

AGENDA

**MEDICAL AND PROFESSIONAL AFFAIRS
COMMITTEE**

Date: April 12th, 2018
Time: 10:00 AM
Location: 125 Worth Street, Rm. 532

BOARD OF DIRECTORS

CALL TO ORDER

DR. CALAMIA

ADOPTION OF MINUTES

February 7th, 2018

CHIEF MEDICAL OFFICER REPORT

DR. ALLEN

CHIEF NURSE EXECUTIVE REPORT

DR. MENDEZ

METROPLUS HEALTH PLAN

DR. SAPERSTEIN

INFORMATION ITEM:

Pharmacy Update

DR. COHEN

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

NEW YORK CITY HEALTH + HOSPITALS

MINUTES

MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE

Meeting Date: February 7th, 2018 - 9:00 A.M.

BOARD OF DIRECTORS

ATTENDEES

COMMITTEE MEMBERS

Vincent Calamia, MD, Committee Chair
Mitchell Katz, MD, President
Josephine Bolus, RN
Barbara Lowe, RN
Emily Youssouf

HHC CENTRAL OFFICE STAFF:

Monefa Anderson, Office of Patient Centered Care
Paul Albertson, Vice President of, Supply Chain
Machelle Allen, MD, SVP, Chief Medical Officer, Medical & Professional Affairs
Charles Barron, Deputy Chief Medical Officer, Office of Behavioral Health
Janette Baxter, Senior Director, Risk Management
Eytan Behiri, Corporate Chief Medical Information Officer, Enterprise Information Technology Services
Hannah Byrnes-Enoch, Consultant, Office of Population Health
David Chokshi, Vice President, Office of Population Health
Andrea Cohen, Senior Vice President of Labor Relations
Victor Cohen, Assistant Vice President, Pharmacy
Isabela DeJuese, Legal Intern, Legal Affairs
Kenra Ford, Senior Assistant Vice President, Laboratory
Lora Giacomoni, Assistant Vice President, Quality & Patient Safety
Terry Hamilton, Assistant Vice President HIV Services
Colicia Hercules, Chief of Staff to the Board Chair
Syrá Madad, Director, Office of Emergency Management
Maureen McClusky, Senior Vice President, Post Acute Care
Mitchell Jacobs, Director, Procurement
Jo-Ann Liburd, Assistant Vice President, Accreditation and Regulatory Affairs
Ana Marengo, Senior Vice President, Communication and Marketing
Maureen McClusky, Senior Vice President, Post Acute Care
Kim Mendez, EdD, ANP, RN, System Chief Nursing Executive
Joseph Reyes, Senior Director, Medical & Professional Affairs
Salvatore Russo, Senior Vice President & General Counsel, Legal Affairs
Matthew Siegler, Senior Vice President, Manage Care and Patient Growth
Sean Studer, MD, Deputy Chief Medical Officer, Medical & Professional Affairs
Diane E. Toppin, Senior Director Medical and Professional Affairs
Eric Wei, Vice President, Chief Quality Officer, Office of Quality
Grace Ann Weick, Senior Assistant Vice President, Office of Patient Centered Care

FACILITY STAFF:

Moira Dolan, DC37 Senior Assistant Director
Arnold Saperstein, MD Executive Director, MetroPlus Health Plan
Khoi Luong, Chief Medical Officer, Coler
Andrew Amechand, Jacobi Hospital

OTHERS PRESENT:

Morin Dolan, DC37

**MEDICAL AND PROFESSIONAL AFFAIRS
COMMITTEE**

February 7th, 2018

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 9:05 AM. The minutes of the September 13th, 2017 Medical & Professional Affairs Committee meeting were adopted.

CHIEF MEDICAL OFFICER REPORT

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

I. Laboratory Services Update:

NYC Health and Hospitals laboratories continues to focus on transformation through standardization. Work in progress at all acute care laboratories include:

Implementation of new testing equipment-

- Completing new chemistry equipment implementation at Lincoln, Harlem, Metropolitan, Elmhurst and Bellevue hospitals in 2018.
- Initiating system hematology equipment rollout completing Kings County in Oct. 2017 and continuing with Jacobi, Bellevue and Henry J. Carter. Expecting to complete by spring 2019.

In support of:

- Ambulatory Services, continuing system implementation of Point of Care devices as part of Diabetes management program
- ED Services, using a standard system approach, we continue implementing Point of Care equipment to perform near patient testing allowing earlier clinical recognition of Sepsis, AMI and other critical illness

On 24 Jan. 2018 we conducted a Cerner Laboratory Information Systems “kick-off” at Woodhull, in preparation for the upcoming end of year EPIC/Cerner implementation.

System-wide initiatives with focus on Patient Blood Management and Test Utilization will launch at the end of Jan. 2018. A multi-disciplinary, evidenced based approach will be utilized, optimizing patient safety and outcomes through measurable improvements.

II. Women's Health Report

Women's Infant and Children (WIC) program

The WIC program is changing from its WIC Information Statewide Information System (WICSIS) which is a closed system to NYWIC – an internet based system. This project requires strong communication and collaboration mainly between the WIC program staff, H+H EITS staff and purchasing. To ensure that key stakeholders are fully informed about this project, a meeting was arranged with WIC staff from Albany, Central Office EITS, Central Office staff, and key WIC administrators. This meeting proved to be productive and well appreciated by all.

Robin Hood Campaign

Health Leads outreach staff working in 5 H+H facilities (BHC, ELM, KCHC, LMH and Morrisania) in order to identify New Yorkers who are eligible but not yet enrolled in WIC.

Breastfeeding Program

The baby-friendly hospital initiative is a global effort to implement practices that protect, promote and support breastfeeding. Nine of our hospitals have earned their baby friendly designation: Bellevue, Coney Island, Harlem, Jacobi, Lincoln, Metropolitan, NCB, Queens, and Woodhull.

Infant SAFE Sleep Program

Mothers identified in the prenatal period as not being able to afford a crib are informed that they will be given a portable crib upon discharge. Since program began, in July 2015, a total of 1572 cribs have been distributed.

III. Accreditation & Regulatory Services

2018 Joint Commission Surveys

- a. In January, The Joint Commission conducted Unannounced Triennial Surveys of the Detox programs at NYC Health + Hospitals/Jacobi and NYC Health + Hospitals/Kings County. Observations were identified which the facilities are in the process of addressing. Both programs remain fully accredited.
- b. In the next few months, Triennial Joint Commission Unannounced Surveys are expected at NYC Health + Hospitals/Coney Island, NYC Health + Hospitals/Kings County, NYC Health + Hospitals/Lincoln and NYC Health + Hospitals/SeaView. These organizations have been and are continuing their ongoing readiness preparations for survey.

Unannounced Mock Survey Preparation Site Visits

- a. TJC surveys - mock survey revisits were conducted at NYC Health + Hospitals/Coney and NYC Health + Hospitals/Kings County to provide additional support and education to staff, and is ongoing for all facilities due for survey.
- b. NYSDOH Article 28 Survey - An unannounced mock survey was conducted at NYC Health + Hospitals/Gotham –Cumberland, to assist them in preparing for an anticipated NYSDOH Article 28 survey. Additional surveys are being scheduled for other Gotham sites.
- c. Candida Auris - Unannounced site visits/mock surveys were conducted to assess the readiness of each organization in preparation for the NYSDOH site visits on Candida Auris. The review focused on the facilities' ability to respond to Candida Auris fungal infections, processes and procedures around infection control prevention and staff compliance with above.

IV. Influenza campaign

Efforts to improve the NYC Health + Hospitals staff vaccination rate for the 2017-2018 flu season began long before there were reports of the higher impact of influenza compared to any flu season within the past few years. These efforts included engagement of labor unions to collaborate regarding pro-vaccination messaging, site-based flu focus groups to learn of perceived barrier to improved vaccination rates and flu posters that reflected messaging that resonated most with our staff, including the importance of protecting high risk groups such as children < 5 years of age, pregnant women, older adults and those with chronic illnesses. The results of these efforts are substantially improved vaccination rates for January 2018 compared to January 2017. For example, the best performing site in 2017 had 75% vaccination compared to 92% this year, which is a positive trend that holds across the system.

We continue to encourage vaccination and now require a written declination to be signed by staff who remain unvaccinated. The un-vaccination reasons will inform our education efforts for improving flu education. We have also developed job title specific poster for labor and delivery, dietary, transport and environmental services staff areas since these represent opportunities to improve vaccination rates. (posters attached to email). There is a second wave of flu vaccination events now that Governor Cuomo has declared a NYS Health Emergency due to flu.

This year's influenza infection rate has been greater than any time in the past ten years and NYC Health + Hospitals has responded two weeks ago with a modified activation of our Emergency Operation Center. Weekly calls are now held system-wide to survey flu impact by site, review inventory of vaccine and antiviral flu medications, sick call effects on site staffing and to refine surge plans. There are daily calls with specific facilities regarding their specific needs and exploring possible support to be provided by central office. The system has two mobile health vehicles being prepared for service to augment our response. Medical & Professional Affairs staff has been in contact several times weekly with colleagues at CDC, NYS DOH, NYC DOHMH and GNYHA to insure consistency of our response with expert recommendation for diagnosis, treatment, post-exposure prophylaxis and environmental cleaning protocols.

V. Behavioral Health

Integration of Behavioral Health & Primary Care: OBH continues to work with Ambulatory Care and One City Health to expand the collaborative care program. The collaborative will expand from depression to include anxiety and screening for substance abuse disorders. There is also training in progress to increase the ability to prescribe Buprenorphine in Primary Care settings. Efforts are underway to expand the collaborative care model to maternal health and pediatrics. In collaboration with One City Health, work has begun to implement co-located primary care in behavioral health in five sites: Bellevue, Elmhurst, Lincoln, Kings, and Cumberland.

Maternal Depression Screening: Currently providing screening for depression and referral for treatment if positive screen in maternal health as well as primary care in all acute care facilities. The model is also being expanded to include the Gotham ambulatory care sites. Currently screening occurs in well-baby programs in Gouverneur and Bellevue and there is a plan on expand depression screening to all sites.

In response to the current Opioid epidemic, OBH is actively working on substance use issues, Through OBH, H+H is a major part of the Mayor's initiative, *Healing NYC* – focused programs that address the current opioid crisis in NYC. Interventions focus on the following: 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 teams.

The Family Justice Center sites provide co-located mental health services at the domestic violence centers. All sites are now open: Manhattan, Brooklyn, Queens, Bronx and Staten Island.

OBH is working with all facilities to advance safety for patients and staff. A program of debriefing after an incident or aggressive episode has been implemented and focuses on reducing violence and assaults in the acute care areas. There is also a major focus on ensuring a safe environment for patients through a comprehensive risk assessment for ligature risk and other environmental safety concerns. We are in the process of developing a system-wide environmental risk assessment.

VI. Pharmacy

Collaboration with Supply Chain to create a conservation plan to manage the Critical IV fluids shortage.

The office of Pharmacy services led efforts to increase awareness and implement an IV fluids conservation plan to address the current shortage in IV fluids.

November 2017

- A memo for conservation strategies was sent to all facilities
- A system wide call was initiated increase awareness amongst stakeholder
- An local, state and national advocacy campaign was initiated with Acurity the Group purchasing organization to make aware the current critical state of IV fluids
- Major conservation strategies include both reserving partial additive bags which are in greatest shortage by means of substituting the IVPB orders to IV push where appropriate
- Initial enterprise IV push policy has been designed, approved, and disseminated for facility addendum to existing IV push policies. (significant conservation will result)
- Additional strategies include IV to oral switched
- Established weekly surveillance of supply chain trackers as to the amount of IV fluids on hand, amount needed , amount being shipped, and areas that need conservation
- EPIC and QMED electronic medical records are implementing changes to assist prescriber ordering of IV push
- Facility based Nursing education is ongoing to support the implementation

Updates January 2017

- NYC H+H M&PAs Office of Pharmacy Services was featured on ABC news describing the conservation strategies that have been successful in managing the current shortage crisis

Pharmacy

Epic order-sets team to oversee, clinical content of order sets.

As Healthcare rapidly evolves, New York Health and Hospitals recognizes the need for content within our EMR to remain current with Evidence Based clinical best practices while retaining a high level of usability for our clinicians. We are beginning the standardizing of our clinical content within system-wide order sets. Prior to pulling together SME's from every specialty across all facilities, experts are being brought to the table to assist in providing the foundational guidance needed to ensure a smooth framework for the work ahead of us. We have also begun Wave 2 of the Order Set optimization.

November 2017

- Multidisciplinary foundational decision making groups convened to conduct initial order set decisions
- Decisions on standards for clinical content developed in the following areas:
 - VTE Prophylaxis
 - Admission
 - Code Status
 - Mild, Moderate, Severe Pain

- Embedding of links, calculators, tools
- Use of defaults
- Use of abbreviations
- Vaccinations
- Nicotine replacement

- 10 Order Sets will go live with upgrade pending review of the appropriate clinical council:
 - Blood Administration Order Set
 - Mass Transfusion Protocol (MTP) Order Set
 - Pediatric Blood Administration Order Set
 - Blood Transfusion Reaction Order Set
 - Peri-op Blood Administration Order Set
 - Intra-op Blood Administration Order Set
 - Duramorph Post-op Order Set
 - Discharge to Home Order Set
 - Anticoagulation Order Set
 - Electrolyte Replacement Order Set

Updates January 2017

- 5 blood order sets have gone live:
 - Blood Administration Order Set
 - Mass Transfusion Protocol (MTP) Order Set
 - Pediatric Blood Administration Order Set
 - Blood Transfusion Reaction Order Set
 - Peri-op Blood Administration Order Set
 - Intra-op Blood Administration Order Set

- Order set governance, strategy and process is being established to assure a provider driven patient centered approach.
 - Governance
 - establishing a single point of entry for all requests
 - upfront end-user standard design and approval
 - Strategy
 - Establish a design strategy that includes standard, simple modular approach - that facilitates end users can use
 - Design strategy that is developed and generated by end users with expertise in epic clinical workflow
 - Process
 - Provides a visual illustration of the process of moving order sets from initial content conception, review, and approval to technical build, simulation, education, and implementation
 - Develops the framework for how order sets are moved through the system

Judicious opioid prescribing update:

November 2017

- Pharmacist are monitoring for duplicate therapy of opioids in the inpatient setting as a means to avoid overdose
- In developing order sets - The enterprise Pharmacy and Therapeutics committee has taken the unorthodox stance to approve the use of more expensive non opioids analgesic such as IV acetaminophen and Celebrex for Trauma hip fractures and pre and post op total hip and knee surgical procedures respectively in order to

avert/spare the risk of opioid use in these vulnerable populations - Albeit the cost is more however this strategy should reduce future overall opioid use in these populations.

- Prescriptions duration are being monitored to review for compliance to the DOH less than 7 day supply limit for acute pain patients.
- Content development for order set are occurring - sensitivity toward the use of a multimodal pain management approach that include channel enzyme receptor targeted therapy will be emphasized across the 200 order sets - Where pain management applies.
- Morphine equivalent daily dose calculation reports are being made available to help providers with proper dosing of opioids-

Updates: January 2017

- Established a system-level Opioid Stewardship work group
- An initial set of metrics demonstrating judicious prescribing have been developed
- Working with IT to construct Judicious prescribing of opioids H&H dashboard

Expanded naloxone distribution program:

Central Office Behavioral Health leadership 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.

November, 2017

- Lincoln Pharmacy Department collaborated with leadership to initiate a pilot onsite
- 1st Qtr 630 Naloxone kits distributed

Compliance with USP797 standards and preparation of facilities for new USP797 and 800 standards for compounding IV admixtures:

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 through the office of Pharmacy services under the guidance and supervision of the office of Medical and Professional Affairs and 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.

Update:

November 2017

- USP 800 awareness campaign initiated
 - Presented to the CEOs monthly meeting
 - Presented to the CMO/CNO council
 - Forwarding surveys to begin the process of meeting the standard

In summary facilities continue to be compliant with standards for environmental monitoring of their IFV admixture units, rejection of batches are limited, however competencies are on a downward trend and needs improvement. A reminder for all personnel to complete competencies on time has been sent out.

Chief Nurse Executive

Ms. Monefa Anderson presented the Chief Nurse Executive report on behalf of Kim Mendez, reported the committee of the following:

The following report will highlight the work and achievements during the months of December 2017 and January 2018. Work continues to focus on both system transformation strategic goals as well as Nursing and Office of Patient Centered Care high priority initiatives.

System Nurse Practice Council (SNPC)

Following the successful kick-off of our November 1, 2017 *Shared Governance Retreat*, the System Nurse Practice Council has received positive feedback and will be holding a follow-up *Shared Governance Workshop* on February 7, 2018. The workshop will provide an opportunity for facility designated Shared Governance nursing team members to work on laying the groundwork, beginning team and structural design and sharing learned experiences.

“BSN in 10”

The “BSN in 10” law will require registered nurses (RNs) to complete a bachelor of science degree in nursing (BSN) within 10 years of initial license; however, it does not apply to currently licensed RNs and exempts the following:

- Students entering a generic baccalaureate program
- Students currently enrolled, with an application pending, in an RN educational program, as of the law’s effective date
- Unlicensed graduate nurses who are eligible for National Council Licensure Examination, as of the law’s effective date.

Although the bill has been signed, the Governor has agreed to delaying the effective date of the law until the temporary commission created by the law issues recommendations that address barriers to achieving a BSN in 10 years (GNYHA, 2017).

Nurse Practitioners’ Ability to Issue DNR and Other Life Sustaining Treatment Orders

The nurse practitioner law amends the Public Health Law with regard to the issuance of do not resuscitate (DNR) orders for residents of mental hygiene facilities, non-hospital DNR orders, and orders carrying out decisions made by surrogates under the Family Health Care Decisions Act in hospitals and residential health care facilities. The amendments permit the “attending” nurse practitioner to issue DNR orders, orders pertaining to routine and major medical, as well as life-sustaining treatment for a patient, when the requisite clinical and other criteria have been met. The law becomes effective May 29, 2018 (GNYHA, 2017).

Infection Control/NPSG standards

Additionally, just recently released and effective January 1, 2018, *individual* hand hygiene failures to be cited under IC, NPSG standards. Any observation by surveyors of individual failure to perform hand hygiene in the process of direct patient care will be cited as a deficiency resulting in a requirement for improvement (RPI) under the Infection Prevention and Control (IC) chapter for all accreditation programs.

Office of Patient Centered Care

- **Continuing Education**
 - Social Work Providership is up for recertification in February 2018.
 - Submission of application is due by January 18, 2018
 - Goal: 3 year recertification

- **IPFCC** (Institute for Patient and Family Centered Care)
 - OPCC (Alfreda Weaver) confirmed as panelist for 8th International Conference on Patient and Family Centered Care
 - NYC Health + Hospitals /Bellevue will also be presenting on PFAC.
 - Proposal for new partnership with IPFCC to focus on program designed to aid in the standardization of Patient Advisory Councils across the system. Includes:
 - IPFCC Consultant/Coach
 - Access to Webinars and training Materials System Wide
- **Safe Patient Handling System Program**
 - System wide policy completed and implemented. Incorporated into new hire orientation.
 - “Near Miss” process at all sites developed and implementation complete.
- Temporary /Agency Staffing Standardization Program continues. Successfully organized 4 sites for centralized procurement initiative (Coney, Bellevue, Lincoln & Queens Hospital). Next steps include full centralization.
- **NICHE** (Nurses Improving Care for Healthsystem Elders)
 - NYC Health + Hospitals PAC facilities have achieved NICHE designation at the Member/New level: JC Carter, Coler, McKinney and Seaview. Wonderful achievement!
 - Both Coler and Bellevue have submitted abstracts highlighting their NICHE work and are accepted to present at the 2018 national NICHE conference.
 - Following the NICHE All-Day Learning Session held in November 2017 at Jacobi Medical Center, next steps include a January 2018 brainstorming session on ways to continue to embed NICHE principles throughout the service lines e.g. quarterly NICHE Coordinators meetings; Central Office lead Grand Rounds; Facility “gemba walks”
- **On January 12, 2018, the first system-wide core new nurse orientation** was kicked off. Thank you, Monefa Anderson, MPA, RN and team. The orientation launched the initial phase I of centralizing nurse orientation and other nursing educational programs. Additional work remains underway to learn from other NY health systems who have established centralized nursing education programs, nurse residency programs, etc. Leveraging IT and web based technology for workforce development is being aligned with Human Resource leaders.
- **SART & Domestic Violence Initiatives**
 - Monefa Anderson (education) and Marlene Allison (operations) from NYC H+H are partnering with OCDV. Bi-weekly meetings with OCDV and IAFN have been established to discuss ongoing curriculum development. Reviewing current state of SART program operations; reviewed budget; developing funding proposal.
 - Partnering with OCDV, DOH and CBOs on developing an all-day Grand Rounds DV/IPV and healthcare workshop for MDs/NPs/PA and community advocates. On December 8th, 2017 a conference took place with over 200 MDs, Pas, NPs, SWs, RNs, Domestic Violence Coordinators, and community based organizations in attendance. The conference was well received and NYC Health + Hospitals supported CEUs for all participants.
- **Nursing Informatics/ Quality**
 - EPIC
 - Nursing representation present at optimization efforts of our Epic product by participating in design workgroups for ambulatory, order sets, sepsis documentation and charging.
 - Zynx Nursing Care Plans is being developed with EPIC users.
-

- Quality Transformation initiatives charters are complete for CAUTI, CLABSI, and Pressure Injury prevention. System-wide projects inclusive of care bundle development, training and audit processes are underway.

Care Management

- System wide Care Management Strategy is under review with major stakeholders.
- DSRIP ED Care management model deployed at Elmhurst
- ED Care Transitions, In-Patient Care Transition, Ambulatory and Community staffing designs have been a high priority focus and a draft model has been completed.
- Initial system care management resource assessment data collection has been completed.
- Review of Care Management standard curriculum for competency & orientation is underway.
- System-wide high risk stratification tool for the ED Care Transition team is in alignment with Population Health predictive model and IT support to assist in action oriented flags to support patient in need of support have been requested.

Patient & Staff Experience

Integration and alignment of Patient Experience and Staff Engagement strategic goals, charters and projects is complete. The Patient & Staff Experience Governance executive steering committee provides guidance and input on strategic project initiatives. Monthly PXO Council meetings have been established with facility leads. A system-wide Patient Experience framework inclusive of ICARE Service Behaviors, Rounding, and Leadership Development have been developed into project charters. Next steps are to launch system projects using ICARE model for service behaviors and patient, staff, and leadership rounding guidelines & education. The review/inventory of current patient and staff experience projects, programs, etc. will be summarized at next PXO meeting in January 2018.

CNO Announcements

NYC Health + Hospital's is pleased to welcome the following new nurse leaders:

- Keisha Ann Wisdom, CNO – Harlem Hospital
- Mei Kong, CNO – Coney Island Hospital
- Omar Abedalrhman, CNO – Bellevue Hospital

MetroPlus Health Plan, Inc.
Report to the
H+H Medical and Professional Affairs Committee
February 7th, 2018

MetroPlus Health Plan, Inc.

Arnold Saperstein, MD, reported to the committee on the total plan enrollment as of January 1, 2018, was 509,551. Breakdown of plan enrollment by line of business is as follows:

Medicaid	371,222
Child Health Plus	16,811
MetroPlus Gold	11,320
Partnership in Care (HIV/SNP)	4,162
Medicare	8,066
MLTC	1,795
QHP	10,167
SHOP	1,145
FIDA	206
HARP	10,658
Essential Plan	72,069
GoldCare I	1,202
GoldCare II	728

The open enrollment period for MetroPlus Gold, our product for NYC employees, was in October and membership grew substantially and now stands at over 11,000, the highest ever. Between last January and this January Gold membership grew by nearly 40% and has more than doubled since January of 2016, the first month Gold was available to all city employees. We are particularly proud of the over 1,500 Police Department and the over 900 Department of Education employees who have enrolled in MetroPlus Gold.

MetroPlus continues to be a strong partner in the City's hurricane response effort. MetroPlus is one of the services located at the service center on 116th Street in Manhattan. While the center was initially to close at the end of December it is operating for the month of January three days a week. Through the end of December, we have received 232 applications representing membership for 401 people.

NYC Health + Hospitals financial counselors now can use the MetroPlus portal to allow them to make PCP assignments to their facility at the point of enrollment. This will better serve our members by allowing them to have their preferred PCP at the time of enrollment and avoid the auto assignment process. We built this new capability since the New York

State of Health Exchange enrollment system does not allow the enrollee to choose a specific provider within a facility. We continue to work with facilities that have questions about the new system.

Our disenrollment rate for Medicaid has continued to decline throughout the year reaching a yearlong low of under 3.3% in December. The rate peaked at close to 4% last February. The rate reflects how many people left our Medicaid program each month for any reason compared with the full Medicaid population and is the broadest measure of our ability to retain members. A major component of our efforts on disenrollment has been the Finity rewards program. To date over 4,300 people have claimed rewards and nearly 23,000 have registered to participate in the program.

The disenrollment rates for individual hospitals vary from a low of 3.04% at Metropolitan to a high of 4.42% at Kings County.

MetroPlus has received the State benchmarks for Quality of Care measures and received 100/100 points for those measures (same as last year), placing as top Plan in NYS. We are awaiting final results on Consumer Assessment of Healthcare Providers and Systems (CAHPS) and Prevention Quality Indicators (PQI). Combination of all three components will then determine Plan's tier ranking for the 2017 Quality Incentive.

MetroPlus has expanded our relationship with Advantage Care Physicians (ACP) to include an additional twenty locations and over 250 new providers to the Plan's network. ACP will have 28 total locations in our service area, providing access to Primary Care and over twenty different specialties. MetroPlus was previously contracted with just a few of the ACP locations in Brooklyn, but this will expand access for Plan members in Manhattan, Queens and Staten Island.

In 2017 Integrated Case Management completed over 5,000 home and hospital visits. MetroPlus also hired a dedicated housing specialist to work with members and assist in placing them into appropriate housing.

ACTION ITEM:

Maureen McClusky, Senior Vice President, Post Acute Care/LTC and Khoi Luong, MD, Post Acute Care/LTC presented a resolution to the committee:

Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with PharmScript, LLC (PharmScript) to provide pharmacy services for the System's five post-acute care facilities (Carter, Coler, Gouverneur, McKinney, and Sea View) with an initial term of three years with two one-year options to renew solely exercisable by the System and with total amount over the combined five-year term not to exceed \$16,723,402 to pay PharmScript for patients with no insurance.

After discussion and motion duly made and seconded the resolution was approved for consideration of the Board.

There being no further business, the meeting was adjourned 10:20 AM.

CHIEF MEDICAL OFFICER REPORT
Medical & Professional Affairs Committee
April 12, 2018

Behavioral Health

Integration Efforts:

OBH is working with ambulatory care to implement primary care integration into behavioral health at 5 sites – Bellevue, Elmhurst, Lincoln, Kings, and Cumberland. After these five sites roll out will continue to other facilities. In addition there is continued expansion of collaborative care with the addition of substance use disorder screening and treatment in primary care sites. Maternal health also provides screening and referral for depression, and the addition of pediatric/well-baby sites is on-going.

Opioid Crisis:

OBH is actively working on substance use issues, in particular addressing the current opioid crisis. OBH is a major part of the Mayor's initiative, *Healing NYC* – focused programs that address the current opioid crisis in NYC. Interventions focus on the following: 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 teams (CATCH Teams). The Mayor's office recently announced the support of these programs at H+H including the addition of peer advocates in emergency departments to address the opioid crisis and the establishment of two additional CATCH teams.

Domestic Violence:

The Family Justice Center sites provide co-located mental health services at the domestic violence centers. All sites are now open: Manhattan, Brooklyn, Queens, Bronx and Staten Island.

Patient/Staff safety:

OBH is working with all facilities to advance safety for patients and staff. A program of debriefing after an incident or aggressive episode has been implemented and focuses on reducing violence and assaults in the acute care areas. There are preliminary results showing a decrease in the number of aggressive incidents on the inpatient services. There is also a major focus on ensuring a safe environment for patients through a comprehensive risk assessment for ligature risk and other environmental safety concerns. We are in process of developing a system-wide environmental risk assessment.

Homeless mentally ill:

OBH is developing two programs that will better serve the homeless mentally ill. H+H/OBH is developing a mental health and primary care clinic in a homeless shelter specifically for those with mental illness. It will be located in the Meyer Building on Ward's Island. We will provide a full range of services including screening and assessment, pharmacological treatment, therapy, and support services. The second program is the development of extended care inpatient units for those who are homeless and need an extended stay to stabilize and be prepared to live in more independent settings such as supportive housing. The unit's goal is to prevent readmissions and engage the patients in ongoing ambulatory treatment for both mental and physical disorders.

Quality

NYC Health and Hospitals continues to focus on quality and safety initiatives. System wide activities include:

VBPQIP – Quality & Safety Initiatives

NYS Health + Hospitals continues to make progress on the six quality and safety initiatives aligned with the NYS VBP QIP initiatives capturing full incentive payments thus far. Specifically:

Sepsis

A comprehensive Sepsis assessment has been completed at each of the eleven acute hospitals including on-site interviews, data analysis, and best practice review. Recommendations derived from this body of work were identified which should drive bundle compliance as well as influence LOS and costs. However, these recommendations are heavily reliant on technology, specifically EMR support. As a result the efforts of the performance improvement teams will align with that of the sepsis IT workgroup.

3-hour bundle adherence	2016Q1	2016Q2	2016Q3	2016Q4	2017Q1	2017Q2	2017Q3
<i>System-Wide (Median)</i>	52.0%	60.2%	58.2%	62.7%	61.2%	72.3%	69.8%
Statewide	53.0%	55.8%	56.8%	59.5%	60.7%	58.9%	57.3%

CAUTI

A system wide CAUTI reduction initiative is underway utilizing results from the Bard prevalence study on practice. A system wide CAUTI bundle has been endorsed and is the core of the improvement strategy. The bundle is has been shared with both EPIC and Quadramed for EMR support. Product standardization has been completed with most sites now having ordered and stocked the selected products. A three-tiered approach to urinary catheter training has been adopted including: Tier 1 – champion training on bundle elements, risks, and best practices including SIM lab demonstrations; Tier 2- train the trainer competency based training for all staff on insertion and maintenance; and Tier 3 – training for ancillary support. Insertion and Maintenance competencies and checklists as well as a standardized root cause form have been developed consistent with the bundle elements.

System wide data:

CAUTI Rate (per 1000 Catheter Days)	2016Q01	2016Q02	2016Q03	2016Q04	2017Q01	2017Q02	2017Q03	2017Q04
Current Quarter Rate	1.30	2.25	1.79	1.78	1.94	1.89	1.38	1.20

CLABSI

Utilizing the same systematic approach as with CAUTI, a CLABSI reduction initiative has begun. Currently product review, selection, education, and deployment is underway including that of PICC and midlines. A CLABSI bundle is being circulated among various councils and SMEs as well as with EPIC and Quadramed support staff.

System wide data:

CLABSI Rate per Center Line Days	2016Q01	2016Q02	2016Q03	2016Q04	2017Q01	2017Q02	2017Q03	2017Q04
Current Quarter Rate	2.10	1.68	1.47	1.73	1.43	1.52	1.01	1.18

Pressure Injury Prevention

The NYC Health + Hospitals Care Bundle and Practice Guidelines for Pressure Injury Prevention were updated in February by the system wound care council. The council has identified wide variation in the use of products both to prevent and to treat pressure injury. Formulary review is underway in order to create a prevention & treatment product algorithm based upon stage.

System wide data:

HAC Pressure Ulcer Rate, Stage II or Higher	2017Q01	2017Q02	2017Q03	2017Q04
Current Quarter Rate	1.70	2.71	1.53	1.67

Antimicrobial Stewardship

Antimicrobial Stewardship initiatives consistent with the CDC Core elements for ASP have been introduced in all three service lines across NYC Health + Hospitals. Efforts are focused on standardized antibiotic monitoring and data collection consistent with NHSN and AHRQ requirements. 48 and 72 hour time out alerts during antibiotic usage are being introduced into the EMR.

CMS STAR Rating

C-suite members of each of the eleven acute hospitals attended a briefing on the CMS Star Ratings on March 15th. The Quality and Data Analytic team from HANYS provided an in-depth review of the methodology that CMS utilizes when calculating the Star Rating for each facility.

Harlem Hospital

The American College of Radiology has designated Harlem Hospital as a Diagnostic Imaging Center of Excellence.

Clinical Pharmacy Update

Victor Cohen, PharmD, Sr. AVP, Medical & Professional Affairs, will present the clinical pharmacy update as the information item.

**System Chief Nurse Executive Report
Medical & Professional Affairs Committee
April 2018**

The following report will highlight the work and achievements during the months of February and March 2018. Work continues to focus on both system transformation strategic goals as well as Nursing and Office of Patient Centered Care high priority initiatives.

CNO Council Goals

- Operationalize 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 (SNPC)

The System Nurse Practice Council held a successful follow-up *Shared Governance* Workshop on February 7, 2018. The workshop provided an opportunity for facility designated Shared Governance nursing team members to work on laying the groundwork, begin their team and structural design development and share learned experiences. Understanding that facilities are at varying levels of shared governance development, facilitated breakout sessions were well received and provided many the opportunity to network with sister facilities and learn about and from their successes. Building a network of internal resource and support was key. Feedback from the workshop is currently focused on providing additional training tools and support touch points for those who are just launching shared governance councils. Additionally, a SAVE the Date for a second annual Shared Governance Retreat for November 2018 is in the planning stages.

Office of Patient Centered Care

- **Continuing Education**
 - Received 3 year recertification for Social Work Continuing Education Providership
 - Annual Physicians Program and Activity Report (PARS) submitted to NYS Medical Society
 - 2019 Nursing Continuing Education Providership recertification process in underway.
- **Safe Patient Handling System Program**
 - System wide policy completed and implemented. Incorporated into new hire orientation.
 - “Near Miss” process at all sites developed and implementation complete.
 - System-wide PSH education plan under construction. Education Council to assist with content development, training implementation timeline, etc.

- **Temporary /Agency Staffing Standardization Program**
 - Currently operationalizing 11 Acute Care facilities for a centralized Temp Nursing program with verification of PO and support to facility CNOs.
- **NICHE** (Nurses Improving Care for Healthsystem Elders)
 - At the invitation of NYC Department for the Aging, NYC H+H presented at the March 15, 2018 Age Friendly NYC Commission. The OPCC shared our NICHE program highlights as well as Harlem Hospital provided an overview of their new **Acute Care Elderly (ACE)** unit.
 - Members from OPCC, Acute Care, and Post-Acute Care will be attending and/or presenting at the annual NICHE Conference in April 2018.
- **System New Nursing Hire Orientation**
 - January 12, 2018, successful launch of phase I of centralizing nurse orientation for Acute Care facilities
 - At the end of IQ18 LTAC, Ambulatory Care and At Home new hires were added to the centralized orientation.
 - Continue to collaborate with HR Workforce Development and PeopleSoft teams to align training information into new hire files
 - Investigating RN/NP Residency program best practice for new graduate RN/NPs to support nurse training and development.
- **SART & Domestic Violence Initiatives**
 - Monefa Anderson (education) and Marlene Allison (operations) from NYC H+H are partnering with OCDV. Bi-weekly meetings with OCDV and IAFN have been established and are ongoing to discuss integration of DV assessment into curriculum development. Reviewing current state of SART program operations, budget, and program development.
 - NYC H + H supporting FLONYC and the OCDV with the launch of **NYCHope** website and public awareness campaign. Website will connect individuals to easily accessible information, resources, and organizations that can assist those experiencing domestic, dating, and intimate partner violence.
 - Ms. Anderson, OPCC, to serve on the Risk Assessment Advisory Board to create a comprehensive approach in assessing risk and safety in domestic violence cases in NYC.
- **Nursing Quality**
 - **CAUTI/CLABSI**-system-wide program underway to support standardization of care bundles, training, and audit processes.
 - **Pressure Injury Prevention**
 - System-wide PI project underway for Pressure Injury Prevention. Will be presented by facilities at upcoming Board QAC meetings. Initial focus on standardizing training and use of Braden Risk Assessment Tool as well as an audit tool for assessing care bundle compliance.
 - Investigating the availability and use of EPIC Rover image documentation.
 - Formulary Workgroup assessing opportunity for standardizing treatment guidelines and product use.

- **Nursing Informatics**
 - EPIC -Nursing representation ongoing to support optimization efforts of our Epic product by participating in design workgroups for ambulatory, order sets, sepsis documentation and charging.
 - In alignment with current work in PeopleSoft (Payroll & timekeeping), currently assessing nurse scheduling system for the enterprise.
 - NISA (**N**ursing **I**nformatics **S**ystem **A**dvisory) has been an informal committee of nursing informatic staff. NISA will become a formal council and support strategic alignment with varying levels on IT projects and roll-outs across our system.

Social Work

- Following a successful launch of a system-wide Social Work Council in 3Q17, monthly meetings have been held to provide a vehicle for learning, input and feedback on a variety social work topics and projects. Leads from the Social Work Council will participate on the System Care Management Governance Committee for insight, best practice thinking and communication.
- On March 29th, 2018, the 2nd Annual Social Work Recognition Ceremony was held to spotlight and acknowledge the contributions of our system social workers and the role they take in assisting patients and their family through many challenging issues. The event was well received and uplifting.

Care Management

- System-wide Care Management Program is currently being rolled-out at NYC H+H/Bellevue. Pre-planning sessions are complete; using Lean, the team will map out Care Management key workflows and integrate/align high risk programs as appropriate as well as Metroplus, and other available care management resources.
- System-wide high risk stratification tool for the ED Care Transition team is in alignment with Population Health predictive model and IT has developed electronic “flags” in EPIC and development of same in Quadramed is under discussion.
- Continue to monitor DSRIP Phase II & III metrics
- Care Management Governance structure introduced and will be inclusive of Social Worker & Care Manager Council leads.
- Currently assessing best practice model for Observation status and ED Utilization Review.
- Developing Care Management dashboard based off of Care Management metrics
- In partnership with OCH Workforce Development Team, Accountable Care Manager standard curriculum for competency & orientation is under development.

LiveOnNY-Accomplishments

- ECHO Pilot Project Extended for 2018; Jacobi hospital will be joining in April 2018. Current sites that participate include Lincoln, Kings, Elmhurst and Bellevue.
- Donor Councils established at Kings, Bellevue, Lincoln, Elmhurst, Jacobi, Harlem, and Bellevue.
- LiveOnNY Education included in 2018 System Nursing Orientation.
- Woodhull is currently the top facility throughout LiveOnNY covered systems at 12th with tissue timeliness for 2017 at 95.1%.
- April is Donate Life Month and will be celebrated by having tabling events and presentations at the leadership/town hall meetings for Bellevue, Coney, Harlem, Kings County, Lincoln, and Woodhull.
- NYC Health + Hospitals Staff attended Region 9 Organ Donation and Transplantation Collaborative that addressed the critically low organ donation rate that results in

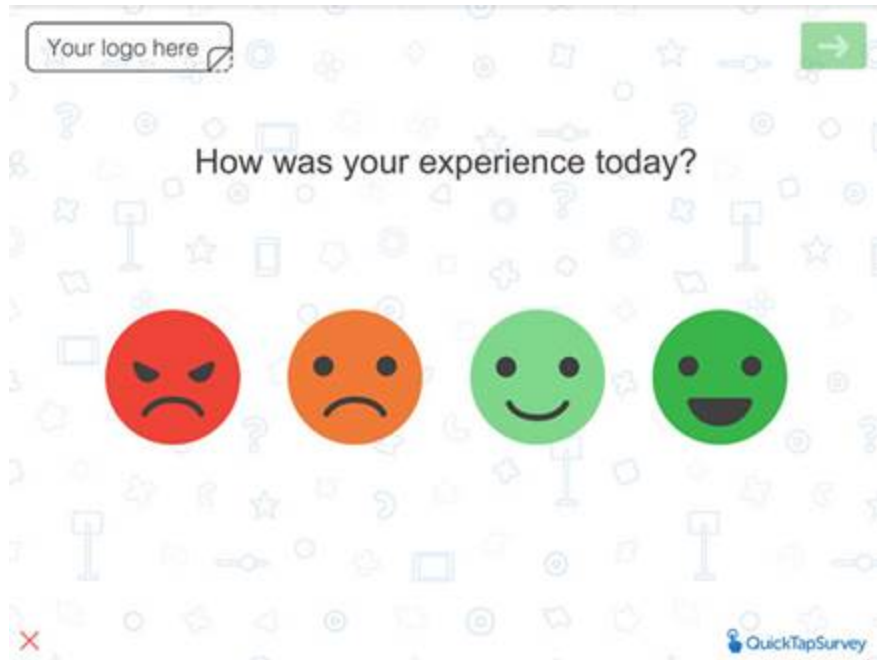
disproportionate high number of NY residents dying while awaiting an organ transplant. 22 staff members attended from our system.

LiveOnNY - 2018 Goals

- Create standardized Anatomical Gift policy, Brain Death Policy, Death by Cardiac Death Policy, and Withdrawal of Care policy.
- Increase Referral Timeliness to 95% or Higher at all facilities.
- Increase facility participation for ECHO pilot project.
- Working with EPIC team to resolve following access concerns.

Patient & Staff Experience

- In the past year, we have undertaken new efforts pursuing, a system-wide approach to improving overall patient satisfaction (and, as a result, the scores).
- We have inventoried, system-wide, all of our patient experience initiatives and programs, many of which are based in just one facility. From this inventory, best practices will be rolled out broadly, and programs that haven't yielded the hoped-for results can be abandoned. We can focus our energies on what is making the greatest difference for our patients.
- A broader customer service training initiative (ICARE) has been successfully piloted and is being evaluated for system-wide dissemination.
- We are also coordinating the training and expectations of patient satisfaction-focused leaders (PXOs) at facilities throughout our health system.
- A Human Experience Council was developed, which convenes leaders from throughout the health system, and also include our labor partners.
- Other system-wide initiative in 2018 include training staff to replicate best practices and implementing a proactive nursing intervention to better anticipate and address the needs of hospitalized patients. Additional focus will be on "no pass zone" and quiet at night standard work.
- System-wide implementation of patient and family advisory boards is in progress. Patient and Family Advisory Boards provide a vehicle for listening to experiences first hand and working toward solutions in partnership.
- Taking a "real time" pulse of a patient's experience also assists in speedy service recovery and corrective action. A "Happy or Not" patient satisfaction assessment tool will be launched in our ambulatory care sites in 2018. Using this system, patients are encouraged to rate their experience (anonymously) by pressing a button that best depicts their experience during their visit (see diagram below). This information is captured in aggregate and discussed at daily huddles with patient care staff. Engaging staff with direct customer feedback and gaining their insight to barriers and solutions is impactful.



CNO Farewell

After 20 years of service, NYC Health + Hospital/Queens CNO, Joan Gabriele, is planning her retirement. We thank Joan for her years of service and wish her good health and happiness!

MetroPlus Health Plan, Inc.
Report to the
Medical and Professional Affairs Committee
April 12, 2018

Total plan enrollment as of March 1, 2018 was 519,708. Breakdown of plan enrollment by line of business is as follows:

Medicaid	373,963
Child Health Plus	17,277
MetroPlus Gold	11,432
Partnership in Care (HIV/SNP)	4,207
Medicare	8,000
MLTC	1,876
QHP	13,906
SHOP	1,310
FIDA	212
HARP	10,855
Essential Plan	74,768
GoldCare I	1,193
GoldCare II	709

Key Updates

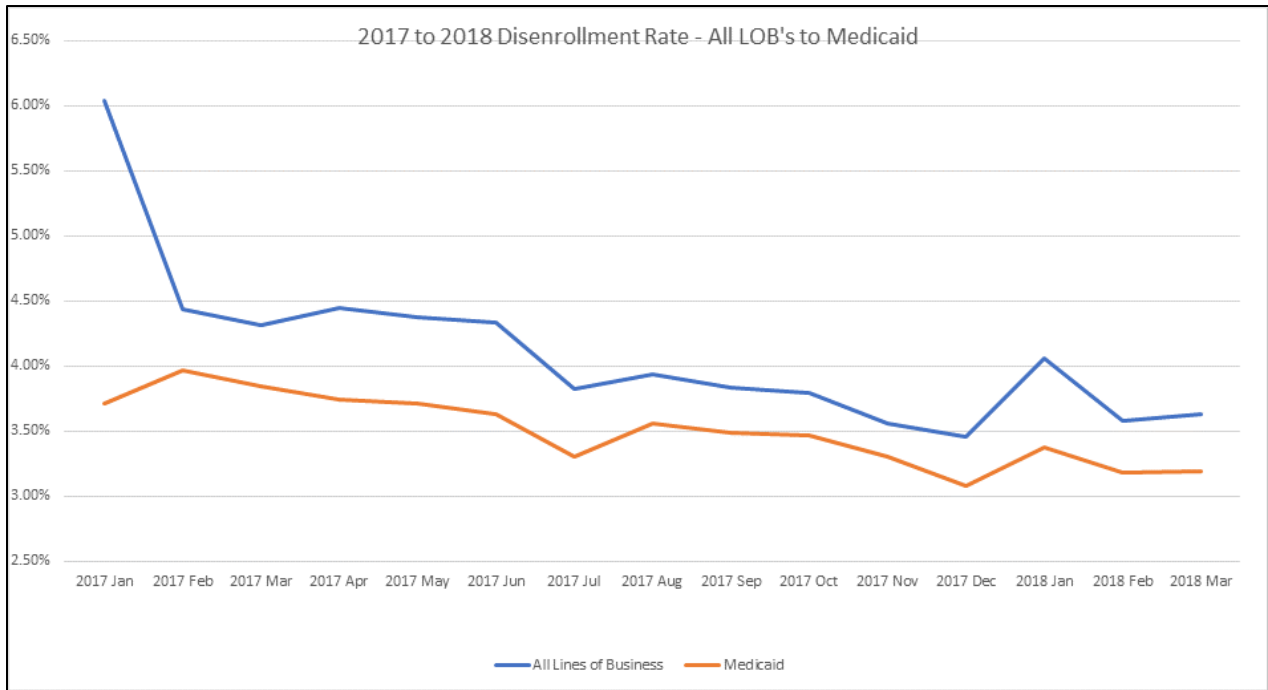
The Centers for Medicare & Medicaid Services (CMS) notified MetroPlus that they did not find any deficiencies in our application for Medicare service area expansion to Staten Island. The agency plans to update us with next steps shortly. We are also pleased to report that KPMG recently completed a full financial audit for 2017 and found no significant deficiencies.

Membership¹

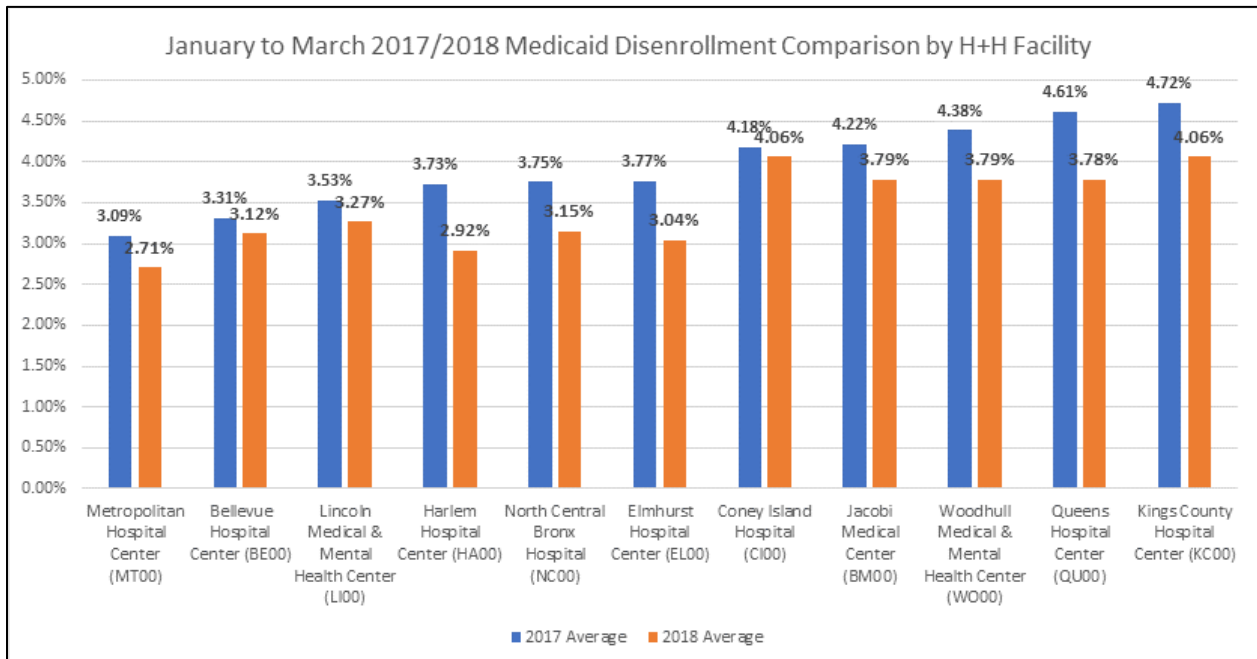
Membership has increased every month since August and currently stands at over **521,000 – the highest total ever**. Open enrollment accelerated this growth over the last several months. Just six months prior, membership was at 504,000. EP membership reached over 76,000 and has grown by over 10% in the last six months. We have also seen very strong growth in QHP membership, which now stands at over 14,000, up over 85% in the last six months. Gold membership is also up nearly 20% in the last six months and stands at nearly 11,500. Even with open enrollment over, we continue to enroll people in our two largest products, Medicaid and Essential Plan, both of which have year-round enrollment. Many individuals who had a change in their circumstances such as a loss of a job or a marriage are eligible to enroll at the time of the event as well. We are also working to enhance our collaboration with our facility partners to ensure all insurable individuals complete applications when they seek services. At NCB, we are piloting a tracking system through Soarian. This will allow MetroPlus and facility staff to track individuals referred for insurance enrollment and to report on key outcomes.

In addition to increasing enrollment, we continue to enhance our efforts to retain members we already have. As the chart below shows, the overall disenrollment rate has continued a downward trend from last year. While there was a small increase in January as people switched plans, disenrollments both overall and for Medicaid remained well below the rate of last year.

¹ Membership numbers noted in this section are weekly while membership numbers listed above are monthly.



We have also seen improvements in disenrollments at individual facilities. Efforts in place to improve the rate include extended evening and weekend calling hours to remind people to renew and our Finity Rewards program which gives people a strong incentive to remain with MetroPlus.



Quality Management Highlights (Medicaid)

While we have multiple initiatives and projects ongoing, I would like to highlight the work of our Quality Management Department (QM). QM has partnered with YouthHealth, a part of NYC Health + Hospitals

(H+H) Office of Ambulatory Care, to educate H+H adolescent providers on improving HEDIS performance. Our partnership will also seek to increase access to care & member education via Teen Health Events. The team is in the process of scheduling a second event at Woodhull Hospital (Brooklyn). We also conducted outreach to 40 low performing adolescent providers (about 100 members per provider) to assist with scheduling their patients with gaps in care and to deliver education on proper coding methods. Overall, 278 members had already been seen by their provider and 82 were scheduled for an appointment due to an outreach call by the Quality Improvement Specialist. We have also started an Adolescent Well Visit text message campaign and have enrolled 50,000 members into this program.

The QM and Behavioral Health (BH) team met with staff at Bellevue Hospital to identify barriers to improving the following measures:

- FUH (Follow-Up After Hospitalization for Mental Illness)
- FUA (Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence)
- FUM (Follow-Up After Emergency Department Visit for Mental Illness)
- IET (Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment)

Next steps include meeting with the Psychiatry Chiefs at each hospital to review and improve performance as well as developing a One City/H+H peer program to support members in securing appropriate follow up care. The QM/BH teams also conducted a second meeting with the Director of Psychiatric Services for all H+H facilities during which the QM/BH team shared site-specific data for four quality measures (see above). The joint team will be conducting a follow up meeting with the Chiefs of Psychiatric Departments at each facility to discuss measure improvement.

Integrated Case Management Highlights (All LOBs except FIDA, MLTC, and HIV/SNP)

Our dedicated team of Care Managers (CM) completed 1,154 home visits for the quarter. The department hired Personal Health Coaches (specialized social workers) who will conduct initial outreach, schedule home visits for Care Managers, and provide telephonic care management for members that refuse home visits, with the goal to eventually meet these members in the community. While the total number of home visits decreased in November and December when Care Management Associates (CMAs) were transferred to H+H in October, **the actual percent of visits completed improved to 70.6% in November and 67% in December (compared to 65% in October).**

As you know, MetroPlus is always focused on strengthening our partnership with H+H facilities on various issues. One of the more critical matters is homeless members who are also high utilizers at H+H locations, which H+H has recently expressed interest in addressing. We reviewed the results of the homelessness data and found that a relatively small percentage of our indigent members consistently drive over two-thirds of the total treatment costs. Based on an analysis of the homeless roster, we provided H+H with claims data for homeless high utilizers in their In Patient (IP) & Emergency Department (ED) facilities covering October 2016 through September 2017. The list included 529 distinct members with 3,039 claims for 639 IP admissions and 2,400 ED visits. MetroPlus plans to follow up with the H+H Office of Behavioral Health to develop a collaborative plan to address the treatment and psychosocial needs of these high utilizers.

State/Federal Policy

The State recently imposed a new requirement that requires all Medicaid recipients over 65 to either apply for Medicare or to show that they are not eligible. Those that either do not apply or cannot show why they are not eligible will be terminated from Medicaid. MetroPlus has nearly 600 members who fall into this category. Since the list was first made available at the end of December, we have been conducting aggressive outreach to these individuals to explain the new requirement and to help them with the Medicare

enrollment process. The original deadline for applying for Medicare was January 31, but the State extended the deadline to February 7. We have attempted to reach every member and those who cannot be reached have been contacted multiple times. To date, approximately half the individuals on our list have either applied for Medicare, indicated they will apply, or that they are not eligible. The remaining balance have not responded to our repeated outreach attempts.

CMS sent out an update to the “Mega Rule,” which refers to a portion of the agency’s final rule that requires providers to enroll in the States FFS program before they can enroll in Medicaid Managed Care. Plans now have until July 1, 2018, to notify providers of this requirement and to provide an opt-out to providers so that they may terminate the contract if they do not wish to comply. However, plans should not terminate any providers who have not complied as of the original January 1 deadline. CMS will provide further guidance closer to the new July 1 deadline.



MetroPlus Health Plan
Membership Summary by LOB Last 7 Months
March-2018

		Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Total Members	Prior Month	504,088	504,393	504,943	506,484	509,175	516,670	516,853
	New Member	21,462	21,600	21,625	22,649	32,137	21,428	24,150
	Voluntary Disenroll	1,547	1,506	1,705	1,597	1,857	1,588	1,664
	Involuntary Disenroll	19,610	19,544	18,379	18,361	22,785	19,657	19,631
	Adjusted	8	21	47	141	444	2,964	0
	Net Change	305	550	1,541	2,691	7,495	183	2,855
	Current Month	504,393	504,943	506,484	509,175	516,670	516,853	519,708
Medicaid	Prior Month	374,271	373,591	373,011	372,953	373,893	373,589	372,156
	New Member	13,458	13,442	13,501	13,776	13,933	12,066	15,072
	Voluntary Disenroll	631	572	772	583	617	572	724
	Involuntary Disenroll	13,507	13,450	12,787	12,253	13,620	12,927	12,541
	Adjusted	61	71	81	161	371	1,437	0
	Net Change	-680	-580	-58	940	-304	-1,433	1,807
	Current Month	373,591	373,011	372,953	373,893	373,589	372,156	373,963
Essential Plan	Prior Month	69,353	69,985	70,635	71,874	73,314	75,313	75,818
	New Member	5,377	5,346	5,570	5,931	7,761	5,408	4,739
	Voluntary Disenroll	5	3	2	2	3	3	2
	Involuntary Disenroll	4,740	4,693	4,329	4,489	5,759	4,900	5,787
	Adjusted	-8	-5	-6	-7	-10	1,347	0
	Net Change	632	650	1,239	1,440	1,999	505	-1,050
	Current Month	69,985	70,635	71,874	73,314	75,313	75,818	74,768
Child Health Plus	Prior Month	16,144	16,290	16,505	16,751	16,944	17,067	17,030
	New Member	1,243	1,399	1,319	1,322	1,379	1,042	1,381
	Voluntary Disenroll	621	671	641	739	883	732	697
	Involuntary Disenroll	476	513	432	390	373	347	437
	Adjusted	3	12	24	36	98	180	0
	Net Change	146	215	246	193	123	-37	247
	Current Month	16,290	16,505	16,751	16,944	17,067	17,030	17,277



MetroPlus Health Plan
Membership Summary by LOB Last 7 Months
March-2018

		Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
HHC	Prior Month	9,189	9,580	9,874	10,081	10,279	11,951	11,463
	New Member	482	415	286	267	1,748	120	34
	Voluntary Disenroll	0	0	0	0	0	3	0
	Involuntary Disenroll	91	121	79	69	76	605	65
	Adjusted	-12	-17	-12	-9	21	48	0
	Net Change	391	294	207	198	1,672	-488	-31
	Current Month	9,580	9,874	10,081	10,279	11,951	11,463	11,432
SNP	Prior Month	4,229	4,202	4,189	4,159	4,146	4,181	4,199
	New Member	83	89	84	74	135	154	152
	Voluntary Disenroll	27	15	26	17	18	23	19
	Involuntary Disenroll	83	87	88	70	82	113	125
	Adjusted	-35	-39	-39	-35	-33	-20	0
	Net Change	-27	-13	-30	-13	35	18	8
	Current Month	4,202	4,189	4,159	4,146	4,181	4,199	4,207
Medicare	Prior Month	8,250	8,203	8,181	8,186	8,173	8,063	8,022
	New Member	262	246	282	264	243	265	225
	Voluntary Disenroll	198	171	192	181	261	195	152
	Involuntary Disenroll	111	97	85	96	92	111	95
	Adjusted	-1	-1	-1	-1	0	-5	0
	Net Change	-47	-22	5	-13	-110	-41	-22
	Current Month	8,203	8,181	8,186	8,173	8,063	8,022	8,000
Managed Long Term Care	Prior Month	1,617	1,651	1,683	1,727	1,744	1,773	1,798
	New Member	65	80	89	73	72	70	92
	Voluntary Disenroll	10	17	20	22	17	12	0
	Involuntary Disenroll	21	31	25	34	26	33	14
	Adjusted	0	0	0	-4	-11	-23	0
	Net Change	34	32	44	17	29	25	78
	Current Month	1,651	1,683	1,727	1,744	1,773	1,798	1,876



MetroPlus Health Plan
Membership Summary by LOB Last 7 Months
March-2018

		Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
QHP	Prior Month	7,759	7,610	7,455	7,305	6,988	10,826	12,150
	New Member	175	173	148	115	6,306	1,669	2,104
	Voluntary Disenroll	0	1	0	0	0	0	0
	Involuntary Disenroll	324	327	298	432	2,468	345	348
	Adjusted	0	0	0	0	8	7	0
	Net Change	-149	-155	-150	-317	3,838	1,324	1,756
	Current Month	7,610	7,455	7,305	6,988	10,826	12,150	13,906
SHOP	Prior Month	869	849	866	855	965	1,150	1,239
	New Member	11	39	17	172	272	153	94
	Voluntary Disenroll	1	0	0	9	4	1	0
	Involuntary Disenroll	30	22	28	53	83	63	23
	Adjusted	0	0	0	0	0	0	0
	Net Change	-20	17	-11	110	185	89	71
	Current Month	849	866	855	965	1,150	1,239	1,310
FIDA	Prior Month	187	193	191	185	185	206	212
	New Member	9	6	2	7	27	12	3
	Voluntary Disenroll	0	2	0	1	0	1	0
	Involuntary Disenroll	3	6	8	6	6	5	3
	Adjusted	0	0	0	0	0	0	0
	Net Change	6	-2	-6	0	21	6	0
	Current Month	193	191	185	185	206	212	212
HARP	Prior Month	10,245	10,272	10,406	10,476	10,621	10,659	10,875
	New Member	269	339	309	376	249	445	224
	Voluntary Disenroll	54	54	52	43	54	46	70
	Involuntary Disenroll	188	151	187	188	157	183	174
	Adjusted	0	0	0	0	0	0	0
	Net Change	27	134	70	145	38	216	-20
	Current Month	10,272	10,406	10,476	10,621	10,659	10,875	10,855



MetroPlus Health Plan
Membership Summary by LOB Last 7 Months
March-2018

		Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
GOLDCARE I	Prior Month	1,143	1,140	1,121	1,111	1,192	1,181	1,183
	New Member	26	19	11	225	11	20	23
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	29	38	21	144	22	18	13
	Adjusted	0	0	0	0	0	-3	0
	Net Change	-3	-19	-10	81	-11	2	10
	Current Month	1,140	1,121	1,111	1,192	1,181	1,183	1,193
GOLDCARE II	Prior Month	832	827	826	821	731	711	708
	New Member	2	7	7	47	1	4	7
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	7	8	12	137	21	7	6
	Adjusted	0	0	0	0	0	-4	0
	Net Change	-5	-1	-5	-90	-20	-3	1
	Current Month	827	826	821	731	711	708	709

Pharmacy Update

M&PA

Victor Cohen Sr. AVP, Pharmacy Services

Pharmacy Update

- Injectable Opioid Shortage –
 - Clinical impact - conservation strategies being developed – escalated - [March, 2019](#)
- Provision of Diabetes Supplies
 - Policy submitted to Dr. Allen for review – facility working on operations - [Implementation date May, 2019](#)
- Provision of 90 day supply for stable maintenance medications
 - Policy implemented – [February, 2018](#)
- Pediatric Tamiflu initiative
 - Public Health Initiative implemented -[January 2018](#)
- Clinical Pharmacist
 - Developing a road map and plan for integration of Pharmacists clinically
- Retail Pharmacy
 - Expansion at Metropolitan is ongoing – [Presently collaborative meetings occurring](#)
- IV Admixture Units
 - Working with Executive leadership at the facilities monthly operations meeting to assure compliance with standards of USP 797/800 by [December, 2019](#)
- Epic Order sets –
 - Governance, intake process, and review developed
 - Align formulary standardization with order sets development
- Formulary standardization and clinical initiatives – ongoing
- Patient Assistance Program – McKesson – Live at Kings County – [February, 2018](#)
- Pharmscripts– LTC Pharmacy Transformation – [February, 2018](#)



NYC HEALTH+ HOSPITALS Pharmacy Update

Completed

- Policy and implementation of 90 days supply of medications - [February 2018](#)
- Pediatric Tamiflu Public Health Initiative - [February 2018](#)
- Patient Assistance Program – McKesson – Live at Kings County – [February, 2018](#)
- Pharmscripts– LTC –Pharmacy Transformation – [February, 2018](#)

In Progress

- Awareness of Injectable Opioid Shortage – and implementation of conservation plan - [March, 2018](#)
- Policy and Implementation on Provision of Diabetes Supplies - [March, 2018](#)
- Retail Pharmacy Expansion at Metropolitan – [July 2018](#)
- Working with executive leadership to achieve IV admixture Units USP 797 – standards based on gap analysis – [“Bimonthly Operations Meetings”](#)
- Establishing Epic order sets governance, review, and alignment
- Formulary standardization and clinical initiatives – ongoing

Future Work

- Working with executive leadership to achieve IV admixture Units USP 797/800 standard – future state – [August, 2018](#)
- Clinical Pharmacist integrated into primary care – Diabetes, Anticoagulation, HTN – [August, 2018](#)