

AGENDA

MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE

Date: November 8th, 2018
Time: 9:00 AM
Location: 125 Worth Street, Rm. 532

BOARD OF DIRECTORS

CALL TO ORDER

DR. CALAMIA

ADOPTION OF MINUTES

September 13th, 2018

CHIEF MEDICAL OFFICER REPORT

DR. ALLEN

CHIEF NURSE EXECUTIVE REPORT

MS. MARRA

METROPLUS HEALTH PLAN

DR. SAPERSTEIN

ACTION ITEM:

- 1) Authorizing the New York City Health and Hospitals Corporation (the "System") to execute an agreement with Press Ganey Associates, Inc. ("Press Ganey") to provide Consumer Assessment of Healthcare Providers and Systems & Physician/Employee Survey Services as requested by the System over a five-year Term cost of \$10,283,398. **MS. SUN**

- 2) Authorizing the New York City Health and Hospitals Corporation (the "System") to execute an agreements with CyraCom International, Inc. ("CyraCom"), Language Line Services, Inc. ("Pacific Interpreters") Linguistica International, Inc. ("Linguistica"), and Propio Language Services, ("Propio") to provide Over the Phone Interpretation Services as requested by the System over a five-year term cost of \$48,241,516. **MS. ROMAN**

INFORMATION ITEM:

1) Pharmscript

MS. MCCLUSKY

2) e-Consult

DR. CHOKSHI

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

MINUTES

MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE

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

BOARD OF DIRECTORS

ATTENDEES

COMMITTEE MEMBERS

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

HHC CENTRAL OFFICE STAFF:

Paul Albertson, Vice President, Supply Chain
Machelle Allen, MD, SVP, Chief Medical Officer, Medical & Professional Affairs
Charles Barron, Deputy Chief Medical Officer, Office of Behavioral Health
Janette Baxter, Senior Director, Risk Management
Hannah Byrnes-Enoch, Director, Office of Population Health
Victor Cohen, PharmD, Senior Assistant Vice President, Pharmacy
Kenra Ford, Senior Assistant Vice President, Laboratory
Alfred Garofalo, Senior Assistant Vice President, Enterprise Technology Information Services
Colicia Hercules, Chief of Staff to the Board Chair
Bridgett Ingraham-Robert, Assistant Vice President, Government & Community Relations
Khoi, Luong, MD Chief Medical Officer, Post Acute Care
Kevin Lynch, Senior Vice President, Enterprise Technology Information Services
Ana Marengo, Senior Vice President, Marketing and Communications
Mary Anne Marra, RN, Interim, Chief Nursing Executive,
Maureen McClusky, Senior Vice President, Post Acute Care
Kim Mendez, EdD, ANP, RN, System Chief Nursing Executive
Joseph Reyes, Senior Director, Medical & Professional Affairs
Lisette Saravia, Senior Executive Secretary, Office of the Chair
Matthew Siegler, Senior Vice President, Presidents Office
Jesse Singer, Office of Population Health
Diane E. Toppin, Senior Director Medical and Professional Affairs

FACILITY STAFF:

Aaron Anderson, Senior Director of Finance, Correctional Health Services
Donnie L. Bell, MD, Attending Physician, Kings County Hospital
Jeffrey Ferrera, Administrative Staff Analyst, Correctional Health Services
Jessica Laboy, Chief Administrative Office, Correctional Health Services
Nemanja Liskovic, Associate Director, Correctional Health Services
Ross MacDoanld, Chief Medical Officer, Correctional Health Services
Arnold Saperstein, MD Executive Director, MetroPlus Health Plan
Patsy Yang, Senior Vice President, Correctional Health Services
Sheldon Teperman, Director, Jacobi Medical Center

OTHERS PRESENT:

Justine DeGeorge
Faith Leonard, OMB

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

Dr. Calamia, Chair of the Committee, called the meeting to order at 9:14 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.

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.

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

ExPressCare Services

Progress to date includes a soft go-live at Lincoln Hospital in Aug. 2018 with Elmhurst hospital preparing for a September 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 was okayed to proceed

Ambulatory Surgery/ GI Services

Progress to date includes:

- Reviewing level data
- Establishing GI clinical expert workgroup

Pharmacy Services

• Retail Pharmacy Expansion

- NYC Health + Hospitals has embarked on an interdisciplinary effort to modernize the outpatient pharmacy services. A large focus of this work is to enhance the 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, Gouverneur, Kings, and Woodhull will follow
 - 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.

System Chief Nurse Executive Report

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

A power point presentation was provided on Patient Experience which was rated 0 – 10 for all 11 acute care facilities.

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.

MetroPlus Health Plan, Inc.

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. 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%). MetroPlus Gold continues to grow year over year and has seen a 481% increase from January 2015 to July 2018. 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 dis-enrolled members) while Medicaid is 3% (11,703 dis-enrolled members). For 2017, the average **monthly** disenrollment rate for all LOB was 4% (21,334 dis-enrolled members) while Medicaid was 4%. (13,388 dis-enrolled 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.

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.

ACTION ITEMS:

Machelle Allen, MD, Senior Vice President, and Chief Medical Officer of Medical and Professional Affairs, presented to the committee the following resolutions:

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.

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.

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.

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

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.

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.

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.

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

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.

The resolution which was duly seconded and discussed and unanimously adopted by the Committee for consideration by the full board.

Ross MacDonald, MD, Chief Medical Officer for Correctional Health Services presented to the committee for following 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.

The resolution which was duly seconded and discussed and unanimously adopted by the Committee for consideration by the full board.

There being no further business, the meeting was adjourned 10:05 AM.

CHIEF MEDICAL OFFICER REPORT
Medical & Professional Affairs Committee
November 8th, 2018

Behavioral Health

Meyer's Shelter:

The Meyer's Shelter is open and the mental health and primary care programs are seeing patients in this shelter. Both assessment and treatment services are being provided at the sites along with substance abuse screening and counseling.

King's County OPWDD unit: The King's OPWDD unit continues with planning in collaboration with OPWDD providers to insure smooth transition from this unit and return to community settings. The unit is being renovated to better serve this special population and the target date for opening is July 2019.

Intermediate Care Units:

Woodhull – This unit will be licensed by OMH and will serve people who need extended care with primary mental illness. The unit is being readied and working with OMH. The target date for opening will be early 2019.

Metropolitan – This unit will be licensed by OASAS and will service people who need extended care with primary substance use disorder. The unit will provide stabilization and rehabilitation services. OASAS is currently working with H+H providing assistance with opening the unit. Target date is July 2019.

Opioid initiative:

For the ED peer advocate program, **Metropolitan, Harlem, and Woodhull** have started their program. The other acute ED facilities are in the planning/hiring phase. Currently 27 positions out of 78 are hired and working.

For the CATCH teams, **Lincoln** has launched their formal program. Metropolitan, Bellevue and Coney are providing pre-implementation services (non-inpatient). Woodhull and Elmhurst are in the hiring phase. Currently 29 out of the 62 positions are filled and working.

Buprenorphine Training: Currently there are 320 physician trained (includes resident who cannot be X-waivered until after completion of residency). 170 H+H physicians are currently X-waivered and can prescribe buprenorphine in our programs. We continue to provide additional trainings in collaboration with DOHMH.

Credentialing

Over the summer we completed the go-live of webview, which is an electronic system used to manage the physician credentialing process across the enterprise. The use of webview simplifies and standardizes the credentialing process for our providers. Additionally, webview facilitates cross credentialing as it eliminates the need for each facility to re-enter basic provider demographic information into the database. Since launching, medical staff offices have processed 168 applications for initial appointment and 101 applications for reappointment.

Pharmacy Services

Retail Pharmacy

- Pharmacy academy is being designed to develop pharmacy technicians internally to support the retail pharmacy expansion and provide career growth opportunities to employees that may qualify.
- Pharmacy benefits have been automated to improve efficiencies – so upon entry into the hospital, pharmacy benefits are now collected and entered into Sorian/Unity and an interface has been created with the retail pharmacy information system Opus
- Contract in process with Pharmacy Services Administration Organization (PSAO) Leadernet which will enable NYC H+H to bill insurers for medications

Clinical pharmacists in primary care

- The clinical services planning committee has approved a business case for the inclusion of clinical pharmacists into ambulatory care to support the model of care collaboratively between M&PA Pharmacy and Ambulatory Care
- 5 sites have been selected, in the first round, to hire a clinical pharmacist to perform medication management, they include: **Bellevue, Queens, Gouverneur, Morrisania, and Harlem.**
- Clinical pharmacist in the ambulatory care setting will be integrated into the care team with the goal of providing cognitive clinical pharmacy services, adherence counseling, motivational interviewing, and help prevent adverse events.
- Clinical pharmacist can improve quality of care to patients, reduce inefficiencies, unnecessary readmissions, increase compliance to treatment guidelines, establish cost savings, increase the growth of ambulatory care, and further improve the access for the provider to see the more complex cases.
- Behavioral health - primary care pharmacy integration is underway at 5 sites—**Bellevue, Cumberland, Lincoln, Kings County, and Elmhurst.** Work is being done to design the pharmacist's role in the primary care mental health integration program. As part of the program, pharmacists will conduct comprehensive medication management and improve adherence, diabetes care in behavioral health patients. This improved quality will in turn help the system meet its DSRIP metric goals.

New staff

- Two system level directors for were hired to oversee clinical and ambulatory care initiatives as they relate to pharmacy. The directors have assisted in facilitating facility based user assessment testing for order sets for the go live of H₂O on October 20th, 2018.

IMSAL

- A new simulation training program is being developed as a component of the city's four-point plan, to reduce severe maternal morbidity and maternal mortality events by enhancing maternity care, addressing implicit bias, increasing surveillance, and expanding public education. The new training program that will be rolled out starting in November, to approximately 1,000 labor and delivery staff and other health care professionals who interact with the high-risk patient population, including primary care providers, anesthesiologists, and members of the rapid response teams. To facilitate easier, year-round access to the training, the Simulation Center is also establishing six mini-sim labs—one- and two-room satellite simulation training facilities located close to Labor and Delivery units to focus exclusively on maternal care.

- Healthcare Simulation Week was September 17-21. NYC Health + Hospitals held Simulation Fairs in ten facilities which were well attended and demonstrated the power of simulation education. Over 500 NYC Health + Hospital's Staff, patients and community members were able to have a "hands-on" experience of Healthcare simulation
- The Simulation Center is deeply invested in the NYC Health + Hospital's Pharmacy workflow and billing improvement project. In late August fourteen Simulation Fellows participated in a mock workflow simulation at Harlem pharmacy to test the proposed workflow from Huron Consulting. Second phase we tested the proposed workflow with pharmacy staff. Many gaps in workflow were identified and able to be addressed before go-live.

Radiology Service

The Radiology Transformation Program with McKesson/ Change Healthcare will establish an Enterprise Radiology system where any images can be read at any site within NYC Health + Hospitals using a single platform and generating transparent performance metrics, in such a way that service quality and efficiency are improved. A core component of the system infrastructure is McKesson Enterprise PACS, which stores/ retrieves/ presents/ shares images produced by various Radiology modalities (e.g., X-ray, CT scan) across all facilities. The new PACS system is currently available at **CIH/ Woodhull/ Metropolitan/ Kings**, and will complete its full implementation at all facilities by Q4 FY19. Other major technology components include Conserus Image Repository VNA (vendor neutral archives) and Conserus Enterprise Radiologist Worklist. New Radiology Quality programs, such as Radiologist Peer Review and Radiology Critical Results Alert Communication, have also been implemented to enhance care delivery and patient experience.

Lab Services

On Oct, 20, 2018, Woodhull laboratory and Gotham clinics successfully implemented the Cerner Laboratory Information System (LIS). Standard workflows have been implemented. Post go-live monitoring is in place to support the go-live activities.

In partnership with Behavioral Health, a system-wide plan is underway to implement a Buprenorphine Point of Care test allowing Providers to make a more timely decision for the patient during the visit. Implementation is targeted by end of year 2019.

Working with Gotham clinical and operational leadership, planning is underway to implement POC testing across all clinics to further strengthen services offered, ultimately improving patient care and experience. Implementation plan is on target to be completed by Nov. 2018.

All labs are preparing for the system-wide implementation of new coagulation equipment expected to begin within the next 60 days. This represent the 3rd major equipment replacement for all our acute care laboratories.

Clinical Services Planning

Approvals to date:

- Coney Island Hospital development of invasive cardiology services
- Jacobi HIV services expansion
- Bellevue OR expansion
- Express Care at Elmhurst and Lincoln Hospitals. The second wave of hospitals to offer Express Care services include Jacobi, Harlem and Bellevue. Finalization of the implementation timeline is underway.

**System Chief Nurse Executive Report
Medical & Professional Affairs Committee
November 8th, 2018**

The following report will highlight the work and achievements since 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 transitioned to new role in EITS as System Chief Health Informatics Officer. Mary Anne Marra, DNP, RN, CNO NYC H+H/ North Central Bronx, transitioned to the role of Interim System Chief Nursing Officer and will provide corporate nursing leadership.

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 and our finalists will be recognized at the event. Our Nursing Champion awardee this year is CUNY Hunter School of Nursing.

System Nurse Practice Council (SNPC)

The System Nurse Practice Council met on October 3, 2018. Council members focused on a review of the charter of the council with discussion of the future work of the group.

The SNPC decided that the Shared Governance Retreat date is to be rescheduled for January 9, 2019 due to scheduling conflicts in November and December. The SAVE the DATE flyer was revised and will be shared at November 7, 2018 CNO Council. Theme of the Retreat is: *Nursing Shared Governance: Building Relationships for Success.*

The Retention sub-committee was formed. The sub-committee will now be co-led by Mary Anne Marra, Interim System CNO and Judith Cutchin, NYS H + H NYSNA President. A follow-up meeting is scheduled for October 31, 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

Nurses4NYC

The office of Patient Centered Care is working with the departments of communications/marketing and human resources to develop the Nurses4NYC campaign. A new web page is under development and will include video testimonials for nurses working for NYC Health + Hospitals, links to employment opportunities, highlights of nursing recognition and benefits for employees of NYC Health + Hospitals and NYSNA members.

Continuing Education

- The continuing education department transferred to the Office of Quality and Safety under Dr. Eric Wei as of October 15, 2018.
 - Director Alfreda Weaver to continue to oversee program
 - Evaluation of continuing education web based software for management of CME is being conducted.
 - Nursing Continuing Education Providership is due for recertification in 2019
 - Annual report submitted to Medical Society of the State of New York (MSSNY) on 10-15-2018

Safe Patient Handling System Program

- Joint Steering & Champion meeting held September 26, 2018
- The group reviewed/discussed three Transfer/Friction Reducing Sheets (products) – Two vendors of the Transfer Sheet products will be piloted at Jacobi and Metropolitan during the month of October; (one vendor/product at one hospital and then switch to ensure each facility reviews both vendors/products); Pilot (tentatively set) to begin October 29th- November 16th.
- The evaluation results will be summarized and presented to the Steering & Champion SPH meeting in November. Following the evaluation the highest ranked product to be rolled-out system-wide

- Next safe patient handling product to be trialed at Jacobi and Metropolitan: SAGE Air Mattress Turn & Positioning System – Jacobi (early November) and Metropolitan (late November)
- Patient mobility assessment tool – Bedside Mobility Assessment Tool (BMAT) – is to be used across the health system as agreed upon by the SPH Steering & Champion committee

New Post-Graduate Nurse Practitioner Fellowship

- Program Coordinator, a current NP (from Bellevue) has completed onboarding to coordinate the program.
- 3 Nurse Practitioners (NPs) hired for Kings County Hospital Center (KCHC) are going through the credentialing process; one NP has started at KCHC.
- NP interviews are being conducted by the Program Coordinator to select 2 remaining NP slots for Bellevue
- Access to Yale and John Hopkins clinical case curriculum obtained. Academic partner (Hunter), Program Coordinator and Senior AVP, Nursing currently meeting to review and final curriculum

RN RESIDENCY PROGRAM

- NYC Health + Hospitals in a consortium of health care facilities in NYC have worked to acquire premium pricing on a well-developed RN residency curriculum from vendor Vizient
- The Mayor's office - New York Alliance for Careers in Healthcare (NYACH) has agreed to cover the cost of the Vizient contract/curriculum for the first year
- Members are currently reviewing contract agreements and meeting monthly to support program development
- NYC H+H will be able to offer the program to all newly graduated nurses entering the health system beginning January, 2019

SART Domestic Violence

- Continuing to meet with the Mayor's Office to End Domestic and Gender-Based Violence (ENDGBV)
- Mayor's Office to fund the Sexual Assault Forensic Exam (SAFE) Training of 25 H+H clinicians in November. Purpose to support increasing the number of clinicians trained to support victims of sexual assault throughout the health system.

Health Workforce Retraining Initiative (HWRI) Grants

Four grant applications were submitted to NYS Department of Health, Health Workforce Retraining Initiative (HWRI) and each of these applications was successfully funded. The Office of Patient Centered Care and the Office of Quality and Safety are grateful to the staff under the leadership of **Vivian Sun, MS, RD, CDN**, System Chief Experience Officer, Assistant Vice President, Office of Quality and Safety for the diligent work to successfully prepare the grant applications and secure this important funding that will allow NYC Health + Hospitals to offer these programs to our staff.

The four programs include:

- A Career Ladder program for Registered Nurses that will support nurses with Associate Degree to attain a BSN, funded for \$807,574.
- A Career Ladder program to help patient care technicians advance to patient care associates has been funded for \$433,700.
- Skill enhancement programs for non-physician members of the healthcare team will support continuing education offerings and has been funded for \$433,460.

- A retention and skill optimization program to support Joy in Work for both staff and managers has been funded for \$731,967.

Nurse Driven Clinics

- Non-Patient Specific Orders – As part of the implementation plan, the following action items remain on track:
 - NPSO- are completed and approved by Central office pharmacy & therapeutics committee and were sent to local P&T committees for approval
 - Following local P&T approval they will be sent to facility Medical Executive Committee, Ambulatory leadership and facility CNO for approval
 - The educational series is built and WebEx training is ready to go once all approvals are complete
 - Quadramed/ Epic are still building the lead in questions which will generate the NPSO order and this is near completion and will be ready for testing soon
 - The goal is to implement training in November and go live shortly after depending on approvals and completion of the EHR build
- Nurse First Visit for New Patients
 - The plan is to pilot this at the Queens sites in November since Epic has the ability for the nurse to collect information and for the provider to accept and use the info collected
 - The focus will be on new patient visits pending physician approval/agreement

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 have been 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. Facilities continue to monitor process and outcomes metrics and meet quarterly on system wide calls to review results and share best practices.

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 Application Implementation Project:**
 - Currently in the build phase for the first five facilities that will go live with Nurse Scheduling on March 31, 2019. The first five facilities are Kings County Hospital, Coney Island Hospital, Seaview Hospital, Susan B. McKinney and Gotham East New York DT&C.
 - Con-currently in the discovery and define phase for all other Acute, Post-Acute, LTAC, and DT&C's with rolling go lives from April 2019 to October 2019.
 - Activation schedules are in coordination /collaboration with the H & H Time and Labor, Time Capture Devices and Absence Management Initiatives.

- Main Operational focus for future state design: standardize practices supported by Clairvia to support best practices for balancing schedules and optimization of the right staff at the right time in the right place.
- Training Strategy and Plan is being developed not only for all clinical employees accessing the application but for inclusion in new hire orientation and new role orientation. Both instructor led and web based modes of learning are being developed. Registration will be online via People Soft/eLearning.
- Challenges: interdependencies with competing initiatives (interfaces) and workflow development.
- **NISA ((Nursing Informatics System Advisory)**
 - NISA program nurses have been training of Epic and will service as support for all upcoming activations across the enterprise as well as super users for their home facilities.
 - Free HIMSS membership via NISA is available for all clinicians at H&H.
 - NISA is sponsoring HIMMS certification review courses at a steeply discounted rate (\$40 vs \$300) for any H & H HIMSS or NISA member.
 - Preparing for NY State Mini HIMSS conference as presenters and conference speakers.
- **Legacy Nursing Applications**
 - Working with EITS and Change HealthCare (Anso) to develop an archive plan to support method of archiving and accessing historical data from Anso as we convert to Clairvia.
 - Developing a plan to work with NASH to develop and archive plan to support method to access historical data from NASH as we convert to Clairvia.

Care Management

- The Care Management department transitioned under Dr. Dave Chokshi and Population Health on October 1, 2018.

LiveOnNY

- **Current 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.

Organ Donor Enrollment Day was celebrated throughout the system on October 10th 2018.

- **Short term PI Projects**
 - 8/1/18 Elmhurst ED tissue Referral - In the ED nursing does the tissue referral call for all deaths
 - 9/1/18 Bellevue ICU, CCU tissue referral Project - In these dept. nursing does the tissue referral call for all deaths
 - 10/15/18 Kings County Tissue Referral – For all departments nursing does the tissue referral call for all deaths
- **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

- The Patient and Staff Experience department transitioned under Dr. Eric Wei in the office of Quality and Safety on October 1, 2018.

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

MetroPlus Health Plan, Inc.
Report to the
Medical and Professional Affairs Committee
November 8, 2018

Total plan enrollment as of October 1, 2018 was 511,839. Breakdown of plan enrollment by line of business is as follows:

Medicaid	363,591
Child Health Plus	18,252
MetroPlus Gold	13,089
Partnership in Care (HIV/SNP)	4,099
Medicare	7,786
MLTC	1,860
QHP	14,445
SHOP	1,209
FIDA	196
HARP	12,521
Essential Plan	72,942
GoldCare I	1,199
GoldCare II	650

GROWTH

MetroPlus has seen a 13% increase in the number of new enrollment gross application submissions in the month of August 2018 versus the same month one year prior in 2017.

Month	Applications
August 2017	15,798
August 2018	17,882
Difference	2,084
Growth	13%

Based on these numbers, we would have expected to see a significant growth in membership. Rather, we have seen either a flat or a slight decline in the past few months. This month's losses have been mostly in the Medicaid and Essential Plan lines of business. Over the past year though, the EP and QHP lines of business have seen the greatest increase in membership from 2017 to 2018. EP increased by 6,413 members (9.2%) and QHP increased by 6,411 members (83%).

Month	CHP	EP	Medicaid	Medicare	MLTC	QHP	Gold	SNP	SHOP	FIDA	HARP
August-17	16,144	69,353	374,271	8,250	1,617	7,759	9,189	4,229	869	187	10,245
August-18	17,843	75,766	366,718	7,882	1,878	14,170	12,946	4,092	1,270	210	12,828
Difference	1,699	6,413	(7,553)	(368)	261	6,411	3,757	(137)	401	23	2,583
Growth	10.5%	9.2%	-2.0%	-4.5%	16.1%	82.6%	40.9%	-3.2%	46.1%	12.3%	25.2%

Most recently, we have been faced with a decline in the number of individuals enrolling in the health plan. Some of the factors that have come into play include the federal government's discussion regarding the public charge rule. Individuals are in fear of losing their ability to obtain permanent resident status by accepting any government sponsored health insurance. We are working with H+H staff to develop and

create information that we can share with current and potential members to reduce their concerns regarding the impact of this rule.

There have also been two state member audits looking at Essential Plan members for those that might have income levels or other changes that might have made them ineligible for public coverage. This too has resulted in a significant number of EP members who have lost coverage. On a brighter note, our HARP line of business continues to grow year over year and has seen a 53% increase from October 2016 to October 2018.

MetroPlus HARP Membership		
Date	Membership	Growth
10/1/16	8,183	
10/1/17	10,394	27%
10/1/18	12,521	20%
	Total Growth	53%

As discussed above, members have been losing eligible coverage during the year for multiple reasons. Most of our retention efforts have been focused on the opportunities for Medicaid recertifications. Those numbers have continued to show good performance for Medicaid/EP/CHP at 84% for 2018 compared to 79% during 2017.

MEDICAL MANAGEMENT

Care Management:

The MetroPlus Integrated Care Management (ICM) program is a collaborative process that provides 360-degree, comprehensive hands-on care management to meet the health and human service needs of members with complex care needs. The ICM program provides face-to-face interaction (when needed) to foster member engagement, member centered care planning, and wellbeing. Members are met in the hospitals, clinics, homes, nursing facilities, shelters, and even the streets of New York.

The program is anchored in a hands-on approach where members are closely guided through the processes needed to achieve their health goals. Care Managers, including both Registered Nurses and Licensed Social Workers (more of the latter), administer ICM. Members with medical and behavioral health needs are co-managed by the ICM care manager and a Beacon Behavioral Health care manager. During the first 3 quarters of 2018, our Care Managers conducted a total of 4,009 visits with an overall completion rate (appointments kept) of 76%.

The department has a unique Task Force team, which consists of a core group (RN, Licensed Social Worker, Personal Health Coach, Housing Specialist) responsible for providing day-to-day care management interventions for the top 100 highest-risk members of the Plan. Most of these members are afflicted with mental health issues, substance abuse disorders, and uncontrolled chronic medical conditions that require ongoing and sometimes daily care management. On average, members managed by the taskforce received 5 face-to-face field visits and 4.5 telephone visits.

Pharmacy Care Management:

To improve adherence to chronic medications and prevent recurrent preventable admissions, MetroPlus is piloting a new pharmacy case management program. Members with low adherence to chronic

medications, multiple chronic medications, and high readmission rate are first identified and then receive a visit from a MetroPlus pharmacist in his or her home. We conduct and complete medication reconciliation and then transition the member to single-dose packaging through either CVS or PillPack vendors to ensure adherence. Single-dose packaging is helpful in this member population as their medications are pre-packaged and synchronized for the month. Throughout the year, medication reconciliation is completed quarterly over the phone and further home visits are scheduled if necessary.

Members with HIV/AIDS and Transgender:

MetroPlus provides dedicated care coordination through our Health & Wellness team to HIV+, homeless, and transgender members and their children. This is accomplished through telephone and in-person encounters with members and providers. We assist the primary care team by addressing gaps in care, providing health education, scheduling appointments, making specialist referrals, reinforcing adherence to medication and preventive health screenings, and any other community referral or service the member might need.

MetroPlus Health & Wellness Advisors spend between 2-4 days a week in the HIV clinics. We provide concierge level service, essentially being the face of the company and answering any question and/or concern. Advisors help the member navigate our complex medical care system to get the services they need.

Currently, Health & Wellness staff are based at the following H+H facilities:

Manhattan	Bronx	Brooklyn	Queens
Bellevue	Jacobi	Kings	Elmhurst
Metropolitan	North Central Bronx	Woodhull	Queens Hospital
Harlem	Lincoln	Cumberland	
		East New York	

Thus far in 2018, we have completed over 24,000 encounters, including over 2,700 face-to-face encounters, with over 5,500 members. We supplement the efforts of our Health & Wellness team through HIV-affected peer encounters and text messaging to members who are not virally suppressed or late in picking up antiretroviral medication refills. This year, MetroPlus became the State-designated program administrator for the HIV peer certification program.

Medicare-Focused Programs:

Several programs are in place to support our Medicare members. We have launched a Care at Home Program that has allowed over 796 members to receive a service addressing health care gaps in their homes. Services such as diabetic eye exams and A1c testing are conveniently delivered where our members feel safest. Members also receive live birthday calls that we couple with useful information (i.e., medication adherence reminder or importance of flu/pneumonia shot). Members have expressed overwhelming appreciation for the call with so many stating that MetroPlus is the only one who remembered it was their birthday!

Social Determinants of Health:

MetroPlus Health Plan now has dedicated efforts to address social determinants of health. They include:

Isolation, Increasing Health Literacy and Engagement – Camp MetroPlus

Social isolation, health engagement, and health literacy in the Medicare population are key factors. Members have often expressed feelings of loneliness and isolation at advisory board meetings, programs for the HIV population, and at community events. In addition, members frequently demonstrated lack of health knowledge and skills for personal and family health advocacy. Through education, crafting projects, exercise programs, socialization, as well as increased engagement with the health care system, we sought to address these underlying barriers to our members' health goals. Five weekly "Summer Camp" experiences were provided at H+H facilities in the Bronx, Manhattan, Brooklyn, and Queens during the summer of 2018. Over 75 members participated in the bilingual summer sessions. Statistically significant outcome data is not yet available. However, the member satisfaction results for the program were excellent. Our next camp session is slated for April 2019, as weather and transportation have an impact on participation. We will also be separating camp sites by member's preferred spoken language.

Food Insecurity – God's Love We Deliver

In collaboration with God's Love We Deliver (a local CBO), MetroPlus has allocated funds to provide two prepared meals daily, specific to dietary restrictions of the individual, to Medicaid members discharged from the hospital who indicate they need assistance with food preparation and who have demonstrated food insecurity within the prior four weeks.

Housing – Comunilife Plus

MetroPlus serves between 8,000 to 10,000 homeless members at any given time. We invested in housing specialists to support members who need permanent shelter as this is a very important determinant for optimal health. This project required the training of several staff members to complete HRA applications for housing, relationship building with HRA, shelters and H+H facilities, as well as collaboration with Comunilife (another local CBO).

As part of our partnership, Comunilife offered MetroPlus the opportunity to place homeless members in permanent residences in the Bronx and Brooklyn with priority for members seen at H+H facilities. The three populations initially addressed included:

- H+H members with a history of homelessness and psychiatric or substance abuse issues;
- People living with HIV or AIDS; and
- Members currently inpatient for psychiatric hospital treatment (H+H and other providers)

Led by the taskforce team, we have prepared 45 members for housing placement. To date, 20 of these members successfully completed their housing applications and interviews and are in the final stages of placement. Additionally, 2 members have already been placed and 14 additional members are undergoing the application process as of this report.

Member Engagement:

Member Rewards Program

The MetroPlus Member Rewards Program currently has a 55% participation rate with over 12,250 members redeeming rewards from "shopping" in the MetroPlus Rewards Catalog. The 2018 Program allows members to earn points from participating in over 30 healthy activities. Over 11,700 members have participated in the Step-Up Challenge, a program that helps members get moving (using a pedometer to track their steps). These members have booked over 567 million steps to a healthier life! Satisfaction with the program remains high at 95%.

Texting Program

We know our members are busy, and they have let us know time and again that they appreciate less mail and more texts to help them stay healthy. Even our Senior members enjoy the MetroPlus text program! Text messaging includes both education, PCP/dentist information, linkage to the Member Rewards Program, and two-way text capability if the member needs support closing a health care gap. Currently, over 15 text programs are underway with over 277,000 members active in the program. Two new programs that launched in the Medicare line of business include H&H appointment reminders and medication refill reminders. Also new for the Summer and Fall of 2018 is an IVR program that provides similar messaging to members who do not have text-enabled phones.

Community Events

Throughout 2018, MetroPlus has increased our face to face interaction with members and we routinely host multiple community events. These events range from providing community-based dental screenings to kids ages 2 to 18 years to diabetic retinal exams for our diabetic members. We have collaborated with many H+H and community partners to deliver services where it is most convenient for our members. To date, we have hosted over 55 events and have successfully screened over 2,380 members.

Opioid Management

As of February 2018, MetroPlus implemented new opioid prior authorization criteria to promote CDC guidelines for prescribing opioids for chronic pain. From February to September 2018, we have seen a sustained 32% decrease in overall prescriptions, a 25% decrease in Utilizers, and a 36% decrease in day's supply compared to the same time period last year. In addition to new prospective utilization management, we also identified members who fit into 4 categories and require additional support. These categories are: (1) members who have a daily MED (morphine equivalent dose) of over 200; (2) members who are in methadone clinics and have current prescriptions for opioids; (3) members who had an admission for an overdose in the emergency room and a current narcotics prescription; and (4) members with recurrent prescriptions for opioids and no office visits.

Prescription Patterns

As of June 2018, MetroPlus expanded 90-day eligible medications to all maintenance medications across all lines of business to promote adherence to chronic medications. Ninety-day prescriptions have shown improved adherence in the member population for QARR/HEDIS and Stars measures. Since the change, we have seen an uptick in 90-day prescribing. However, most prescriptions are still filled as a 30-day supply.

Quality

Our improved processes, workflow, data collection, and collaboration with H+H for QARR/HEDIS measures have driven high performance in clinical quality measures. In the 2017 Medicaid Incentive Program (MY2016) we achieved 98.51 out of 100 points, improved our rating in the HIV SNP Quality Incentive Program attaining almost \$2 million in additional quality incentives as compared to last year and receiving \$776,000 for the MLTC Quality Incentive Program. Most recently, MetroPlus just received final notice that we achieved 3.5 Stars in the Medicaid Stars 2019 Program. We are proud to have achieved 4 Stars in the Staying Healthy: Screenings, Tests and Vaccines, Managing Chronic Conditions, Member Experience with the Drug Plan and Drug Safety and Accuracy of Drug Pricing domains as well as 5 Stars in two other domains.

I am also proud to announce that MetroPlus was awarded over \$7 million dollars for the HIV/SNP Quality Incentive this year with an overall score of 91%. Our Quality Management teams have worked diligently throughout 2018 and their excellent efforts are well-reflected by this award. I expect the organization to continue our high-performance trajectory and improve on our score next year.



Membership Summary by LOB Last 7 Months October-2018

		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Total Members	Prior Month	524,060	522,610	522,048	521,651	520,493	517,605	516,239
	New Member	20,027	19,826	20,140	19,296	19,716	19,600	16,924
	Voluntary Disenroll	1,723	1,637	1,650	1,689	1,573	1,725	1,749
	Involuntary Disenroll	19,754	18,751	18,887	18,765	21,031	19,241	19,575
	Adjusted	-136	-113	-82	-11	177	2,203	0
	Net Change	-1,450	-562	-397	-1,158	-2,888	-1,366	-4,400
	Current Month	522,610	522,048	521,651	520,493	517,605	516,239	511,839
Medicaid	Prior Month	375,399	373,620	372,961	372,388	371,164	366,828	365,521
	New Member	11,847	11,886	12,096	11,463	10,215	11,797	10,941
	Voluntary Disenroll	706	636	638	682	607	625	600
	Involuntary Disenroll	12,920	11,909	12,031	12,005	13,944	12,479	12,271
	Adjusted	-150	-129	-101	-46	107	758	0
	Net Change	-1,779	-659	-573	-1,224	-4,336	-1,307	-1,930
	Current Month	373,620	372,961	372,388	371,164	366,828	365,521	363,591
Essential Plan	Prior Month	76,970	76,879	76,737	76,535	76,370	75,966	75,483
	New Member	4,974	5,020	4,881	4,761	5,075	4,900	3,437
	Voluntary Disenroll	0	1	1	0	0	0	0
	Involuntary Disenroll	5,065	5,161	5,082	4,926	5,479	5,383	5,978
	Adjusted	0	1	0	0	-2	1,227	0
	Net Change	-91	-142	-202	-165	-404	-483	-2,541
	Current Month	76,879	76,737	76,535	76,370	75,966	75,483	72,942
Child Health Plus	Prior Month	17,671	17,733	17,783	17,837	17,838	17,916	18,178
	New Member	1,106	1,091	1,056	1,027	957	1,204	1,151
	Voluntary Disenroll	710	720	694	675	679	730	791
	Involuntary Disenroll	334	321	308	351	200	212	286
	Adjusted	12	13	17	31	73	181	0
	Net Change	62	50	54	1	78	262	74
	Current Month	17,733	17,783	17,837	17,838	17,916	18,178	18,252



Membership Summary by LOB Last 7 Months October-2018

		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
HHC	Prior Month	11,824	12,140	12,331	12,529	12,900	13,027	13,152
	New Member	414	289	285	553	257	236	57
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	98	98	87	182	130	111	120
	Adjusted	4	5	6	12	19	77	0
	Net Change	316	191	198	371	127	125	-63
	Current Month	12,140	12,331	12,529	12,900	13,027	13,152	13,089
SNP	Prior Month	4,256	4,259	4,227	4,187	4,139	4,089	4,090
	New Member	141	125	110	103	106	132	128
	Voluntary Disenroll	25	36	22	36	32	21	28
	Involuntary Disenroll	113	121	128	115	124	110	91
	Adjusted	0	0	0	-4	-3	8	0
	Net Change	3	-32	-40	-48	-50	1	9
	Current Month	4,259	4,227	4,187	4,139	4,089	4,090	4,099
Medicare	Prior Month	7,981	7,989	7,962	7,943	7,912	7,881	7,849
	New Member	284	232	254	248	215	244	184
	Voluntary Disenroll	184	174	205	193	153	198	187
	Involuntary Disenroll	92	85	68	86	93	78	60
	Adjusted	0	0	-1	0	0	-2	0
	Net Change	8	-27	-19	-31	-31	-32	-63
	Current Month	7,989	7,962	7,943	7,912	7,881	7,849	7,786
Managed Long Term Care	Prior Month	1,809	1,842	1,817	1,861	1,858	1,873	1,857
	New Member	80	49	95	55	69	67	70
	Voluntary Disenroll	15	4	18	0	39	65	61
	Involuntary Disenroll	32	70	33	58	15	18	6
	Adjusted	-1	-2	-2	-4	-4	-12	0
	Net Change	33	-25	44	-3	15	-16	3
	Current Month	1,842	1,817	1,861	1,858	1,873	1,857	1,860



Membership Summary by LOB Last 7 Months October-2018

		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
QHP	Prior Month	13,917	13,991	14,108	14,048	14,020	13,929	14,236
	New Member	843	893	779	729	667	710	477
	Voluntary Disenroll	0	0	0	0	0	1	0
	Involuntary Disenroll	769	776	839	757	758	402	268
	Adjusted	0	0	0	1	-13	-7	0
	Net Change	74	117	-60	-28	-91	307	209
	Current Month	13,991	14,108	14,048	14,020	13,929	14,236	14,445
SHOP	Prior Month	1,341	1,337	1,347	1,316	1,316	1,275	1,242
	New Member	69	46	20	39	27	17	21
	Voluntary Disenroll	4	2	5	3	0	2	0
	Involuntary Disenroll	69	34	46	36	68	48	54
	Adjusted	0	0	0	0	0	0	0
	Net Change	-4	10	-31	0	-41	-33	-33
	Current Month	1,337	1,347	1,316	1,316	1,275	1,242	1,209
FIDA	Prior Month	210	203	206	209	208	210	206
	New Member	2	9	4	6	9	3	6
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	9	6	1	7	7	7	16
	Adjusted	0	0	0	0	0	0	0
	Net Change	-7	3	3	-1	2	-4	-10
	Current Month	203	206	209	208	210	206	196
HARP	Prior Month	10,812	10,766	10,717	10,958	10,971	12,804	12,656
	New Member	249	164	531	292	2,081	269	277
	Voluntary Disenroll	79	64	67	100	63	83	82
	Involuntary Disenroll	216	149	223	179	185	334	330
	Adjusted	0	0	0	0	0	0	0
	Net Change	-46	-49	241	13	1,833	-148	-135
	Current Month	10,766	10,717	10,958	10,971	12,804	12,656	12,521



Membership Summary by LOB Last 7 Months October-2018

		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
GOLDCARE I	Prior Month	1,174	1,164	1,170	1,166	1,143	1,153	1,134
	New Member	16	17	26	18	27	12	130
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	26	11	30	41	17	31	65
	Adjusted	0	0	0	0	0	-14	0
	Net Change	-10	6	-4	-23	10	-19	65
	Current Month	1,164	1,170	1,166	1,143	1,153	1,134	1,199
GOLDCARE II	Prior Month	696	687	682	674	654	654	635
	New Member	2	5	3	2	11	9	45
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	11	10	11	22	11	28	30
	Adjusted	-1	-1	-1	-1	0	-13	0
	Net Change	-9	-5	-8	-20	0	-19	15
	Current Month	687	682	674	654	654	635	650

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute an agreement with Press Ganey Associates, Inc. (“Press Ganey”) to provide Consumer Assessment of Healthcare Providers and Systems & Physician/Employee Survey Services as requested by the System over a five-year term cost of \$10,283,398.

WHEREAS, the System entered into a contract with Press Ganey dated October 25, 2011 following an RFP process and pursuant to authorization given by the System’s Board of Directors to provide CAHPS & Physician/Employee Engagement Survey services; and

WHEREAS, the current Press Ganey agreement will expire December 31, 2018 and the estimated not to exceed fee of \$1,400,000 required to fund the contract through that date is already part of the FY 18 budget; and

WHEREAS, the System wishes to enter into a new agreement with Press Ganey for its survey services; and

WHEREAS, there was a competitive bid process conducted by Supply Chain Services among multiple participants, the evaluation committee elected to partner with, Press Ganey due to their market share, ability to meet program requirements and continuation of existing services to avoid disruption; and

WHEREAS, the overall responsibility for monitoring the proposed contracts shall be governed under the Assistant Vice President, Patient Centered Care and supported by facility Patient Experience Officers.

NOW THEREFORE, BE IT:

RESOLVED, that the New York City Health and Hospitals Corporation be and hereby is authorized to execute an agreement with Press Ganey Associates, Inc. to provide CAHPS Patient Survey services as requested by the System over a five-year term for a total amount of \$10,283,398.

32122

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

FROM: Keith Tallbe *KT*

DATE: April 21, 2017

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **Press Ganey Associates, Inc.**, has submitted to the Supply Chain Diversity Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Central Office

Contract Number: _____

Project: Transformation Services

Submitted by: Division of Materials Management

EEO STATUS:

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

COMMENTS:

KT:srf

Press Ganey/Consumer Assessment of Healthcare Providers and Systems & Physician/Employee Surveying

**Application to
Enter into Contract**

**Medical & Professional Affairs Meeting
November 8, 2018**

**Vivian Sun
Chief Experience Officer/
Assistant Vice President**

- The System's current vendor, Press Ganey Associates provides various mandated Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys for patients and Physician/Employee engagement surveys
- Press Ganey is the market leader supporting 33,000 health care organizations creating continuous and sustainable improvement within the area of patient experience
- The original contract with Press Ganey annually valued at \$2,150,472.46 expired on 12/2017 and was extended with approval from the President's office for calendar year 2018
- The Human Experience Council, which is comprised of System/Site leadership and, Labor Partners who develops system wide strategy for patient experience
- Patient Experience Officers (PXOs), coach site employees to promote excellence in patient and resident experience, and report progress to leadership monthly.
- Over the last 3 years, the System's acute care hospitals recouped \$14.08MM of the \$16.71MM held back by CMS however, 59% of system 2019 Value Based Purchasing Program (VBP) losses were tied to patient experience of care ratings.

	Ambulatory Volume	Emergency Dept.	Inpatient Volume	Behavioral Health	Nursing Home	Long Term Care	Medical Practice	Health Home
Surveys	39,211	189,355	135,909	14,400	2,386	281	115,246	6,331

** 2017 volume survey count by department*

Overview of Procurement

- A Request for Proposals with CRC approval was issued in November 2017 for surveys to list of vendors and the City Record. Proposals were received from five vendors:
 - Press Ganey Associates
 - National Research Associates
 - Professional Research Consultants
 - Gallup Inc
 - Qualtrics, LLC

- Press Ganey Associates received the highest score among the participants for this RFP based on the evaluation criteria:
 - Firm’s Experience
 - Proposal Costs
 - Strategy for Scope of Work
 - Client References

- Evaluation Committee
 - Kim Mendez – SVP, Central Office
 - Chris Roker – CEO, Queens
 - April Alexander – Dir., Metropolitan
 - Donna Geiss – AD, Jacobi
 - Nathan Link – CMO, Bellevue
 - Vivian Sun – AVP, Central Office
 - Linda Lombardi – AD, Bellevue

- An application to enter into contract with Press Ganey was presented and approved at the September 18, 2018 Contract Review Committee Meeting

Vendor	CAPHS	Phys/Emp
Press Ganey Associates	8.60	8.51
National Research Corporation	7.61	7.63
Professional Research Consultants	7.25	7.01
Gallup		7.81
Qualtrics		7.49

M&PA Committee Approval Request

- Press Ganey contract benefits include:
 - Updated online digital platform to provide additional reporting capabilities
 - Offering will include National Database for Nursing Quality Indicators (NDNQI) Solution which will provide nursing excellence tools and tracks performance at a unit level
 - 36 onsite advisory days w/Patient Experience Advisor
 - As the largest vendor with most amount of comparative data, offers the most robust comparative patient feedback database
 - Value Based Purchasing tool to calculate actionable information about the systems performance
 - A three year contract with 2 one –year options to renew at the System’s request
 - Total contract value of \$10,283,398

M&PA Committee Approval Request

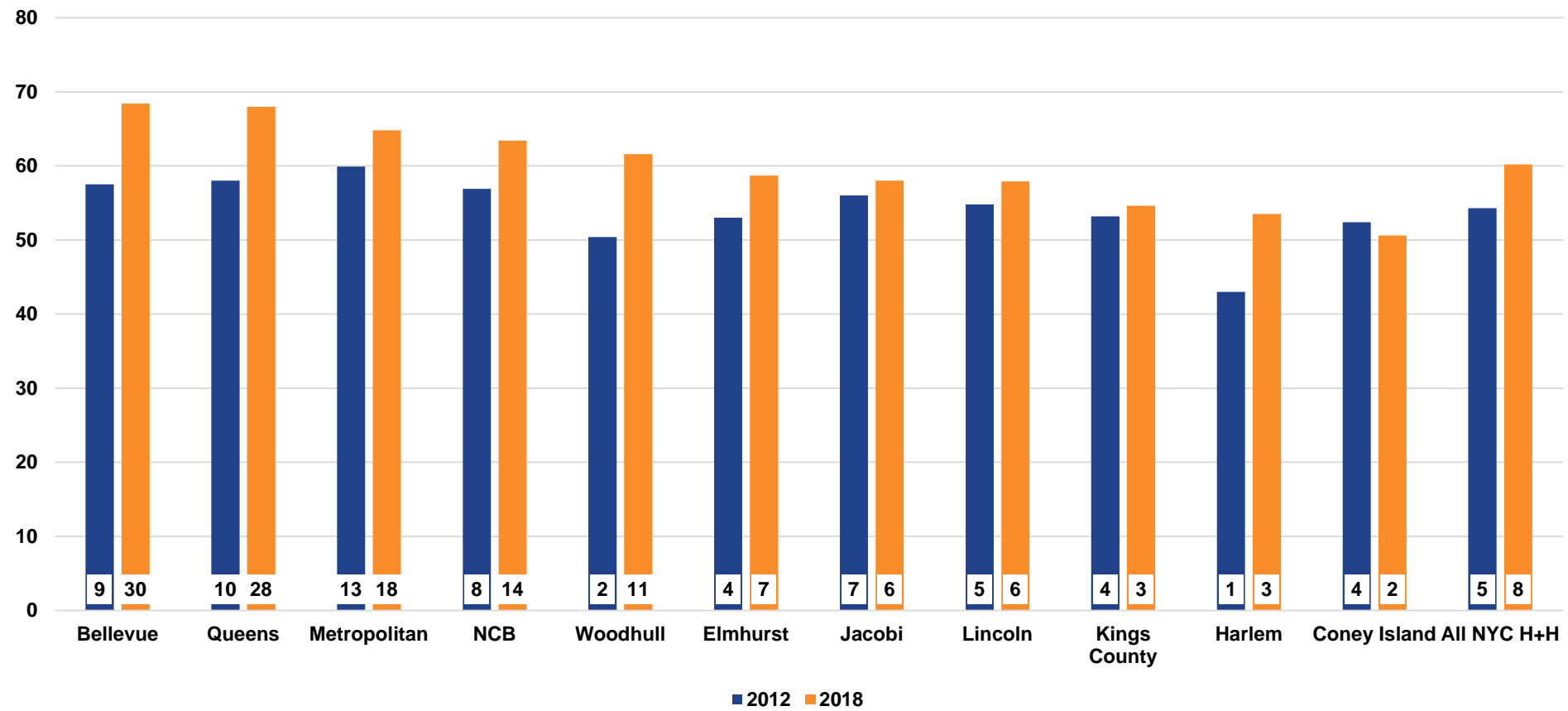
Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute an agreement with Press Ganey Associates, Inc. (“Press Ganey”) to provide Consumer Assessment of Healthcare Providers and Systems & Physician/Employee Survey Services as requested by the System over a five-year term cost of \$10,283,398.

Appendix



Historical (Fiscal Year)	Spend
2015	\$2,743,347
2016	\$2,000,862
2017	\$2,513,258
Press Ganey Proposed	
Year 1	\$2,264,422

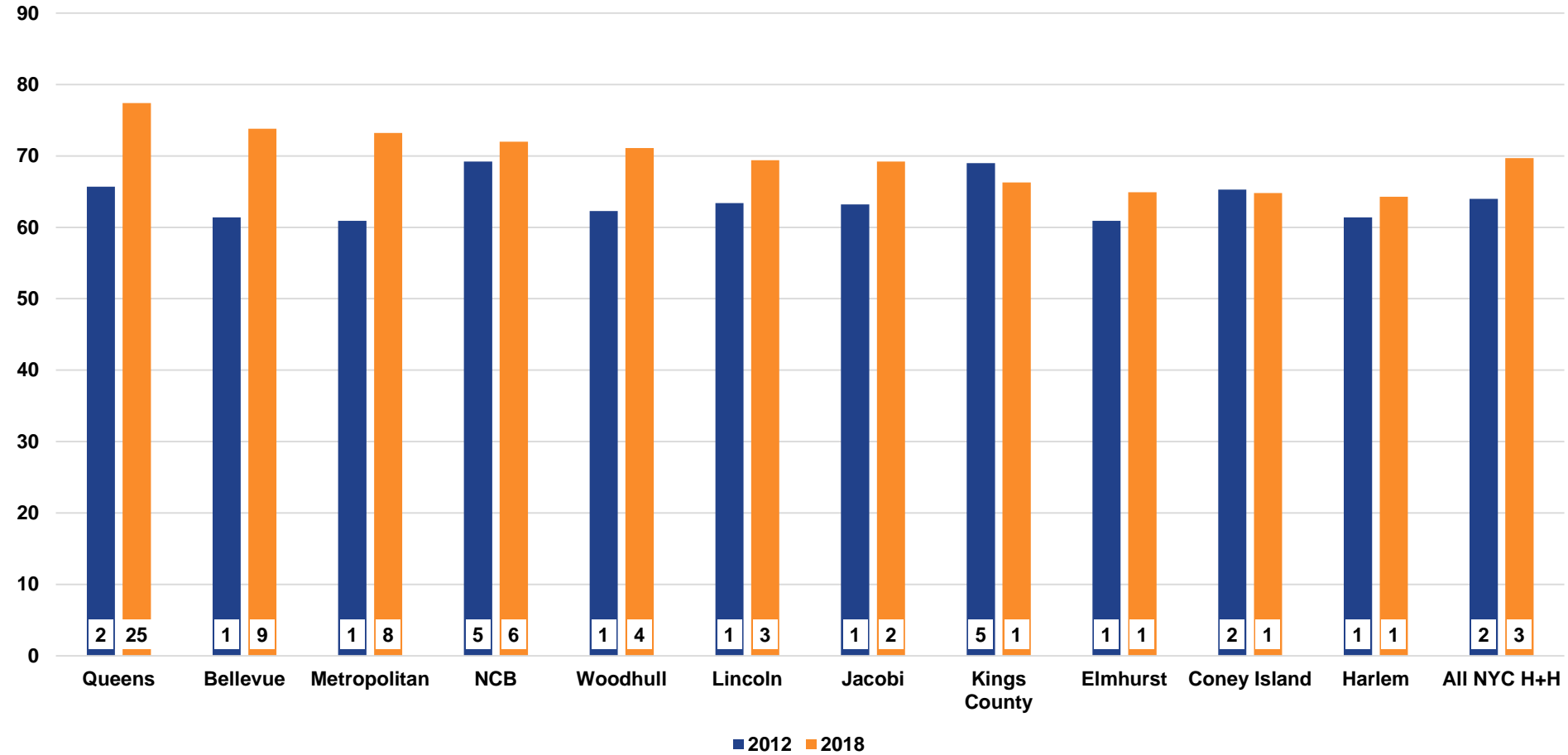
2012 to 2018 Inpt: Rate the Hospital



*Data labels at base of graph represent %tile ranking to all PG Database

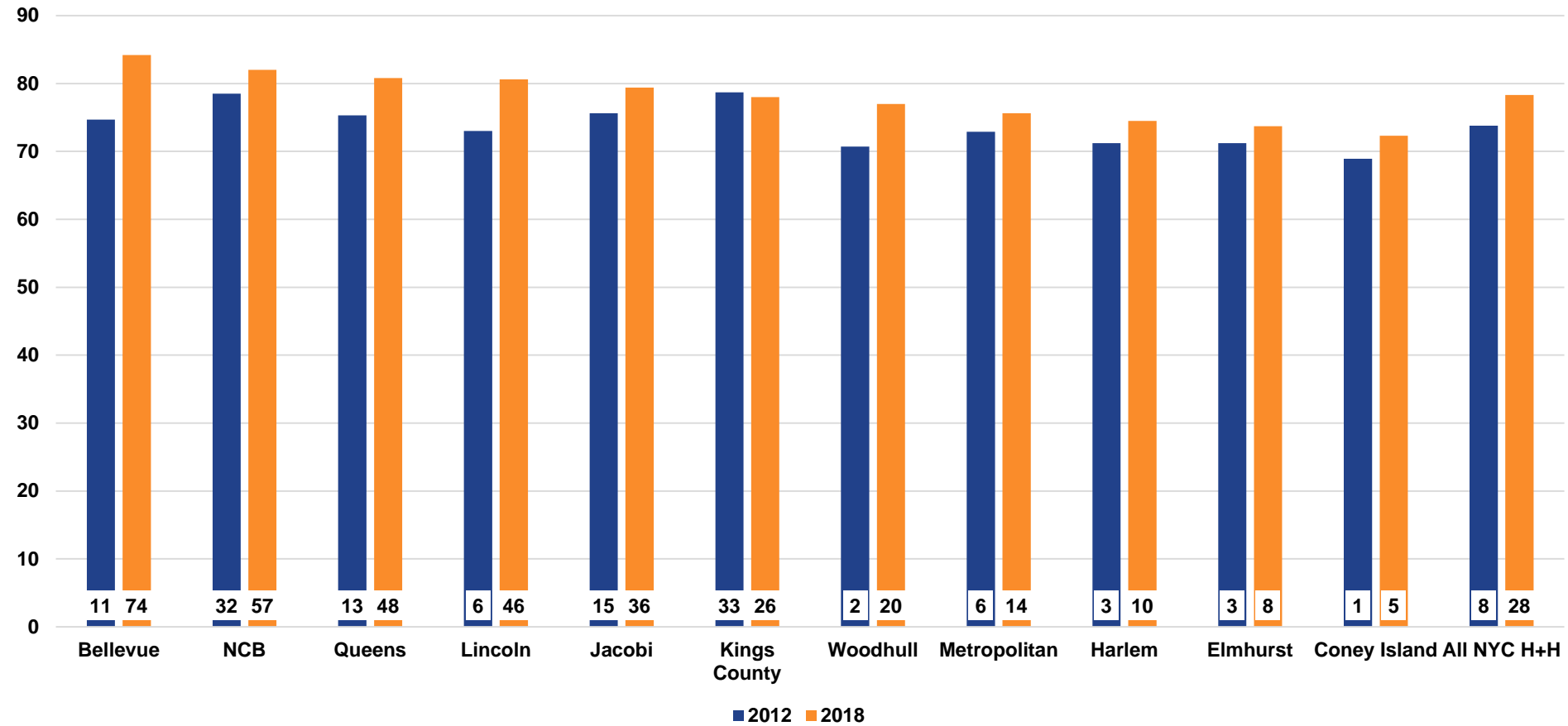
2012 to 2018

Inpt: Communication with Nurses



*Data labels at base of graph represent %tile ranking to all PG Database

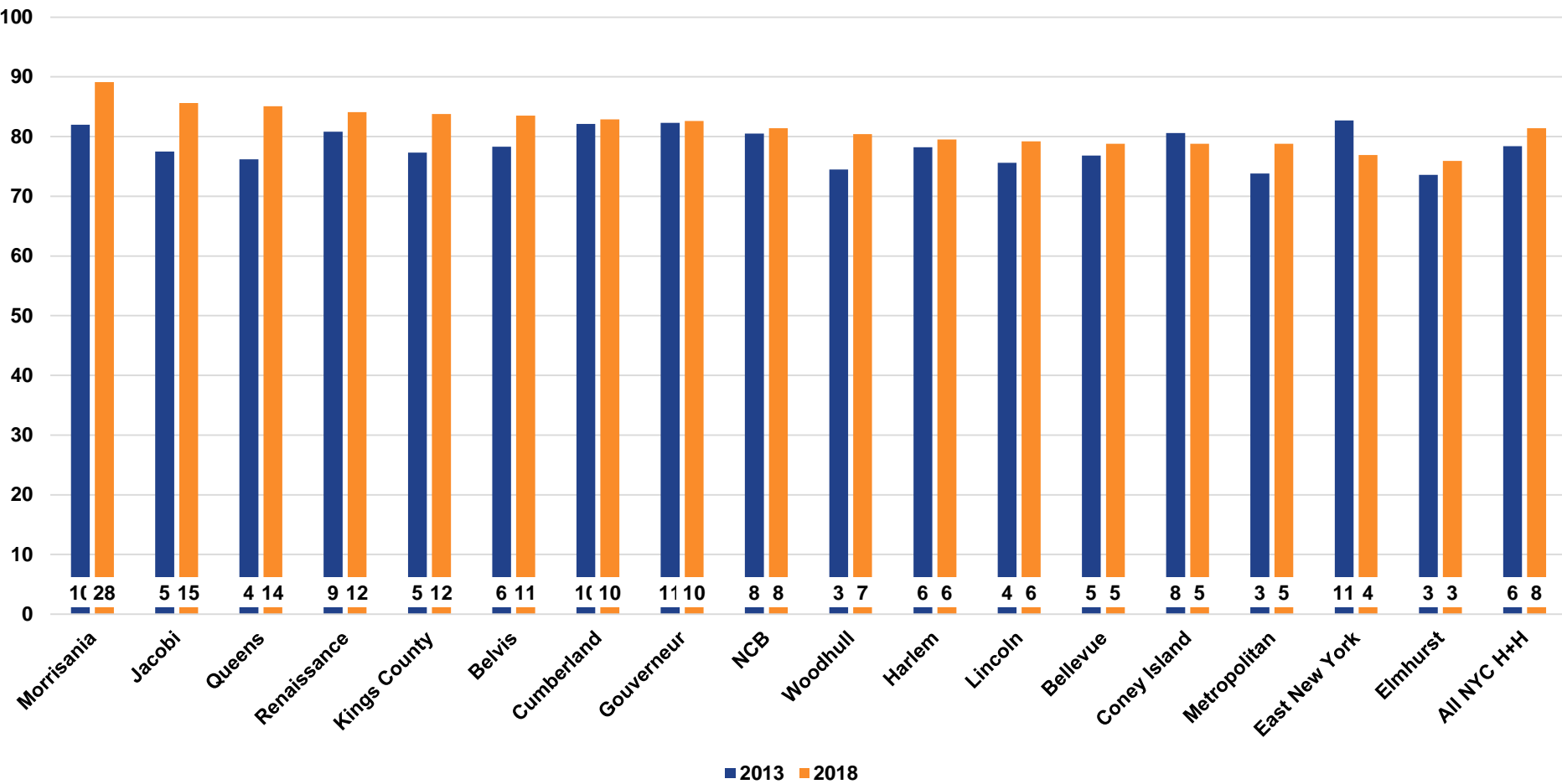
2012 to 2018 Inpt: Communication with Doctors



*Data labels at base of graph represent %tile ranking to all PG Database

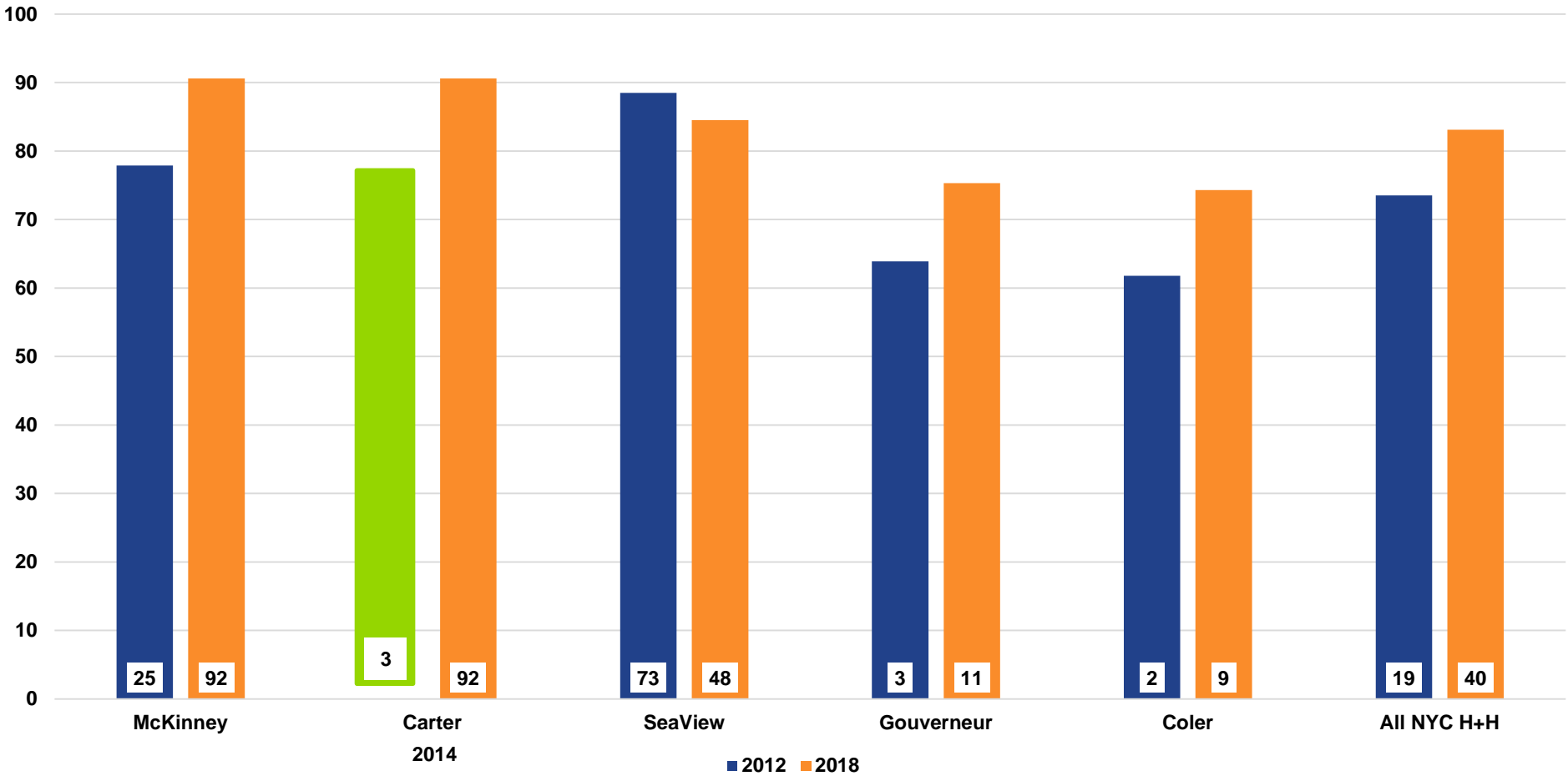
2013 to 2018

Medical Practice: Recommend This Provider Office



*Data labels at base of graph represent %tile ranking to all PG Database

2012 to 2018
PAC: Likelihood to Recommend



*Data labels at base of graph represent %tile ranking to all PG Database

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute an agreements with CyraCom International, Inc. (“CyraCom”), Language Line Services, Inc. (“Pacific Interpreters”) Linguistica International, Inc. (“Linguistica”), and Propio Language Services, (“Propio”) to provide Over the Phone Interpretation Services as requested by the System over a five-year term cost of \$48,241,516.

WHEREAS, the System entered into a contract with CyraCom dated May 1, 2013 and Pacific Interpreters/Language Line Services dated July 23, 2013 following an RFP process; and

WHEREAS, an application to issue a request for proposals was presented before the Contract Review Committee at its May 15, 2018 meeting and was approved by its approval letter dated May 16, 2018; and

WHEREAS, after the Office of Supply Chain Services issued a request for proposals among multiple participants, the evaluation committee selected the two incumbents, CyraCom, Pacific Interpreters and two new suppliers, Linguistica and Propio, due to their competitive pricing, capabilities in providing multi-language support, ability to meet program requirements and continuation of existing services to avoid disruption; and

WHEREAS, the overall responsibility for monitoring the proposed contracts shall be governed under the Senior Assistant Vice President, Diversity & Inclusion Offices and supported by facility Language Access Coordinators.

NOW THEREFORE, BE IT:

RESOLVED, that the New York City Health and Hospitals Corporation be and hereby is authorized to execute an agreement with CyraCom International, Inc., Language Line Services, Inc. Linguistica International, Inc., and Propio Language Services to provide Over the Phone Interpretation services as requested by the System over a five-year term for a total amount of \$48,241,516.

31579B

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

TO: Joseph Varghese, Director
Procurement Systems/Operations
Division of Materials Management

FROM: Keith Tallbe *KT*

DATE: October 24, 2018

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, CyraCom International, Inc., 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: Over the Phone Language Interpretation

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

30205B

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

TO: Joseph Varghese, Director
Procurement Systems/Operations
Division of Materials Management

FROM: Keith Tallbe *KJ*

DATE: October 29, 2018

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Language Line Services, Inc., 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: Interpretation Services

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

32219

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

TO: Joseph Varghese, Director
Procurement Systems/Operations
Division of Materials Management

FROM: Keith Tallbe *KT*

DATE: October 5, 2018

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Linguistica International, 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: Medical Telephone Interpreters

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

32218

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

TO: Joseph Varghese, Director
Procurement Systems/Operations
Division of Materials Management

FROM: Keith Tallbe *KT*

DATE: October 4, 2018

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **Propio LS, 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: Medical Telephone Interpreters

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

Medical Over-The-Phone Interpretation (OPI) Services

Application to Enter Into Contract

**Medical & Professional Affairs Meeting
November 8, 2018**

Matilde Roman
Office of Diversity and Inclusion
Sr. Assistant Vice President

- In Fiscal Year 2017, the System utilized over 12 million minutes of Over-The-Phone interpretation services in over 180 languages and dialects, and has averaged 20% growth in service utilization in the last three years.
- The System selected three vendors during the 2013 RFP process: Cyracom, Pacific Interpreters, and Language Line Solutions.
- Pacific Interpreters was acquired by Language Line Solutions in 2015.
- Due to the increased utilization of services, the System has experienced longer than expected connection times.
- Contracts for both vendors will expire in FY 2019.

Overview of Procurement

- An application to issue a Request for Proposal was issued in May 2018 with approval from CRC, posted in city advertisement and submitted to 30 vendors in which nine proposals were received.

- The first round of scoring resulted in six vendors being shortlisted for in-person presentations from the nine proposals received.

- Evaluation Criteria:
 - Organizational Experience
 - Cost Proposal
 - Technical Qualifications
 - Performance Metrics

- Evaluation Committee:
 - Matilde Roman – CD&IO
 - Margarita Larios – AD, D&I
 - Melanie Colon – AD, Bellevue
 - Mary Anne Marra – CNO, NCB
 - Oma Sunkara – Dir, Harlem
 - Noreen Brennan – CNO, Metropolitan
 - Patricia Banks – AD, Coney Island
 - Joanne Grimes – Dir, Jacobi

Vendors Selected for Contracting

- An application to enter into contract with the following list of vendors was presented and approved at the September 18, 2018 Contract Review Committee Meeting

Vendor	Total Score	Ranking
Cyacom	8.99	1
Pacific Interpreters	8.06	2
Linguistica	8.03	3
Propio	7.76	4
United Language Group	7.60	5
Lionbridge	7.53	6

M&PA Committee Approval Request

OPI contract details:

- A three-year contract with 2 one-year options to renew at the System's request
- Proposed contract value is \$48MM
- Average Savings of \$1.4MM/year
- Pricing is structured in two tiers for 3 vendors: Spanish and all other languages to provide greater cost savings (Spanish is 70% of volume)
- Linguistica International is a MWBE vendor
- Business Associate Agreements will be executed to meet HIPAA regulations
- Office of Diversity & Inclusion will work with site leadership to establish a primary and secondary vendor to meet their volume and language requirements

M&PA Committee Approval Request

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute an agreements with CyraCom International, Inc. (“CyraCom”), Language Line Services, Inc. (“Pacific Interpreters”) Linguistica International, Inc. (“Linguistica”), and Propio Language Services, (“Propio”) to provide Over the Phone Interpretation Services as requested by the System over a five-year term cost of \$48,241,516.

Appendix



2017 Annualized Minutes			
Facility	Spanish	Other	Total
Bellevue	1,991,410	1,073,110	3,064,520
Elmhurst	1,893,350	664,174	2,557,524
Jacobi	823,144	352,620	1,175,764
Woodhull	974,860	183,080	1,157,940
Lincoln	800,892	122,480	923,372
Queens	422,656	312,984	735,640
Coney Island	291,032	389,016	680,048
Metropolitan	594,678	79,136	673,814
North Central Bronx	449,028	147,944	596,972
Kings County	175,916	368,928	544,844
Harlem	335,574	201,896	537,470
Other Locations	252,690	45,856	298,546
Total	9,005,230	3,941,224	12,946,454

Historical Cost

Supplier	Language	2017 Spend
Cyacom	Spanish	\$ 4,068,362
	Other	\$ 1,849,590
Pacific Interpreters	Spanish	\$ 2,685,561
	Other	\$ 1,106,328
		\$ 9,709,841

Savings Forecast

	RFP Projected Costs	Historic Rates Extended	Expected Savings
Year 1	\$8,427,076	\$9,709,841	\$1,282,764
Year 2	\$8,932,701	\$10,292,431	\$1,359,730
Year 3	\$9,468,663	\$10,909,977	\$1,441,314
Year 4	\$10,036,783	\$11,564,575	\$1,527,793
Year 5	\$10,638,990	\$12,258,450	\$1,619,460
Total	\$47,504,212	\$54,735,274	\$7,231,062

Post Acute Care Pharmacy Conversion Update

Sea View, Coler, McKinney and Gouverneur

**Medical & Professional Affairs Board Meeting
11/8/2018**

**Khoi Luong, DO
CMO, Post Acute Care**



Post Acute Pharmacy Update

- 1 Facilities now in compliance with BNE updated controlled substance storage and accountability with inspections completed at Sea View, Coler, McKinney, Gouverneur with no deficiencies
- 2 New drug distribution system enables bar coding of medications, reductions in medication, and enhanced medication accountability
- 3 New system uncovered some other areas for improvement, warranting off-shift med passes to commence
- 4 Policies and procedures are standardized with each facility implementation
- 5 Improvement in drug regimen review process as LTS staff is trained in updated long term care requirements
- 6 New equipment was well received and appreciated by staff
- 7 PharmScripts high cost drug alert program has been instituted. Medical staff have been trained and has already resulted in cost savings.
- 8 Antibiotic stewardship reports tailored to HHC to meet CMS guidelines
- 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 Sea View, Coler, McKinney, and Gouverneur. Included additional training of new website called “Cover My Meds”

Post Acute Pharmacy Update

- 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 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.
- 13 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.
- 14 Identification of "Locked Pharmacy" status, a typical designation given by Medicaid to patients who are assigned a home pharmacy. \$ 110K in avoidable, annual revenue loss for the PAC.
- 15 Identification of residents with "Mail Order" pharmacy that have to be dis-enrolled. \$110k in avoidable, annual revenue loss for the PAC.

eConsult Update

Medical and Professional Affairs Committee

November 8, 2018

Hannah Byrnes-Enoch, MPH

Jesse Singer, DO MPH

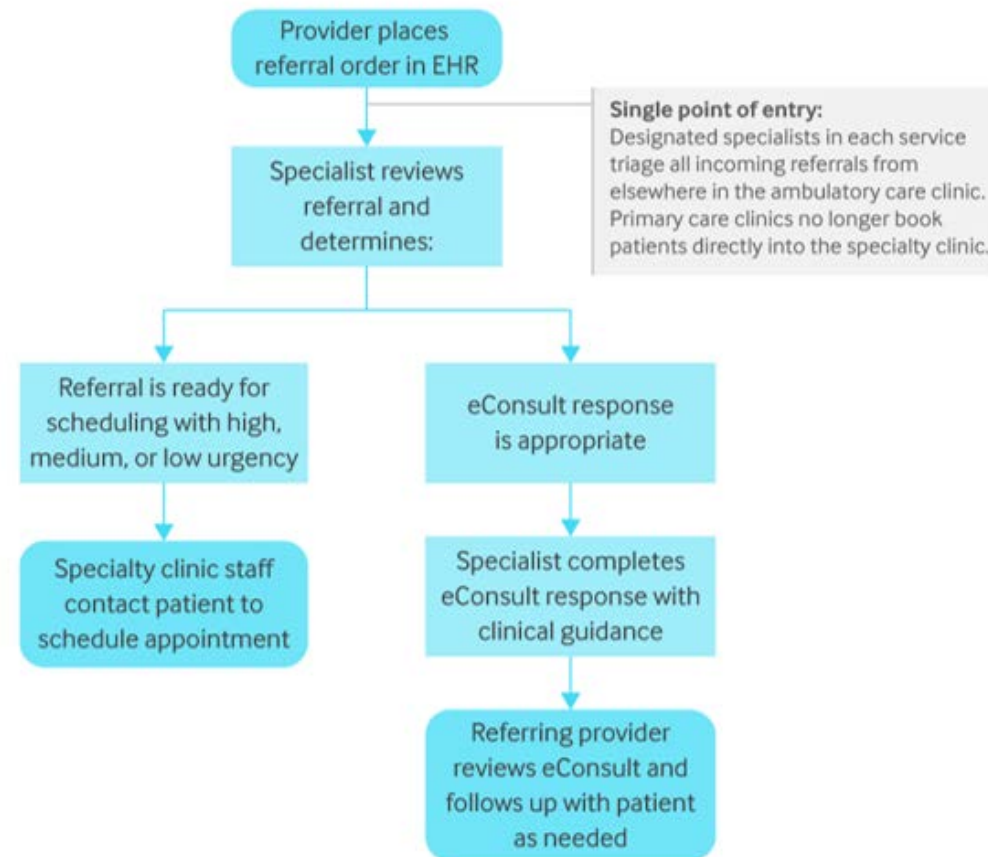
Dave Chokshi, MD MSc FACP

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 nearly 80 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 September 2018:
 - Over 50,000 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.