Many of our members left us due to this rate increase. Consequently, we went from the lowest cost plan to the third lowest with these changes. The EP member decline was due to State review of eligibility documentation submitted by EP members from when they enrolled. The enrollment may have occurred many years ago when the EP members were enrolled in Medicaid and before they had been transferred to EP. While we have assisted many individuals who needed to provide additional documentation in locating appropriate documents, it has been difficult for others and the State has moved forward with termination where documents were not submitted
There being no further business, the meeting was adjourned 10:00 AM.

MetroPlus representatives submitted a total of 186,000 applications in 2016 a substantial improvement over the 142,000 applications submitted in 2015. The number submitted each month was higher than the corresponding month the year before. The highest number of applications were submitted in December when over 18,300 were submitted. Membership for the last year grew from 483,000 in January to 507,000 in December, an increase of about 5% over the course of the year, roughly double the 2.4% growth rate from January to December of 2015. For the open enrollment period that ended January 31, MetroPlus marketing representatives submitted 57,158 applications, an increase of over 12% when compared with last year's totals. The highest submitting locations were the offices based at Elmhurst Hospital and the one based at Woodhull Hospital. Individuals who applied in the first half of January have already become eligible for coverage and those that applied in the second half will have their coverage start March 1.

While applications increased during open enrollment our representatives received many questions about whether insurance would continue to be available and whether their costs could increase significantly after they enrolled. Many individuals also expressed concern about providing information regarding citizenship status.

As part of our overall marketing effort I wanted to highlight a few initiatives we have undertaken in recent months. MetroPlus remains an active participant in the City Hall Get Covered plan. Under this program, outreach staff contact

those who have received services from H+H but are uninsured and then refer those interested in enrolling in insurance to MetroPlus or one of the other enrollment organizations involved. MetroPlus is receiving referrals at its Queens, Harlem, Kings County and Woodhull locations. To date we have been able to enroll 16 households from the referrals we have received. Next with tax season upon us MetroPlus is partnering with tax preparation organizations to enroll individuals filing returns. We will be on site at 8 different tax preparation offices from now until April. Finally, the Mayor's Office of Immigrant Affairs and MetroPlus are partnering to target Uninsured students and parents within the city's schools system. There are 25 schools involved in the effort which will feature health insurance enrollment by MetroPlus and citizenship services to undocumented immigrants from the Office of Immigrant Affairs. The initiative begins in February.

In cooperation with Metropolitan Hospital, we have worked closely to develop a relationship with the mosque located in Manhattan on 96th Street. We are present at the mosque on Fridays when there is a large attendance and speak to interested individuals before and after prayer service. We also were recently invited to be present during parent teacher conferences at the school on the site to talk with parents before and after they spoke to their children's teachers.

We have also begun an initiative with the Transit Workers Union to target bike messengers. An enrollment event was held in a tent at Union Square where we provided enrollment services. Metropolitan Hospital was present to complete blood pressure screenings and other service providers were also there. MetroPlus was able to enroll 50 messengers at the event.

We continue to enroll individuals in our day care initiative, Gold Care. Enrollment now stands at 1,917. While greater enrollment was expected, many individuals have provided evidence of having other credible coverage. In addition fewer people than expected are enrolling in family coverage. In the coming weeks we expect additional enrollments when the day care programs will enroll anyone remaining who has not provided evidence of credible coverage in Gold Care I.

As part of the transformation efforts, we are moving ahead with the zip codes in the Bronx, Brooklyn and Queens that were targeted for expansion efforts. The communities identified tend not to be in close proximity to existing NYC Health + Hospitals facilities so MetroPlus does not have a strong presence. To assist in efforts to establish MetroPlus, we are seeking to identify smaller community locations where we can begin work. Starting March 1, we have identified space in Sunset Park operated by one of our partners, the Asian Americans for Equality (AAFE). The city's ID NYC program also works out of that space. We have also identified space at the Sky View Center Mall in Flushing where we will begin operating shortly. We have also worked closely with the city in identifying existing city agency buildings in the target zip codes where there may be space available for us. To further support the effort we are also hiring three additional supervisors and transferring staff from existing areas to the target areas.

Another transformation initiative was to improve point of care enrollment at NYC Health + Hospitals facilities. To accomplish this task we have been working with H+H finance to build a closer relationship between MetroPlus representatives and hospital based finance staff. Three facilities, NCB, Woodhull and Bellevue, have been piloting an initiative to allow MetroPlus staff to conduct virtually all of the enrollments for uninsured individuals seeking outpatient services. A meeting was recently held for the site with leadership of MetroPlus and the finance leadership from each facility to discuss how we can build on the piloted model and have a closer collaboration. Facility staff and MetroPlus staff at each location will develop a process and submit it by March 1. The goal is to help ensure all uninsured individuals are screened for insurance while they are in the facility. Those that are ineligible for insurance will continue to be enrolled in Options. Those eligible for insurance will be enrolled in the plan that is best for them and their family.

The Finity member rewards program has started. Those visiting the MetroPlus website can see details about the Finity program including how they can earn points and what the points can be used for. Members will earn points to redeem when keeping necessary preventative health appointments. Finity has also begun a large scale mailing to all members to follow up and ensure members understand the program and how they can participate. Finity has a customer services staff prepared to answer questions about the program. They will continue to do outreach to member using mailings, e

mails, texts and phone calls to ensure members are aware of the program and how it can help them earn points while improving their health.

I would like to share some good news from our Quality Management (QM) Department. The Medicare Stars team were relentless to make sure that our pharmacy benefit manager, CVS, was able to meet and exceed the goal of 65% for the medication therapy management (MTM) measure. This means that 65.8% of our MAPD members had contact with a Pharmacist who helped them understand and manage their medications (comprehensive medication review). This should put us in the 4 star range and help boost our Part D Quality Improvement measure performance. It also helps reduce our admission and readmission rates and maybe even satisfaction. For context, last year our MTM rate was 36% and 2 Stars.

Historically, our Hepatitis C costs have been escalating dramatically. Working with our pharmacy vendor, we changed our formulary to Zepatier instead of Sovaldi which will save approximately $1.6 million per year. One of our current strategies is to reduce our non-users. Our QM Department attempted outreach to 20,500 members in the 4th quarter of 2016. Reaching members was a significant challenge, however, 1029 members were reached and appointments were made for those members willing to be assisted.

Over the past few months, we have also redesigned our care management/care coordination program from telephonic outreach to in-person home visits. We started with approximately 1,000 home visits per month conducted by our nurse case managers. They visited our most vulnerable members, including post-discharge patients, to ensure appropriate medication review, coordination of care, and direction of services within the Health and Hospitals network whenever possible.

Finally, I wanted to provide an update on the disenrollment survey we conducted recently. The surveying company was able to interview over 1,200 individuals who had recently left MetroPlus and tried to ascertain the main reason that they left. Approximately 50% of the people who no longer were with MetroPlus had a change in circumstance that made them no longer eligible for insurance. The major reasons for change in eligibility were a change in their employment status, a move, or a change in family composition. Another 25% were a collection of other non-specific reasons. The items that require follow up include the nearly 8% who stated that they disenrolled due to not having access to providers or specialists of their choice and the 7% who said costs or billing issues were the reason for disenrollment. We are continuing to work with the surveying company to gain additional insights into the disenrolled population.

INFORMATION ITEM:

Kenra Ford, Assistant Vice President of Laboratory, Medical and Professional Affairs, presented to the committee on the Laboratory Transformation Update.

There being no further business, the meeting was adjourned 5:00 PM.

CHIEF MEDICAL OFFICER REPORT
Medical & Professional Affairs Committee
May 18th, 2017

Behavioral Health

The Office of Behavioral Health is developing a plan to transform behavioral health services to a more ambulatory care focused service. The goal is to reduce the utilization and dependence on acute care services – inpatient and emergency room – and engage patients in ambulatory care services. This will involve the development of various levels of ambulatory care services throughout the system including partial hospital, intensive outpatient, walk-in services and additional services provided in the community to better serve the needs of the communities serviced by Health + Hospitals. Behavioral Health services will be integrated into primary care services, including maternal health and pediatrics. Substance misuse treatment services will also be integrated with primary care offering medication assisted treatment and counseling services. Substance use consultation services are being developed to offer broader treatment within the emergency services, medical and primary care, as well as traditional behavioral health services. The consultation teams assist in identification and engagement of a population that is traditionally underserved. Children's services are also being restructured to provide greater access to these services and include preventive services as well as treatment of existing conditions.

Maternal Depression Screening: Currently as part of NYC Thrive, all 11 acute care facilities have formal screening protocols for maternal depression. Screening rates for these sites average: prenatal and postpartum screening rate is 97%; rate of positive screen for prenatal is 9% and postpartum is 5%; Referral rate for those screening positive for evaluation for possible treatment for prenatal 72% and postpartum is 63%. Others are monitored within Maternal Health. We are developing systems and metrics to measure outcome of those referred for treatment.

Office of Behavioral Health continues to move forward on substance use disorder services, specifically in relation to the opioid crisis in New York City. We are collaborating with DOHMH on four areas: Judicious prescribing practices in emergency departments, increasing access to buprenorphine in primary care and

emergency departments, increased distribution of naloxone kits to reduce fatal overdose, and establishment of addiction consultation team. The focus of the new services is to increase identification of misuse, increase and de-stigmatize treatment and intervention.

Safety in the behavioral health areas is a key priority. Aggression and violence are significant issues in this area that result in both patient and staff injury. OBH is working with facilities to implement best practice programs that provide screening and identification for the potential for violence as well as clinical programming to reduce aggression on the inpatient and emergency services. At the monthly Director's Council meeting we continue to present best practice models to reduce episodes of violence and cases of staff or patient injury.

The Family Justice Center sites provide co-located mental health services at the domestic violence centers. Two of the sites – Queens and Brooklyn – are open to clinical services. The Manhattan and Bronx sites are scheduled to open in June.

The Office of Behavioral Health continues to work on integration of care. In collaboration with One City Health, a consultant group is meeting with each facility to determine steps and needs to achieve co-location and other integration of Primary Care and Behavioral Health. In addition the Collaborative care model in primary care is being extended to maternal health sites.

The Office of Behavioral Health in collaboration with the Office of the Chief People Officer is working with facilities to offer training in Mental Health First Aid. This is a program of NYC Thrive that seeks to provide New Yorkers with the knowledge and skills to identify people with trauma and psychological distress, provide basic support, and refer to appropriate resources for more help and treatment. Health + Hospitals is sending staff from each facility to become trainers in Mental Health First Aid.

Laboratory Services

Our laboratory clinical, administrative and operational teams continue to focus on standardization and operational efficiency opportunities while improving service delivery and cost reductions. Implementation of standardized equipment serves

as a fundamental part of the framework required in moving to our standard rapid response model.

Point of Care:
The enterprise-wide replacement of glucometers is nearing completion and on target to finish in May 2017. This change allows compliant use of glucometers with critically ill patients.

ED Initiatives:
Most recently, Kings County, Coney Island, Woodhull, Queens, Jacobi and North Central Bronx laboratories has implemented new standard chemistry equipment. Optimization of new equipment and workflows is very focused with end goals of improving testing turn-around-time to ED and in-patient services while driving down cost. The remainder of the enterprise implementations have been scheduled and on target for completion by Mar. 2018.

Jacobi, Kings County, Lincoln, and Bellevue laboratories are preparing for the arrival of new hematology equipment. Subject matter experts from the facilities are working together to develop the standard workflow recommendations for system use.

HIV Services:
Implementation of 4th generation HIV testing is moving forward with completion at Elmhurst, Kings County, Coney Island, and Queens Laboratories. This is of benefit to the patients we serve due the increased sensitivity of the test as well as the rapid turnaround of test results to the Provider caring for the patient. The remainder of laboratories is expected to implement by Feb. 2018

The Joint Commission Surveys

To date, TJC conducted triennial unannounced hospital surveys at 5 facilities and 1 program, beginning February 2017 thru last week, ending May 12.

i. February - Queens hospital
ii. March - Bellevue and Woodhull hospitals
iii. April - NCB hospital and Woodhull's Detox Program
iv. May - Coler Post-Acute Care
v. To be determined - Carter [expected any time between now and June]

All 5 facilities and Detox Program were accredited, however 3 (Bellevue, NCB and Woodhull) of the 5 facilities received a condition-level citation related to ligature risks and other environmental issues, such as non-latching doors.

As a result, an unannounced follow-up Medicare Deficiency Survey regarding the corrective action plan for the condition-level deficiencies was conducted, and as of Monday May 15, the condition-level designation at these 3 facilities was removed. Each facility however, must still complete and submit its corrective action plan of this deficiency.

Other Regulatory site visits:

i. March 2017 –
   a. Bellevue lab recertification survey – POC to be submitted
   b. Bellevue pediatric endocrinology lab recertification survey – POC submitted

ii. April 2017 –
   a. Elmhurst EMTALA complaint – compliant
   b. Metropolitan CLEP lab accreditation – reaccredited
   c. Kings
      i. OMH/OASAS wellness and recovery – report pending
      ii. OMH for CPEP – report pending
      iii. Diagnostic x-ray – report pending
      iv. DEA detox and OPD medication management – report pending

iii. May 2017 –
   a. Elmhurst radiology recertification – recertified
   b. Harlem radiology recertification inspection – recertified
   c. Metropolitan revalidation of ACT I, ACT II and Adolescent – report pending

Patient Safety

After a dormant period, the Patient Safety Council has been restructured under the Quality Department of Medical & Professional Affairs. The Council is revisiting its charter in order to align its mission with goal of national recognition for quality & safety. Initial undertakings include standardization of the patient safety orientation for all H+H staff & standardizing the functional job description for patient safety officers with alignment of the on-boarding process & orientation to that job description. A system wide Culture of Safety survey is planned for later this month. The safety council will spearhead the analysis and action planning relative to the results of this survey.

Risk Management

Activities to strengthen the RCA process, which is one element of a robust patient safety program, are underway. A learning needs assessment was conducted in conjunction with GNYHA. The insights from this session will inform curriculum development to ensure a thorough, credible, and uniform process across the system.

Performance Improvement

Robust Process improvement (RPI) strategies, a hallmark of a high reliability organization are being developed and embedded within M&PA Quality department. This will serve to support an organized approach to performance improvement including the projects presented to the Quality Assurance Committee of the Board. Various tools such as PDSA coaching modules and project templates have been created. These tools will also be utilized to support the Doctors Council Collaborative Council performance improvement activities to enhance and standardize the facility specific projects along with Doctor's Council members.

Value Based Purchasing

In collaboration with Managed Care and OneCity Health, M&PA is supporting the various value based purchasing efforts in place. The Anthem Blue Cross Blue Shield Quality Incentive Program (Q-HIP) year 3 annual report was recently received. As a result of various improvement efforts H+H was able to realize a 7% increase in reimbursement. Additional work is underway across the 11 acute facilities to allow for learning and sharing with a goal of increasing this yield. A VBP demonstration project is also

underway in collaboration with DOH. After selecting six measures from a predetermined menu, baseline data has been identified with respect to CAUTI, CLABSI, & Hospital Acquired Pressure Injury rates, Sepsis bundle compliance, Hemoglobin A1c control, and follow-up care after hospitalization for a behavioral health issue. With a goal of maintaining or improving performance, various projects are underway.

Chief Nurse Executive Report
Medical & Professional Affairs Committee
April/May 2017

During the months of April and May 2017, the Office of Patient Centered Care (OPCC) continued to work on the previously outlined CNE Council goals:

- Develop and implement a system-wide Nursing Philosophy and Culture of Care,
- Foster nursing alignment and collaboration on the integration of care and system strategic imperatives,
- Cultivate a system-wide plan and monitoring framework for Nursing Service fiscal contribution, financial structure and accountability , safe, efficient and effective use of human resources inclusive of standardizing and centralizing were appropriate,
- Monitor and set expectations for continual performance improvement with regard to quality and safety outcomes, patient experience and staff engagement/development and;
- Integration of Information Services to support regulatory requirements, caregiver shared communication, and promotion of excellence in integrated care delivery and outcomes.

System Nurse Practice Council -Monthly meetings with NYSNA have continued with excellent attendance and participation. In May 2017, the NYC Health + Hospitals System Nursing Philosophy and Care Model was finalized. This was the result of a successful collaboration with NYSNA. The care model is aligned with Jean Watson's Theory of Caring with key Culture Care tenets from Madeleine Leininger's Transcultural Nursing Theory. This blended approach envelopes our System mission and embraces patient centric and humanistic approaches to care and cultural responsiveness. The Philosophy was announced system-wide during Nurses Week 2017. The System Nurse Practice Council next steps include scheduling an educational retreat to develop a system Nursing Shared Governance framework.

NICHE (Nurses Improving Care for Healthsystem Elders)

OPCC is working with NICHE to develop a NYC Health + Hospitals city-wide NICHE Collaboration Day/Session to support NICHE roll-out across our system. Work has also begun with NICHE to pilot a new Geriatric Profile Assessment tool that is used nationally to designate facilities. Bellevue Hospital will serve as a pilot site for review of assessment questions.

Social Work

OPCC is working with Social Work and developing a taskforce with John Cancel (Behavioral Health) to launch an enhanced Domestic Violence Screening tool across the System. Additional work has been underway with One City Health to obtain Social Workers access to a web-based portal maintained by the Mayor's Office of Operations that aggregates real time client

information from five city agencies. This access could assist with social aspects of care /service, discharge planning, etc.

Domestic Violence Initiative: Support expansion and enhancement of forensic nurse examination programs. The City will expand forensic nurse examiner programs in two high-need NYC Health + Hospitals facilities to develop curriculum for domestic violence forensic examinations, provide trauma-informed care for victims of sexual assault and domestic violence, collect forensic evidence to aid prosecution of offenders, and offer connection to additional victim services.

Infection Prevention

Interim System Infection Preventionist, Mary Fornek- Consultant, continues system-wide high level gap analysis with a focus on areas of vulnerability. Three key areas of focus in April/May include:

- Antimicrobial Stewardship regulatory compliance in partnership with Pharmacy
- HAI –CAUTI, CLABSI, (point prevalence study to begin at acute and post-acute areas in April/May 2017)
- Support for facilities undergoing Joint Commission Survey

Live On NY Projects

1. April 2017 was Donate a Life Month. Multiple facilities across the system held informational sessions and display tables for Organ and Tissue donation for staff and patients.
2. National pilot projects for Extension of Community Health Care Outcomes also known as ECHO launched in February 2017 at four NYC Health + Hospitals : Bellevue Hospital, Elmhurst Hospital, Kings County Hospital and Lincoln Hospital. Duration of the project is six months.

Description: Project ECHO is a lifelong learning and guided practice model that revolutionizes medical education and exponentially increases workforce capacity to provide best-practice specialty care and reduce health disparities. The heart of the ECHO model™ is its hub-and-spoke knowledge-sharing networks, led by expert teams who use multi-point videoconferencing to conduct virtual clinics with community providers. In this way, primary care doctors, nurses, and other clinicians learn to provide excellent specialty care to patients in their own communities. (See http://echo.unm.edu/)
Goal: Improvement of deceased donation process at NYC H+H hospitals, closing gap in potential and resulting in increased donation rates. Select departments within four of our hospitals will participate in this model.

3. Joint improvement goals and strategies set for system-wide adherence through signed Strategic Action Plan.

Goal A : System wide policy standardization for the organ and tissue donation process
Goal B : Increase and foster a culture of donation at each individual campus
Goal C : Improve Tissue Timeliness System wide

Nursing Education/Professional Development focus:

- Developing standardize Clinical Guideline for prevention, assessment and treatment of pressure injuries across the system.
- Creation of a system-wide standardized new nurse orientation, inclusive of standardized content, orchestration of scheduling of courses to minimize duplicity and partnering with Workforce Development to synchronize nursing orientations at all levels: System, Facility, Department of Nursing.

Continuing Professional Education

- Medical Continuing Education Survey for recertification is scheduled for May 17, 2017.
- Hosting of second training session under the NYSNA Certification HWRI Grant on May 24 & 25, 2017.

IPFCC

- *Better Together* grant with IPCC has officially ended. Report out on results of completed work to be published late 2017.
- NYC Health + Hospitals did well in integrating family presence into the culture via signage, open visitation, education and comfort kits for family/care givers overnight stays with patients.

Nurses Week 2017 Celebrations – May 6th – 12th

Throughout our system, celebrations, recognition programs and moments to re-energize took place during Nurses Week. We were proud that the theme of this year's National Nurses Week "*Nursing: the Balance of Mind, Body and Spirit"* highlighted the values of our new Nursing Philosophy. Our nearly 8,000 nurses touch the lives of thousands of patients every day and provide care with skill, expertise and grace. It was with great pride that we honored them during this special week.

MetroPlus Health Plan, Inc.
Report to the
Medical and Professional Affairs Committee
May 18, 2017

Total plan enrollment as of April 1, 2017 was 504,184. Breakdown of plan enrollment by line of business is as follows:

Medicaid	374,725
Child Health Plus	15,865
MetroPlus Gold	8,095
Partnership in Care (HIV/SNP)	4,341
Medicare	8,413
MLTC	1,504
QHP	8,481
SHOP	937
FIDA	173
HARP	9,002
Essential Plan	70,731
GOLDCARE	1,917

As you can see in the membership numbers, our Qualified Health Plan (QHP) individual members dropped by a little over 7,300 members from December to April. This was most likely due to our ACA rate increase for 2017. As a result of high utilization costs, MetroPlus requested a rate increase of approximately 20% for 2017. However, the New York State Department of Financial Services (DFS) assigned the Plan a 29% rate increase. This was done in a year that had seen other plans go bankrupt, and DFS wanted all plans to be financially viable. Many of our members left us due to this rate increase. Consequently, we went from the lowest cost plan to the third lowest with these changes. There was also an EP member decline due to State review of eligibility documentation submitted by EP members from when they enrolled. The enrollment may have occurred many years ago when the EP members were enrolled in Medicaid and before they had been transferred to EP. While we have assisted many individuals who needed to provide additional documentation in locating appropriate documents, it has been difficult for others and the State has moved forward with termination where documents were not submitted.

MetroPlus representatives submitted a total of 186,000 applications in 2016 a substantial improvement over the 142,000 applications submitted in 2015. The number submitted each month was higher than the corresponding month the year before. The highest number of applications were submitted in December when over 18,300 were submitted. Membership for the last year grew from 483,000 in January to 507,000 in December, an increase of about 5% over the course of the year, roughly double the 2.4% growth rate from January to December of 2015. For the open enrollment period that ended January 31, MetroPlus marketing representatives submitted 57,158 applications, an increase of over 12% when compared with last year's totals. The highest submitting locations were the offices based at Elmhurst Hospital and the one based at Woodhull Hospital.

While applications increased during open enrollment our representatives received many questions about whether insurance would continue to be available and whether their costs could increase significantly after they enrolled. Many individuals also expressed concern about providing information regarding citizenship status.

As part of our overall marketing effort I wanted to highlight a few initiatives we have undertaken in recent months. MetroPlus remains an active participant in the City Hall Get Covered plan. Under this program, outreach staff contact those who have received services from H+H but are uninsured and then refer those interested in enrolling in insurance to MetroPlus or one of the other enrollment organizations involved. MetroPlus is receiving referrals at its Queens, Harlem, Kings County and Woodhull locations. Also, the Mayor's Office of Immigrant Affairs and MetroPlus are partnering to target Uninsured students and parents within the city's schools system. There are 25 schools involved in the effort which will feature health insurance enrollment by MetroPlus and citizenship services to undocumented immigrants from the Office of Immigrant Affairs. The initiative started in February.

In cooperation with Metropolitan Hospital, we have worked closely to develop a relationship with the mosque located in Manhattan on 96th Street. We are present at the mosque on Fridays when there is a large attendance and speak to interested individuals before and after prayer service. We also were recently invited to be present during parent teacher conferences at the school on the site to talk with parents before and after they spoke to their children's teachers.

We have also begun an initiative with the Transit Workers Union to target bike messengers. An enrollment event was held in a tent at Union Square where we provided enrollment services. Metropolitan Hospital was present to complete blood pressure screenings and other service providers were also there. MetroPlus was able to enroll 50 messengers at the event.

We continue to enroll individuals in our day care initiative, Gold Care. Enrollment now stands at 1,917. While greater enrollment was expected, many individuals have provided evidence of having other credible coverage. In addition fewer people than expected are enrolling in family coverage. In the coming weeks we expect additional enrollments when the day care programs will enroll anyone remaining who has not provided evidence of credible coverage in Gold Care I.

As part of the transformation efforts, we are moving ahead with the zip codes in the Bronx, Brooklyn and Queens that were targeted for expansion efforts. The communities identified tend not to be in close proximity to existing NYC Health + Hospitals facilities so MetroPlus does not have a strong presence. To assist in efforts to establish MetroPlus, we identified smaller community locations where we can begin work. We now have space at the Sky View Center Mall in Flushing and the Staten Island Mall.

Another transformation initiative was to improve point of care enrollment at NYC Health + Hospitals facilities. To accomplish this task we have been working with H+H finance to build a closer relationship between MetroPlus representatives and hospital based finance staff. Three facilities, NCB, Woodhull and Bellevue, have been piloting an initiative to allow MetroPlus staff to conduct virtually all of the enrollments for uninsured individuals seeking outpatient services. The

goal is to help ensure all uninsured individuals are screened for insurance while they are in the facility. Those that are ineligible for insurance will continue to be enrolled in Options. Those eligible for insurance will be enrolled in the plan that is best for them and their family.

The Finity member rewards program has started. Those visiting the MetroPlus website can see details about the Finity program including how they can earn points and what the points can be used for. Members earn points to redeem when keeping necessary preventative health appointments. Finity has completed a large scale mailing to all members to follow up and ensure members understand the program and how they can participate. Finity has customer services staff prepared to answer questions about the program. They will continue to do outreach to members using mailings, e mails, texts and phone calls to ensure members are aware of the program and how it can help them earn points while improving their health.

I would like to share some good news from our Quality Management (QM) Department. The Medicare Stars team were relentless to make sure that our pharmacy benefit manager, CVS, was able to meet and exceed the goal of 65% for the medication therapy management (MTM) measure. This means that 65.8% of our MAPD members had contact with a Pharmacist who helped them understand and manage their medications (comprehensive medication review). This should put us in the 4 star range and help boost our Part D Quality Improvement measure performance. It also helps reduce our admission and readmission rates and maybe even satisfaction. For context, last year our MTM rate was 36% and 2 Stars.

One of our current strategies is to reduce our non-users. In 2017, Network Relations Representatives had over 35,000 in person encounters at their respective H+H facilities and facilitated and scheduled member appointments in order to ensure they received access to preventative visits, which improves the Plan's and the Providers' overall quality scores. Over the past few months, we have also redesigned our care management/care coordination program from telephonic outreach to in-person home visits. We started with approximately 1,500 home visits per month conducted by our nurse case managers. They visited our most vulnerable members, including post-discharge patients, to ensure appropriate medication review, coordination of care, and direction of services within the Health and Hospitals network whenever possible.

Finally, I wanted to provide an update on the disenrollment survey we conducted recently. The surveying company was able to interview over 1,200 individuals who had recently left MetroPlus and tried to ascertain the main reason that they left. Approximately 50% of the people who no longer were with MetroPlus had a change in circumstance that made them no longer eligible for insurance. The major reasons for change in eligibility were a change in their employment status, a move, or a change in family composition. Another 25% were a collection of other non-specific reasons. The items that require follow up include the nearly 8% who stated that they disenrolled due to not having access to providers or specialists of their choice and the 7% who said costs or billing issues were the reason for disenrollment.

MetroPlus Health Plan
Membership Summary by LOB Last 7 Months
April-2017

		Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17
Total Members	Prior Month	505,597	508,043	507,754	509,186	505,054	505,185	508,270
	New Member	23,707	23,175	24,535	30,715	25,456	27,100	20,517
	Voluntary Disenroll	1,685	1,878	1,540	2,044	1,965	1,558	1,639
	Involuntary Disenroll	19,522	21,586	21,563	32,803	23,360	22,457	22,964
	Adjusted	-35	-14	26	221	739	4,592	0
	Net Change	2,446	-289	1,432	-4,132	131	3,085	-4,086
	Current Month	508,043	507,754	509,186	505,054	505,185	508,270	504,184
Medicaid	Prior Month	380,260	381,004	380,472	379,237	378,969	376,385	377,346
	New Member	15,112	14,503	13,898	15,692	14,479	16,638	12,866
	Voluntary Disenroll	818	1,076	719	809	802	724	630
	Involuntary Disenroll	13,509	13,959	14,414	15,151	16,261	14,953	14,857
	Adjusted	13	24	58	211	673	2,207	0
	Net Change	744	-532	-1,235	-268	-2,584	961	-2,621
	Current Month	381,004	380,472	379,237	378,969	376,385	377,346	374,725
Essential Plan	Prior Month	63,630	65,344	65,536	67,160	69,426	70,779	72,230
	New Member	5,719	5,746	6,414	9,533	7,130	7,676	5,472
	Voluntary Disenroll	0	5	1	3	7	1	0
	Involuntary Disenroll	4,010	5,549	4,789	7,264	5,770	6,224	6,971
	Adjusted	-42	-36	-36	-33	-20	2,149	0
	Net Change	1,714	192	1,624	2,266	1,353	1,451	-1,499
	Current Month	65,344	65,536	67,160	69,426	70,779	72,230	70,731
Child Health Plus	Prior Month	14,254	14,505	14,585	14,859	15,151	15,480	15,879
	New Member	1,122	1,000	1,129	1,476	1,289	1,327	1,063
	Voluntary Disenroll	629	598	617	923	739	725	928
	Involuntary Disenroll	244	322	238	261	221	203	149
	Adjusted	-7	-7	-1	31	68	178	0
	Net Change	251	80	274	292	329	399	-14
	Current Month	14,505	14,585	14,859	15,151	15,480	15,879	15,865

MetroPlus Health Plan

Membership Summary by LOB Last 7 Months

April-2017

		Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17
HHC	Prior Month	5,627	5,939	6,135	6,336	7,996	7,928	8,069
	New Member	375	254	251	1,704	305	179	102
	Voluntary Disenroll	2	1	3	9	208	0	0
	Involuntary Disenroll	52	57	47	35	165	38	76
	Adjusted	-2	2	6	11	20	53	0
	Net Change	312	196	201	1,660	-68	141	26
	Current Month	5,939	6,135	6,336	7,996	7,928	8,069	8,095
SNP	Prior Month	4,450	4,415	4,395	4,399	4,383	4,406	4,380
	New Member	115	89	112	99	125	133	95
	Voluntary Disenroll	31	27	24	19	29	20	40
	Involuntary Disenroll	118	82	84	96	73	139	94
	Adjusted	5	5	6	7	10	30	0
	Net Change	-35	-20	4	-16	23	-26	-39
	Current Month	4,415	4,395	4,399	4,383	4,406	4,380	4,341
Medicare	Prior Month	8,472	8,416	8,451	8,476	8,429	8,449	8,426
	New Member	221	264	284	300	251	219	250
	Voluntary Disenroll	186	157	152	251	155	69	13
	Involuntary Disenroll	91	72	107	96	76	173	250
	Adjusted	0	0	0	-1	-1	-6	0
	Net Change	-56	35	25	-47	20	-23	-13
	Current Month	8,416	8,451	8,476	8,429	8,449	8,426	8,413
Managed Long Term Care	Prior Month	1,259	1,298	1,351	1,365	1,402	1,429	1,459
	New Member	75	95	71	93	77	78	97
	Voluntary Disenroll	17	14	10	13	14	12	23
	Involuntary Disenroll	19	28	47	43	36	36	29
	Adjusted	0	0	0	-1	-3	-7	0
	Net Change	39	53	14	37	27	30	45
	Current Month	1,298	1,351	1,365	1,402	1,429	1,459	1,504

MetroPlus Health Plan

Membership Summary by LOB Last 7 Months

April-2017

		Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17
QHP	Prior Month	18,367	17,757	17,102	15,837	7,723	8,177	8,503
	New Member	658	597	300	1,443	892	731	259
	Voluntary Disenroll	1	0	4	0	0	2	0
	Involuntary Disenroll	1,264	1,252	1,561	9,557	438	403	281
	Adjusted	-2	-2	-2	1	1	-7	0
	Net Change	-610	-655	-1,265	-8,114	454	326	-22
	Current Month	17,757	17,102	15,837	7,723	8,177	8,503	8,481
SHOP	Prior Month	1,008	1,015	994	1,005	992	967	948
	New Member	34	26	104	74	26	31	29
	Voluntary Disenroll	0	0	10	10	1	5	3
	Involuntary Disenroll	27	47	83	77	50	45	37
	Adjusted	0	0	0	0	0	0	0
	Net Change	7	-21	11	-13	-25	-19	-11
	Current Month	1,015	994	1,005	992	967	948	937
FIDA	Prior Month	169	167	168	166	168	169	175
	New Member	3	3	1	9	7	10	6
	Voluntary Disenroll	1	0	0	2	0	0	2
	Involuntary Disenroll	3	2	3	5	6	4	6
	Adjusted	0	0	0	0	0	0	0
	Net Change	-2	1	-2	2	1	6	-2
	Current Month	167	168	166	168	169	175	173
HARP	Prior Month	8,101	8,183	8,565	8,398	8,485	9,112	8,926
	New Member	273	598	23	267	851	28	242
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	185	216	190	180	224	214	166
	Adjusted	0	0	0	0	0	0	0
	Net Change	82	382	-167	87	627	-186	76
	Current Month	8,183	8,565	8,398	8,485	9,112	8,926	9,002

MetroPlus Health Plan

Membership Summary by LOB Last 7 Months

April-2017

		Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17
GOLDCARE I	Prior Month	0	0	0	1,030	1,024	1,018	1,046
	New Member	0	0	1,030	18	17	41	24
	Voluntary Disenroll	0	0	0	1	3	0	0
	Involuntary Disenroll	0	0	0	23	20	13	18
	Adjusted	0	0	-4	-4	-4	5	0
	Net Change	0	0	1,030	-6	-6	28	6
	Current Month	0	0	1,030	1,024	1,018	1,046	1,052
GOLDCARE II	Prior Month	0	0	0	918	906	886	883
	New Member	0	0	918	7	7	9	12
	Voluntary Disenroll	0	0	0	4	7	0	0
	Involuntary Disenroll	0	0	0	15	20	12	30
	Adjusted	0	0	-1	-1	-5	-10	0
	Net Change	0	0	918	-12	-20	-3	-18
	Current Month	0	0	918	906	886	883	865

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals" or the "System") to enter into a contract with Manatt Health, a division of Manatt, Phelps & Phillips LLP ("Manatt") to prepare a clinical services plan for the System, including how to staff such services, system wide, facility by facility, taking into account the affiliation workforce as well as the GME impact, over a twenty week period for an amount not to exceed $4,225,000.

WHEREAS, as part of the System's ongoing transformation it is necessary to adopt a coherent clinical services plan that identifies the services that should be offered and where such services should be offered, how the System should rationalize and balance the service capacity in inpatient and ambulatory care settings, and how the provision of services in one setting might complement the provision of services in other settings, all with attention paid to meeting community needs, enhancing the financial sustainability of NYC Health + Hospitals, and providing high quality care; and

WHEREAS, as part of such planning it is also essential to consider the deployment and compensation of the System's physicians and other medical providers including the use of medical affiliation agreements to furnish many of such medical providers to the System, and to consider the role of such providers in Graduate Medical Education ("GME") programs, to ensure that such professionals are being deployed across the System to maximize their productivity and to ensure that their compensation is both adequate to attract and retain talent but not wasteful of scarce resources; and

WHEREAS, Manatt was prequalified through an open competitive process to perform consulting services such as these for NYC Health + Hospitals and then was selected using another competitive process from among three pre-qualified consultants solicited to perform the services described; and

WHEREAS, Manatt has done considerable prior work for NYC Health + Hospitals, and thus has considerable knowledge about the organization that it can draw upon in performing the proposed services; and

WHEREAS, the proposed contract for Manatt's services will be managed jointly by the Senior Vice President and Chief Medical Officer and by the Senior Vice President and Chief Transformation Officer.

NOW THEREFOR BE IT RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized to enter into a contract with Manatt Health, a division of Manatt, Phelps & Phillips LLP, to prepare a clinical services plan for the System, including how to staff such services, system wide, facility be facility, taking into account the affiliation workforce and the GME impact, over a twenty week period for an amount not to exceed $4,225,000.

EXECUTIVE SUMMARY

BACKGROUND: Much work has been done over the last year to gather information about NYC Health + Hospitals' current state analyzing the System's essential features including patient mix, utilization, revenue sources and rates, organizational and operational impediments to greater efficiency and improved patient care, safety and experience, staffing and the System's place in the healthcare marketplace in New York City. NYC Health + Hospitals is now applying many of the findings made during the last year into practical action. The proposed consulting work is designed to map out the practical application of the findings made in the areas of clinical services and professional staffing.

Need: During the last year, studies have shown the mismatch of System resources and community needs where the System sometimes struggles to meet the considerable need for primary care and behavioral health care and yet has overcapacity in inpatient care and where certain particular services and facilities are underused and others are overtaxed. Furthermore, it appears that there is a lack of consistency in the way in which affiliate providers are compensated and the mix of affiliate providers and staff on the one hand and employed providers and staff on the other hand is not always logical or designed to best serve community needs, the System's financial sustainability, or high quality care. Study has also indicated the potential for substantial revenue enhancement and/or cost savings by adopting a revised GME strategy focused on rightsizing GME activities in line with the revised clinical services plan and aligned with H+H strategic objectives.

Procurement: NYC Health + Hospitals issued a Request for Proposals to identify and pre-qualify consultants within fifteen different scopes of work all of which relate to the Transformation of the System now underway. From the many proposals received, generally 5 – 7 vendors within each scope of work were selected by Selection Committees that evaluated the vendors based on written submissions. The Contract Review Committee reviewed the pre-qualification procedure used and the pre-qualification selections made and approved of both. Pursuant to a written procedure proposed by the SVP/Chief Financial Officer and the SVP/Chief Transformation Officer and accepted by the Interim President

applicable to all work orders for particular Transformation services using firms pre-qualified as described above, the proposed consulting services were described to three firms prequalified to perform Clinical Services Redesign work and they were invited to propose to perform such work at a stated price. Manatt was one of such firms. Each of the firms would have been able to access and build upon the work performed under previous consulting agreements including the work that had been previously performed by Manatt. The three firms made competing proposals including cost proposals. A Selection Committee evaluated the proposals, scored them and on the basis of both price and appropriateness, selected Manatt. In accordance with the adopted procedure, that selection and the cost of the contract was presented to an Approval Committee that must approve all Transformation consulting contracts using the pre-qualified pool of consultants. The Approval Committee consists of the Interim President, SVP/Chief Financial Officer and the SVP/Chief Transformation Officer. The Approval Committee approved the selection of Manatt. Being as the contract price exceeds the Board's threshold for review, the contract is being presented to the Board of Directors for approval.

Deliverables:

- Identify savings and/or revenue growth opportunities from changes to the current clinical services footprint;
- Rationalize current affiliate staffing roster against current workload by service and site, and identify areas of staff reduction opportunity;
- Identify opportunities to improve current affiliate contracting strategies and contract operations with identification of potential contract savings;
- Assess current GME activities and management across all facilities and make recommendations for a revised GME strategy focused on rightsizing GME activities in line with the revised clinical services plan and aligned with the H+H strategic objectives;
- Align affiliate contracts with the clinical services planning and GME analysis.

Terms: $4,225,000 allocated among the deliverables and allocable portion payable upon completion of each deliverable. Cost is inclusive of all expenses. Term of contract is 20 weeks.

NYC HEALTH+ HOSPITALS

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Keith Tallbe
Associate Counsel, Director of Procurement
Legal Affairs, Supply Chain Services

32076A

TO: Mitchell Jacobs, Director
Procurement System Operations
Division of Materials Management

FROM: Keith Tallbe KT

DATE: April 4, 2017

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **Manatt, Phelps & Phillips, LLP,** has submitted to the Supply Chain Diversity 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): Central Office

Contract Number: _____ Project: Consulting Services

Submitted by: Division of Materials Management

EEO STATUS:

1. [X] Approved

2. [ ] Conditionally Approved with follow-up review and monitoring

3. [ ] Not approved

4. [ ] Conditionally approved subject to EEO Committee Review

COMMENTS:

KT:srf

Proposed Contract Award for Clinical Service Planning and Affiliate/GME Alignment

M&PA Committee

May 18, 2017

Background

Previous analysis of the NYC Health and Hospital System Clinical Services

- **Patient mix**
- **Utilization**
- **Revenue Sources and Rates**
- **Staffing**
- **Organizational Impediments to improved efficiencies**
- **Organizational Impediments to improved patient care, safety and experience**
- **The System's place in the NYC Health care Market place**

Need

Mismatch of the System's Resources and the Community Needs

- ✓ **Lack of capacity in primary care**
- ✓ **Lack of capacity in behavioral health**
- ✓ **Varying capacity, including some overcapacity, among inpatient care beds in certain communities**

Lack of alignment among our affiliates

- ✓ **In meeting the System's strategic goals**
- ✓ **In best serving the communities needs**
- ✓ **In best serving the System's financial viability**

Potential for substantial revenue enhancement or cost savings with revised affiliate and GME strategies

Procurement Process

1. **Prequalification RFP Process**

2. **Contract Review Committee**
   - **Approved the process**
   - **Approved the pre-qualification selections**

3. **From the pre-selected firms, based on scores and skills, the 3 most qualified were invited to propose and perform the Clinical Services Redesign work**

4. **Based on the quality of the proposal, depth of knowledge of our System, expertise in Graduate Medical Education and lowest cost, Manatt Health was selected**

Deliverables

- ✓ Identify savings and / or revenue growth opportunities
- ✓ Rationalize current affiliate staffing
- ✓ Identify opportunities to improve current affiliate contracting strategies
- ✓ A revised GME strategy – aligned with the revised clinical services plan and aligned with the System's strategic objectives
- ✓ Align affiliate contracts with the contract services planning and GME analysis

Terms: $4,225,000 allocated among the deliverables and allocable portion payable upon completion of each milestone. Cost is inclusive of all expenses. Term of the contract is 20 weeks.

Business Case

1. A clinical service plan would provide a platform for a strategic approach to workforce and real estate strategies

2. Preliminary analysis of affiliate agreements identified areas of opportunity for significant cost reductions.

3. Low volume of high end specialties suggest an opportunity to reduce cost and increase quality through consolidation

4. High demand for behavioral health services suggests an opportunity to better meet community needs and leverage growth

5. A review of student clerkship arrangements suggest an opportunity for re-alignment of GME endeavors with potential for significant system savings.

NYC HEALTH+ HOSPITALS

Summary of Work

We have worked with Manatt on a number of various projects dating back to February 2016. Those projects that have been completed have received an A rating. A full report is available upon request.

Questions?