

## AGENDA

### MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE

Date: June 13th, 2017  
Time: 2:30 PM  
Location: 125 Worth Street, Rm. 532

### BOARD OF DIRECTORS

#### CALL TO ORDER

DR. CALAMIA

#### ADOPTION OF MINUTES

*May 18, 2017*

#### CHIEF MEDICAL OFFICER REPORT

DR. ALLEN

#### CHIEF NURSE EXECUTIVE REPORT

MS. MENDEZ

#### METROPLUS HEALTH PLAN

DR. SAPERSTEIN

#### RESOLUTION ITEM:

1. Authorizing the New York City Health and Hospitals Corporation (the "System") to execute an agreement with Education and Assistance Corporation ("EAC") to provide transitional case management services under the Community Re-entry Assistance Network program ("CRAN") over a five-year term, inclusive of two one-year renewal options, for a total not-to-exceed cost of \$28,639,875.

MS. YANG

2. Authorizing the New York City Health and Hospitals Corporation (the "System") to execute an agreement with McKesson Pharmacy Optimization ("McKesson") to provide a Patient Assistance Program to the 11 acute care hospitals in the System over a 3 year term with 2 one-year extensions at the sole option of the System for a 15% recovery fee which, based on an estimated cost avoidance of \$42,500,000, will yield an estimated total compensation to McKesson which shall not exceed \$6,375,000; provided, the President shall have the authority to increase the payment to McKesson to equal 15% of any additional costs that are avoided in excess of the estimated \$42,500,000.

MR. ALBERTSON/  
DR. COHEN

#### OLD BUSINESS

#### NEW BUSINESS

#### ADJOURNMENT

#### NEW YORK CITY HEALTH + HOSPITALS

## MINUTES

### MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE

Meeting Date: May 18th, 2017

### BOARD OF DIRECTORS

### ATTENDEES

#### COMMITTEE MEMBERS

Vincent Calamia, MD, Committee Chair  
Stanley Brezenoff, Interim President  
Josephine Bolus, RN  
Barbara Lowe, RN

#### HHC CENTRAL OFFICE STAFF:

Paul Albertson, Senior Vice President, Operation  
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  
Andrea Cohen, Deputy Chief Transformation Officer, Office of Transformation  
Victor Cohen, Assistant Vice President, Pharmacy  
Leticia Currin, Director, Medical & Professional Affairs  
Kenra Ford, Assistant Vice President Clinical Lab Operations/M&PA  
Juliet Gaengan, Senior Director, Quality Management  
Lora Giacomoni, Assistant Vice President, Quality & Patient Safety  
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  
Barbara Keller, Deputy Counsel, Legal Affairs  
JoAnn Liburd, Assistant Vice President, Accreditation and Regulatory Services  
Patricia Lockhart, Secretary to the Corporation  
Ana Marengo, Senior Vice President, Communication and Marketing  
John Maese, Office of Healthcare Improvement  
Kim Mendez, EdD, ANP, RN, System Chief Nursing Executive  
Deirdre Newton, Senior Counsel, Legal Affairs  
Chalice Pina, Director, Internal Audits  
Margaret Ramirez, Communication and marketing  
Joseph Reyes, Senior Director, Medical & Professional Affairs  
Salvatore Russo, Senior Vice President & General Counsel, Legal Affairs  
Sarah Samis, Chief of Staff, Presidents Office  
Diane E. Toppin, Senior Director Medical and Professional Affairs  
Ross Wilson, MD, Senior Vice President/Chief Transformation Officer, Office of Transformation

#### FACILITY STAFF:

Robert Hughes, Chief Executive Officer, Coler Memorial Hospital  
Khoi Luong, Chief Medical Officer, Coler Memorial Hospital  
Arnold Saperstein, MD Executive Director, MetroPlus Health Plan

**OTHERS PRESENT:**

Jui Agrawal, OMB  
James Cassidy, Analyst, OMB  
Justine DeGeorge, Office of State Comptroller

**MEDICAL AND PROFESSIONAL AFFAIRS  
COMMITTEE  
May 18th, 2017**

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 10:05 AM. The minutes of the April 4th, 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 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. The facilities are indicated below:

February - Queens Hospital; March - Bellevue and Woodhull Hospitals; April - NCB Hospital and Woodhull's Detox Program; May - Coler Post-Acute Care; 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:**

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

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

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.

### **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**

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

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.

### **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), and support for facilities undergoing Joint Commission Survey.

### **Live On NY Projects**

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. 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.

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/>). The goals are, 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.

**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

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

**MetroPlus Health Plan, Inc.**

Arnold Saperstein, MD, reported to the committee on the 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

**ACTION ITEM:**

Machelle Allen MD, Chief Medical Officer, presented to the committee the following 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.

Approved for consideration by the full board.

There being no further business, the meeting was adjourned 11:09 AM.

**CHIEF MEDICAL OFFICER REPORT**  
**Medical & Professional Affairs Committee**  
**June 13th, 2017**

## **Pharmacy**

### **NYC H+H M&PA Office of Pharmacy Services Antimicrobial Stewardship Initiative assures optimal antimicrobial therapy prescribing and reduces antimicrobial resistance rates:**

The office of Pharmacy services is leading an enterprise wide antimicrobial stewardship performance improvement project to assure compliance with the CDC core elements for antimicrobial stewardship.

Antimicrobial stewardship is a collaborative multidisciplinary program that promotes the appropriate use of antimicrobials and improves patient outcomes, reduces microbial resistance, and decreases the spread of infections caused by multidrug-resistant organisms. With enhanced medication monitoring, improved IV to PO conversion, and implementation of Antimicrobial Stewardship Program concepts we will optimize clinical outcomes, minimize unintended consequences of antimicrobial use, and reduce health care costs while improving the quality and safety of care that our patients receive.

The identification of misuse and overuse of antimicrobials is an enterprise imperative as patients infected with antimicrobial-resistant organisms are more likely to have longer, more expensive hospital stays with higher morbidity rates. Rates of resistance to antimicrobial agents continue to increase in hospitals across the United States due to unnecessary antibiotic exposure.

This initiative will 1) provide an initial baseline review of progress toward compliance with the 37 recommended CDC core elements of an antimicrobial stewardship, 2) enumerate the percent of healthcare related interventions initiated and accepted that optimize antimicrobial therapy and reduce the risk of resistance, and 3) lastly identify antimicrobial usage patterns of broad spectrum agents that can be related back to rates of resistance.

NYC Health + Hospitals will improve upon the interruption of transmission of resistant pathogens at our facilities and within the first quarter of 2017 the enterprise will facilitate risk-adjusted inter- and intra-facility benchmarking of antimicrobial usage to evaluate trends of antimicrobial usage over time on an institutional level.

### **NYC H+H M&PA's Office of Pharmacy Services assures Judicious Opioid Prescribing as per HealingNYC Initiatives:**

The office of Pharmacy services continues to support the Office of Behavioral Health's 4 pronged opioid response. These include 1.



Judicious prescribing, 2. Expanding treatment, 3. Standardizing ED Response, and 4. Overdose Prevention. The office of pharmacy services is assisting in the planning and designing of reporting metrics and strategies to achieve Judicious Prescribing.

The collaboration thus far has resulted in development of standard processes, such as assuring all providers comply with the mandated three hour safe opioid prescribing course, assuring facility policies conform with the DOHMH guidelines, the establishment of an enterprise governance structure for a New York City H+H Opioid Safety initiative, and the development of an IT infrastructure that enables proper surveillance of opioid use rates.

The office of pharmacy services continues its implementation of 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.

### **NYC H+H M&PA Office of Pharmacy Services continues to assure EPIC systems functionality meets regulatory, safety and efficiency requirements:**

- Enterprise approval of mandatory requirements for providers to associate indications with Antimicrobial medication orders for improved patient safety and effective antimicrobial usage
- Approval of Reject & Reorder functionality in Epic to be used by pharmacists to support nursing and providers for on-time drug delivery with use of correct dispensable medication product
- Resolution of Oxytocin order set enterprise wide to support nursing and providers
- Resolution of QR code and pharmacy label issues to resolve label and scanning functionality concerns at Elmhurst hospital to support providers and nursing
- Initiated ED starter pack dispensing discussion with the three facilities and pharmacy council to standardize a workflow in ED to support providers
- The committee evaluated and scored proposals for Patient Assistance Programs from McKesson, Cardinal, and Amerisource for consideration.

### **Medical Staff Affairs / Centralized Credentialing**

The department is working on multiple tracks to implement standardized delineation of privilege (DOPs) forms throughout the enterprise. We continue to work with the facilities and

clinical councils on the standardized DOPs, and are currently revising some DOPs based on the feedback we have received from the facilities. We have conducted on site user acceptance training of our pilot to improve our web-based credentialing application. The feedback has been positive. We are expanding our pilot in size and scope to include four sites to test the ability of our software to credential and cross credential our radiologists in multiple locations. We are working with our IT colleagues to improve the database accuracy and workflow.

## **Occupational Health Services**

We are working with our colleagues in Human Resources to improve the employee experience and develop a central onboarding process for new NYC H+H employees. This process involves developing a staffing and policy model that will be a standard across the system. We are standardizing our forms and coordinating with multiple departments to create “a one stop” professional experience for new personnel. We are working on a number of new policies and updating old ones to be current in today’s work environment. We are working with Emergency Management and Infection control to standardizing FIT testing throughout the enterprise in terms of equipment and process.

## **Delivery System Reform Incentive Payment (DSRIP) Program**

### Phase II 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 OneCity Health has named Phase II Comprehensive Schedules B since they began April 1, 2017 and run through December 31, 2017 - no longer aligning with the DSRIP Year (April 1, 2017 – March 31, 2018) - 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. Over 90 percent of OneCity Health partners have signed their Phase II Comprehensive Schedules B.

### Clinical Project Implementation

OneCity Health continues its efforts to enhance care that patients receive in primary care, leading to increased referrals and improved outcomes.

- As part of its clinical asthma program, OneCity Health partners have assigned over 600 patients to Community Health Workers (CHWs), who have completed 299 home assessments. Eleven NYC Health + Hospital facilities (Lincoln, Elmhurst, Kings County, Queens, East New York, Gouverneur, Harlem, Morrisania, Woodhull, Belvis and Bellevue) and six community partners (SUNY Downstate Medical Center, Urban Health Plan, Gentle Touch Medical, Sheldon Lippman, Physician P.C. and Boriken Neighborhood Health Center) are

generating referrals to our 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, LSA Family Health Service 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."

- To help identify patients with chronic diseases who may benefit from palliative care in the primary care setting, NYC Health + Hospitals and Community Healthcare Network have begun administering to eligible patients the Integrated Palliative Care Outcomes Survey (IPOS), and SUNY Downstate Medical Center will start soon. Results are shared with the patient's clinical provider. Over 90 assessments have been completed.

Moreover, through a OneCity Health partnership with The Center to Advance Palliative Care (CAPC), nearly 200 staff members from community partners have registered to become members. Members will receive access to tools, training and technical assistance aimed at improving both clinical as well as operational skills for the delivery of palliative care, treatment and support services within the primary care environment.

In addition, 17 NYC Health + Hospital facilities continue to conduct health care proxy interventions for patients in the primary care setting.

- As part of its efforts to improve cultural competence and health literacy (CCHL) and better meet the social, cultural and linguistic needs of patients, 15 partner sites, including all five NYC Health + Hospital sites (Jacobi, Elmhurst, Sydenham, Belvis and Morrisania) have completed self-assessments, using the C-CAT survey and other tools, to understand the current state, strengths and opportunities for improvement. Thirty-nine additional sites are continuing with the assessment. This initiative will provide the OneCity Health network with additional insights on disparities and gaps in service delivery, and promote best clinical and administrative processes to improve them.
- In addition, 14 community partners will soon begin to conduct focus groups with patients or consumers from OneCity Health's identified priority populations. Feedback from patients and clients will add to the data on sites and their staff that is being collected through the CCHL self-assessments. Partners will conduct up to 28 focus groups.
- OneCity Health technical assistance vendors continue to assist 54 sites in the OneCity Health network toward achieving Patient Centered Medical Home

(PCMH) recognition. OneCity Health hosted its third PCMH learning collaborative in May. Over 50 attendees learned about how care management concepts can be integrated into the primary care environment.

In addition, OneCity Health continues to expand its care management programs to new NYC Health + Hospital facilities and across the OneCity Health network.

- Following expansions to medical units at NYC Health + Hospitals/Metropolitan and Jacobi, six Transition Management Teams (TMTs) are now in place, including medical units at NYC Health + Hospitals/Bellevue (two teams) and NYC Health + Hospitals/Lincoln, and one psychiatric unit at NYC Health + Hospitals/Kings County. To date, 1,197 referrals have been made to the program, and 662 patients have graduated.
- Through its Health Home At-Risk pilot at six NYC Health + Hospitals sites (Bellevue and five 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) primary care practitioners have made over 300 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.

The Greater New York Hospital Association (GNYHA) recently issued a Population Health Curriculum Guide for hospitals and health systems participating in the Delivery System Reform Incentive Payment (DSRIP) program. The guide includes concepts and practices for front-end staff, providers, and partners. Marlee Ickowicz, Project Manager for Workforce and Special Projects at OneCity Health, is a member of the GNYHA DSRIP Workforce Workgroup and provided guidance on the curriculum guide. OneCity Health is currently developing a strategy to share the curriculum across its network.

**Chief Nurse Executive Report**  
**Medical & Professional Affairs Committee**  
**June 13<sup>th</sup>, 2017**

During 2 Q 2017, the Office of Patient Centered Care (OPCC) continued to work on CNO Council goals:

- Finalized and launched 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, and;
  - Integration of Information Services to support regulatory requirements, caregiver shared communication, and promotion of excellence in integrated care delivery and outcomes.
- 

### **CNO Dashboard**

CNO Council is in the development stage of CNO Monthly Dashboard to monitor and set expectations for continual performance improvement. Proposed key indicators will include:

- Quality ( NDNQI)
- Patient Experience
- Staff Engagement
- Operational

**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. Tentative date for summer collaborative workshop on Shared Governance is August 1, 2017. Upcoming June meeting will also focus on retention & recognition programs such as the national DAISY Award program.

### **NICHE (Nurses Improving Care for Healthsystem Elders)**

In June 2017, Bellevue Hospital Center with partner with NYU to pilot a new NICHE Geriatric Profile Assessment tool that will then roll-out nationally to designate facilities.

## **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

## **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. Goal is to regionally pilot a system new nurse orientation over the summer and then launch across the entire system in Fall 2017.

## **Continuing Professional Education**

- Medical Continuing Education Survey for recertification was completed on May 17, 2017. Awaiting final results
- Facilitated by a grant, DC 37 is offering a half-day Safe Patient Handling workshop on June 2, 2017. Across the system, front line staff will be participating in this learning experience to support both patient and staff safety.

## **Safe Patient Handling**

- System-wide SPH policy & procedure to guide local operations is in the last few steps of review. Once complete, communication action plan will be put into place to ensure consistent knowledge and understanding of this new regulation and processes.
- Final inventory of current equipment and will be updated in June 2017. Next steps will include the development of a front line staff pilot/demonstration fair with selected vendors. Standardizing equipment purchase is goal and will be managed through procurement department.
- SPH Shared Drive is near completion. This e- resource will allow easy access to shared resources e.g. guidelines, meetings & minutes at all facilities, etc.

## **Care Management Service – Task Force**

June 1, 2017 Care Management Service Task Force kick-off scheduled. Concept is to understand and review future state care models, seek key stakeholder advisement, and align with System strategic goals. Fostering a data driven, targeted resource allocation and program matching framework, the yield will be an integrated Care Management Service that facilitates optimal patient care across our care transitions.

**MetroPlus Health Plan, Inc.**  
**Report to the**  
**Medical and Professional Affairs Committee**  
**June 13th, 2017**

Total plan enrollment as of May 1, 2017 was 499,597. Breakdown of plan enrollment by line of business is as follows:

Medicaid	372,694
Child Health Plus	15,988
MetroPlus Gold	8,085
Partnership in Care (HIV/SNP)	4,281
Medicare	8,364
MLTC	1,539
QHP	8,490
SHOP	942
FIDA	178
HARP	9,531
Essential Plan	67,544
GOLDCARE	1,961

The membership has dropped again to just under 500,000 members and is likely due to the impact of federal-level health care policy developments. With significant uncertainty about the ACA/AHCA, applications for the Essential Plan in particular leveled off in 2017. To address this issue, MetroPlus moved more staff from the facilities where volume was low and has begun seeking new partnerships in the community. For the first half of May, our applications increased by 5.8% compared with the first half of May last year. Another factor at play is immigration policy. Following the very public national debate on this matter, H+H facilities reported a decline in facility traffic by approximately 15%. Our major enrollment source has traditionally been those coming to facilities for services and their families. Thus, as overall traffic goes down, MetroPlus applications would consequently suffer. In fact, total applications submitted in April declined by 12%, paralleling the 15% decline in patient volume.

MetroPlus is also focused on improving our retention rates by setting up a series of member focused events. Traditionally, our retention efforts have focused only on the renewal point. However, recent analysis has shown that while renewal is the single largest point of loss, cumulatively we lose more members during the course of the year than we do at the renewal point. In an effort to address this loss, we are working with hospitals to design a series of member focused events. The first is scheduled to take place on May 25 at Kings County and is aimed at Essential Plan members, the line of business with proportionally the greatest loss. The event will feature health screenings as well as provide valuable health and plan information to members – all designed to deliver a fun, engaging experience through which individuals can learn about the benefits of being a MetroPlus member. Additional events are being planned with Woodhull Hospital and will be held with other facilities throughout the year. A series of similar events for Medicare members will also start at the end of May and continuing into July throughout the city.



We would like to take a moment to share some great news about our excellent performance on several quality indicators. First, CMS found no deficiencies for our Special Needs Plan (SNP) Model of Care (MOC) and scored us an exceptional 96.67%. Accordingly, the agency approved our Medicare MOC for the next three years. For SNP Care Management, we received a perfect score of 100%. We also earned the highest category in New York State for Medicaid incentives based on quality results, consumer satisfaction and ambulatory sensitive admissions. Most notable is that we were the highest scoring plan based on quality measures, where we received 100 out of an available 100 points. In addition, we underwent a detailed data validation audit for data submitted to CMS. Thus far, we have received results for our grievance activity and have scored 100% on all of our Medicare plans.

On May 18, we hosted a grand opening ceremony at our newest community office, Sunset Park Brooklyn. We had a great turnout that included community leaders, health care providers, and elected officials. The location was chosen because it was in an area identified during the transformation process as having good potential for growth. We also have three new temporary locations in the Bronx at University Avenue, East Tremont Avenue, and 167th Street. All three offices are also in growth-targeted areas. Our leases run until the end of the calendar year, at which point we will evaluate whether the enrollment justifies continued investment. Community offices are open to members of MetroPlus as well as the public at large, especially those who are interested in joining our Plan. Current members can stop by with any questions they have about benefits and services as well as conduct their annual renewals. Prospective members can also enroll in a new plan onsite. In addition, our community offices host health screenings, partner with local organizations to conduct enrollment for the food stamp program, and host other events that allow individuals to improve their health and wellness.

At the state level, the school-based health center carve out into MMC has been delayed until July 1, 2018, and the implementation of blood clotting factor into plans has been delayed until July 1, 2017. HIV SNP eligibility has been expanded to include HIV negative transgender Medicaid recipients. A recent process change from SDOH and OMIG will impact Medicaid premium payments. The two agencies jointly determined that semi-annual audits will help reduce duplicate and/or overlapping payments. MCOs will receive reimbursement where appropriate after the final auditing report has been issued and only after they have repaid any overpayments. Plans will not be permitted to submit further evidence to “prove” the validity of a service.

As a brief recap, the House of Representatives narrowly passed the Obamacare “repeal-and-replace” bill known as the American Health Care Act (AHCA) on May 4. The Senate is expected to make significant changes to the AHCA before returning it to the House. Notwithstanding such changes, the bill in its current form will phase out Medicaid expansion funding, which will result in the loss of \$2 billion annually in federal funds for New York. The Essential Plan (which is only offered in New York and Minnesota), would be completely eliminated under the AHCA. Consequently, our state would lose “\$3 billion a year in federal aid for the program, or 80% of the cost of coverage for 635,000 people.” While about one-third of these individuals would be eligible for Medicaid, it would cost the state \$1 billion to cover them. The remaining two-thirds would have to purchase private insurance, which will likely be financially difficult for many in this demographic.



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

		Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Total Members	Prior Month	508,043	507,754	509,186	505,054	505,185	508,270	504,184
	New Member	23,175	24,535	30,715	25,456	27,100	20,517	21,094
	Voluntary Disenroll	1,878	1,540	2,044	1,965	1,558	1,639	1,614
	Involuntary Disenroll	21,586	21,563	32,803	23,360	22,457	22,964	24,067
	Adjusted	-30	-24	-9	34	240	2,863	0
	Net Change	-289	1,432	-4,132	131	3,085	-4,086	-4,587
	Current Month	507,754	509,186	505,054	505,185	508,270	504,184	499,597
Medicaid	Prior Month	381,004	380,472	379,237	378,969	376,385	377,346	374,725
	New Member	14,503	13,898	15,692	14,479	16,638	12,866	14,392
	Voluntary Disenroll	1,076	719	809	802	724	630	859
	Involuntary Disenroll	13,959	14,414	15,151	16,261	14,953	14,857	15,564
	Adjusted	-26	-22	-10	11	163	1,144	0
	Net Change	-532	-1,235	-268	-2,584	961	-2,621	-2,031
	Current Month	380,472	379,237	378,969	376,385	377,346	374,725	372,694
Essential Plan	Prior Month	65,344	65,536	67,160	69,426	70,779	72,230	70,731
	New Member	5,746	6,414	9,533	7,130	7,676	5,472	4,103
	Voluntary Disenroll	5	1	3	7	1	0	1
	Involuntary Disenroll	5,549	4,789	7,264	5,770	6,224	6,971	7,289
	Adjusted	-11	-10	-11	-9	-7	1,604	0
	Net Change	192	1,624	2,266	1,353	1,451	-1,499	-3,187
	Current Month	65,536	67,160	69,426	70,779	72,230	70,731	67,544
Child Health Plus	Prior Month	14,505	14,585	14,859	15,151	15,480	15,879	15,865
	New Member	1,000	1,129	1,476	1,289	1,327	1,063	1,113
	Voluntary Disenroll	598	617	923	739	725	928	725
	Involuntary Disenroll	322	238	261	221	203	149	265
	Adjusted	5	5	12	24	64	117	0
	Net Change	80	274	292	329	399	-14	123
	Current Month	14,585	14,859	15,151	15,480	15,879	15,865	15,988



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

		Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
HHC	Prior Month	5,939	6,135	6,336	7,996	7,928	8,069	8,095
	New Member	254	251	1,704	305	179	102	32
	Voluntary Disenroll	1	3	9	208	0	0	0
	Involuntary Disenroll	57	47	35	165	38	76	42
	Adjusted	-3	-3	-4	3	10	12	0
	Net Change	196	201	1,660	-68	141	26	-10
	Current Month	6,135	6,336	7,996	7,928	8,069	8,095	8,085
SNP	Prior Month	4,415	4,395	4,399	4,383	4,406	4,380	4,341
	New Member	89	112	99	125	133	95	94
	Voluntary Disenroll	27	24	19	29	20	40	16
	Involuntary Disenroll	82	84	96	73	139	94	138
	Adjusted	6	4	1	1	0	8	0
	Net Change	-20	4	-16	23	-26	-39	-60
	Current Month	4,395	4,399	4,383	4,406	4,380	4,341	4,281
Medicare	Prior Month	8,416	8,451	8,476	8,429	8,449	8,426	8,413
	New Member	264	284	300	251	219	250	225
	Voluntary Disenroll	157	152	251	155	69	13	12
	Involuntary Disenroll	72	107	96	76	173	250	262
	Adjusted	0	-1	-1	-1	-1	-3	0
	Net Change	35	25	-47	20	-23	-13	-49
	Current Month	8,451	8,476	8,429	8,449	8,426	8,413	8,364
Managed Long Term Care	Prior Month	1,298	1,351	1,365	1,402	1,429	1,459	1,504
	New Member	95	71	93	77	78	97	81
	Voluntary Disenroll	14	10	13	14	12	23	0
	Involuntary Disenroll	28	47	43	36	36	29	46
	Adjusted	0	0	0	-1	-1	-8	0
	Net Change	53	14	37	27	30	45	35
	Current Month	1,351	1,365	1,402	1,429	1,459	1,504	1,539



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

		Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
QHP	Prior Month	17,757	17,102	15,837	7,723	8,177	8,503	8,481
	New Member	597	300	1,443	892	731	259	208
	Voluntary Disenroll	0	4	0	0	2	0	0
	Involuntary Disenroll	1,252	1,561	9,557	438	403	281	199
	Adjusted	0	0	1	3	-4	-9	0
	Net Change	-655	-1,265	-8,114	454	326	-22	9
	Current Month	17,102	15,837	7,723	8,177	8,503	8,481	8,490
SHOP	Prior Month	1,015	994	1,005	992	967	948	937
	New Member	26	104	74	26	31	29	20
	Voluntary Disenroll	0	10	10	1	5	3	1
	Involuntary Disenroll	47	83	77	50	45	37	14
	Adjusted	0	0	0	0	0	0	0
	Net Change	-21	11	-13	-25	-19	-11	5
	Current Month	994	1,005	992	967	948	937	942
FIDA	Prior Month	167	168	166	168	169	175	173
	New Member	3	1	9	7	10	6	6
	Voluntary Disenroll	0	0	2	0	0	2	0
	Involuntary Disenroll	2	3	5	6	4	6	1
	Adjusted	-1	-1	-1	-1	-1	-2	0
	Net Change	1	-2	2	1	6	-2	5
	Current Month	168	166	168	169	175	173	178
HARP	Prior Month	8,183	8,565	8,398	8,485	9,112	8,926	9,002
	New Member	598	23	267	851	28	242	745
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	216	190	180	224	214	166	216
	Adjusted	0	0	0	0	0	0	0
	Net Change	382	-167	87	627	-186	76	529
	Current Month	8,565	8,398	8,485	9,112	8,926	9,002	9,531



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

		Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
GOLDCARE I	Prior Month	0	0	1,030	1,024	1,018	1,046	1,052
	New Member	0	1,030	18	17	41	24	67
	Voluntary Disenroll	0	0	1	3	0	0	0
	Involuntary Disenroll	0	0	23	20	13	18	12
	Adjusted	0	1	1	1	13	11	0
	Net Change	0	1,030	-6	-6	28	6	55
	Current Month	0	1,030	1,024	1,018	1,046	1,052	1,107
GOLDCARE II	Prior Month	0	0	918	906	886	883	865
	New Member	0	918	7	7	9	12	8
	Voluntary Disenroll	0	0	4	7	0	0	0
	Involuntary Disenroll	0	0	15	20	12	30	19
	Adjusted	0	3	3	3	4	-11	0
	Net Change	0	918	-12	-20	-3	-18	-11
	Current Month	0	918	906	886	883	865	854

MMC Quality Incentive 2016								
Quality Points NORMALIZED to 100 based on highest score								
March 13, 2017								
Incentive Tier	Incentive Premium Award* (%)	Plan Name	Normalized Quality Points = Quality Points/Highest Score	Satisfaction Points (30 points possible)	PQI Points (20 points possible)	Compliance Points (20 points possibly subtracted)	Total Points	Percent (up to 100%)
Tier 1	2.11%	CDPHP	71.19	30	10	-2	109.19	72.80
Tier 1	2.11%	Healthfirst PHSP, Inc.	99.43	15	0	-6	108.43	72.28
Tier 1	2.11%	MetroPlus Health Plan	100.00	10	0	-6	104.00	69.33
Tier 2	1.59%	Fidelis Care New York, Inc.	84.70	10	5	-6	93.70	62.46
Tier 2	1.59%	Hudson Health Plan	54.01	20	12.5	0	86.51	57.67
Tier 2	1.59%	Excellus BlueCross BlueShield	47.87	25	12.5	-2	83.37	55.58
Tier 3	0.26%	Empire BlueCross BlueShield HealthPlus	71.19	10	0	-2	79.19	52.80
Tier 3	0.26%	UnitedHealthcare Community Plan	65.06	5	12.5	-6	76.56	51.04
Tier 3	0.26%	HealthNow New York Inc.	44.30	15	15	0	74.30	49.54
Tier 3	0.26%	MVP Health Care	35.28	25	15	-2	73.28	48.85
Tier 4	0.00%	WellCare of New York	50.33	10	0	-2	58.33	38.88
Tier 4	0.00%	Affinity Health Plan	46.64	20	0	-10	56.64	37.76
Tier 4	0.00%	Independent Health's MediSource	33.14	20	5	-2	56.14	37.43
Tier 5	0.00%	Total Care, a Today's Options of New York Health Plan	37.98	15	7.5	-8	52.48	34.98
Tier 5	0.00%	YourCare Health Plan	20.87	15	15	-2	48.87	32.58
Tier 5	0.00%	HIP (EmblemHealth)	34.37	10	0	-2	42.37	28.25

\* Incentive premium awards were impacted by enacted budget actions for SFY 17-18 and may change to meet program fiscal targets

## RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute an agreement with Education and Assistance Corporation (“EAC”) to provide transitional case management services under the Community Re-entry Assistance Network program (“CRAN”) over a five-year term, inclusive of two one-year renewal options, for a total not-to-exceed cost of \$28,639,875.

**WHEREAS**, CRAN is a rebranding of two programs, SPAN and LINK, which were previously administered by the NYC Department of Health and Mental Hygiene and had contracted with five different providers; and

**WHEREAS**, the current contracts expire June 30, 2017;

**WHEREAS**, the new CRAN consolidates the previous two programs into one, with a single contracted provider to create a single-point of entry model for clients to achieve increased oversight, efficiencies, and continuity of care for clients leaving jail with a mental illness; and

**WHEREAS**, funding for CRAN has been allocated in the FY18-FY22 budget; and

**WHEREAS**, EAC has been a LINK provider since 1999 for Brooklyn and Staten Island and has extensive experience providing case management services to clients in the criminal justice system; and

**WHEREAS**, the System wishes to enter into a new agreement with EAC to provide CRAN services; and

**WHEREAS**, a EAC was procured through an open competitive Request for Proposals process and the procurement was approved by the Contract Review Committee; and

**WHEREAS**, the overall responsibility for monitoring the proposed contracts shall be vested with the Senior Vice President, Correctional Health Services.

### **NOW THEREFORE, BE IT:**

**RESOLVED**, that New York City Health and Hospitals Corporation be and hereby is authorized to execute an agreement with Education and Assistance Corporation to provide transitional case management services under the Community Re-entry Assistance Network program over a five-year term, inclusive of two one-year renewal options, for a total not-to-exceed cost of \$28,639,875.

## EXECUTIVE SUMMARY

### Education and Assistance Corporation Vendor Distribution Agreement

**Prior Agreement:** Education and Assistance Corporation (“EAC”) currently provides NYC Health + Hospital’s clients with case management services in Brooklyn and Staten Island under the LINK program. These services have previously been provided under a NYC Department of Health and Mental Hygiene agreement dated April 8, 2014, as a result of a contract renewal. The agreement will expire June 30, 2017.

**Program:** The LINK contracts along with its counterpart program, SPAN, have been re-structured as a single new program called the Community Re-entry Assistance Network program (“CRAN”) with a single provider. CRAN will provide a single-point of entry model for clients released from jail who have a mental illness. Services include transitional case management, entitlement enrollment and connections to community healthcare providers.

Previously there were five different providers, each with separate contracts. While the previous model and providers were effective, CHS believes that it can increase oversight, create efficiencies, and enhance the continuity of care for clients with a single-provider model. Additionally, the model helps to ensure that clients receive the same caliber of services no matter what county they may be seeking services in.

EAC was chosen as the new CRAN provider based on their proposal and their experience serving individuals with a mental illness moving through the criminal justice, and reintegrating into the community post-release. At the time of submitting their proposal, EAC already had locations set-up in all of the boroughs except one which helps to ensure that the current client caseload can easily and efficiently be transferred from the current providers, without delay. EAC also had the most competitive cost-proposal out of the 3 proposals that were received.

**Procurement:** A Request for Proposals was released in February and Authorization to Enter into a Contract was approved by the CRC on May 31, 2017.

**Terms:** The Office of Supply Chain Services has negotiated a favorable agreement with EAC to provide these necessary services for a term of three years, with two one year renewal options as detailed below:

	FY18	FY19	FY20	FY21	FY22	Overall Contract Total
<b>Proposal Amount</b>	\$ 6,364,565	\$ 6,364,565	\$ 6,364,565	\$ 6,364,565	\$ 6,364,565	\$ 31,822,825
<b>Negotiated Final Contract Value</b>	\$ 5,727,975	\$ 5,727,975	\$ 5,727,975	\$ 5,727,975	\$ 5,727,975	\$ 28,639,875
<b>Savings</b>	\$ 636,590	\$ 636,590	\$ 636,590	\$ 636,590	\$ 636,590	\$ 3,182,950

**Financing:** The financing of the project is as set forth below:



<b>Funding Source</b>	<b>Funding Amount</b>
State Office of Mental Health	\$ 4,907,547
City Tax Levy*	\$ 820,428
<b>Total Contract Value</b>	<b>\$ 5,727,975</b>

*\*Will be utilized once State funding is exhausted.*

# CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

**Contract Title:** Community Re-entry Assistance Network (CRAN)  
**Project Title & Number:** Community Re-entry Assistance Network (CRAN)  
**Project Location:** New York City, all 5 boroughs  
**Requesting Dept.:** Correctional Health Services

**Successful Respondent:** Education and Assistance Corporation (EAC)  
**Contract Amount:** \$5,727,975 annually; \$28,639,875 over 5 years  
**Contract Term:** July 1, 2017 to June 30, 2020; 3 year period with 2 one-year options to renew.

**Number of Respondents:** 3  
(If Sole Source, explain in Background section)

**Range of Proposals:** \$6,364,565 to \$11,015,881  
(\$5,727,975 to \$11,015,881 – Negotiated)

**Minority Business Enterprise Invited:** Yes No If no, please explain: \_\_\_\_\_

**Funding Source:** General Care Capital  
**Grant:** explain \$820,428 CTL  
\$4,907,547 State OMH Funding  
Other: explain \_\_\_\_\_

**Method of Payment:** Time and Rate  
Other: explain Quarterly based on actuals.

**EEO Analysis:** Approved

**Vendex Clearance** Pending

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

## CONTRACT FACT SHEET (continued)

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

In 2015, Correctional Health Services was transferred from the Department of Health and Mental Hygiene to Health + Hospitals. After the transfer, Policy & Planning and the Finance office reviewed all contracts that were part of the transfer. In doing so, they determined that the LINK and SPAN contracts had not been RFP'd in 10 years and there had been minimal adjustments to the required services or the funding amounts.

Additionally, an evaluation of the contract services was conducted. This evaluation included data, funding, client and staff focus groups, site visits and review of current program literature. As a result of this evaluation, it was determined that services needed to be enhanced, oversight needed to be enhanced and the contract needed to become deliverable based.

Previously contractors were being paid regardless of whether or not they hit the client targets. Data collected and tracked was minimal, and each borough had their own version of the required services model. Awarding this new contract to EAC will allow us to streamline services, enhance oversight and begin long-term data tracking and evaluation. We are confident that these enhancements will produce a more robust and effective program for our client population.

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### **Contract Review Committee**

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

Yes, the RFP was presented on February 1<sup>st</sup> and was approved February 2<sup>nd</sup>, 2017.

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

No changes have occurred.

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

### **Committee Members**

Ashley Smith, Assistant Director of Policy & Planning

Patricia Brown, Senior Associate Director of Community & Behavioral Health Initiatives

## CONTRACT FACT SHEET (continued)

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ShweZin Oo, Associate Director of Finance  
Bill Collins, Director of Social Work & Reentry Services  
Benjamin Farber, Senior Associate Director of Planning & Analysis  
Elizabeth Ford, Chief of Psychiatry  
Anne Siegler, Director of Monitoring and Evaluation

### **Vendors Who Applied**

Education and Assistance Corporation (EAC)

CASES

Volunteers of America (VOA) with Bowery Residents Committee (BRC) as a sub-recipient

### **Evaluation Criteria**

Experience 25%

Implementation/SPOE Plan 30%

Staffing/Location/Office Hours 20%

Cost of Proposal 25%

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### **Justification for Selection**

CHS and Supply Chain sent the RFP to 111 different vendors and received 3 responses. The selection committee reviewed all of the proposals thoroughly over the course of a week. The committee met repeatedly to discuss the proposals and discuss the model proposed by each vendor. All of the proposals met the minimum requirements and demonstrated an understanding of the needs of the clients. Ultimately, EAC was chosen for the following reasons:

1. **Location:** With the exception of Manhattan, EAC had had all of the required office locations already procured. This meant that the transition time to get the sites up and running would be significantly reduced.
2. **Resources:** EAC had a large amount of community partners they could leverage to link clients with services. Most significantly was their access to housing and crisis beds.
3. **Cost:** EAC also had the most reasonable and clear budget. The other proposers included costs that far exceeded historical costs for the same services and also included costs for services that were either not required under the RFP or would not have enhanced the client experience in a way the committee thought was worth funding.

## CONTRACT FACT SHEET (continued)

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### *Scope of work and timetable:*

The new contract will go into effect July 1, 2017. The scope of services includes:

Pursuant to the City's responsibilities under the settlement agreement in Brad H v. City of New York, NYC Health + Hospital's Division of Correctional Health Services is seeking a provider to implement the Community Re-entry Assistance Network (CRAN) comprised of two discrete, but integrated programs for patients discharged from NYC jails: Assistance Network Services (ANS) and Community Transitional Case Management (CTCM). These services were previously known as SPAN and LINK. Pursuant to the Brad H settlement agreement, the City is required to provide discharge planning for individuals who are receiving mental health services while incarcerated within City jails and hospitals.

The successful applicant must demonstrate an ability to provide linkage plans for clients who have been diagnosed with a mental illness to criminal justice entities, courts and services in the community. Such linkages include aftercare mental health services, substance use/abuse, and to other related programs such as the Assertive Community Treatment (ACT) Teams, Mobile Crisis Teams, and the various specialty courts. Additionally, the chosen provider will be responsible for completing discharge plans for Brad H Class Members who were released from the City jail system before a discharge plan was completed.

The Community Re-entry Assistance Network (CRAN) program will assist clients making the transition from incarceration to community-living in order to reduce hospitalization and maintain contact with necessary services.

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

Based on the proposal received from EAC, CHS believes that the costs included are fair and reasonable given they will now be the sole provider across the city for this service.

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

CRAN, previously known as LINK and SPAN was previously funded at \$6,274,834.

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

Due to the scope of the project, Corporation staff providing these services would be unsustainable. Additionally, the vendor has access to community resources that are able to be leveraged for the benefit of the clients.

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

No intellectual property will be created.

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

Patricia Yang, Senior Vice President, Correctional Health Services

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

Received By E.E.O. \_\_\_\_\_  
Date

Analysis Completed By E.E.O. \_\_\_\_\_  
Date

\_\_\_\_\_  
Name

**32145**

**TO:** Mitchell Jacobs  
Procurement Operations  
Materials Management

**FROM:** Keith Tallbe *KT*

**DATE:** May 31, 2017

**SUBJECT:** EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

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The proposed contractor/consultant, **EAC, Inc. (EAC Network)** 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  Non-M/WBE

Project Location(s): Correctional Health Services

Contract Number: \_\_\_\_\_

Project: Community Re-entry Assistance Network

Submitted by: Procurement Operations

EEO STATUS:

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

COMMENTS:

KT:srf

## Award of the CHS Community Re-entry Assistance Network (CRAN) Request for Proposals to the Education and Assistance Corporation (EAC)

June 13, 2017 – Medical & Professional Affairs Presentation





# Background

- **What is CRAN?**

The Community Re-entry Assistance Network (CRAN) is comprised of two discrete, but integrated programs for patients discharged from NYC jails: Assistance Network Services (ANS) and Community Transitional Case Management (CTCM). Pursuant to the Brad H settlement agreement, the City is required to provide discharge planning for individuals in the CHS mental health service during a period of incarceration in the NYC jails. As part of these discharge planning services, the City must link patients to post-discharge transitional case management and community discharge planning services after their release from jail.

- **Population to be served**

Individuals with mental health treatment needs who are either currently incarcerated or have had any involvement with the criminal justice system within the past two years.

- **ANS and CTCM**

Core services include assistance with applying for public benefits (Medicaid, Public Assistance, Housing, etc.), connections to community mental health services, and educational and vocational opportunities. Based on eligibility criteria, patients may fall in one or both of the following service tracks:

- ANS is an information and referral service that provides discharge planning services for Brad H Class Members who were not incarcerated long enough to receive the full complement of discharge planning services prior to release.
- CTCM is a short term transitional case management service designed to assist with transitioning from incarceration to the community by linking individuals diagnosed with serious mental illness to appropriate aftercare services. This work is done in coordination with the Rikers-based Social Work Department.

# Background (continued)

- **Major enhancements to the program:**
  - **A single-provider system:** The move toward a single-provider system will allow for system efficiencies and increased oversight of the program.
  - **Single Point of Entry (SPOE):** The contract requires an SPOE model. The purpose of this is to ensure to that the client has immediate access to an array of services while maintaining contact with a single Case Manager. For example, a required service under the contract will be access to crisis beds for clients.
  - **Increased Access:** The providers must provide flexible and extended office hours and accessibility for clients to meet with program staff. The provider will be required to hold office hours at the CHS Assistance Center located across the street from the bridge to Rikers Island. This will allow for an additional immediate access point for those being released from incarceration, and their families.
  - **Economies of Scale provide Reduced Cost:** Due to implementation of the SPOE, economies of scale were achieved which reduced overhead and ultimately contract cost. In the end, approximately \$300,000 will be saved annually in City Tax Levy.
  - **Increased Oversight:** The new contract allows for greater monitoring of contract implementation, data collection and client outcomes. This information will be fed to our on-island treatment teams to improve patient experience and service delivery. CHS will be performing a robust evaluation of the program to guide future program modifications.

# New Award

- **Award:** Education and Assistance Corporation (EAC)
- **Number of Proposals Received:** 3 (EAC, CASES, VOA/BRC); 111 vendors (including MWBE) were notified of the RFP
- **Proposed Term:** July 2017 – June 2022 (three years, with two one year renewals)
- **Number of Clients to be Served:**
  - **Assistance Network Services:** 1,000 Admitted
  - **Community Transition Case Management:** 2,700 Screened; 2,100 Admitted
- **Contract Total:** \$5,727,975 (\$4,907,547 State OMH; \$820,428 CTL); \$28,639,875 over 5 years
- **Payment:** As part of the RFP, CHS is implementing new deliverables in order to ensure that optimum care is being provided to clients. Payment will be contingent on the provider meeting the required deliverables. These new deliverables include:
  - **Target 1: Clients screened and admitted targets**
    - Failure to meet the targets would trigger a financial penalty
  - **Target 2: 100% of all clients admitted will be connected to community based services**
    - Failure to meet the targets would trigger a financial penalty
  - **Target 3: Meeting the Brad H performance indicators each month**
    - Failure to meet the targets could result in termination of the contract

# New Award (continued)

- **Evaluation Criteria:**

- Experience 25%
- Implementation/SPOE Plan 30%
- Staffing/Location/Office Hours 20%
- Cost of Proposal 25%

- **Award Rational:**

- **Location:** With the exception of Manhattan, EAC had had all of the required office locations already procured. This meant that the transition time to get the sites up and running will be significantly reduced.
- **Resources:** EAC had a large amount of community partners they could leverage to link clients with services. Most significantly, EAC has access to housing and crisis beds.
- **Cost:** EAC also had the most reasonable and clear budget. The other proposers included costs that far exceeded historical costs for the same services and did not provide additional services that would have enhanced the client experience.

## RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute an agreement with McKesson Pharmacy Optimization ("McKesson") to provide a Patient Assistance Program to the 11 acute care hospitals in the System over a 3 year term with 2 one- year extensions at the sole option of the System for a 15% recovery fee which, based on an estimated cost avoidance of \$42,500,000, will yield an estimated total compensation to McKesson which shall not exceed \$6,375,000; provided, the President shall have the authority to increase the payment to McKesson to equal 15% of any additional costs that are avoided in excess of the estimated \$42,500,000.

**WHEREAS**, the System wishes to provide a Patient Assistance Program to all 11 acute care hospitals in the System to increase and enhance the replacement of, and reimbursement for, pharmaceuticals and medical devices used by the System patients provided by manufacturers, charitable entities and other third party resources; and

**WHEREAS**, currently the System's patients do not fully benefit from various program offered by manufacturers, charitable entities and other third party resources that assist in the supply and purchase of pharmaceuticals and medical devices; and

**WHEREAS**, such failure to fully benefit from such programs results in additional unreimbursed costs to the System that would be avoided by a more effective exploitation of such programs; and

**WHEREAS**, a Request for Proposals was issued on February 9, 2017, three proposals were received on March 3, 2017, and the Patient Assistance Selection Committee has selected McKesson as the best firm for the System; and

**WHEREAS**, a Request to Enter into a Contract was presented before the Contract Review Committee on the basis set forth above; and

**WHEREAS**, a three phase approach for implementation over a 7 month period will expand across the 11 participating hospitals; and

**WHEREAS**, the projected total cost avoidance for the initial three year term is \$24,500,000 and \$9,000,000 for each of the two one-year option terms, and

**WHEREAS**, the overall responsibility for monitoring the proposed contract shall be vested with the Vice President, Supply Chain Services.

**NOW THEREFORE, BE IT:**

**RESOLVED**, that the New York City Health and Hospitals Corporation be and hereby is authorized to execute an agreement with McKesson Pharmacy Optimization to provide a Patient Assistance Program to the 11 acute care hospitals in the System over a 3 year term with 2 one-year extensions at the sole option of the System for a 15% recovery fee which, based on an estimated cost avoidance of \$42,500,000, will yield an estimated total compensation to McKesson which shall not exceed \$6,375,000; provided, the President shall have the authority to increase the payment to McKesson to equal 15% of any additional costs that are avoided in excess of the estimated \$42,500,000.

**EXECUTIVE SUMMARY**  
**RESOLUTION TO AUTHORIZE CONTRACT**  
**WITH McKESSON PHARMACY OPTIMIZATION**

**BACKGROUND:**

Many manufacturers, charitable entities and other third party resources offer assistance to indigent patients without resources to pay for pharmaceuticals and medical devices. The System does not currently have a program to assist and encourage patients to apply for such assistance. In the absence of such assistance, the System is required to provide additional pharmaceuticals and medical devices without reimbursement. The System estimates that an effective program of seeking out such assistance would save the System an estimated \$24,500,000 over the proposed three-year contract term and \$9,000,000 for each of the two one-year option terms.

**PROCUREMENT:**

A formal request for proposals ("RFP") was issued on February 9, 2017 seeking firms that specialize in assisting patients to receive the benefits of such assistance programs. Three proposals were received on March 3, 2017. A formal Selection Committee was formed and voted to award the subject contract to McKesson. The RFP and the selection of McKesson was approved by the System's Contract Review Committee,

It is customary among firms that assist patients to access financial assistance in purchasing pharmaceuticals and medical devices that they be compensated based on a percentage of the assistance obtained. Such a structure will be beneficial to the System because it will not have to pay anything unless financial assistance is actually secured and because the payment structure serves to incentivize the contractor. Based on the RFP, McKesson's 15% structure was competitive and McKesson demonstrated a history of, and capacity to, achieve impressive results.

**TERMS:**

The System will pay McKesson 15% of what it recovers for patients. The System will have no obligation to remit any other payment to McKesson whose sole compensation shall be its stated commission. The term of the contract will be three years with 2 one-year extensions at the sole option of the System. Based on projections, the System anticipates that McKesson will be able to avoid costs to the System of approximately \$24,500,000 over the three-year contract term and \$9,000,000 for each of the two one-year options, totaling \$42,500,000. Based on such projections, McKesson's compensation over the 3 year term will be \$3,675,000 and \$1,350,000 for each of the two one-year option terms, totaling \$6,375,000. Such compensation shall not be exceeded; provided, however, the President shall have the right to increase the compensation to McKesson in the amount of 15% of any costs avoided in excess of the estimated \$42,500,000.

# CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

**Contract Title:** Patient Assistance Program  
**Project Title & Number:** Patient Assistance Program  
**Project Location:** Central Office  
**Requesting Dept.:** Supply Chain

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**Successful Respondent:** McKesson

**Contract Amount:** \$6,375,000

**Contract Term:** July 1, 2017 – June 30, 2022

**Number of Respondents:** 3

(If Sole Source, explain in Background section)

**Range of Proposals:** 12% - 15% of value collected

**Minority Business**

**Enterprise Invited:** Yes  No

If no, please explain:

**Funding Source:**

General Care

Capital

Grant: explain

Other: explain: Cost Avoidance from Pharmacy Drug

Spend

**Method of Payment:**

Time and Rate

Other: explain: Monthly from Cost Avoidance Generated

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**EEO Analysis:** YES

**Compliance with HHC's**

**McBride Principles?**

**Vendex Clearance**

Yes  No  N/A

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

## CONTRACT FACT SHEET

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

The 11 acute care hospitals within New York City Health + Hospitals provide millions of dollars of drugs and medical devices annually to our uninsured or under insured patients. One in six of our patients do not have the ability to pay. Many pharmaceutical and medical device manufacturers offer patient assistance programs to replace or provide free products to qualified patients. Each manufacturer has its own protocol regarding the criteria to qualify for these programs. For many health systems, including New York City Health + Hospitals, these complexities are a barrier to taking full advantage of the patient assistance programs and maximizing the financial savings.

There are technology companies that have the software to maximize the number of patients who qualify for these programs, identify the appropriate documentation, file the completed applications, track each submission, review and potentially reverse manufacturers' negative decisions and monitor product inventory at each site. These vendors typically work on a contingency fee based on the value of the product recovered or replaced.



## CONTRACT FACT SHEET

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### ***Contract Review Committee***

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

An application to issue an RFP was presented to the CRC on February 1, 2017 and approved on February 2, 2017.

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

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***Selection Process*** (attach list of selection committee members, list of firms responding to RFP or NA, list of firms considered, describe here the process used to select the proposed contractor, the selection criteria, and the justification for the selection): *Committee members, respondees, No oral presentation, Score sheet criteria*

#### Selection Committee Members

Ujwala Shah – Pharmacy Director, Woodhull Hospital  
Michael Blumenfeld – Pharmacy Director, Bellevue Hospital  
Lauryn Solomon – Pharmacy Director, Belvis Health Center  
Rachel Griffith – Sr. Systems Analyst, Corporate Budget  
Michelle Thomas – Consultant, EITS  
DeNiece Rosario – Patient Assistance Coordinator, Coney Island Hospital  
Victor Cohen, Chairperson – AVP for Clinical Pharmacy Services, NYC H+H

#### Respondees

Cardinal  
AmerisourceBergen  
McKesson

#### Score Sheet Criteria

Technical Qualifications  
Firm's experience, organization and resources  
Cost of proposal  
Client References  
Management Program, Plan

## CONTRACT FACT SHEET

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*Scope of work and timetable: Section 4 and timetable*

New York City Health + Hospitals is interested in the implementation of a Patient Assistance Program at the 11 acute care hospitals in the NYC H+H system. NYC H + H patients are often uninsured or under insured and therefore qualify for a number of special programs offered by drug manufacturers.

There are currently 5 hospitals within NYC H+H that offer some level of in-house patient assistance. It is H + H intent to have a robust patient assistance program at all 11 acute care hospitals. The plan is to have a three phase approach beginning with an implementation at two hospitals that currently do not have a patient assistance program, then expanding to the other 4 hospitals without a program and finally to those hospitals that already have ongoing programs.

Implementation at the first 2 hospitals will begin on or about July 1, 2017 and will be completed at all 11 hospitals no later than March 30, 2018

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

The System estimates that an effective program of seeking out such assistance would avoid costs of \$24,500,000 over the proposed three-year contract term and \$9,000,000 for each of the two one-year option term.

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

None

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

There are no current staffing resources available. The patient assistance software is proprietary.

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*Will the contract produce artistic/creative/intellectual property? Yes  No*

*Who will own It? Yes  No*

*Will a copyright be obtained? Yes  No*

*Will it be marketable? Yes  No*

*Did the presence of such property and ownership thereof enter into contract price negotiations? Yes  No*

CONTRACT FACT SHEET

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

Paul Albertson, VP Supply Chain Operations

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

*Received By E.E.O.* \_\_\_\_\_  
*Date* 5/18/2017

*Analysis Completed By E.E.O.* 5/25/2017  
*Date*

Keith Tallbe \_\_\_\_\_  
*Name*

32118

**TO:** Mitchell Jacobs, Director  
Supply Chain Services  
Division of Materials Management

**FROM:** Keith Tallbe *KT*

**DATE:** March 29, 2017

**SUBJECT:** EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

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The proposed contractor/consultant, McKesson Pharmacy Optimization, LLC, 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  Non-M/WBE

Project Location(s): Central Office

Contract Number: \_\_\_\_\_

Project: Patient Assistance Program  
Service for the Indigent

Submitted by: Division of Materials Management

EEO STATUS:

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

COMMENTS:

KT:srf

**MEMORANDUM**

**To:** Mitchell Jacobs  
Supply Chain Services

**From:** Karen Rosen *KB*  
Assistant Director

**Date:** June 2, 2017

**Subject:** VENDEX Approval

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For your information, on June 2, 2017 VENDEX approval was granted by the Office of Legal Affairs for the following company:

McKesson Corporation

This approval is based upon prior VENDEX approval for the above-named company, which falls within 90 days of your current request.

cc: James Liptack, Esq.

# **Patient Assistance Program**

Medical and Professional Affairs Committee

June 13, 2017

**Victor Cohen BS, PharmD, BCPS, CGP, RPh**

AVP for Clinical Pharmacy Services



# BACKGROUND

- Many pharmaceutical and medical device manufacturers offer patient assistance programs which provide select medications and medical devices to health centers for qualified patients
- Vendor evaluations estimate approximately \$8-\$10M of current usage at NYC Health+Hospitals qualifies for these special programs
- 50+ manufacturers offer programs; each has own requirements regarding initial and continuing eligibility:
  - Includes inpatients and outpatients
  - Generally requires US residency

## Background continued

- Vendor provides proprietary software with manufacturer drug/device specific requirements, and required documentation for replacement
- Five Health+Hospitals offer some level of in-house patient assistance
  - Effort is thru staff with other full time assignments
  - Concentration is on a few high return medications, such as oncology and rheumatoid arthritis infusion medications
  - This program will permit us to optimize opportunities and best use of staff





# SCOPE

- Request For Proposal was approved by the Contract Review Committee (CRC) for qualifying vendors to provide:
  - Replacement services
  - Identification and management of all appropriate documentation required for applications
  - Submission and management of each completed application with the manufacturer
  - On-site staffing, minimum of one full-time representative
  - Monthly detailed reports and metrics reporting

# IMPLEMENTATION

- McKesson is vendor of choice; phase in services over 7 months
  - 2 hospitals without programs will be first rollout :
  - 4 remaining hospitals without programs will be second rollout
  - 5 hospitals with some services will be the final rollout
- McKesson will provide software for tracking needed detail of each transaction, based on requirements of each participating manufacturer, on-site personnel to manage the program, and dedicated account manager.
- Payment is contingent on verified drug/device recovery documents, substantiating purchase price.
- The recovery fee of 15% is from the lowest bidder who demonstrated the best recovery process to the selection committee, with references that affirmed their recovery successes.

# PROJECTIONS

Fiscal Year	Projected Cost Avoidance	15% Recovery Fee	Net Value of Cost Avoidance
FY18	6,500,000	975,000	5,525,000
FY19	9,000,000	1,350,000	7,650,000
FY20	9,000,000	1,350,000	7,650,000
FY21	9,000,000	1,350,000	7,650,000
FY22	9,000,000	1,350,000	7,650,000
Total	42,500,000	6,375,000	36,125,000

We are seeking Board Approval for a 3 year contract with McKesson with 2 one year extensions at the option of NYC Health + Hospitals

