

AGENDA

MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE

Date: September 13th, 2018
Time: 9:00 AM
Location: 125 Worth Street, Rm. 532

BOARD OF DIRECTORS

DR. CALAMIA

CALL TO ORDER

DR. ALLEN

ADOPTION OF MINUTES

June 13th, 2018

CHIEF MEDICAL OFFICER REPORT

DR. ALLEN

CHIEF NURSE EXECUTIVE REPORT

DR. MENDEZ

METROPLUS HEALTH PLAN

DR. SAPERSTEIN

ACTION ITEM:

- 1) Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Bellevue ("Bellevue") as a pediatric trauma center. **DR. ALLEN**
- 2) Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Bellevue ("Bellevue") as a trauma center. **DR. ALLEN**
- 3) Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Elmhurst ("Elmhurst") as a trauma center. **DR. ALLEN**
- 4) Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Harlem ("Harlem") as a pediatric trauma center. **DR. ALLEN**
- 5) Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Harlem ("Harlem") as a trauma center. **DR. ALLEN**
- 6) Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Jacobi ("Jacobi") as a pediatric trauma center. **DR. ALLEN**
- 7) Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Jacobi ("Jacobi") as a trauma center. **DR. ALLEN**
- 8) Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Kings County ("Kings County") as a trauma center. **DR. ALLEN**
- 9) Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Lincoln ("Lincoln") as a trauma center. **DR. ALLEN**

10) Authorizing New York City Health and Hospitals Corporation (the “System”) to execute an agreement with Fusion, a division of Fusion Capital Management, to procure a Correctional Health specific electronic medical record for the System’s Correctional Health Services division with primary care, pharmacy, specialty services, mental health and drug treatment in 11 NYC jails, 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 \$12,999,354 to pay Fusion.

DR. MACDONALD

INFORMATION ITEM:

1) Pharmscript

MS. MCCLUSKY

2) e-Consult

DR. CHOKSHI

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

MINUTES

MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE

Meeting Date: June 13, 2018, 9:00 A.M.

BOARD OF DIRECTORS

ATTENDEES

COMMITTEE MEMBERS

Vincent Calamia, MD, Chair
Gordon Campbell
Mitchell Katz, MD, President
Josephine Bolus, RN
Barbara Lowe, RN

HHC CENTRAL OFFICE STAFF:

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
Jennifer Bender, Press Secretary, Communication & Marketing
Emily Dean, Intern, Office of Legal Affairs
Eunice Casey, Director, HIV Services
Victor Cohen, PharmD, Senior Assistant Vice President, Pharmacy
Robert de Luna, Senior Director, Communication & Marketing
Kenra Ford, Senior Assistant Vice President, Laboratory
Lora Giacomoni, Assistant Vice President, Quality & Patient Safety
Colicia Hercules, Chief of Staff to the Board Chair
Rajeeb Khatua, EMR Clinical Information
Kim Mendez, EdD, ANP, RN, System Chief Nursing Executive
Joseph Reyes, Senior Director, Medical & Professional Affairs
Israel Rocha, Vice President, OneCity Health
Elliott Shine, Office of Legal Affairs
Diane E. Toppin, Senior Director Medical and Professional Affairs

FACILITY STAFF:

Arnold Saperstein, MD Executive Director, MetroPlus Health Plan

OTHERS PRESENT:

Larry Garvey, Cerner
Tim Cosgrave, Cerner
Faith Leonard, OMB
Cliff Chen, OMB
Sarince Shrie, OMB
Christine Ponder

**MEDICAL AND PROFESSIONAL AFFAIRS
COMMITTEE
June 13th, 2018**

Dr. Calamia, Chair of the Committee, called the meeting to order at 9:10 AM.
The minutes of the June 13th, 2018 Medical & Professional Affairs Committee meeting were adopted.

CHIEF MEDICAL OFFICER REPORT

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

Flu

The official end to the influenza season was declared last month by the New York State Commissioner of Health, Dr. Howard Zucker. This flu season, our system administered a total of 28, 721 vaccinations to staff—up from 26,454 last year. I am happy to report that we've had steady incremental participation over the last 5 seasons. We will continue to increase awareness and education throughout our system.

Behavioral Health

Integration Efforts:

OBH is implementing primary care integration into behavioral health at 5 sites – Bellevue, Elmhurst, Lincoln, Kings, and Cumberland. OBH is working with Jacobi, Metropolitan and other sites to develop integrated services there. 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 6 addiction consultation teams (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. Also mock codes/drills related to aggression and violence are being conducted to better train and prepare staff to respond to crisis situations. 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.

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, located in the Meyer Building on Ward's Island, specifically for those with mental illness. 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.

Laboratory Services

In general, reducing variation within laboratory operations continues to be a focus including implementation of new equipment as well as, a new laboratory information system. Efforts in progress include the implementation of standard equipment in the areas of chemistry and hematology. We are on schedule to complete both systems by March 2019.

As we prepare Woodhull laboratory for the implementation of the Cerner Laboratory Information System in conjunction with the EPIC EMR, efforts continue to develop using standard build.

In support of Emergency Medicine Services initiatives, a focused body of work is in progress to implement Point of Care (POC) testing where needed is underway with a goal to be completed by September 2018.

Patient Blood Management

As a result of an enterprise workgroup initiative, opportunity has been identified to reduce blood product wastage within our system. Efforts are underway to produce monthly data allowing timely monitoring and actions when appropriate. A 90 day pilot model is in development including several of our hospital blood banks with an aim to relocate platelet products for transfusion within our system, when needed.

Test Utilization

In partnership with our clinical experts and Huron Consulting, an enterprise workgroup has been active for several months to identify strategies to support appropriate test utilization. With support from our EPIC partners, special EMR alerts will trigger when high costs tests, duplicate tests, and once in a lifetime tests have been requested. The aim is to implement the 1st phase alerts by October 2018. This work is on-going. Tools to perform real-time test utilization review are in development which will allow clinical end-users to take action as appropriate.

Clinical Services Planning

Emergency Department Services Initiative - with focus on delivering high quality care to patients that visit our EDs, the development of an urgent care clinic is an important goal. Key partners including, Operations, M&PA, and OneCity Health, have been working in collaboration to develop an enterprise model with the aim to implement Urgent Care Clinics at Elmhurst and Lincoln hospital over the next several months, to be followed by a system-wide implementation.

Additionally, strengthening Observation Beds services throughout the enterprise improves care to patients visiting our Emergency Departments, as some patients who may not meet criteria for admission often still require some level of clinical monitoring while being cared for. Standard work and EMR build requirements are in development, as are the education and training components required for the new work flows and documentation requirements for proper billing.

Pharmacy Services

1. Collaboration with supply chain to create a conservation plan to manage the injectable opioid shortage.
2. Collaboration with Go Epic Order-sets team to oversee clinical content of order sets.
3. Collaboration with Huron Consulting to develop and design a road map and implementation time line for cost avoiding, revenue generating, transformation of pharmacy services.
4. Antimicrobial Stewardship Initiative continues to ensure optimal antimicrobial therapy prescribing and reduce antimicrobial resistance rates.
5. Collaboration with supply chain and McKesson Patient Assistance Program.
6. Continual progress toward a standardized formulary.
7. Compliance with USP797 standards and preparation of facilities for new USP797 and 800 standards for compounding IV admixtures.
8. Seeking an innovative system-wide inventory management solution for all medications at each of our facilities.

System Chief Nurse Executive Report

Kim Mendez, Chief Nurse Executive, reported to the committee on the following:

System Nurse Practice Council (SNPC)

The System Nurse Practice Council continues to meet monthly. Key agenda focus areas include: Shared Governance, Recruitment, Retention & Recognition, Nurse Practitioner roles, RN driven clinics and supporting a work environment to implement new NYS RN scope of practice changes. Across our system, shared governance councils are being initiated and welcomed by frontline nursing staff. Both Kings and Harlem have kicked off the DAISY Award at their facilities to highlight and recognize excellence of an individual nurse or nursing team. The DAISY Award has been well received and is available for all NYC H + H facilities. A SAVE the Date announcement for the second annual Shared Governance Retreat in November 2018 has been posted.

System New Nurse Hire Orientation

- Following, January 12, 2018, successful launch of phase I of centralizing nurse orientation for Acute Care facilities next steps across the system will focus on standardizing critical care courses for system offerings as well as streamlining the remaining components of new hire nursing orientation. Of note, the May 4th, 2018 nursing orientation on-boarded 150 new RN hires.
- Ongoing collaboration with HR Workforce Development and PeopleSoft teams to align training information into new hire files.
- New agency nursing hires may now take HIPAA training online to facilitate on-boarding process. Additional opportunities for e-learning modules for orientation is actively being evaluated.

New Post-Graduate Nurse Practitioner Fellowship

- In partnership with the VP Primary Care, an interdisciplinary NP fellowship program is being developed for a July/August 2018 one year proof of concept launch. The concept is to embed new post-graduate NPs for one year into a team-based setting alongside internal medicine residents and interdisciplinary care teams to support the new NPs in building their foundational education framework and translate learning into practice. The program will focus on professional development by providing education, role modeling and mentoring, advanced practice and clinical inquiry. Ultimate goal is to attract, train and retain NPs to improve access to care across our ambulatory site clinics.

SART & Domestic Violence Initiatives

- We are continuing to work with the Mayor's Office to Combat Domestic Violence on the integration of identified domestic violence strangulation cases with SAFE exams. The goal is to begin program roll-out at both Kings and Elmhurst hospitals in the fall of 2018 and then learn and spread across the system.

Nursing Quality

- **CAUTI/CLABSI**-system-wide performance improvement programs are well underway to support standardization of care bundles, training, and audit processes. For the CAUTI initiative, a system-wide follow-up indwelling catheter point prevalence study is underway. The results will be available in June 2018.
- **Pressure Injury Prevention (PIP)**
 - The system-wide PI project for Pressure Injury Prevention will be presented by facilities at the upcoming QAC meetings for 4Q17 data. PIP work has focused on standardized training and use of the Braden Risk Assessment Tool as well as use of an audit tool for assessing care bundle compliance.

Staffing

- System wide review of acute care nurse staffing and monthly dashboard updates have been developed and in process.
- Going forward from April 1, 2018, front line nursing positions have an automatic backfill based on NYC H + H staffing guidelines.
- Establishing NYC H + H nursing staff float pools at each acute care facility as an alternative to agency staffing is in final discussions.
- Any critical staffing needs are being addressed one on one with each CNO to develop short and long term mitigation plans.
- FY 2019 Nursing FTE budget for acute care facilities proposal has been completed and is now under finance review.

Nursing Informatics

- Ongoing participation in EPIC build decisions for order sets, workflows, functionality prioritization. Active participation on EPIC Enterprise Executive Committee, ETIS Prioritization Committee, etc.
- Continue to support PeopleSoft (Payroll & timekeeping). Finalizing next steps for new nurse scheduling system (Clairvia) for the enterprise.
- NISA (Nursing Informatics System Advisory) On May 18, 2018 NISA held their 6th Annual Nursing Informatics Conference at Bellevue. Keynote speaker was Judy Murphy, CNO, IBM Global Healthcare. The conference was well attended and very informative.

Care Management

- System-wide Care Management Program rolled-out at NYC H+H/Bellevue began on May 1, 2018 and will be completed in June 2018. Standard workflows have been completed for 3 care settings: Ambulatory, ED, and In-patient. A standard curriculum is being completed for training purposes as well as an interim care plan has been established for all three settings plus At Home. Standard work for interdisciplinary rounds is being finalized. Next steps include moving UM and Interdisciplinary Rounds standard work out to all acute care facilities.
- System-wide high risk stratification tool for the ED Care Transition team is in alignment with Population Health predictive model. Hi Utilizer flags are now active in 3 care settings.
- Continue to monitor DSRIP Phase II & III metrics
- Health Home At Risk (HHAR) – workflow transition to PCMH is underway. This includes establishing a referral process for DSRIP 4Qtr goal and updating care plan to meet health home standards. Weekly update meetings are scheduled to maintain momentum.
- Care Management Governance structure introduced and first new meeting was held on May 29, 2018.
- UM Training has kicked-off and the goal is to be completed by the end of June 2018.
- In partnership with OCH Workforce Development Team, Accountable Care Manager standard curriculum for competency & orientation is under development.

Patient & Staff Experience

2018 System approach includes:

- In May 2018, ICARE, a broad customer service training initiative kicked off across our system. As part of the launch of ICARE, facilities will work on implementing proactive purposeful rounding to better anticipate and address the needs of hospitalized patients and focus on both “no pass zone” and quiet at night standard work.
- The “Happy or Not” patient satisfaction assessment tool meters for Ambulatory Care have arrived and are being distributed. Standard work has been developed; Go Live across our ambulatory care sites is scheduled for June 18, 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

MetroPlus Health Plan, Inc.

Total plan enrollment as of March 1, 2018 was 518,407 Breakdown of plan enrollment by line of business is as follows:

Medicaid	371,405
Child Health Plus	17,622
MetroPlus Gold	11,684
Partnership in Care (HIV/SNP)	4,203
Medicare	8,012
MLTC	1,861
QHP	14,568
SHOP	1,324
FIDA	208
HARP	10,754
Essential Plan	74,901
GoldCare I	1,176
GoldCare II	689

Enrollment

Once a year, New York State releases detailed open enrollment numbers for all plans for the Open Enrollment period. The most recent report for the 2017-2018 open enrollment period confirms MetroPlus Health Plan's strong overall performance. For QHP, membership grew from 8,469 during last year's open enrollment period to 13,902 at the end of this year's open enrollment – a 65% increase. In fact, QHP membership now stands at 14,568 members (see above). Our QHP membership represents 15% of the entire QHP membership in our service area. This is a strong improvement from the 9% market share a year ago. MetroPlus was the only plan throughout the state to have significant growth in its QHP market share compared to a year ago. We were in the top three in QHP enrollments in the Bronx, Brooklyn, and Queens. For EP, MetroPlus was also in the top three in enrollments for all boroughs (except Staten Island). Our EP membership represents 16% of the market in our service area.

Retention

One of the key factors to retaining members is ensuring individuals renew their Medicaid eligibility. To assist members with timely renewals, MetroPlus has a multi-tiered outreach strategy involving mailings, texting, and phone calls. As noted in the chart below, significant improvement has been made in recent months in the overall renewal rate. The increase is due in part to the development and careful monitoring of individual performance metrics in the Retention Department. Retention has also increased its service hours and now contacts people both on weekends and in the evenings until 8 PM to reach people at a time when they are available. Further, MetroPlus has begun to work more closely with facilities to renew individuals who come in to outpatient appointments while they are in the building.

There has been an increasing renewal rate starting in November of last year when the rate was about 78%. In March, the most recent month for which final data is available, the rate had increased to 83%. The top three facilities for renewal rates are Bellevue, Harlem, and Metropolitan each at 86%.

Marketing

MetroPlus has started marketing efforts at the new Vanderbilt site on Staten Island. We are currently active onsite three days a week and will expand our presence as more services are added. During our first week, we were able to enroll around 50 people into health insurance coverage. We plan to do additional outreach to the uninsured population near the facility to let them know about the new facility as well as the opportunity to obtain health insurance.

Special Investigations Unit (SIU)

MetroPlus has a contract with Verscend for our SIU activities. Verscend reviews MetroPlus claims using their algorithms to identify areas of concern in provider billing. A provider may be able to explain certain areas of potential concern when raised. In other cases, he or she may not have been billing fraudulently but may have misunderstood the coding or the rules and further education may be required. Alternatively, Verscend may determine that the provider improperly billed MetroPlus and that a recovery is required. Our SIU staff also reviews all Verscend referrals for an added layer of verification. Verscend has currently initiated over 50 collection efforts with providers. The state has also been focusing more closely on collection efforts made by providers and requiring providers to report the amount collected and the efforts involved.

Soarian

For several months MetroPlus has been working with H+H facility staff to connect with individuals seeking services in the facilities who are potentially insurance eligible. At many facilities, our staff now sit in outpatient areas and in the Managed Care Departments and receive direct referrals of uninsured individuals from facility staff. Additionally, with the implementation of the centralized call center, uninsured individuals are scheduled to see a MetroPlus representative one hour before their scheduled appointment time. To track the referrals as they move from H+H to MetroPlus and to be able to report on outcomes, our staff have been trained on the relevant tools in Soarian. H+H staff and MetroPlus will both use the system; and sharing the platform will allow for tracking the progress of referrals and results. Soarian implementation has started at NCB and will be expanded to other facilities.

INFORMATION ITEM:

Israel Rocha, Vice President, OneCity Health presented to the committee the Strategy to Decrease Avoidable Utilization.

There being no further business, the meeting was adjourned 10:14 AM.

CHIEF MEDICAL OFFICER REPORT
Medical & Professional Affairs Committee
September 13, 2018

Behavioral Health

Integration Efforts:

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Opioid Crisis:

OBH is a major part of the Mayor's initiative, *Healing NYC* – focused programs that address the current opioid crisis in NYC. Special substance abuse/opioid consultation teams are being established at 6 facilities: Bellevue, Metropolitan, Harlem, Lincoln, Woodhull, Coney Island, and Elmhurst. Substance abuse specialist peers are being deployed to all emergency departments to identify and engage opioid users and other substance users and engage in treatment. H+H is increasing access to buprenorphine in primary care and emergency departments; and we are increasing distribution of naloxone kits to reduce fatal overdose.

Buprenorphine Update:

305 H+H providers have gone through the X-waiver training. There have been 11 H+H X-waiver trainings with 2 more scheduled for this fall. Metropolitan and Bellevue are both now starting Bupe inductions in the EDs. Each Acute and Gotham site has an x-waivered primary care bupe provider champion currently taking part in the Bupe ECHO project to help them with current patients or help them launch Bupe Clinics in their PC practice.

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.

Dr. Jennifer Havens is joining staff of the Office of Behavioral Health to develop a comprehensive, system-wide plan for Child and Adolescent Behavioral Health Services. Dr. Havens has been the Director of Child and Adolescent Psychiatry at Bellevue and faculty at NYU.

Homeless mentally ill:

Two programs are being developed that will better serve the homeless mentally ill. H+H/OBH is developing a mental health and primary care clinic in a homeless shelter, located in the Meyer Building on Ward's Island, specifically for those with mental illness. 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.

Patient/Staff safety:

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assessment for ligature risk and other environmental safety concerns. We are in process of developing a system-wide environmental risk assessment.

OBH and facilities recently met with the New York State Office of Mental Health to review our progress in reduction in restraint, seclusion, and involuntary medication in the acute care facilities. This related to follow-up of an article on H+H use of these interventions by on-line news articles. Bellevue and Jacobi presented their reduction and oversight/supervisory plans to OMH as representatives of the system. OMH was pleased with the plans and the progress that had been achieved. OBH will continue to work with OMH in ongoing review of these interventions.

Clinical Services Update

In collaboration with OneCity Health, NYC Health + Hospitals Clinical Services and Operations continues to focus on the following clinical services initiatives:

- New Care model to Decrease Avoidable Utilization- Providing patients with faster access to the appropriate level of care while lowering the volume and wait time in the ED by offering ExpressCare services
- Short-Stay Services and Clinical Decision Unit- improving quality by avoiding unnecessary utilization
- NYC Health + Hospital Stroke Certification Plan- pursuing certification for Thrombectomy – Capable Stroke Center (TSC) at Bellevue, Elmhurst, Jacobi, Kings County, and Lincoln Hospital driving commitment to improving the health of our patients, meeting the needs of our community through high quality care
 - Delivering consistent, standardized care
- Ambulatory Surgery /GI Services

ExPressCare Services

Progress to date includes a soft go-live at Lincoln Hospital in Aug. 2018 with Elmhurst hospital preparing for a Sept. launch. Efforts are underway to finalize the next 2 sites to go-live.

Clinical Decision Unit-

Progress to date includes:

- Bellevue identified to initiate system model
 - Site visit to NYU to understand “lessons learned”
- Financial implications, staffing model
- Over next 12 months, and working with other national health system leaders and American Hospital Association learning to accelerate adoption of model

Stroke Certification

NYS stroke designation strategy is to develop a hub and spoke model, with one level I H+H trauma center being the H+H comprehensive stroke center, and the other level I trauma centers the spokes as thrombectomy capable stroke centers..

In addition, all other H+H acute care facilities are being encouraged to apply for advanced primary designation.

The functioning of this model will be highly dependent on a strong, efficient, and competent inter-facility transportation system.

Progress to date includes:

- Establishment of system-wide clinical expert workgroup

- Development of business plan template for all sites, Elmhurst business plan reviewed and provided ok to proceed

Ambulatory Surgery/ GI Services

Progress to date includes:

- Reviewing level data
- Establishing GI clinical expert workgroup

Pharmacy Services

Collaboration with Huron

The Office of Pharmacy Services has partnered with our VP of Supply Chain, Paul Albertson to target key expense areas for savings such as the implementation of a central fill and specialty pharmacy services, and infusion center efficiencies.

The Pharmacy team has launched 7 initiatives related to formulary utilization and management listed below:

- Calcitonin duration of use
- Rasburicase Fixed Dosing
- Depakote clinical conversion
- Phosphate Binders
- IV H2 blockers
- Standardize Anticholinergics
- Standardize ICS/LABA inhalers

Through these various initiatives and additional infusion related billing initiatives pharmacy has demonstrated cost savings. To assist with the sustainability and tracking of these initiatives after Huron's departure, M&PA has on boarded a System Level Director of Clinical Pharmacy.

- **Retail Pharmacy Expansion**
 - NYC Health + Hospitals has embarked on an interdisciplinary effort to modernize our outpatient pharmacy services. A large focus of this work is to enhance our sixteen retail pharmacies across the system, which dispense 2.5M of the 18.5M total prescriptions generated by our prescribers each year. As part of this effort, we are working on implementing a Retail Pharmacy Enhancement initiative. The following progress has been made:
 - Harlem is set to go-live sometime later this fall
 - Workflow, layout, and labeling, are being upgraded
 - Simulation exercise of the proposed workflow has been completed by IMSAL simulation partners to identify failure modes and understand capacity of the new system
 - Staffing considerations continue to evolve as Harlem has hired three additional technicians to support the Go Live.
 - Revenue management is in progress and in good status for capturing all revenue generated into the General Ledger
 - Tier 2 facilities including Gouverneur, Bellevue, Kings County, and Woodhull kickoffs have taken place.

Antimicrobial Stewardship

The office of Pharmacy services in collaboration with the Office of Quality, Risk, & Patient Safety are leading an enterprise wide Antimicrobial stewardship performance improvement project to assure compliance with 37 CDC core elements for antimicrobial stewardship. A system wide multidisciplinary collaborative antimicrobial stewardship monthly conference is held with the scope of facilitating barriers toward optimal antimicrobial stewardship performance.

Judicious Opioid Prescribing

- A draft dashboard has been constructed that reports on judicious prescribing for all EPIC sites
- An EPIC module that reports out to the provider the morphine equivalent dose (MED) is in development to help provider avoid overprescribing of opioids.
- Facility level pain stewardships have been established to address the opioid epidemic and comply with TJC standards i.e. CIH
- Dental Council has initiated a opioid epidemic initiative to curtail prescribing of opioids for third molar extractions

As per HealingNYC Initiatives, Pharmacy services has partnered with the Office of Behavioral Health Services' 4 – pronged opioid response. These include:

1. Judicious prescribing
2. Expanding treatment
3. Standardizing ED Response
4. Overdose Prevention

Pharmacy services is also assisting in the planning and designing of reporting metrics and strategies to achieve Judicious Prescribing.

The collaboration thus far has resulted in the development of process metrics, such as assuring all providers comply with the three hour safe opioid prescribing course mandate, assuring facility policies that conform with the DOH guidelines, the uprooting 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, i.e., Morphine Equivalent dosing > 100 which is associated with opioid related adverse effects. Additionally, planning and designing of innovative pain management strategies that are facility specific, are being considered, i.e. Opioid Stewardship Initiative.

Medication Safety

The medication safety committee continues to work to ensure EPIC systems functionality meets regulatory, safety and efficiency requirements:

- Facilitating cutover through recruitment of system pharmacist to Woodhull
- Facilitating system standardization approval for:
 - Therapeutic interchange
 - Automatic stop orders
 - Dispense preparation/check and compounding repackaging
 - Vancomycin rounding
 - 5% maximum warning threshold
- Delivered reports for pharmacist to manage restricted antimicrobials to support the providers at Elmhurst for the ID approval process.
- 90 day supply reports analyzed to trend impact of 90 day supply prescribing
- Oversight of pharmacy-EPIC implementation for Woodhull Go Live
- Oversight over pharmacy revenue cycle for the live sites – retrofit
- Investigating functionality for EPIC to OPUS communications for enhanced provider workflow

Standardized Formulary

- A draft formulary table has been developed and published for dissemination - updated as of August
- P&T Council approved 1782 medications line items to add to current NYC H+H formulary list that are in common use to all epic sites and Bellevue

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

The following report will highlight the work and achievements during the months of June and July 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 where 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.

Nursing Leadership Announcement

On October 1, 2018, Kim K. Mendez, EdD, ANP, RN will transition from System Chief Nurse Executive to her new role in EITS as System Chief Health Informatics Officer. Mary Ann Marra, PhD, RN, CNO NYC H+H/ North Central Bronx, will provide corporate nursing leadership as the Interim System Chief Nursing Officer.

NYC Health + Hospitals 2018 Nurse of Excellence- SAVE the DATE

On October 30th, 2018 NYC Health + Hospitals will be holding the 2018 Nurse of Excellence Awards. The event will be held at Jacobi from 2-4pm. To date we have received 170 nominations from across our system. Our Nursing Champion awardee this year is CUNY Hunter School of Nursing.

OPCC / Nursing FY'18 Year in Review – BOD Presentation Outline for July 26, 2018

- CNO Council Goals
- Nurse Staffing FY'18 Assessment & Opportunity
- 2017 Staff RN Turnover
- Response
- Current Hiring Status
- Nursing Achievements
- Next Steps

System Nurse Practice Council (SNPC)

The System Nurse Practice Council met on June 6 and July 11, 2018. Details of the fall 2018 NYC H+H/NYSNA Shared Governance Retreat were discussed. A SAVE the DATE flyer was developed and will be shared at July

11, 2018 CNO Council. Retreat is planned for Wednesday, November 7, 2018, 0800-1230. Theme of the Retreat is: *Nursing Shared Governance: Building Relationships for Success*.

At the June 2018 meeting a Retention sub-committee was formed. The sub-committee will be led by Kim Mendez, System CNE and Judith Cutchin, NYS H + H NYSNA President. First meeting was held on June 27, 2018. Key areas of discussion included:

- Kick-off welcome and overview of scope of sub-committee
- 2017 RN Turnover data review
- 2017 RN Exit Survey data review
- Retention Strategies – Brainstorming Session
 - Elevating Joy – what matters to you?
 - Minimizing Hassles – addressing the small things
 - What’s going right?
 - What can we do better?
 - Identifying five top priorities. Ideas included:
 - Career Ladder vs. Clinical Ladder
 - Tuition forgiveness/reimbursement
 - Any opportunity to have CUNY tuition decreased for NYC H + H FT employees with 2 or more years of employment?
 - Preceptor program for new students & leadership; Educator pool
 - Behavioral interviewing skill development
 - Promoting ourselves and what we offer
 - Increasing NYC H + H image through advertisement, publication, etc.
 - Recognition
 - Annual performance award
 - Daisy Award seen as positive
 - Incentive bonus at years 3 & 6
 - Incentive for perfect attendance. Suggested sick time conversion; financial bonus.
 - Ability to buy-out annual leave
 - Specialty differential e.g. ICU, ED

At the July 11, 2018 meeting the SNPC continued discussion on the Shared Governance Retreat, Nursing Recruitment and Retention Committee met on July 25th, 2018 with a take-a-away to develop a strategic workforce action plan and *NURSES4NYC* campaign. Labor partners were updated on ICARE as well as beginning steps to move to new nurse scheduling system (Clairvia).

Continuing Education

- 2019 Nursing Continuing Education Providership recertification process continues.
- Skill Enhancement grant funded programs offerings included:
 - Critical Care Certification Review (June 2018)– 33 participates
 - Respiratory Assessment (May 2018) – 18 participants
 - Cardiovascular Assessment (May 2018) – 42 participants
 - Risk Assessment (May 2018) – 36 participants
 - Metabolic Syndrome (June 2018) – 25 participants
 - Current Trends in Diabetes Mellitus, Hypertension, Congestive Heart Failure (May 2018) -46 participants
 - Care and Communication of Dementia Patients (June 2018) – 35 participants
 - Sepsis (May 2018) – 28 participants
 - Cancer Care (June 2018) – 7 participants
 - Lab Analysis (May 2018) – 9 participants

Safe Patient Handling System Program

- Working with Supply Chain to obtain list of lift, patient transfer equipment that can be order locally by facilities.
- Patient mobility assessment tool needs to be finalized. Will be reviewed July 2018.

New Post-Graduate Nurse Practitioner Fellowship

- Current NP at Bellevue identified to support coordination of NP Fellowship Program.
- Core curriculum outline for program developed.
- Access to Yale clinical case curriculum obtained, review is underway to discuss alignment and finalize program course work.

SART & Domestic Violence Initiatives

- NYC H + H held its first SART Symposium on June 26, 2018.
- NYC H + H leadership team met with Commissioner Noel and Deputy Commissioner Dank in June to discuss SART and DV integrated program, grant funding and collaborative next steps.
- International Association of Forensic Nurses held an all-day curriculum review with OCDV to outline the training of Sexual Assault Forensic Examiners (SAFE) in domestic violence assessment skills.

Nurse Driven Clinics

- Non-Patient Specific Orders – As part of the implementation plan, the following action items remain on track:
 - Identification of new competencies, based on NYS Nurse Practice Alerts allowing RNs to administer vaccinations and preventative testing using non-patient specific orders,
 - Development of standard work and education materials,
 - Completion of an education action plan and timeline.
 - Presented at Pharmacy Committee with edits suggested.
- Nurse First Visit for New Patients
 - Concept supports RN interviewing and assessing patients for current medications, medical history, preventative screenings and vaccinations, MOLST or Health Care Proxy, B/P, etc. This will increase access to providers (MD, NPs) by shortening first visit appointment time requirements.
 - On track for a September 2018 start.

Nursing Quality

- **CAUTI**- system-wide point prevalence study results are in and will be presented at July 2018 CNO Council. System-wide calls and sharing of best practices are underway.
- **Pressure Injury Prevention (PIP)**
 - The system-wide PI project for Pressure Injury Prevention are currently being presented by facilities at QAC meetings. PIP work has focused on standardized training and use of the Braden Risk Assessment Tool as well as use of an audit tool for assessing care bundle compliance.

Continuation of Special Projects focused on effective & efficient use of resources

- Linen & Laundry
- ED nurse documentation & charge capture
- Timekeeping & Payroll
- Blue Bin

Nursing Informatics

- Clairvia, nurse scheduling system, kick-off held on June 18, 2018. Clairvia work is integrated with ERP with participation at ERP Governance Council. At present, an assessment of current status is underway with a review of ANSOS, Nash, operational and communication workflows, cost centers, position control, etc. Key committee development and resource needs includes:
 - Project Leadership Team
 - Work Groups
 - Training
 - Communication & Change Management
- NISA (Nursing Informatics System Advisory) held a follow-up system meeting on July 12, 2018. Key areas of focus were as follows:
 - Nursing /Clinical Informatics Governance Committee best practices
 - Role of Nursing Informatics on Promoting Quality Health Care
 - NISA charter development
 - EPIC Go Lives – role of NISA as Lead Super-users
 - EPIC workflow build decisions for order sets, workflow and functionality prioritization updates
 - Continuing education & certification

Care Management

- System-wide Care Management Program rolled-out at NYC H+H/Bellevue completed with the development of standard work for social work, care management and staff RN in acute care inpatient and emergency department, ambulatory care and behavioral health. Quadramed EMR changes to support workflow and report generation to monitor metrics is final pending item.
- Care Management Program kick-off launched for Lincoln, Harlem and Elmhurst. With a goal to complete kick-off by end of 4Q18.
- Continue to monitor DSRIP Phase II & III metrics. Currently preparing for July 2018 submission for HHAR/Care Transition data for April/June/July.
- Health Home At Risk (HHAR) – workflow transition to PCMH is underway. This includes establishing a referral process for DSRIP 4Qtr goal and updating care plan to meet health home standards. Weekly update meetings continue to ensure alignment of work and resources.
- Milliman Utilization Management (UM) Training has been completed by 142 Accountable Care Managers. Another 22 are near completion. In addition, Milliman is developing a 30 minute provider webinar to support the UM and Observation work.
- On October 1, 2018, System Care Management department will transition to Population Health under the leadership of Dr. Dave Chokshi. This move will further align care coordination with the social services focus in Population Health.

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.

June 2018 Accomplishments

- Performance Improvement Projects for Tissue Timeliness scheduled for September kick-off at Harlem, Kings and Bellevue Emergency Departments.
- LiveOnNY provides overview of organ and tissue donation at monthly nursing orientation.
- CMS Organ Donation Rate and Tissue Timeliness quality indicators added to quarterly quality reports (QAC).
- Live On NY CEO met with NYC Health + Hospitals clinical leadership team members to discuss promotion of organ and tissue donation within primary care.

Patient & Staff Experience

2018 System approach includes:

ICARE

- Three ICARE Train the Trainer sessions have been launched with 132 staff trained. Final class scheduled for July 11, 2018 with 50 participants enrolled.
- Leadership training has started at Lincoln Hospital with 1-09 leaders trained.
- Hardwiring ICARE Retreat scheduled for August 8, 2018

Happy or Not monitoring kiosks were launched across the system at Ambulatory sites on June 18, 2018. Next Steps will be to support Post-Acute Care with monitors for resident feedback.

Health Workforce Retraining Initiative (HWRI) Grant applications to support staff engagement include:

- Career Ladder - PCT to PCA Training
- Career Ladder - RN Associates degree to BSN degree
- Skill Enhancement for Healthcare Team, Retention & Skill Optimization through Joy in Work
- Skill Enhancement for Care Coordination

System Patient Experience Conference scheduled for March 14, 2018 – SAVE the DATE attached.

HCAHPS – Rate the Hospital for the 11 acute care facilities. See attached PowerPoint slides.

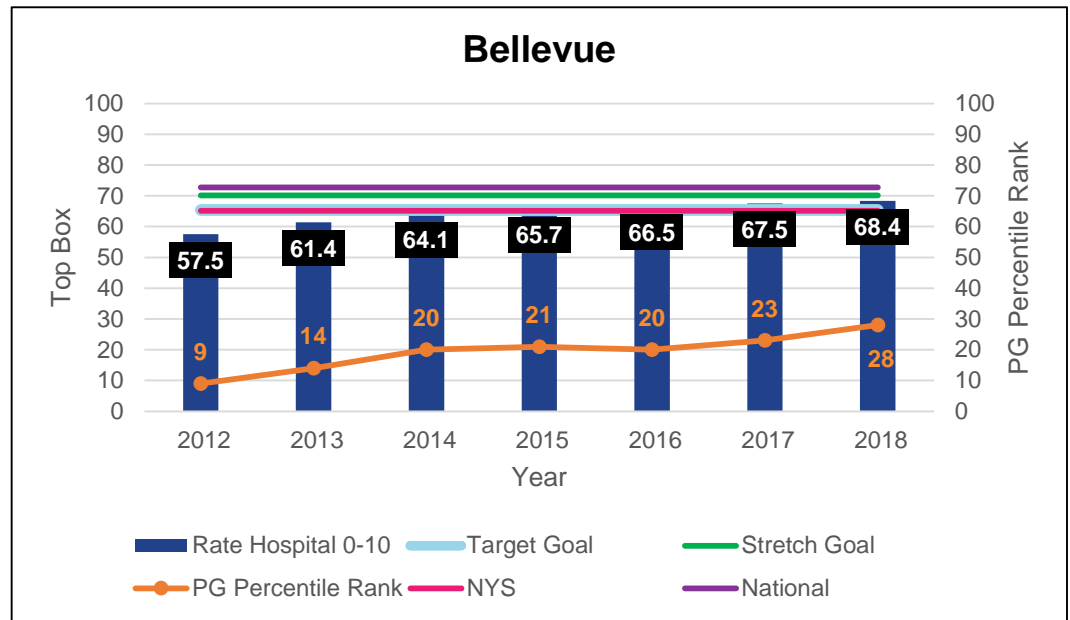
Patient Experience

Rate the Hospital: 0-10

Medical & Professional Affairs Committee
September 13, 2018

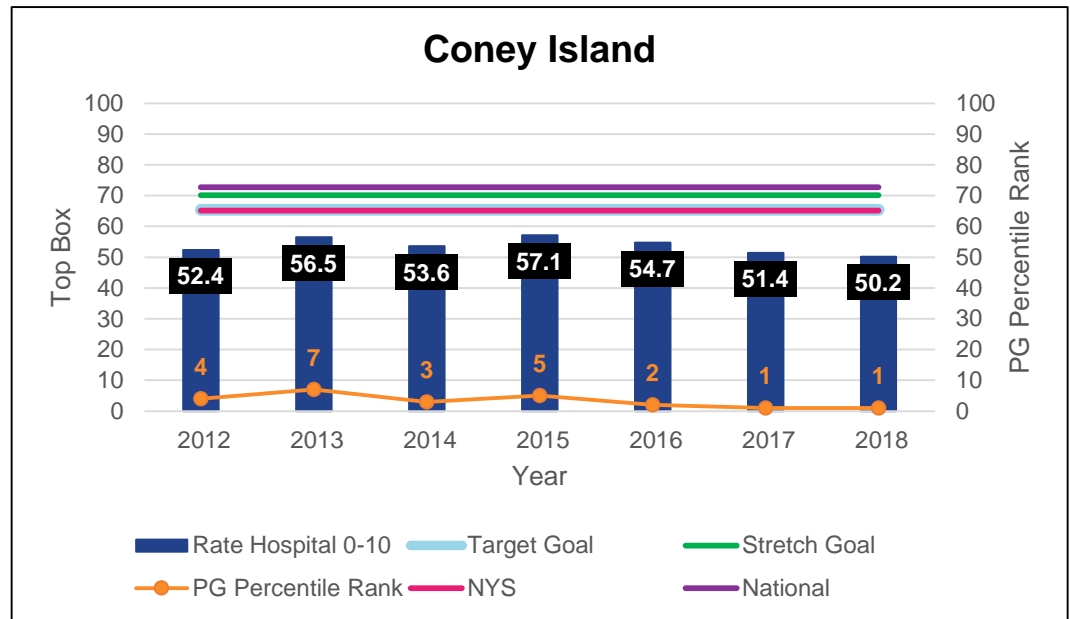


Bellevue

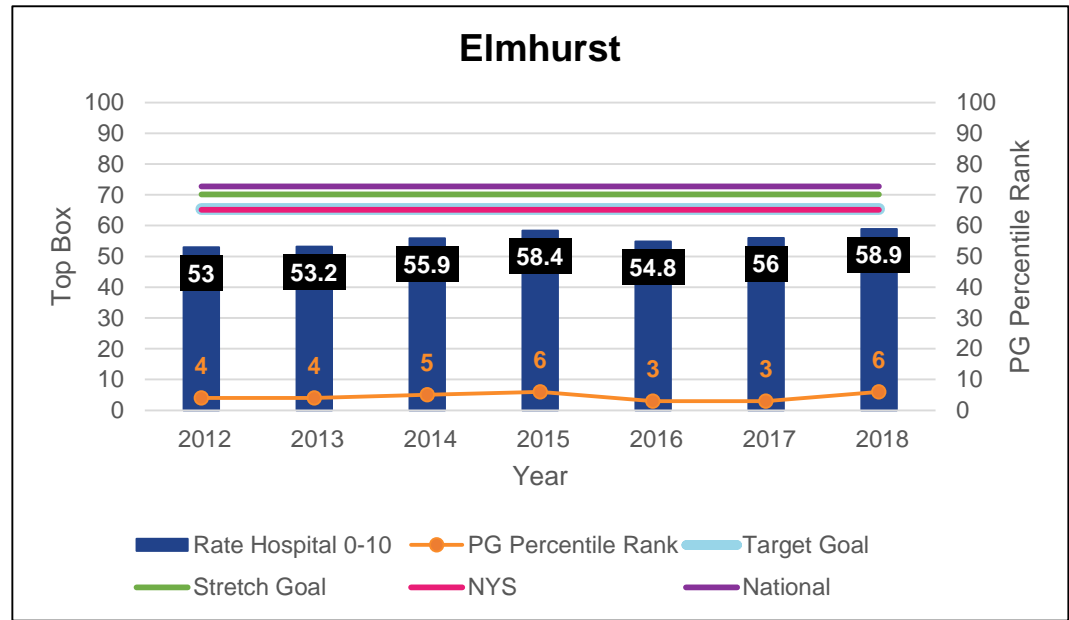


Coney Island

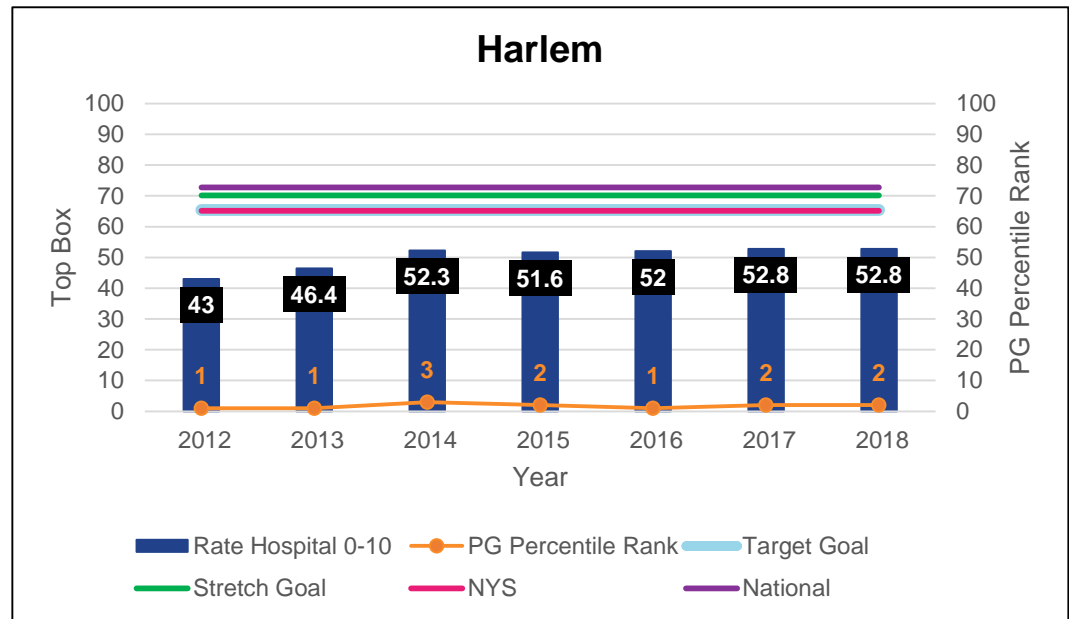
System Target Goal: 65.4
 Stretch Goal: 70.1
 NYS Benchmark: 65.1
 National Benchmark: 72.7



Elmhurst



Harlem



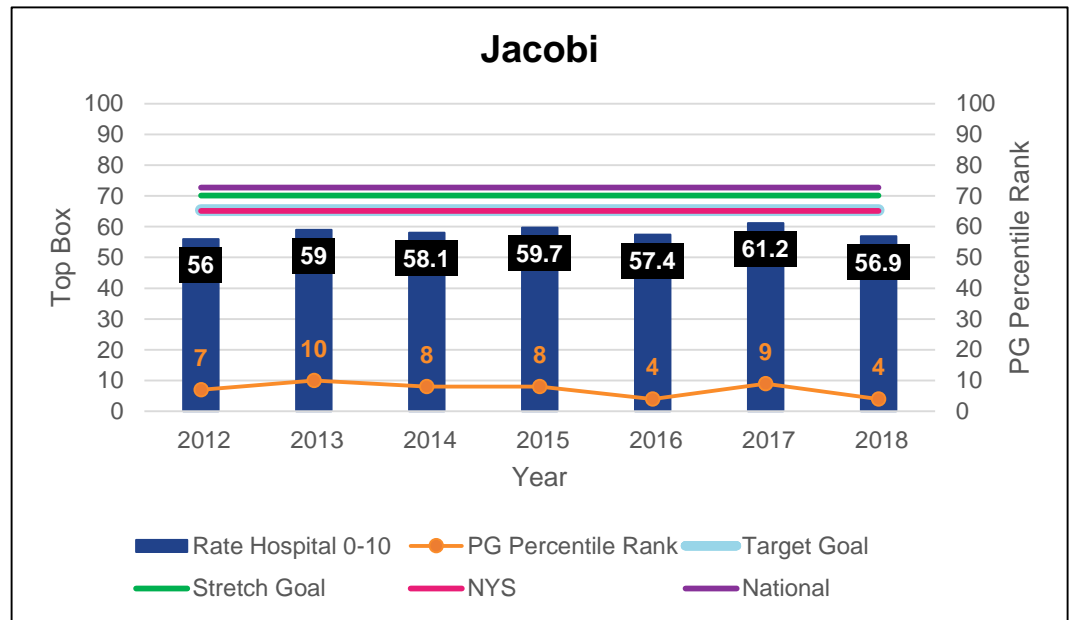
System Target Goal: 65.4

Stretch Goal: 70.1

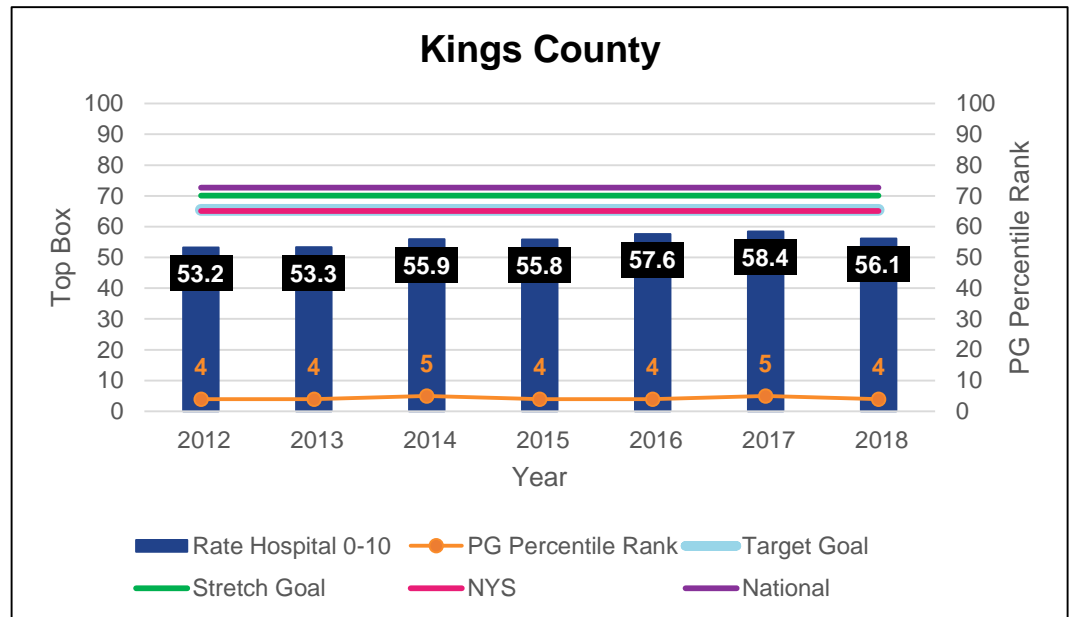
NYS Benchmark: 65.1

National Benchmark: 72.7

Jacobi



Kings County



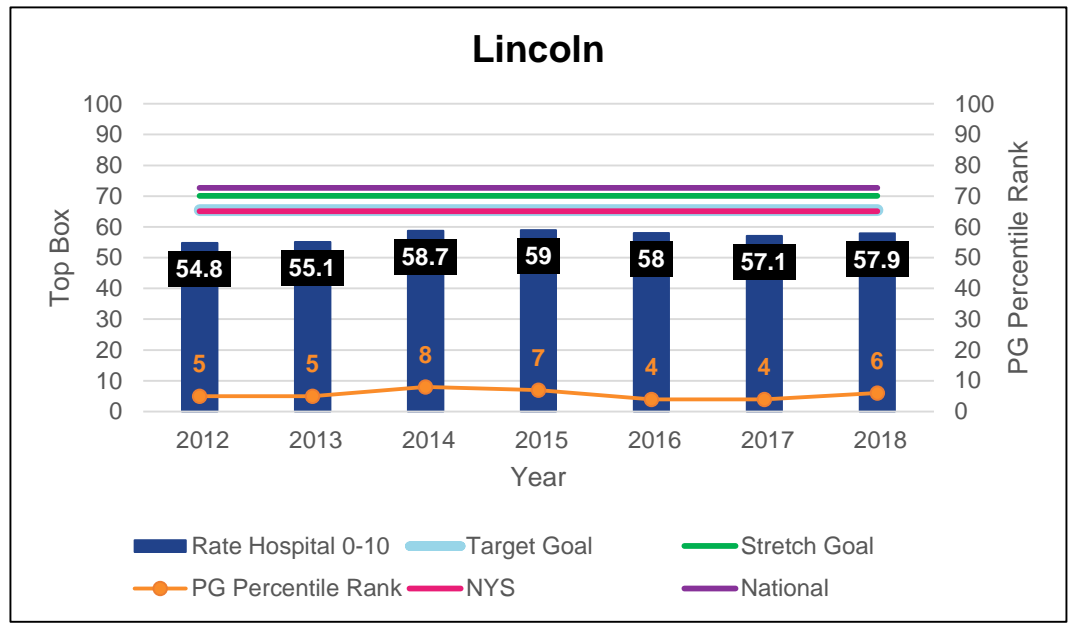
System Target Goal: 65.4

Stretch Goal: 70.1

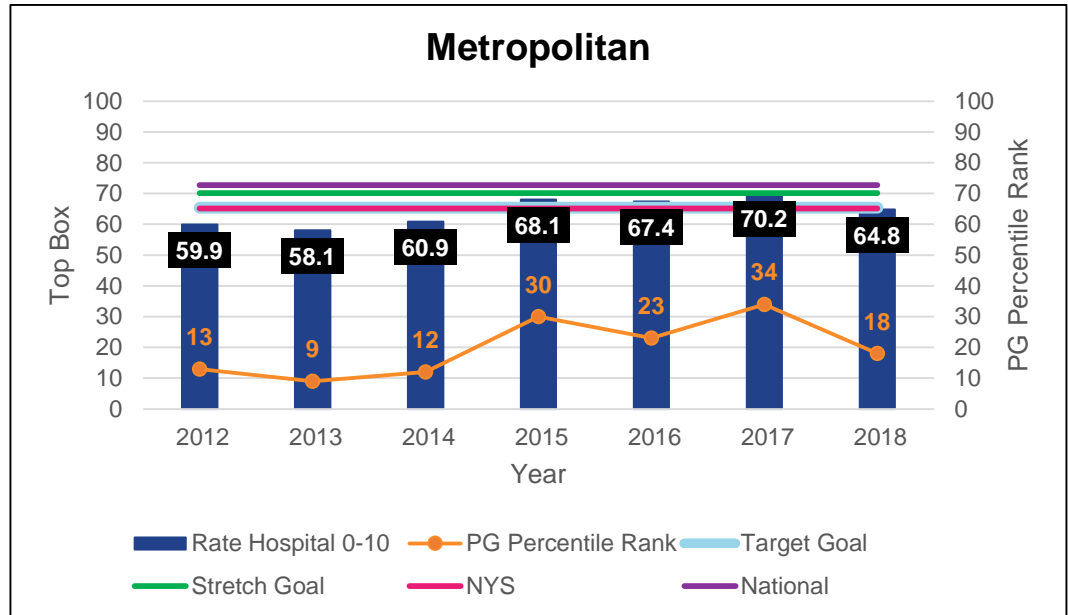
NYS Benchmark: 65.1

National Benchmark: 72.7

Lincoln



Metropolitan



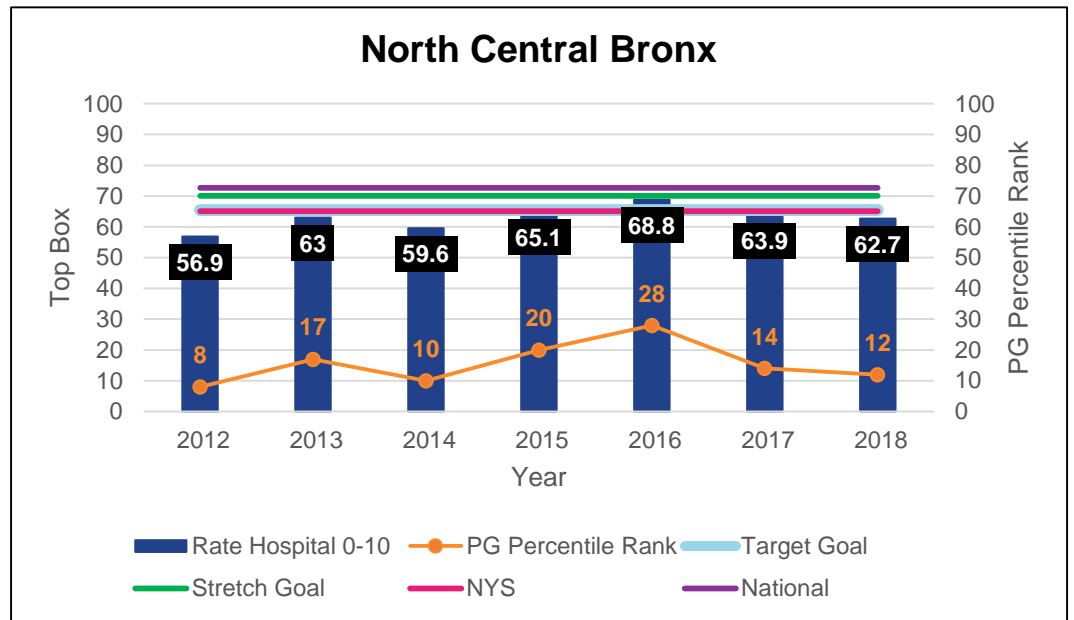
System Target Goal: 65.4

Stretch Goal: 70.1

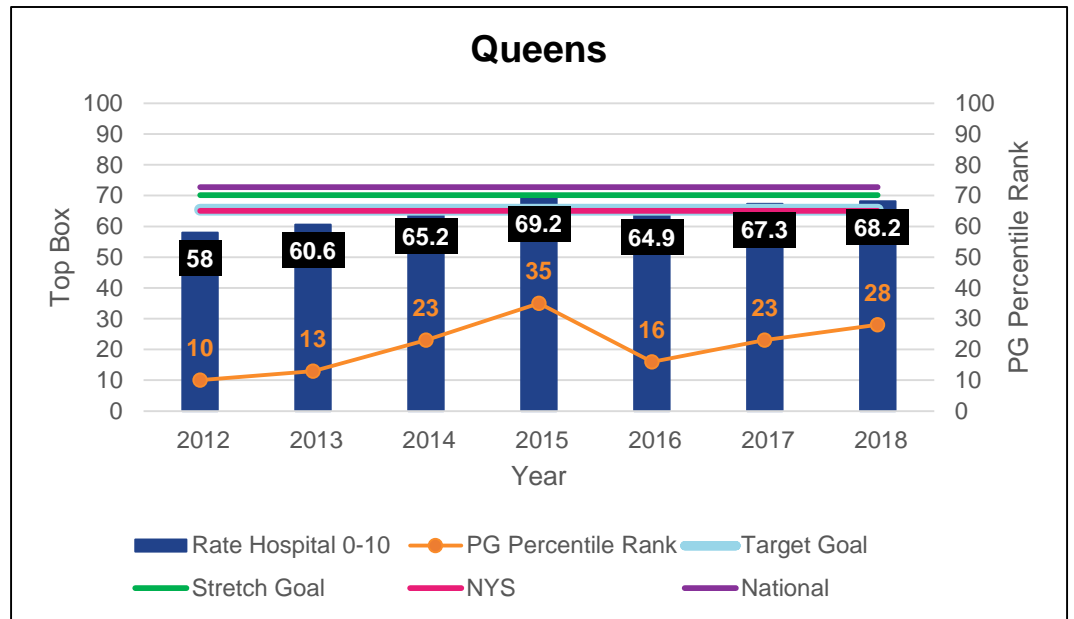
NYS Benchmark: 65.1

National Benchmark: 72.7

North Central Bronx



Queens



System Target Goal: 65.4

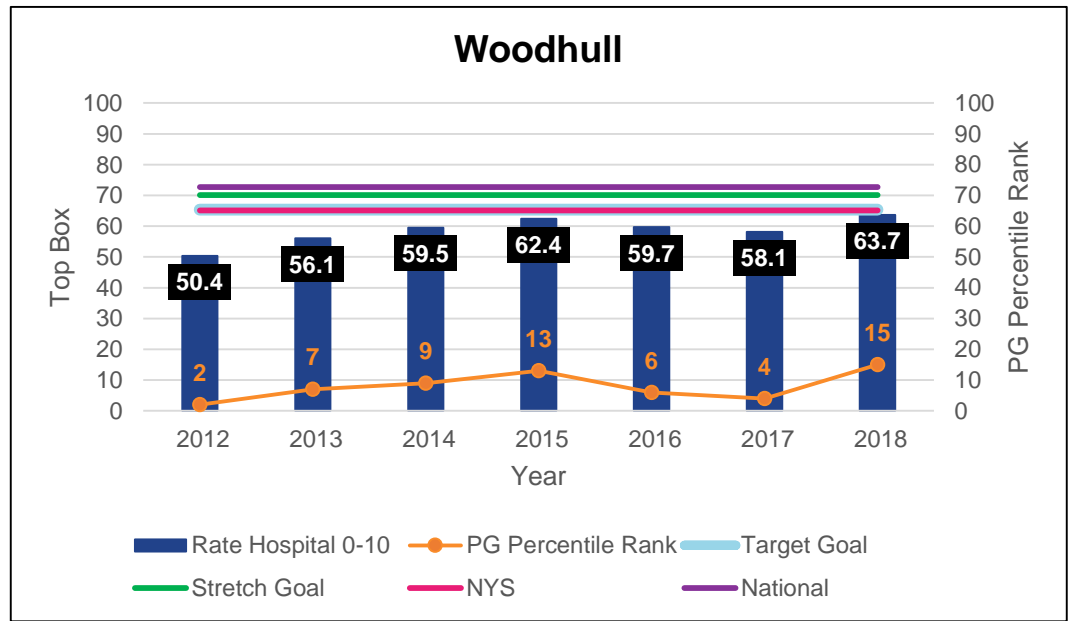
Stretch Goal: 70.1

NYS Benchmark: 65.1

National Benchmark: 72.7



Woodhull



System Target Goal: 65.4

Stretch Goal: 70.1

NYS Benchmark: 65.1

National Benchmark: 72.7

MetroPlus Health Plan, Inc.
Report to the
Medical and Professional Affairs Committee
September 13, 2018

Total plan enrollment as of August 1, 2018 was 516,105. Breakdown of plan enrollment by line of business is as follows:

Medicaid	365,762
Child Health Plus	17,961
MetroPlus Gold	12,552
Partnership in Care (HIV/SNP)	4,071
Medicare	7,892
MLTC	1,891
QHP	14,842
SHOP	1,276
FIDA	210
HARP	12,836
Essential Plan	75,011
GoldCare I	1,152
GoldCare II	649

Membership/Growth

MetroPlus has seen a 27% increase in the number of new enrollment gross application submissions in the month of July 2018 versus the same month one year prior in 2017. This will have a positive impact on the August – October 2018 Net Enrollment membership report.

Month	Gross Members
July 2017	12,795
July 2018	16,275
Difference	3,480
Growth	27%

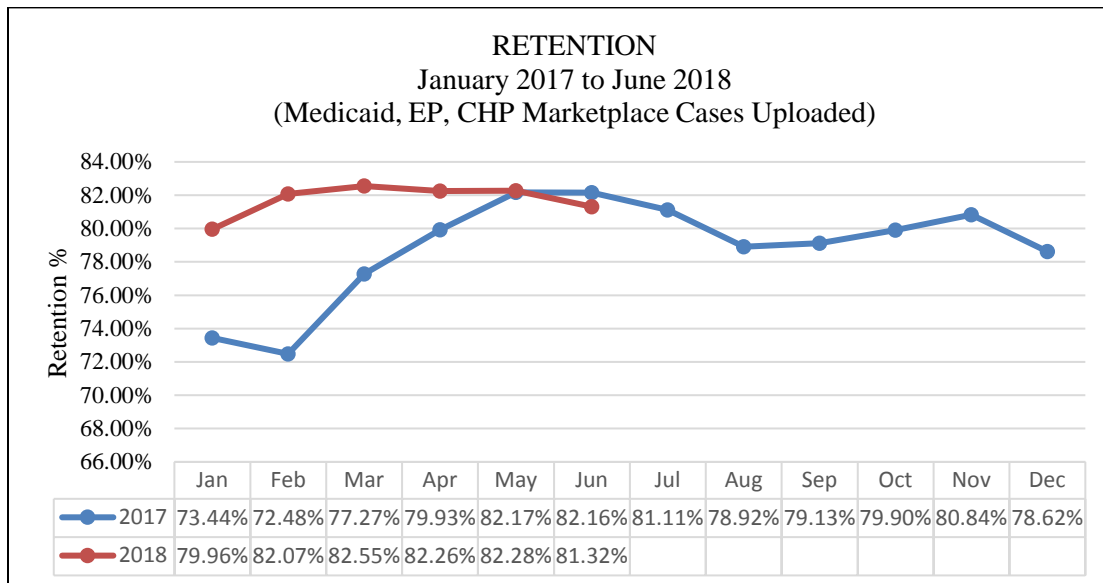
The EP and QHP lines of business have seen the greatest increase in membership from 2017 to 2018. EP increase by 7,907 members (12%) and QHP increased by 6,283 members (78%).

Month	CHP	EP	Medicaid	Medicare	MLTC	QHP
June 2017	15,962	68,748	375,278	8,285	1,573	8,070
June 2018	17,835	76,655	372,506	7,945	1,867	14,353
Difference	1,873	7,907	(2,772)	(340)	294	6,283
Growth	12%	12%	-1%	-4%	19%	78%

MetroPlus Gold continues to grow year over year and has seen a 481% increase from January 2015 to July 2018.

MetroPlus Gold Membership		
Date	Membership	Growth
1/1/15	2,149	
1/1/16	2,605	21%
1/1/17	5,005	92%
1/1/18	9,316	86%
7/27/18	12,488	34%
	Total Growth	481%

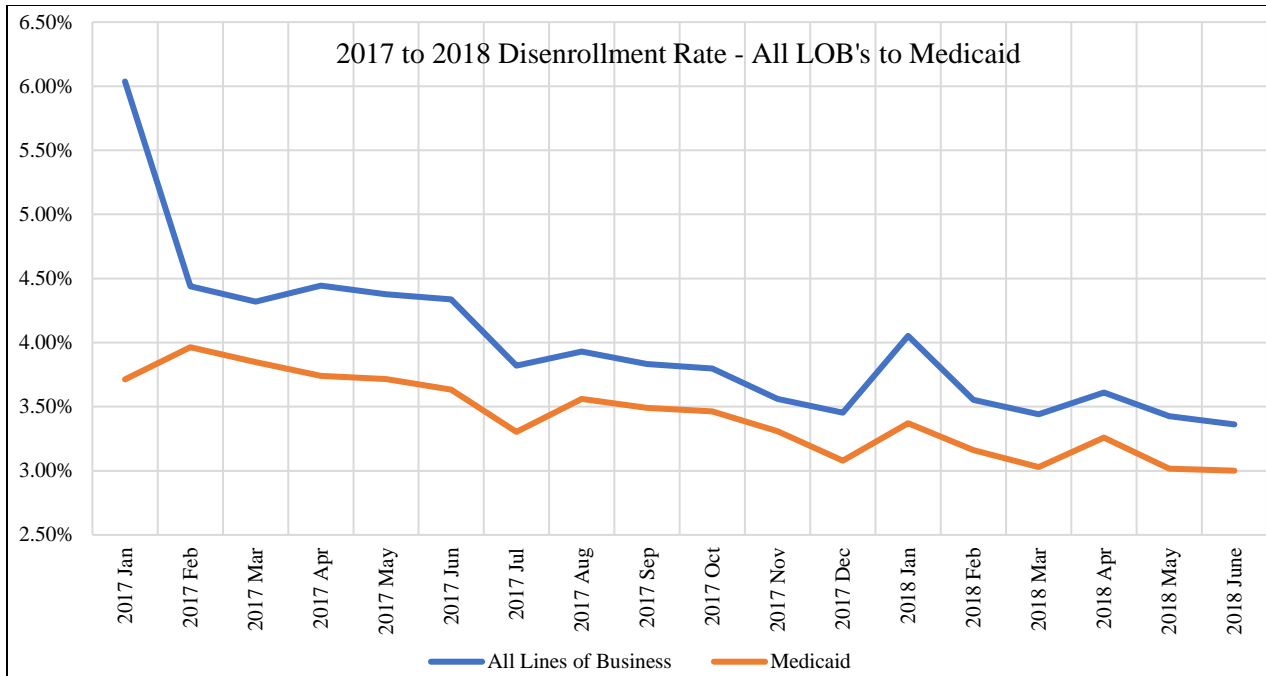
Retention efforts for Medicaid/EP/CHP continue at 82% for 2018 compared to 79% during 2017.



Disenrollments continue to decline in 2018. The 2018 average disenrollment rate for all lines of business (LOB) is about 4% (18,626 disenrolled members) while Medicaid is 3% (11,703 disenrolled members). For 2017, the average **monthly** disenrollment rate for all LOB was 4% (21,334 disenrolled members) while Medicaid was 4%. (13,388 disenrolled members). Marketing and Retention collaborate closely to retain members via outstanding premium outreach and promotion of the Finity Rewards program. Retention efforts continue at 82% this year compared to 79% in 2017 (annual average).

Other factors that contributed to the improvement in member retention and disenrollment percentages are as follows:

- Increased evening and weekend outreach;
- Dedicated unit of MFEs that focus on outreach to members who owe a Premium Payment; and
- Dedicated unit of MFEs that focus on document collection to facilitate application submission



Our CHP disenrollment rate reached a low of 5% in June 2018. This is down from a high of 8% in January 2017. In addition, the EP disenrollment rate remained under 6% for the last eight months (November 2017 – July 2018). This is down from as high as 9% in June 2017. Overall, MetroPlus has seen a 4% increase (18,013 members) in net membership from June 2017 to June 2018.

Month	Membership
June 2017	504,124
June 2018	522,137
Difference	18,013
Growth	3.6%

Medical Management

Our Quality Management (QM) team implemented several key initiatives in Q2, including a project focused on in-home gaps in care. As part of this project, QM staff partnered with MedXM to provide at home visits to members facing numerous gaps in care, including Care of Older Adults (medication review, functional status assessment, and pain screening), Colorectal Cancer Screening, BMI, blood pressure reading, and Diabetic exams (HbA1c, eye exam and urinalysis). In addition to closing the gaps, these visits were used to evaluate the members overall health. Any members requiring additional outreach and connection to a primary care provider or specialist had their outreach coordinated through our Care Management team. From April to June, the team contacted 307 members and 268 of those patients received a home visit. MedXM also included incentive talking points into their call script to bring awareness to our Finity Member Rewards Program.

MetroPlus and NYC Health + Hospitals (H+H) continue to collaborate extensively on many outreach initiatives to both members and the greater community. One of the highlights was the MetroTeen Health Fair, which took place at Woodhull Hospital. Of the 264 attendees, 120 were MetroPlus adolescents. Our teams conducted 14 Adolescent Well Child exams, scheduled 23 medical appointments, and completed 110 dental screenings as well as 8 chlamydia screenings. They enrolled 52 members into the MetroPlus

rewards program, signed up 2 attendees for health insurance coverage, and enrolled 38 members for Health and Wellness creative art classes. We also referred 30 adolescents for employment via our workforce development community partner. Overall, 94% of attendees were satisfied with MetroTeen Health Fair, and 89% expressed that the Fair changed their view of Woodhull in a more positive way.

MetroPlus is also focused on mobile outreach through our partnership with HealthCrowd, a texting communications vendor. For Q2, HealthCrowd delivered over 384,000 text messages to our members on a variety of health matters. Every message covered appointment assistance, transportation services, provider information, and rewards program details. More specific communications included information on Adolescent Well Care, cervical cancer screenings, asthma medication adherence, breast cancer screenings, diabetes care, annual dental visits, prenatal care, and postpartum awareness and support.

On the Medicaid front, MetroPlus has collaborated diligently with H+H facilities on improving perinatal care management, and this work paid off with significant positive changes in two key areas. First, the percentage of pregnant women screened for depression during prenatal visits improved from 70% in 2017 to 84% in 2018. Second, 80% of pregnant women were screened for tobacco use during their prenatal visit in 2017, but in 2018 this increased to 86%.

Industry Updates

- MetroPlus is required to reduce the number of Licensed Home Care Service Agency (LHCSA) providers within our MLTC network by October 1, 2018, to comply with recent state regulations. We retained 24 entities who demonstrated higher quality care and lower level of member complaints and were also able to ensure that over 75% of our members will continue to receive care from the same aide and agency. We are dedicated to minimizing member disruption and maintaining all higher quality vendors in our network within the regulatory restrictions.
- Due to changes in both New York State Public Health Law Article 29 and Social Services Law sections 365-a and 367-u, NYS Medicaid is expanding coverage of telehealth services to include additional originating and distant sites, additional practitioner types, and telehealth applications e.g. secure email transmission of medical information and remote patient monitoring. Medicaid Managed Care Plans, HIV Special Needs Plans and Health and Recovery Plans will be responsible for expanded Telehealth services starting October 1, 2018.



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

		Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Total Members	Prior Month	517,062	517,815	524,442	522,960	522,351	522,137	520,864
	New Member	21,922	27,343	20,028	19,791	20,068	18,848	16,409
	Voluntary Disenroll	1,573	1,687	1,722	1,638	1,653	1,693	1,517
	Involuntary Disenroll	19,596	19,029	19,788	18,762	18,629	18,428	19,651
	Adjusted	62	68	78	90	303	2,610	0
	Net Change	753	6,627	-1,482	-609	-214	-1,273	-4,759
	Current Month	517,815	524,442	522,960	522,351	522,137	520,864	516,105
Medicaid	Prior Month	373,806	372,661	375,626	373,833	373,147	372,508	371,052
	New Member	12,338	15,815	11,861	11,875	12,078	11,243	9,465
	Voluntary Disenroll	570	749	706	637	638	682	598
	Involuntary Disenroll	12,913	12,101	12,948	11,924	12,079	12,017	14,157
	Adjusted	66	72	80	91	244	942	0
	Net Change	-1,145	2,965	-1,793	-686	-639	-1,456	-5,290
	Current Month	372,661	375,626	373,833	373,147	372,508	371,052	365,762
Essential Plan	Prior Month	75,303	75,918	77,138	77,039	76,885	76,651	76,422
	New Member	5,452	6,504	4,968	5,016	4,859	4,735	3,110
	Voluntary Disenroll	2	2	0	1	1	0	0
	Involuntary Disenroll	4,835	5,282	5,067	5,169	5,092	4,964	4,521
	Adjusted	2	2	10	14	22	1,348	0
	Net Change	615	1,220	-99	-154	-234	-229	-1,411
	Current Month	75,918	77,138	77,039	76,885	76,651	76,422	75,011
Child Health Plus	Prior Month	17,151	17,191	17,688	17,747	17,796	17,835	17,794
	New Member	1,097	1,566	1,105	1,087	1,048	1,006	829
	Voluntary Disenroll	721	682	709	720	697	679	643
	Involuntary Disenroll	336	387	337	318	312	368	19
	Adjusted	-2	-4	0	12	72	177	0
	Net Change	40	497	59	49	39	-41	167
	Current Month	17,191	17,688	17,747	17,796	17,835	17,794	17,961



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

		Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
HHC	Prior Month	12,049	11,629	11,793	12,100	12,272	12,451	12,674
	New Member	185	248	409	275	269	403	22
	Voluntary Disenroll	3	0	0	0	0	0	0
	Involuntary Disenroll	602	84	102	103	90	180	144
	Adjusted	-2	0	-1	1	18	217	0
	Net Change	-420	164	307	172	179	223	-122
	Current Month	11,629	11,793	12,100	12,272	12,451	12,674	12,552
SNP	Prior Month	4,191	4,222	4,256	4,260	4,228	4,185	4,139
	New Member	156	157	141	125	110	102	91
	Voluntary Disenroll	23	22	25	36	22	36	28
	Involuntary Disenroll	102	101	112	121	131	112	131
	Adjusted	0	-1	-1	4	3	7	0
	Net Change	31	34	4	-32	-43	-46	-68
	Current Month	4,222	4,256	4,260	4,228	4,185	4,139	4,071
Medicare	Prior Month	8,058	8,014	7,983	7,991	7,964	7,946	7,915
	New Member	263	222	284	232	255	248	216
	Voluntary Disenroll	195	154	184	174	205	193	148
	Involuntary Disenroll	112	99	92	85	68	86	91
	Adjusted	-3	-5	-13	-33	-59	-86	0
	Net Change	-44	-31	8	-27	-18	-31	-23
	Current Month	8,014	7,983	7,991	7,964	7,946	7,915	7,892
Managed Long Term Care	Prior Month	1,762	1,775	1,810	1,844	1,821	1,867	1,867
	New Member	70	89	80	49	95	56	69
	Voluntary Disenroll	12	4	15	4	17	0	38
	Involuntary Disenroll	45	50	31	68	32	56	7
	Adjusted	1	1	0	-2	-3	-10	0
	Net Change	13	35	34	-23	46	0	24
	Current Month	1,775	1,810	1,844	1,821	1,867	1,867	1,891



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

		Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
QHP	Prior Month	10,894	12,230	13,911	13,980	14,101	14,351	14,689
	New Member	1,724	2,377	842	890	768	694	465
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	388	696	773	769	518	356	312
	Adjusted	1	4	4	4	6	14	0
	Net Change	1,336	1,681	69	121	250	338	153
	Current Month	12,230	13,911	13,980	14,101	14,351	14,689	14,842
SHOP	Prior Month	1,144	1,258	1,336	1,330	1,341	1,310	1,307
	New Member	154	113	69	46	20	39	20
	Voluntary Disenroll	0	0	4	2	5	3	0
	Involuntary Disenroll	40	35	71	33	46	39	51
	Adjusted	0	0	0	0	0	0	0
	Net Change	114	78	-6	11	-31	-3	-31
	Current Month	1,258	1,336	1,330	1,341	1,310	1,307	1,276
FIDA	Prior Month	206	211	210	203	206	208	207
	New Member	12	3	2	9	4	6	9
	Voluntary Disenroll	1	0	0	0	0	0	0
	Involuntary Disenroll	6	4	9	6	2	7	6
	Adjusted	0	0	0	0	0	0	0
	Net Change	5	-1	-7	3	2	-1	3
	Current Month	211	210	203	206	208	207	210
HARP	Prior Month	10,626	10,831	10,821	10,782	10,738	10,984	11,000
	New Member	444	222	249	165	533	296	2,089
	Voluntary Disenroll	46	74	79	64	68	100	62
	Involuntary Disenroll	193	158	209	145	219	180	191
	Adjusted	0	0	0	0	0	0	0
	Net Change	205	-10	-39	-44	246	16	1,836
	Current Month	10,831	10,821	10,782	10,738	10,984	11,000	12,836



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

		Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
GOLDCARE I	Prior Month	1,168	1,172	1,174	1,164	1,170	1,167	1,144
	New Member	21	20	16	17	26	18	19
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	17	18	26	11	29	41	11
	Adjusted	1	1	1	1	2	5	0
	Net Change	4	2	-10	6	-3	-23	8
	Current Month	1,172	1,174	1,164	1,170	1,167	1,144	1,152
GOLDCARE II	Prior Month	704	703	696	687	682	674	654
	New Member	6	7	2	5	3	2	5
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	7	14	11	10	11	22	10
	Adjusted	-2	-2	-2	-2	-2	-4	0
	Net Change	-1	-7	-9	-5	-8	-20	-5
	Current Month	703	696	687	682	674	654	649

RESOLUTION

Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Bellevue ("Bellevue") as a pediatric trauma center.

Committing to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Pediatric Trauma Center designation for Bellevue through the American College of Surgeons, Committee on Trauma.

WHEREAS, the System has played a significant and needed role in the provision of pediatric trauma services in New York City; and

WHEREAS, in 2018 the American College of Surgeons is the verifying authority for trauma centers; and

WHEREAS, the System's Board of Directors fully supports the continued provision of pediatric trauma services at Bellevue; and

NOW THEREFORE, be it

RESOLVED, that the Board of Directors (the "Board") of the New York City Health and Hospitals Corporation (the "System") hereby approves the application for verification of NYC Health + Hospitals/Bellevue as a pediatric trauma center; and

FURTHER RESOLVED, that the Board commits to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

FURTHER RESOLVED, that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify NYC Health + Hospitals/Bellevue, as a Pediatric Trauma Center, by the American College of Surgeons.

EXECUTIVE SUMMARY

Designation of NYC Health + Hospitals/Bellevue as a Pediatric Trauma Center

Background: The American College of Surgeons (“ACS”) is the nationally recognized body that certifies hospitals as being trauma centers at various levels of proficiency, capability and capacity. State and Federal regulators look to ACS. In this way, ACS functions much as Joint Commission does.

Program: Trauma centers are typically located within hospitals, often in the emergency department. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat: gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain injuries. There are five different levels of trauma centers in the United States.

RESOLUTION

Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Bellevue ("Bellevue") as a trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officer of the System to execute any and all documents necessary to verify Trauma Center designation for Bellevue through the American College of Surgeons, Committee on Trauma.

WHEREAS, the System has played a significant and needed role in the provision of trauma services in New York City; and

WHEREAS, in 2018 the American College of Surgeons is the verifying authority for trauma centers; and

WHEREAS, the System's Board of Directors fully supports the continued provision of trauma services at Bellevue; and

NOW THEREFORE, be it

RESOLVED, that the Board of Directors (the "Board") of the New York City Health and Hospitals Corporation (the "System") hereby approves the application for verification of NYC Health + Hospitals/Bellevue as a trauma center; and

FURTHER RESOLVED, that the Board commits to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

FURTHER RESOLVED, that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify NYC Health + Hospitals/Bellevue, as a Trauma Center, by the American College of Surgeons.

EXECUTIVE SUMMARY

Designation of NYC Health + Hospitals/Bellevue, as a Trauma Center

- Background:** The American College of Surgeons (“ACS”) is the nationally recognized body that certifies hospitals as being trauma centers at various levels of proficiency, capability and capacity. State and Federal regulators look to ACS. In this way, ACS functions much as Joint Commission does.
- Program:** Trauma centers are typically located within hospitals, often in the emergency department. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat: gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain injuries. There are five different levels of trauma centers in the United States.

RESOLUTION

Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Elmhurst ("Elmhurst") as a trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Trauma Center designation for Elmhurst through the American College of Surgeons, Committee on Trauma.

WHEREAS, the System has played a significant and needed role in the provision of trauma services in New York City; and

WHEREAS, in 2018 the American College of Surgeons is the verifying authority for trauma centers; and

WHEREAS, the System's Board of Directors fully supports the continued provision of trauma services at Elmhurst; and

NOW THEREFORE, be it

RESOLVED, that the Board of Directors (the "Board") of the New York City Health and Hospitals Corporation (the "System") hereby approves the application for verification of NYC Health + Hospitals/Elmhurst as a trauma center; and

FURTHER RESOLVED, that the Board commits to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

FURTHER RESOLVED, that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify NYC Health + Hospitals/Elmhurst, as a Trauma Center, by the American College of Surgeons.

EXECUTIVE SUMMARY

Designation of NYC Health + Hospitals/Elmhurst, as a Trauma Center

- Background:** The American College of Surgeons (“ACS”) is the nationally recognized body that certifies hospitals as being trauma centers at various levels of proficiency, capability and capacity. State and Federal regulators look to ACS. In this way, ACS functions much as Joint Commission does.
- Program:** Trauma centers are typically located within hospitals, often in the emergency department. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat: gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain injuries. There are five different levels of trauma centers in the United States.

RESOLUTION

Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Harlem ("Harlem") as a pediatric trauma center.

Committing to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary pediatric trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Pediatric Trauma Center designation for Harlem through the American College of Surgeons, Committee on Trauma.

WHEREAS, the System has played a significant and needed role in the provision of pediatric trauma services in New York City; and

WHEREAS, in 2018 the American College of Surgeons is the verifying authority for trauma centers; and

WHEREAS, the System's Board of Directors fully supports the continued provision of pediatric trauma services at Harlem; and

NOW THEREFORE, be it

RESOLVED, that the Board of Directors (the "Board") of the New York City Health and Hospitals Corporation (the "System") hereby approves the application for verification of NYC Health + Hospitals/Harlem as a pediatric trauma center; and

FURTHER RESOLVED, that the Board commits to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary pediatric trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

FURTHER RESOLVED, that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify NYC Health + Hospitals/Harlem, as a Pediatric Trauma Center, by the American College of Surgeons.

EXECUTIVE SUMMARY

Designation of NYC Health + Hospitals/Harlem as a Pediatric Trauma Center

- Background:** The American College of Surgeons (“ACS”) is the nationally recognized body that certifies hospitals as being trauma centers at various levels of proficiency, capability and capacity. State and Federal regulators look to ACS. In this way, ACS functions much as Joint Commission does.
- Program:** Trauma centers are typically located within hospitals, often in the emergency department. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat: gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain injuries. There are five different levels of trauma centers in the United States.

RESOLUTION

Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Harlem ("Harlem") as a trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Trauma Center designation for Harlem through the American College of Surgeons, Committee on Trauma.

WHEREAS, the System has played a significant and needed role in the provision of trauma services in New York City; and

WHEREAS, in 2018 the American College of Surgeons is the verifying authority for trauma centers; and

WHEREAS, the System's Board of Directors fully supports the continued provision of trauma services at Harlem; and

NOW THEREFORE, be it

RESOLVED, that the Board of Directors (the "Board") of the New York City Health and Hospitals Corporation (the "System") hereby approves the application for verification of NYC Health + Hospitals/Harlem as a trauma center; and

FURTHER RESOLVED, that the Board commits to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

FURTHER RESOLVED, that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify NYC Health + Hospitals/Harlem, as a Trauma Center, by the American College of Surgeons.

EXECUTIVE SUMMARY

Designation of NYC Health + Hospitals/Harlem as a Trauma Center

- Background:** The American College of Surgeons (“ACS”) is the nationally recognized body that certifies hospitals as being trauma centers at various levels of proficiency, capability and capacity. State and Federal regulators look to ACS. In this way, ACS functions much as Joint Commission does.
- Program:** Trauma centers are typically located within hospitals, often in the emergency department. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat: gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain injuries. There are five different levels of trauma centers in the United States.

RESOLUTION

Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Jacobi ("Jacobi") as a pediatric trauma center.

Committing to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary pediatric trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Pediatric Trauma Center designation for Jacobi through the American College of Surgeons, Committee on Trauma.

WHEREAS, the System has played a significant and needed role in the provision of pediatric trauma services in New York City; and

WHEREAS, in 2018 the American College of Surgeons is the verifying authority for trauma centers; and

WHEREAS, the System's Board of Directors fully supports the continued provision of pediatric trauma services at Jacobi; and

NOW THEREFORE, be it

RESOLVED, that the Board of Directors (the "Board") of the New York City Health and Hospitals Corporation (the "System") hereby approves the application for verification of NYC Health + Hospitals/Jacobi as a pediatric trauma center; and

FURTHER RESOLVED, that the Board commits to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary pediatric trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

FURTHER RESOLVED, that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify NYC Health + Hospitals/Jacobi, as a Pediatric Trauma Center, by the American College of Surgeons.

EXECUTIVE SUMMARY

Designation of NYC Health + Hospitals/Jacobi as a Pediatric Trauma Center

- Background:** The American College of Surgeons (“ACS”) is the nationally recognized body that certifies hospitals as being trauma centers at various levels of proficiency, capability and capacity. State and Federal regulators look to ACS. In this way, ACS functions much as Joint Commission does.
- Program:** Trauma centers are typically located within hospitals, often in the emergency department. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat: gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain injuries. There are five different levels of trauma centers in the United States.

RESOLUTION

Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Jacobi ("Jacobi") as a trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Trauma Center designation for Jacobi through the American College of Surgeons, Committee on Trauma.

WHEREAS, the System has played a significant and needed role in the provision of trauma services in New York City; and

WHEREAS, in 2018 the American College of Surgeons is the verifying authority for trauma centers; and

WHEREAS, the System's Board of Directors fully supports the continued provision of trauma services at Jacobi; and

NOW THEREFORE, be it

RESOLVED, that the Board of Directors (the "Board") of the New York City Health and Hospitals Corporation (the "System") hereby approves the application for verification of NYC Health + Hospitals/Jacobi as a trauma center; and

FURTHER RESOLVED, that the Board commits to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

FURTHER RESOLVED, that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify NYC Health + Hospitals/Jacobi, as a Trauma Center, by the American College of Surgeons.

EXECUTIVE SUMMARY

Designation of NYC Health + Hospitals/Jacobi as a Trauma Center

- Background:** The American College of Surgeons (“ACS”) is the nationally recognized body that certifies hospitals as being trauma centers at various levels of proficiency, capability and capacity. State and Federal regulators look to ACS. In this way, ACS functions much as Joint Commission does.
- Program:** Trauma centers are typically located within hospitals, often in the emergency department. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat: gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain injuries. There are five different levels of trauma centers in the United States.

RESOLUTION

Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Kings County ("Kings County") as a trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Trauma Center designation for Kings County through the American College of Surgeons, Committee on Trauma.

WHEREAS, the System has played a significant and needed role in the provision of trauma services in New York City; and

WHEREAS, in 2018 the American College of Surgeons is the verifying authority for trauma centers; and

WHEREAS, the System's Board of Directors fully supports the continued provision of trauma services at Kings County; and

NOW THEREFORE, be it

RESOLVED, that the Board of Directors (the "Board") of the New York City Health and Hospitals Corporation (the "System") hereby approves the application for verification of NYC Health + Hospitals/Kings County as a trauma center; and

FURTHER RESOLVED, that the Board commits to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

FURTHER RESOLVED, that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify NYC Health + Hospitals/Kings County, as a Trauma Center, by the American College of Surgeons.

EXECUTIVE SUMMARY

Designation of NYC Health + Hospitals/Kings County, as a Trauma Center

- Background:** The American College of Surgeons (“ACS”) is the nationally recognized body that certifies hospitals as being trauma centers at various levels of proficiency, capability and capacity. State and Federal regulators look to ACS. In this way, ACS functions much as Joint Commission does.
- Program:** Trauma centers are typically located within hospitals, often in the emergency department. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat: gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain injuries. There are five different levels of trauma centers in the United States.

RESOLUTION

Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Lincoln ("Lincoln") as a trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Trauma Center designation for Lincoln through the American College of Surgeons, Committee on Trauma.

WHEREAS, the System has played a significant and needed role in the provision of trauma services in New York City; and

WHEREAS, in 2018 the American College of Surgeons is the verifying authority for trauma centers; and

WHEREAS, the System's Board of Directors fully supports the continued provision of trauma services at Lincoln; and

NOW THEREFORE, be it

RESOLVED, that the Board of Directors (the "Board") of the New York City Health and Hospitals Corporation (the "System") hereby approves the application for verification of NYC Health + Hospitals/Lincoln as a trauma center; and

FURTHER RESOLVED, that the Board commits to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

FURTHER RESOLVED, that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify NYC Health + Hospitals/Lincoln, as a Trauma Center, by the American College of Surgeons.

EXECUTIVE SUMMARY

Designation of NYC Health + Hospitals/Lincoln, as a Trauma Center

- Background:** The American College of Surgeons (“ACS”) is the nationally recognized body that certifies hospitals as being trauma centers at various levels of proficiency, capability and capacity. State and Federal regulators look to ACS. In this way, ACS functions much as Joint Commission does.
- Program:** Trauma centers are typically located within hospitals, often in the emergency department. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat: gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain injuries. There are five different levels of trauma centers in the United States.

RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with Fusion, a division of Fusion Capital Management, to procure a Correctional Health specific electronic medical record for the System's Correctional Health Services division with primary care, pharmacy, specialty services, mental health and drug treatment in 11 NYC jails, 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 \$12,999,354 to pay Fusion.

WHEREAS, an application to issue a request for proposals was presented before the Contract Review Committee at its August 16, 2018 meeting and was approved by its approval letter dated August 16, 2018; and

WHEREAS, after the Office of Supply Chain Services issued a request for proposals, three (3) proposals were received and upon final evaluation by the Selection Committee, Fusion was rated the highest; and

WHEREAS, under the proposed agreement Fusion will install, configure and set up its Correctional EMR for Correctional Health Services by March 31, 2019; and

WHEREAS, Fusion will provide EMR and interface maintenance; and

WHEREAS, the proposed agreement for Fusion services will be managed by the Senior Vice President for 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 Fusion to purchase, install, configure and set up its EMR for the System's Correctional Health Services with a 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 \$12,999,354.

**EXECUTIVE SUMMARY
RESOLUTION TO AUTHORIZE CONTRACT
WITH FUSION**

BACKGROUND: The purpose of the proposed agreement is to replace Correctional Health Services electronic medical record vendor before it migrates to a web-based ambulatory product which would undermine the delivery of healthcare in the correctional environment. Conversion to a correctional specific vendor will improve efficiency and patient safety, and minimize the need for labor- and paper-intensive workarounds.

PROCUREMENT: The System issued a Request for Proposals on August 21, 2018. Proposer questions were accepted through August 23, 2018, 3pm. Three (3) proposals were received, evaluated and scored. Final evaluation and scoring was completed by August 31, 2018. Through this process the Selection Committee evaluated the proposals and presentations on the basis of the proposed EMR functionality, technical requirements and interoperability, previous experience, and cost. Fusion was selected on these criteria.

BUDGET: The cost of the proposed agreement will not exceed \$12,999,354 over the full five year term. The costs consist of the System's projected payments to cover software purchase, installation, set up, interfaces, maintenance and annual license fees. The total amount has been budgeted and signed off by the Central Finance.

TERM: The term of the proposed agreement is three years with two one-year options to renew solely exercisable by the System.

32212

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

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

FROM: Keith Tallbe *KT*

DATE: August 31, 2018

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Fusion Capital Management, LLC, has submitted to the Supply Chain Services 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): Corporate-wide

Contract Number: _____

Project: Correctional Health Services (Electronic Medical Record Software)

Submitted by: Division of Materials Management

EEO STATUS:

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

COMMENTS:

KT/srp

Correctional Health Services EHR Replacement

**Presentation to M&PA Committee
September 13, 2018**

**Ross MacDonald, MD
Chief Medical Officer, Sr. AVP, CHS**

Background on Current CHS EHR Vendor

- eClinicalWorks (eCW) has been CHS' EHR vendor since 2008
 - Selected by NYC DOHMH and had to be retrofitted for Correctional Health Services with myriad workarounds.
- With the transition to H+H, CHS identified the opportunity for an alternative EHR and secured funding for same.
- \$155M eCW-DOJ settlement in 2017 for falsifying capabilities.
- eCW has since focused on a new web-based product.

Limitations of Current EHR

Examples include:

- Providers must toggle between two different applications to determine accurate medications.
- In-jail prescriptions still require paper workarounds, increasing medication errors and requiring extra reporting and surveillance.
- Nursing workflows that consist of Standing Orders and recurring tasks within a single day are not supported (e.g. wound care, finger sticks, etc.).
- Additional staff resources must be used to monitor and flag critical labs and referrals.
- Workarounds required for prioritization, scheduling and call down.
- Generic and brand name drugs are separately listed.

Correctional Health EHR Deliberation Timeline



Procurement Background

- **Historical spend.** \$4.6M for the install and customization, ~\$550k for annual license.
- **CRC Budget Authorization:**
 - One time capital expense of \$6.468m for purchase of software, install, configuration, set up of interfaces and implementation.
 - Annual operating expense of \$1.625m for annual maintenance, licensing, and interface support, FY20 through FY23.
 - FY19 operating expense of \$30,000.

***Note:** Difference between annual expense historic vs. proposed explained by vast differences in EHR capabilities e.g. eCW lacks Nursing and Dental Modules, Bed Management, Group Notation, Infirmary Console.*

Overview of RFP Procurement Process

- CRC approved RFP request on 8/16/2018
- RFP posted 8/17/2018
- Proposer questions due 8/21/2018
- Submission deadline 8/30/2018
- 3 RFPs were received: Fusion, NextGen and Naphcare

Scope Requirements National Standards	Scope Requirements Correctional Health
<ul style="list-style-type: none"> • Clinical decision supports • Integration and interfacing • Interoperability • ONC-ACB certification • Order sets • Structured data • Med reconciliation 	<ul style="list-style-type: none"> • Communication with DOC Inmate Information Management System • Ability to collect and report on federal, state and local regulatory and oversight requirements • Ability to follow patients and adjust pharmacy plan based on housing unit • Infirmary bed management with DOC daily list of approved medical devices • Suicide watch, aggressive patient, heat sensitive patient list updated by shift and sent to DOC • Transfer logic related to “turn-around” patients

Criteria for EHR RFP

Substantive Criteria

- EHR application functionality: 40%
- Proposed implementation plan: 25%
- Past experience with correctional health systems: 20%
- Cost: 15%

Evaluation Committee

- Dr. Al Garofalo, Sr. AVP, EITS
- Dr. Ross MacDonald, Sr. AVP/Chief Medical Officer, CHS
- Sara Gillen, Sr. AVP, CHS
- Jessica Laboy, AVP, CHS
- Jeffrey Herrera, Sr. Director, CHS
- Aaron Anderson, Sr. Director, CHS

Background on Selected Vendor

- Fusion is an Electronic Health Record system developed specifically for correctional settings.

- Current clients include over 150+ adult and juvenile corrections agencies, including:
 - Connecticut Department of Corrections
 - New Jersey Department of Corrections
 - Rhode Island Department of Corrections
 - Washington DC Department of Corrections
 - Harris County Jail (Houston, TX)

- Fusion is ONC-ACB 2015 Certified Electronic Health Record Technology as defined by the Office of the National Coordinator for Health Information Technology.

Fusion Contract Deliverables

- Fusion EHR, including medical, dental, and behavioral health
- Infirmarary bed management
- Interface setup (JMS, pharmacy, radiology, labs, Healthix)
- Epic CareQuality integration with H+H
- Project Management
- Consulting and Go-Live
- Training
- Annual licensing and support for core product and all interfaces
- Professional support – 24/7/365

Impact of New EHR on H+H

- Fusion and Epic will communicate via the Carequality nationwide interoperability and integration framework for data exchange.
- No consultants or additional staff will be required. CHS clinical support staff will work with the new EHR vendor.
- Impact on EITS resources will be minimal. EITS will assist with initial provisioning of virtual servers and storage space already allocated to CHS in the Sungard Data Center for vendor setup. Routine server maintenance and support will then follow.
- CHS has been working closely with numerous EITS teams, most notably Dr. Garofalo and Mr. Lutz and their teams.

Approval Request

- We seek approval to enter into contract with Fusion as an interim solution to provide software, configuration, set up and maintenance at ~11 NYC jails:
 - Effective October 1, 2018
 - Three year initial and two one-year extensions
 - Comprehensive and complete correctional-focused EHR
 - Total not to exceed \$12,999,354 for the five-year period
 - CHS has OMB approved capital and expense funding to replace the current EHR.

Post Acute Care Pharmacy Conversion Update

Medical & Professional Affairs Committee

09/13/2018



Sea View & Coler – Pharmacy Update

- 1 Facilities now in compliance with BNE updated controlled substance storage and accountability with inspections completed at Sea View and Coler with no deficiencies
- 2 New drug distribution system allows for bar coding of medications and reductions in medication errors. Also enhanced medication accountability
- 3 New system uncovered some other areas for improvement warranting off-shift med passes to commence
- 4 Policies and procedures will be standardized across all sites
- 5 Improvement in drug regimen review process as LTS staff is trained in updated long term care requirements
- 6 Challenge of working with limited supply of emergency meds at Sea View. Temporarily awaiting class 11 licensure
- 7 New equipment was well received and appreciated by staff
- 8 PharmScripts high cost drug alert program has been instituted. Medical staff have been trained and has already resulted in cost savings.

Sea View & Coler – Pharmacy Update

- 9 Prior authorization process –Extensive training and education for the prior authorization process in order to maximize all insurance coverage on behalf of the residents with 2 staff members from Seaview and Coler. Included additional training of new website called “Cover My Meds”
- 10 Over the Counter inventory management program is in place. PharmScript’s continual oversight has met the objectives of ensuring that all OTC products are being procured through Cardinal directly by HHC.
- 11 PharmScript’s formulary management program is in place. The pharmacy is currently communicating to the medical staff therapeutic interchange opportunities and monitoring the responses.
- 12 Antibiotic stewardship reports tailored to HHC to meet CMS guidelines
- 13 Facilities have been given access to a user friendly portal that houses clinical and cost reports. Staff has been trained to use the DRUG QUOTE pricing tool so they would know the cost of a medication before resident is in house.
- 14 Direct daily communication has been established between PharmScript’s and H+H business office to ensure correct census information. Daily and monthly reporting from PS to the facility regarding the level of compliance by the facility in the placement of the residents in the appropriate insurance plan.

eConsult at H+H

Medical & Professional Affairs Committee September 13, 2018

Hannah Byrnes-Enoch, MPH

Jesse Singer, DO MPH

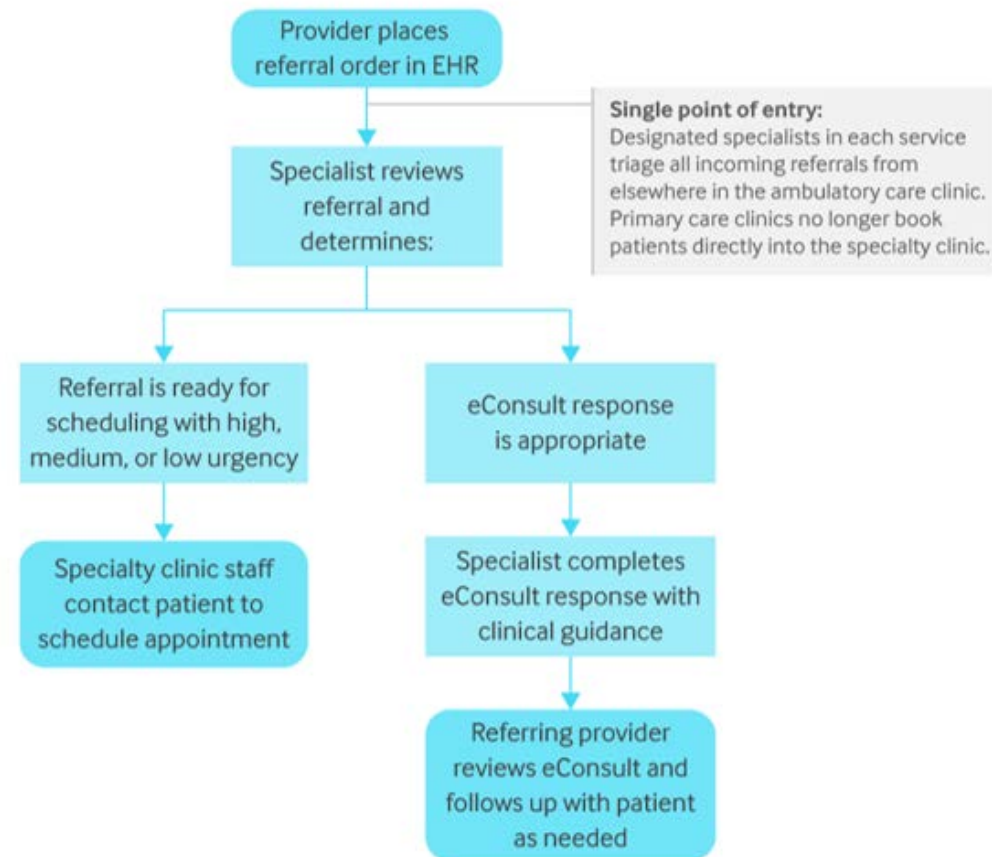
Dave Chokshi, MD MSc FACP

Improving Access to Specialty Care via eConsult

- Improving access to specialty care is essential to achieving the Triple Aim (Better Care, Better Quality, Lower Cost) and is a strategic priority.
- eConsult is an EHR-based referral management strategy that improves our ability to meet our patients' need for specialty care expertise by:
 - Enabling specialists and primary care to manage patients in the primary care setting where appropriate
 - Creating a communication pathway for specialists and primary care providers – “closing the loop”
 - Ensuring that all referrals are captured and patients are followed up with as needed.

eConsult Workflow

- All referrals are captured and reviewed
- A specialist reviews each referral within 3 business days
- Patients needing appointments are contacted by specialty clinic staff
- Updates automatically route to referring providers



Source: NYC Health & Hospitals

NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

Expansion Planning and Progress

- eConsult expansion work streams:
 - Oversight and Support
 - Supporting the eConsult transition through reporting, workflow redesign, and performance improvement
 - Expected Practices for Referrals
 - Clarifying referral pathways and expectations for primary care and specialties
 - Specialty Clinic eConsult Implementation
 - Launching eConsult with additional facilities and specialty clinics

Oversight and Support

- Established enterprise Performance Improvement Action Team to develop operational and administrative infrastructure to support eConsult expansion.
- Current work streams include:
 - Developing clinic- and facility-level dashboard for routine reporting and oversight
 - Establishing billing infrastructure
 - Coordination among stakeholders to establish scheduling and template standards and workflows and engage in broader clinic redesign efforts
 - Coordination among stakeholders to develop strategy to expand eConsult to community providers

Referral Expectations: Specialty-Primary Care Workgroups

- Specialty-Primary Care Workgroups are comprised of primary care clinicians and specialists, working together to establish “Expected Practices” for communication and referrals between services.
 - Informed by LA County experience
 - Supports transition to eConsult by clarifying expectations and workflows
- Two Workgroups are underway:
 - Cardiology
 - Ophthalmology
- Currently planning expansion to additional specialties.

Specialty Clinic eConsult Expansion

- Now live in over 60 specialty clinics across 7 acute care facilities
 - More than doubled since February 2018
- Current focus on adult medical and surgical subspecialties
 - Engaging Pediatrics and Behavioral Health for future expansion
 - Incorporating new referral sources – Gotham and Long Term Care sites
- Between August 2016 and July 2018:
 - Approximately 45,000 referrals have been triaged in eConsult clinics. On average:
 - Each referral was reviewed within ~3 days
 - ~15% triaged to receive eConsult
 - ~85% triaged to receive a face-to-face appointment
 - One fifth were “high priority”

Expansion Timeline

- Goal: Expand use of eConsult to all specialty clinics at NYC Health + Hospitals facilities within three years.
 - **End of Year 1 – CY 2018**
 - Governance and implementation infrastructure established;
 - Two specialties live at each acute care facility;
 - SPC Workgroups established to support expansion to additional specialties.
 - **End of Year 2 – CY 2019**
 - Continued expansion of adult and pediatric medical and surgical specialties at all hospital and Gotham sites;
 - System Scorecard goal: 54,000 eConsult referrals in FY19
 - Community eConsult system launched;
 - Inter-facility eConsult in use at Epic sites.
 - **End of Year 3 – CY 2020**
 - Adult and pediatric med/surg and behavioral health specialties live at all hospital and Gotham sites;
 - eConsult available for all care settings;
 - Regionalized eConsult management in use.