



125 Worth Street ▪ New York, NY ▪ 10013

BOARD OF DIRECTORS MEETING

THURSDAY, DECEMBER 20, 2018

A•G•E•N•D•A

CALL TO ORDER - 3:00 PM

- 1. Adoption of Minutes: November 29, 2018

Acting Chair’s Report

President’s Report

Legislative Update

Informational Item: Post-Acute Care EMR

>> Action Items<<

Committee Reports

- Finance
- Audit
- Strategic
- Governance
- MetroPlus
- H+H Capital Corporation

Executive Session | Facility Governing Body Report

- NYC Health + Hospitals | Bellevue

Semi-Annual Governing Body Report (Written Submission Only)

- NYC Health + Hospitals | Jacobi
- NYC Health + Hospitals | North Central Bronx

>>Old Business<<

>>New Business<<

Adjournment

Mr. Campbell

Mr. Campbell

Dr. Katz

Mr. Siegler

Ms. McClusky
Dr. Luong

Mr. Rosen
Ms. Youssouf
Mr. Campbell
Mr. Campbell
Mr. Rosen
Dr. Katz

Mr. Campbell

Mr. Campbell

NYC HEALTH + HOSPITALS

A meeting of the Board of Directors of NYC Health + Hospitals was held in Room 532 at 125 Worth Street, New York, New York 10013 on the 29th day of November, 2018, at 3 P.M. pursuant to a notice which was sent to all of the Directors of NYC Health + Hospitals and which was provided to the public by the Secretary. The following Directors were present in person:

Dr. Mitchell Katz
Mr. Scott French
Dr. Gary Belkin
Ms. Helen J. Arteaga
Ms. Barbara A. Lowe
Mr. Robert Nolan
Mr. Mark Page
Mr. Bernard Rosen
Ms. Emily A. Youssouf
Ms. Deborah Brown

Deborah Brown was in attendance representing Dr. Herminia Palacio, and Scott French was in attendance representing Mr. Steven Banks, both in a voting capacity. Dr. Katz chaired the meeting and Ms. Colicia Hercules, Corporate Secretary, kept the minutes thereof. Dr. Katz called the meeting to order at 3:04 p.m.

ADOPTION OF MINUTES

The minutes of the meeting of the Board of Directors held on October 25, 2018 were presented to the Board. Then on motion made and duly seconded, the Board unanimously adopted the minutes.

RESOLVED, that the minutes of the meeting of the Board of Directors held on October 25, 2018, copies of which have been presented to this meeting, be and hereby are adopted.

CHAIRPERSON'S REPORT

Dr. Katz, acting as Chairperson, reported that there were five new items on today's agenda requiring Vendex approval and all are Vendex approved. There are nine items from previous board meetings pending Vendex approval. Since the Board last met, four Vendex approvals were received and are in the Board's materials. Dr. Katz noted that the Board would be notified as outstanding Vendex approvals are received.

Dr. Katz then recognized himself for the President's report.

PRESIDENT'S REPORT

Dr. Katz's remarks were in the Board package and made available on the NYC Health + Hospitals website. A copy is attached hereto and incorporated by reference.

Dr. Katz expressed his appreciation to the Board and to his senior staff for keeping projects moving during his absence when he was unable to return to New York. He specifically noted the progress made by Linda DeHart and John Ulberg, Assistant Vice President and Chief Financial Officer, respectively, in the State Indigent Care workgroup that is charged with developing recommendations on Disproportionate Share Hospital (DSH) payment distributions. Dr. Katz noted that the proposal developed by Ms. DeHart and Mr. Ulberg was the only proposal in the workgroup to

receive support from workgroup members other than its sponsors. The proposal would establish a new approach for the distribution of DSH payments that would provide more DSH to hospitals, including NYC Health + Hospitals, which actually see a disproportionate share of uninsured and Medicaid patients.

Dr. Katz then introduced Dr. Robert Gore, an Emergency Room physician at NYC Health + Hospitals/Kings County and an assistant clinical professor of emergency medicine at SUNY Downstate. Dr. Gore is one of CNN's top ten heroes for 2018. He founded and currently serves as Executive Director of the Kings Against Violence Initiative (KAVI), while working in the Kings County emergency room. Dr. Katz expressed admiration for Dr. Gore's great work. The Board viewed a brief CNN video about Dr. Gore, and then Dr. Gore addressed the Board. Dr. Gore described his background and long-standing work on youth programming and community engagement, and the community and Kings County Hospital Center support for his work in addressing violence and other social determinants of health in marginalized communities. Dr. Katz thanked Dr. Gore for his comments.

Dr. Katz then recognized Kevin Lynch, Senior Vice President and Chief Information Officer, and Dr. Kim Mendez, Senior Vice President and Chief Health Informatics Officer for an information item on the Enterprise Information Technology Services (EITS) budget. A presentation was included in the Board materials and

is incorporated by reference herein. Mr. Lynch discussed the budget for implementation of the electronic health record EPIC, which the System refers to as "H20," and the budget for non-H20 projects.

Discussion ensued. Mr. Nolan asked about the experience of hospitals where EPIC was installed in 2016 and whether the promised benefits have been realized. Mr. Lynch said that the clinical benefits have been realized, and he cited one benefit that the medical information for a patient cared for at multiple facilities with EPIC can now be seen and taken into consideration clinically at the other EPIC facilities. The revenue cycle part of the EPIC installation is new at these facilities too, so performance is being tracked closely. At the close Ms. Youssouf thanked the presenters for their work keeping the Board informed about the IT projects' progress.

ACTION ITEMS

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.

Vivian Sun, Assistant Vice President of Care Experience, read the resolution and presented. Discussion followed. Ms. Lowe and Ms. Youssouf

asked about the data on the System's performance and about the System targets. Dr. Katz offered to share with all Board members, not only those on the Strategic Planning and Quality Assurance Committees, more data on System performance. Dr. Belkin asked whether the Press Ganey scores are truly a helpful tool for improvement; Ms. Sun discussed recent progress and Dr. Mendez noted that there is new functionality that allows for tracking down to the unit level. Dr. Katz mentioned the expected positive impact that improved nurse staffing would have on the scores. Then, upon motion made, discussed and duly seconded, the resolution was unanimously approved.

RESOLUTION

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

Ms. Matilde Roman, Chief Diversity and Inclusion Officer, read the resolution, and Ms. Roman and Ms. Yvette Villanueva, Vice President, Human Resources presented. After discussion and questions, a motion was made and the Board voted unanimously to table the resolution for future consideration when some additional information can be presented.

RESOLUTION

Authorizing that John E. Ulberg (as successor to Plachikkat V. Anantharam) be elected to serve as a Director of the HHC

Accountable Care Organization Inc. ("ACO") Board of Directors in accordance with the laws of the State of New York, until his successor is duly elected and qualified, subject to his earlier death, resignation, removal, or termination of his employment with any entity that has executed an ACO Participation Agreement or ACO Agreement.

Dr. Katz read the resolution. Then, upon motion made, discussed and duly seconded, the resolution was unanimously approved. .

FOLLOW-UP FROM THE OCTOBER BOARD MEETING

Dr. Katz asked Ms. Cohen, General Counsel, to report back to the Board about a matter discussed at the last Board meeting involving the Procurement Review Board's ("PRB") review of a complaint about a MetroPlus procurement process. The Board approved a resolution authorizing MetroPlus to enter into a contract with Community Care Behavioral Health Organization ("CCBHO") contingent on a decision from the PRB that the procurement was properly conducted. Ms. Cohen reported that the PRB had concluded in a written decision issued that day that MetroPlus fairly and properly awarded the contract to CCBHO in The decision had been communicated to Beacon, the complaining bidder. .

BOARD COMMITTEE REPORTS

Attached hereto is a compilation of reports of the NYC Health + Hospitals Board Committees that have been convened since the last meeting of the Board of Directors. The reports were received by Dr. Katz at the Board meeting.

Dr. Katz received the Board's approval to convene an Executive Session to discuss matters of quality assurance, matters of potential or threatened litigation, and matters relating to specific personnel.

FACILITY GOVERNING BODY/EXECUTIVE SESSION

The Board convened in Executive Session. When it reconvened in open session, Dr. Katz reported that the Board (1) received and approved oral and written governing body submissions from NYC Health + Hospitals/Harlem; and (2) received and approved semiannual governing body (written submission) reports from NYC Health + Hospitals/Metropolitan.

ADJOURNMENT

Thereupon, there being no further business before the Board, the meeting was adjourned at 5:18 P.M.



Colicia Hercules
Corporate Secretary

COMMITTEE REPORTS

Medical and Professional Affairs Committee: November 8, 2018
As reported by Vincent Calamia
Committee Members Present- Vincent Calamia, Matthew Siegler for Mitchell Katz, Barbara Lowe

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 8:59 AM. On motion, the Committee voted to adopt the minutes of the September 13th, 2018, Medical and Professional Affairs Committee.

CHIEF MEDICAL OFFICER REPORT

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

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 to plan 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. 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 November 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

Mary Anne Marra, RN, Chief Nurse Executive, reported to the committee on the following:

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
 - o Elevating Joy - what matters to you?
 - o Minimizing Hassles - addressing the small things
 - o What's going right?

- o What can we do better?
- o 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.
 - o Director Alfreda Weaver to continue to oversee program.
 - o Evaluation of continuing education web based software for management of CME is being conducted.
 - o Nursing Continuing Education Providership is due for recertification in 2019
 - o 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 versus \$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).
 - LiveOnNY 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.

Arnold Saperstein, MD, Executive Director, MetroPlus Health Plan presented to the committee on the following:

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 re-certifications. 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, and 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 Alc 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.

ACTION ITEMS:

Ms. Vivian Sun, Assistant Vice President, of Quality Utilization & Risk Management Office presented to the committee on the following:

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.

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

Ms. Matilde Roman, Senior Assistant Vice President, Office of Human Resources & Diversity and Inclusion present to the committee on the following:

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.

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

INFORMATION ITEMS:

Khoi Luong, DO, Chief Medical Office, Post-Acute Care, presented to
the committee an update on Post-Acute Care Pharmacy Conversion.

Dave Chokshi, MD Vice President Population Health presented to the
committee an update on eConsult.

There being no further business, the meeting was adjourned 10:03 AM.

Information Technology Committee: November 8, 2018

As reported by Gordon Campbell

Committee Members Present: Gordon Campbell (Chair), Scott French
(representing Steven Banks in a voting capacity), Barbara Lowe, and
Matt Siegler (representing Dr. Mitchell Katz in a voting capacity)

Gordon Campbell called the meeting to order at 10:05 AM. The minutes of
the September 13, 2018 meeting were adopted.

CHIEF INFORMATION OFFICER REPORT

Kevin Lynch thanked the Committee and then spoke to the CIO Report.

(H₂O) Epic Electronic Medical Record (EMR) Initiative:

Mr. Lynch said we have a new name for the enterprise medical record:
H₂O. It stands for Health and Hospitals Online. H₂O has been
successfully turned on at Woodhull/Cumberland and 10 associated Gotham
Clinics for clinical and revenue cycle modules. He said we also
retrofitted the Revenue Cycle module for Queens, Elmhurst, Coney
Island, and 17 associated clinics which have already been using the
clinical modules to provide patient care.

Mr. Lynch said patient care is being performed using H₂O in a
meaningful way. The project is progressing positively with the natural
discovery and remediation of standard go-live issues. He said our
enthusiastic and energetic staff are using H₂O effectively to provide
patient care. We continue onsite support for the next several weeks and
will have dedicated staff allocated for additional weeks, as needed.

Mr. Lynch said he and Dr. Kim Mendez have been touring facilities and
watching people use the new system. It has been very successful. He
said the next go-live will be Bellevue, Harlem, and their associated
clinics on March 30, 2019 (141 days).

Mr. Lynch added that we went live also with Cerner Labs and we will be going live with that in future rollouts. That was very significant and we had support around that. We are very happy with the efforts.

Mr. Lynch then spoke to the slides NYC H+H Acute Facilities + Post-Acute Care + Correctional Health Services + Gotham Health Facilities; NYC H+H Current Electronic Medical Record + Revenue Cycle Landscape; NYC H+H EMR/future state; NYC H+H H₂O and QuadraMed Instances post October 20, 2018; NYC H+H H₂O Ecosystem; NYC H+H Legacy Clinical IT Systems; and Epic EMR Implementation Timeline.

Mr. Lynch acknowledged the staff that worked on and was involved in the logistics of this go-live. We also want to thank the clinicians and other end-users who stepped up to learn the system.

Enterprise Radiology Integration Update:

Mr. Lynch spoke about Enterprise Radiology Integration. That is our PACS (picture archiving and communication system). He said it is now live at Coney Island, Woodhull, Kings County, Metropolitan, and we just went live this past weekend at Lincoln.

Mr. Lynch said we adjusted the go-live dates at the remaining sites to align with other prioritized projects. We did not want them to overlap with our Epic rollouts. The remaining sites include: Harlem, Bellevue, North Central Bronx, Jacobi, Queens and Elmhurst. He then spoke to the slide Enterprise Radiology Integration Initiative Time Line.

Enterprise Resource Planning (Project Evolve) Update:

Mr. Lynch talked about Project *Evolve*, which is our Enterprise Resource Planning program. He said Cost Accounting is still planning their go-live to be aligned with other priority projects. He said Finance is leading this and we are comfortable with the progress being made.

Mr. Lynch said that Phase 2 (PeopleSoft Payroll/Time & Labor/Absence Management/Electronic Time Capture) is progressing. Payroll Go-Live is on track for January 2019. We have to run it in December 2018 for it to be ready for this. We have continued detailed testing efforts including multiple parallel payroll cycles. He said we are tracking expected milestones/gate-checks to ensure we are ready of a successful go-live.

Regarding Time and Labor/Absence Management, Mr. Lynch said modules are on track for May 2019 and Electronic Time Capture is on track to begin rolling out in June 2019.

Mr. Lynch spoke about Clairvia Clinical Scheduling. He said it is in progress and expected to go-live for Wave 1 in Spring 2019. Design and build efforts have progressed positively for our Wave 1 facilities, including Coney Island, Kings County, Sea View, McKinney and East New York. He said the rollout of Waves 1B - 1F will continue through Fall 2019.

**INFORMATION ITEM 1:
INFORMATION TECHNOLOGY BUDGET OVERVIEW**

Mr. Lynch said this was in response to a request from the Committee. He then introduced Barbara Lederman.

Mr. Lynch spoke to the presentation called Information Technology Budget Overview. The first slide showed the three main buckets we use for our IT budget: First, H₂O Project Budget (Clinical & Revenue Cycle) which had Operating: \$515M (FY13-FY21) and Capital: \$537M (FY13-FY21). Second is the Enterprise Information Technology Services Budget (Other than H₂O) had Operating (FY18): \$240M and Capital (FY19-FY21): \$156M. Third is the Capital Restructuring Finance Program (CRFP) had an NYS Grant (goes from 2017-2021). The IT Portion of the Total Grant Award: \$212M.

The next slide was H₂O Project Executive Budget Summary. The next two slides were H₂O Operating Accruals vs Balance as of September 20, 2018. The first slide was FY13-FY21 Clinical and Revenue Cycle Operating Budget Summary. The second slide in the series was FY13-FY21 Clinical and Revenue Cycle Capital Budget Summary. When he spoke about implementation support, he said we are building an internal staff. This is important because the red jacket people are good at Epic but not as familiar with our organization.

Mr. Campbell asked how much this system has changed our workflows. Mr. Lynch said significantly, especially intake areas. We introduced five new pieces of equipment including e-signature for consents. We take pictures of the patient for patient safety. We have scanners for identification and patient labels with bar codes. We also put in credit card swipe to collect copays at locations.

Matt Siegler said we learned lessons with this rollout. Our partners in labor understood the need for this and that was tremendous. He said the amount of leadership collaboration was great thanks to senior leadership and the culture they have at the sites.

Scott French referred to slide 23 and application support. He asked if this is a concern regarding time left on the project and the balance remaining. Will you have to adapt the budget?

Mr. Lynch said this number represents how many full-time employees we hired or are going to hire. We have not filled vacancies yet. It is not time-related.

Mr. Campbell asked if there is anywhere we anticipate being over budget.

Mr. Lynch said no, not at this time.

Barbara Lowe said there is one missing element and that is the staffing model with PeopleSoft. She said it was supposed to be finished by 2020. Is that still on the burner?

Mr. Lynch said yes, we use PeopleSoft as our source of truth for human resources. It will feed into Clairvia for acuity.

Kim Mendez said it will be a typical year with Clairvia coming in 2019.

Ms. Lowe asked if it will be real time.

Ms. Mendez said yes, it will interface with ADT at acute care facilities with Clairvia.

Mr. Lynch showed the slide called FY18 Historical Spend (Non H₂O - Operating). This is the maintenance of stand-alone systems. We are inventorying all of them to measure costs, including Maintenance (\$173 million), such as Microsoft licenses. There is Staff Augmentation (\$42 million). Mr. Lynch said we also have Upgrades (\$24 million).

The next slide Mr. Lynch presented was Approved Capital Projects with Expense.

Mr. Campbell said any contracts above \$5 million come before the Board. Mr. Lynch agreed. He then talked about slide called Board Approved Contracts for Ongoing Operating Expenses.

Barbara Lederman said these are contracts that are over \$5 million that came before the Board. They are mostly ongoing maintenance. This slide shows how much we have spent and how many years are left before we come back.

Mr. Campbell asked if we could bundle all of Microsoft with the help of Dewitt.

Mr. Lynch said we are working with them to increase our buying power with the City.

The last slide Mr. Lynch presented was NYS Grant, including Grant/Cash Disbursement Summary.

Mr. Campbell said he wanted to thank Mr. Lynch, his team, and everyone in the organization.

There being no further business, the meeting was adjourned at 10:55 AM.

Equal Employment Opportunity Committee: November 13, 2018

As reported by Robert Nolan

Committee Members Present: Robert F. Nolan; Helen Arteaga Landaverde; Gordon Campbell

A meeting of the Equal Employment Opportunity Committee of the NYC Health + Hospitals' Board of Directors was held on November 13, 2018 in the Board Room at 125 Worth Street, Room 532, New York City, with Committee Chair, Robert F. Nolan, presiding. The meeting was called to order at 3:32 p.m. A motion to approve the minutes of the May 8, 2018, meeting was duly made and unanimously approved.

PROPOSAL - NEW STANDING COMMITTEE OF EQUITY, DIVERSITY AND INCLUSION

Matilde Roman, Chief Diversity and Inclusion Officer, submitted a proposal to create a new standing committee on Equity, Diversity and Inclusion. The current EEO Committee addresses issues on the recruitment, retention of minorities, women and contracting with minority and women owned businesses. The Equity, Diversity and Inclusion Committee would replace the Equal Employment Opportunity Committee and expand the scope of the committee's work to be more representative of the work that is occurring throughout NYC Health + Hospitals Organization. Diversity and inclusion are key drivers toward improving business outcomes as employee engagement is directly correlated to patient experience. The new committee would be responsible for the review and oversight of the organization's ongoing efforts to integrate equity, diversity and inclusion best practices into our standing policies, operations and processes. It will continue to support the recruitment and retention of minorities and women staff members to ensure a diverse workforce, address issues with vendor workforce representation of minorities and women, and explore opportunities to contract with minority and women owned businesses. The next step is to seek approval before the Governance Committee on November 29, 2018. If the Governance Committee approves, the matter would go to the full board on December 20, 2018 for a vote. If successful, the EEO Committee would immediately convert to the Equity, Diversity and Inclusion Committee.

Board Member Helen Arteaga Landaverde suggested revising the language in the proposal to show the System's efforts in advancing innovative solutions and initiatives in the area of equity, diversity and inclusion, which all present agreed to.

Matthew Siegler, Senior Vice President for Managed Care, inquired if there has been joint committee presentations in the past as it would be good for collaboration in the future such as with Medical and Professional Affairs or Community Relations. There was confirmation that joint committee participation is possible. Mrs. Roman stated that the other opportunity here is for the committee members to set the agenda and provide input that guides this body of work. Mr. Campbell motioned to recommend the bylaws be amended to replace the EEO Committee to the Equity, Diversity and Inclusion Committee. The motion was passed unanimously.

2018 CONDITIONALLY APPROVED CONTRACTORS UPDATE

CONDITIONAL APPROVAL CONTRACTS

CANON SOLUTIONS AMERICA CONTRACT

Canon Solutions America, Inc. ("Canon") holds a 7-year Managed Print Services (MPS) contract for \$74,334,132 which was awarded in 2016. MPS provides the ability to proactively track, monitor and manage all hardcopy output equipment for NYC Health + Hospitals. Canon has 4 areas of workforce underrepresentation in 2018, as follows: Managers Job Group 1C for females; Managers Job Group 1D for females; Professionals Job Group 2A for females; and Administrative Support Job Group 5C for females. William Mayer, Senior Vice President of Human Resources, represented Canon Solutions America, Inc.

Mr. Mayer stated that for the 1C category, there were no new hires this past year. Therefore, there was no opportunity to make a change in that group's headcount. In the 5C category, although there were 32 separations there were also new hires, of which, 35% were females. For the 2A category, there was one new hire and unfortunately they were unable to find a qualified female for the role. In the 1D category, there was turnover which reduced the headcount, of which they lost three females - two were voluntary and one was an involuntary separation.

Mr. Nolan congratulated Canon for eliminating the female gap for the 4A job group from 2017 and asked how they were able to achieve this. Canon expressed their commitment to finding females and minorities to fill all their jobs. Canon stated that they look for transferrable skill sets and outside of the industry to find employees to cultivate.

Mr. Nolan asked about the outreach programs Canon utilizes and what progress they are making in other job categories. Traci Spero, Senior Director of HR Strategy and Analytics, stated that they continue their partnership with Per Scholas which amounted to three hires in Q3. They look for graduates and their focus is to find women in the engineering arena. Canon stated that they also work with Lincoln Tech, and will be on Lincoln Tech's advisory board which will help further influence the partnership. Ms. Spero mentioned that Canon Solutions America is now preparing for 2019 by looking at what schools they will be targeting and where they have internal deficiencies in order to grow their business and build pipelines.

Mr. Nolan asked how competitive the landscape is and how Canon Solutions America deals with it. Canon mentioned that there are challenges, especially with unemployment rates and certain experiences with schools and recruiting agencies. They are addressing this by joining groups on job boards, and stepping up referrals and networking efforts.

Mr. Mayer stated that another issue they face is ghosting, whereby candidates scheduled to arrive for an interview or start working do not show up. Ms. Spero stated that there is a direct correlation between the unemployment rate and their turnover rates.

Mr. Siegler mentioned that NYC Health + Hospitals' print services contract is a large administrative expense so Canon Solutions America's continued efforts on this is appreciated as we evaluate for administrative savings. Mr. Mayer thanked everyone and said that this relationship has helped put a focus on this particular initiative for Canon Solutions America. It has been helpful to meet with their leadership team to help them understand why this is a business necessity.

Mr. Nolan thanked Traci Spero and William Mayer for presenting before the Committee and concluded the session with Canon Solutions America, Inc.

The meeting was adjourned at 4:15pm.

Community Relations Committee: November 13, 2018

As reported by Gordon Campbell

Committee Members Present: Gordon Campbell; Robert Nolan; Matthew Siegler representing Dr. Katz in a voting capacity.

The meeting of the Community Relations Committee (CRC) was called to order by Mr. Gordon Campbell, Acting Chairperson, NYC Health + Hospitals Board of Directors at 5:40 p.m.

Mr. Campbell noted that a quorum had been established. He requested a motion for the adoption of the minutes of September 12, 2018. A motion was made and seconded. The minutes were adopted.

CHAIRPERSON'S REMARKS:

Mr. Campbell welcomed everyone and introduced himself as the, Acting Chairman of the Board of Directors for NYC Health + Hospitals. Mr. Campbell continued and explained that regrettably, Mrs. Bolus was not able to attend this evening. Mr. Campbell noted that NYC Health + Hospitals/Morrisania and Gouverneur would present their annual activity report and unfortunately, both Lincoln and Belvis representatives are out sick.

Mr. Gordon began his remarks on a solemn note by announcing the passing of Marty Bromberger which occurred on October 22nd. Mr. Gordon stated that "Marty Bromberger was a former CAB Chair, a life-long advocate, passionate sports fan, and a dedicated member of Coney Island CAB." Mr. Campbell continued and highlighted notable community related initiatives and accomplishments from across the system as follows:

Mr. Campbell also reported that NYC Health + Hospitals is expanding access to buprenorphine, a prescription drug to manage opioid addiction, at adult medical clinics in eighteen (18) community and hospital-based ambulatory care centers. Mr. Campbell added that the eighteen (18) clinics will integrate the clinical management of buprenorphine into primary care, making availability easier and treatment more holistic.

Mr. Campbell announced that NYC Health + Hospitals has successfully launched its advanced electronic medical record H₂O system at NYC Health +Hospitals/Woodhull and ten (10) community health centers and neighborhood clinics in Brooklyn. Mr. Campbell reported that this marks the first implementation of the system that integrates both clinical and revenue cycle modules of the customized Epic medical record system. Mr. Campbell acknowledged Mr. Kevin Lynch, Senior Vice President, Information Technology for a very thoughtful and strategic roll-out. He added that the public health system has also retrofitted the already installed electronic medical record systems at three other hospitals—NYC Health + Hospitals/Coney Island, /Elmhurst, and /Queens—and another fifteen (15) health centers and neighborhood clinics in Queens and Brooklyn with the new revenue cycle module. Mr. Campbell noted that combined, the four (4) hospitals and twenty-five (25) community-based ambulatory care sites mean that 14,000 active users will now be working with the newly enhanced electronic medical record/revenue cycle system.

Mr. Campbell reported that in mid-October, First Lady Chirlane McCray and NYC Health + Hospitals announced a new initiative aimed at increasing access to birth control in the City's public hospitals, doubling down on the City's commitment to be a national leader in reproductive rights.

Mr. Campbell informed Committee members, CAB Chairs and invited guests that two (2) of NYC Health + Hospitals' skilled nursing facilities had received the highest rating from U.S. News & World Report and are included on its list of Best Nursing Home Short-Stay Rehabilitation Centers. Mr. Campbell noted that the two (2) facilities were: NYC Health + Hospitals/SeaView in Staten Island and NYC Health + Hospitals/Gouverneur in Lower Manhattan that received the highest ranking among the nearly 16,000 nursing homes.

Mr. Campbell concluded his remarks by thanking the Community Advisory Boards (CAB) for preparing letters to the NYS Indigent Care Pool Workgroup (ICP) to share NYC Health + Hospitals' priorities. Mr. Campbell continued and also thanked those CAB members who took time from their busy schedule to attend and testify at the ICP Workgroup meeting that was held in Manhattan. Mr. Campbell acknowledged that there were a few CAB members who were turned away due to space constraints, but thanked all for their unwavering support of our public health care system.

PRESIDENTS REMARKS:

Matthew Siegler

Matthew Siegler, Sr. Vice President, for Managed Care and Patient Growth, presented the President's remarks on behalf of Dr. Katz, he welcomed Committee Members, CAB Chairs and invited guests and informed all of the Community stakeholder's meeting that was held on October 22nd. Mr. Siegler added that over seventy (70) attendees from communities based

organizations all over the city were in attendance. Mr. Siegler continued and noted that he would focus tonight's remarks on issues raised in the CAB's activity reports.

Mr. Siegler reported that all of the CAB's annual reports highlighted provider staffing and wait times as issues of concern. Mr. Siegler noted that one (1) key issue that was highlighted in the CAB's report was access to care; specifically, due to provider hiring and provider staffing, with emphasis on the nurses side. He added the Administration had been addressing the financial issues of the system noting that it's a steep hill to climb but patient safety is a strategic priority.

Mr. Siegler continued and reported that since Dr. Katz's, leadership of, NYC Health + Hospitals, 330 new nurses were recruited system wide. Mr. Siegler noted that the key next steps are to make sure that staff is allocated correctly across all units.

Mr. Siegler announced that since the May 1st, Docs4NYC campaign, thirty (30) new Primary Care Clinicians have been hired. Mr. Siegler noted that there is a Primary Care shortage around the city and country. Mr. Siegler added that the goal is to hire seventy-five (75) new physicians.

Mr. Siegler reported that e-consult is in nearly eighty (80) specialty clinics, and will be at one clinic in every hospital by the end of the year. Mr. Siegler explained that e-consult allows you to get a specialist's opinion in 2-3 days and a fast tracked appointment if needed.

Mr. Siegler reported that the third next available appointment is down from eighteen (18) days to eleven (11) days for new adult medicine visit and down from fourteen (14) days to eight (8) days for a repeat visit. Mr. Siegler added that as next step the Administration will continue to expand e-consult, hiring 40 more Primary Care Physicians and change how we schedule appointments in primary care. Mr. Siegler explained that 30% of appointment slots will be made available for walk-ins, next day visits and primary care. Mr. Siegler noted that in addition to more control, this new scheduling arrangement gives the Primary Care doctors more flexibility to fill in their time when someone needs something more urgently. Mr. Siegler added that there are already early signs of improvement.

Mr. Siegler announced the opening of two new Express Care Clinics at NYC Health + Hospitals/Elmhurst and /Lincoln. Mr. Siegler explained that express care allows patients with non-life threatening issues to be seen within one hour. He added that an important key to this model is the ability to connect the patient to a primary care physician. Mr. Siegler noted that NYC Health + Hospitals is looking to expand to other outpatient settings like Gouverneur or other community health centers. Mr. Siegler continued and stated "that we (NYC Health + Hospitals) want to get the model in right in the hospital setting and build it out properly, but it is something we care about."

Ms. Eartha Washington, Chairperson, NYC Health + Hospitals/Queens shared a positive experience regarding her encounter with taking a neighbor to Elmhurst's Express Care Clinic.

Mr. Siegler reported the recent Election brought on changes in the State's Senate and change of control in the House in Washington, D.C. Mr. Siegler noted that both would have meaningful and positive impact on NYC Health + Hospitals. He added that Disproportionate Share Hospitals (DSH) payments that are slated to expire in October 2019. Mr. Siegler continued and noted that the proposed cuts would be devastating to NYC Health + Hospitals. Mr. Siegler thanked members of the CABs for their continued support.

Mr. Siegler announced that NYS Affordable Care (ACA) open enrollment period has begun now through December 15th.

Mr. Siegler concluded the President's remarks by encouraging all in attendance to get the Flu shots. He added that the Flu shots are available at all NYC Health + Hospitals facilities.

NYC Health + Hospitals/Gouverneur/A Gotham Health Center

Mr. Campbell introduced Mr. Enrique Cruz, Chairperson of NYC Health + Hospitals/ Gouverneur/A Gotham Health Center and invited him to present the CAB's annual report.

Mr. Cruz began his presentation by thanking members of the Community Relations Committee for the opportunity to present the Gouverneur CAB's annual report. He continued and acknowledged Susan Sales, CEO, Gouverneur, Skilled Nursing facility, for her leadership role in Gouverneur Skilled Nursing facility receiving the five (5) Star Award, from U.S. News and World Report.

Mr. Cruz informed members of the Committee, CAB Chairs and invited guests that the Roberto Clemente, a satellite clinic of Gouverneur, recently underwent substantial renovations. Mr. Cruz thanked members of the Committee and local elected officials including Rosie Mendez, former City Councilmember, for their support. Mr. Cruz added that the community is very happy with the completed renovations.

Mr. Cruz reported that the most frequent complaints raised includes excessive wait time for patients to see a provider. Mr. Cruz continued and stressed the need for Gouverneur Health Center to open an Urgent Care Center/Walk in Clinic. Mr. Cruz continued and noted that Dr. Morris Gagliardi, CEO Gouverneur Health Center, had convened a workgroup that consisted of staff and CAB members to explore the need for an Urgent Care Center.

Mr. Cruz concluded his presentation by informing the Committee that the Gouverneur CAB needs assistance with getting a dedicated staff person to assist the CAB in its work. Mr. Cruz added the CAB members need

resources to be able to organize, plan and execute the work of the CAB. Mr. Cruz thanked the office of Government and Community Relations for their continued support.

NYC Health + Hospitals/Morrisania

Mr. Campbell introduced Ms. Jacqueline Dawson, Associate Director, NYC Health + Hospitals/Morrisania/ A Gotham Health Center and invited her to present on behalf of the Morrisania CAB.

Ms. Dawson, thanked members of the Committee for inviting her to speak on behalf of the Morrisania CAB. Ms. Dawson, reported that since the Morrisania CAB's last report, she was happy to announce that the membership on the CAB went from five (5) members to now a membership of fifteen (15). Ms. Dawson concluded her remarks by thanking Government and Community Relations for their continued support. Ms. Dawson added that Morrisania Health Center is a wonderful and exciting place to work and she looked forward to working with the CAB.

OLD BUSINESS:

None.

NEW BUSINESS:

Ms. Dixon, Coler CAB Chair, informed members of the Committee that there's need to be more follow up after a patient has been discharged. Ms. Dixon also noted that patients should be given an adequate supply of medication at the time of hospital discharge.

ADJOURNMENT

Mr. Campbell wished all a Happy and safe Thanksgiving. The meeting was adjourned at 6:20 PM.

SUBSIDIARY REPORTS

SUMMARY OF MEETING

HHC PHYSICIANS PURCHASING GROUP - November 8, 2018

Thank you for joining us today for the annual meeting of the board of directors of the HHC physician purchasing group. Today's meeting is officially called to order. I will be acting as chair for this meeting.

In attendance at today's meeting are: Andrea Cohen, Dr. Machelles Allen, John Ulberg, Jr. and Bernard Rosen. Dr. Mitchell Katz is attending via conference call.

We have a quorum and are able to proceed

Also in attendance today are Nancy Gray from AON Insurance Managers; as well as David Cheung and Mary Boland.

ACTION ITEMS:

The first item is the approval of the minutes of the November 21, 2017 annual meeting of the board. *Motion? Second? Approved?*

The second item is the confirmation of the appointment of the following directors by the health + hospitals board:

Dr. Mitchell Katz; Andrea Cohen; John Ulberg; Dr. Machelles Allen and Bernard Rosen.

The third item is the appointment of Dr. Katz as chairman of the board of directors. *Motion? Second? Approved?*

The fourth item is the election of officers of the company:

Mitchell Katz, m.d.	President
Machelles Allen, m.d.	Vice-president
Andrea Cohen, ESQ.	Secretary
John Ulberg.	Treasurer

Motion? Second? Approved?

Information items

There are 2 information items which will be presented by Nancy Gray of AON.

Are there any other items or new business to be discussed?

Adjournment- a motion to adjourn?

Members of the HHC Capital Corporation Board of Directors - November 29, 2018
Semi-Annual Meeting
Mitchell Katz, M.D. President

Call to Order:

The semi-annual HHC Capital Corporation meeting was officially called to order at 2:00 p.m. by Mr. Katz.

Minutes:

Mr. Katz asked for a motion to adopt the minutes of the previous meeting that was held on May 31, 2018. The Board unanimously adopted the minutes. Mr. Katz then introduced Ms. Linda DeHart to provide an update to the Board.

Ms. DeHart referred to the HHC Capital Corporation Semi-Annual Meeting Presentation and began her update to the Board.

HHC Outstanding Bond Portfolio:

Ms. DeHart stated that this is the semi-annual meeting of the HHC Capital Corporation where the status of the System's bond financing program and other debt is presented. Page 1 shows H+H's current outstanding bonds of approximately \$680 million, where a majority of bonds are fixed rate bonds, 79% (\$535 million) and the remaining 21% (\$145 million) are variable rate bonds, supported by letters of credit provided by JP Morgan Chase Bank and TD Bank.

Ms. DeHart specifically pointed out that the TD Bank letters of credit were successfully amended on October 31, 2018 to extend the expiration from September 3, 2019 to September 3, 2023 with the letter of credit fees remained the same.

HHC Bonds - Issuance History:

Ms. DeHart pointed to page 2 which shows a history of bonds issued. The outstanding bonds are the 2008 Series A-E, the 2010 Series A and the 2013 Series A bonds, with a total outstanding par amount of is \$680 million.

Construction Fund Balance on the 2010 Bonds:

Ms. DeHart described page 3 which shows that the unspent balance for the HHC Series 2010 construction fund is approximately \$1.0 million. A question regarding project completion status was asked. Ms. DeHart answered that most projects were completed, the remaining balance will be spent down when OFD completed their reconciliation efforts with various vendors on the projects financed by 2010 Bonds.

Health System Bonds-Arbitrage Rebate:

Ms. DeHart explained page 5 that arbitrage rebate liability is required to rebate to the IRS when interest earnings on bond proceeds exceeded the tax-exempt bond yield (i.e. issuers are not allow to make any profit when borrowing in tax-exempt debt).

Ms. DeHart informed the Board that H+H's 2008 Series A (fixed rate) and Series B-E (variable rate) Bonds incurred no arbitrage rebate and yield restriction liability on both its 2008 Series A and Series B-E Bonds on its 10th bond year.

A question inquiring how much negative arbitrage was asked. Ms. Lok answered that the 2008 B-E (variable rate) Bonds incurred minimal negative arbitrage, while the 2008 Series A (fixed rate) Bonds incurred approximately \$11 million negative arbitrage. Upon further review after the meeting, please let the record reflect that the negative arbitrage incurred by the 2008 Series A Bonds is \$16.9 million at the 10th bond year (2018), and \$10.8 million at the 5th bond year (2013).

Short Term Financing Program:

Ms. DeHart provided an overview of the organization's short term financing program on page 5. Through multiple resolutions approved by the Board in 2013 and 2015, Health + Hospitals authorized the Chief Financial Officer (CFO) to borrow up to \$120 million on an "as-needed" basis.

Ms. DeHart informed the Board that H+H has borrowed the remaining \$30 million as variable rate loan from Citibank on October 30, 2018, before access to financing expired on October 31, 2018. The initial interest rate was set at 2.20%. The interest rate will be reset weekly based on SIFMA index.

2015 JP Morgan Chase Loan:

Ms. DeHart presented page 6 which outlined the status of the JPM Chase loan. The \$60 million loan was borrowed at 2.088% fixed rate interest with a final maturity of July 1, 2022. As of the end of October 2018, H+H expended approximately \$59.3 million of the proceeds, and the outstanding loan amount is \$45.5 million.

2017 Citibank Loan:

Ms. DeHart presented page 7 which outlined the status of the Citibank loan, of which \$30 million was borrowed as a fixed rate loan at the interest rate of 2.17% with final maturity of November 1, 2022; and the remaining \$30 million was borrowed on October 30, 2018 as variable rate loan with final maturity of October 30, 2023.

As of the end of October 2018, H+H expended approximately \$43.2 million of the proceeds, and the outstanding loan amount is \$60.0 million.

New York Power Authority (NYPA) Financing for Energy Efficiency Program:

Ms. Lok presented page 8 and explained to the Board that in 2013 the H+H Finance Committee and the H+H Board of Directors had approved NYPA to provide interim financing as well as long-term financing for the construction of two comprehensive energy efficiency projects at Elmhurst Hospital and Metropolitan Hospital primarily to replace outdated boilers and make other related upgrades.

Ms. Lok further explained that NYPA typically only provides variable rate financing to their clients using their Commercial Paper program. In 2013, H+H asked NYPA if they will consider providing fixed rate financing to H+H when the projects complete in a few years; and NYPA

indicated that they will explore the fixed rate financing option. At that time, NYPA also indicated that either financing option would be for a term of up to 20 years.

As the projects were largely completed and placed into service in 2018, NYPA proposed the tax-exempt municipal lease structure to H+H as a fixed rate financing option. The structure was reviewed and determined that it was not viable. First, NYPA was not successful in closing any transaction under the proposed tax-exempt municipal lease structure, and second, the third-party financing provider (the banks) under the structure would only provide financing up to 10 years, while the useful life of H+H's boiler projects was much longer at 20+ years.

As a result, NYPA eventually agreed to provide H+H with 20-year variable rate loans for both projects; \$22.8 million for Metropolitan Hospital and \$21.5 million for Elmhurst Hospital, with 1.43% as the initial interest rate for 2018, and combined monthly debt service of approximately \$212,500 began in September 2018. The interest rate will be reset annually in January or February by NYPA based on their prior 12 months' financing costs.

Bond Counsel Selection:

Ms. Lok informed the Board that H+H issued a RFP for bond counsel services in May 2018, and received two proposals from Harris Beach PLLC and Hawkins Delafield & Wood LLC. Both firms were interviewed by the Selection Committee comprised of members from NYC Management and Budget, NYC Comptroller Office, H+H Corporate Legal Affairs, H+H Corporate Finance and H+H Coney Island Hospital Senior Management. Hawkins Delafield & Wood LLC was selected and approved by the H+H Board of Directors in the October 2018 meeting.

Adjournment:

There being no further business before the Board, Mr. Katz adjourned the meeting at 2:25 p.m.

Mitchell Katz, MD
NYC Health + Hospital President and CEO
REPORT TO THE BOARD OF DIRECTORS
NOVEMBER 29, 2018

CITY, STATE AND FEDERAL UPDATE

City Update

New York City Health + Hospitals Senior Vice President Patricia Yang testified before the City Council this month to provide an update on Correctional Health Services (CHS) at Health + Hospitals. She highlighted our work to increase access to high quality medical services for people while they are in the City's custody and as they rejoin their communities. Since NYC Health + Hospitals became the direct correctional health care provider in 2016, our team embarked on a five-year, City-funded plan to establish new programs and expand key services, such as creating the Geriatric and Complex Care Services, the first and only jail-based program of its type in the country, and expanding to a total of six specialized housing units for patients with serious mental illness, among other programs.

Matilde Roman, the system's Chief Diversity and Inclusion Officer, also testified before the Council to share an update on services provided to Health + Hospitals' transgender and gender nonconforming (TGNC) patients. She noted that there's "no wrong door" for TGNC patients to access health care in our system. She also highlighted the Pride Centers in our system, where we offer specialized and comprehensive primary care services for LGBTQ New Yorkers - which include general preventive care and mental health services, as well as gender affirming care and surgery, hormone therapy, or referrals to specialists.

State Update

As a result of the November 6th elections, we will have new representation at a number of our facilities come January. We look forward to working with the new members of the State Legislature and the new Senate Majority to advance the important role that NYC Health + Hospitals plays in their communities.

Earlier this month, the State Department of Health convened its final meeting of the Temporary Workgroup on indigent care funding of which I am a member. Our health system and a community coalition presented a proposal that would direct indigent care funding to NYC Health + Hospitals and other safety net hospitals and at-risk hospitals across the state. We presented a balanced proposal which would provide a Medicaid rate increase to hospitals that actually treat more uninsured and Medicaid patients. In addition, concerns were raised about the risk of adverse federal policies, such as federal Disproportionate Share Hospital (DSH) cuts and Public Charge, which would have an impact on the State and our public health system specifically. A final report including policy recommendations will be presented to the Governor and the Legislature in December.

NEW EXPRESSCARE URGENT CARE CLINIC AT NYC HEALTH + HOSPITALS/LINCOLN

NYC Health + Hospitals this month marked the opening of the public health system's first ExpressCare Clinic in the Bronx at NYC Health + Hospitals/Lincoln. The new clinic will provide faster access to medical care for patients who face non-life-threatening conditions like colds, flu, sprains, skin rashes, minor cuts and lacerations, and certain types of infections. The urgent care clinic will be open at the busiest hours seven days a week and will ease overcrowding in the hospital's emergency room. The clinic will also differ from stand-alone urgent care centers by offering a better connection to primary care providers. The emergency-trained physicians at the ExpressCare clinic will help ensure patients receive the appropriate follow-up care by connecting them with primary care doctors in the Health + Hospitals system. OneCity Health worked with our staff teams to design this clinic model and implement the plan to open the new walk-in urgent care service both at Lincoln and at NYC Health + Hospitals/Elmhurst. The ExpressCare model supports the overall mission of DSRIP to reduce avoidable ED utilization by 25% by 2020.

EXPANDING OPIOID ADDICTION TREATMENT BUPRENORPHINE IN ALL FIVE BOROUGHES

NYC Health + Hospitals expanded access to buprenorphine, a prescription drug to manage opioid addiction, through adult medicine clinics in 18 community and hospital-based ambulatory care centers. The 18 clinics are located across the five boroughs and will integrate the clinical management of buprenorphine into primary care, making availability easier and treatment more holistic. The new access to buprenorphine adds to existing availability through the public health system's emergency departments, inpatient care, and specialty outpatient clinics and reflects its ongoing transformational efforts to expand community-based care.

Opioid treatment at each clinic is led by a clinician who has undergone special training and licensing to authorize the prescription of buprenorphine. While other medication-assisted treatments are also available, buprenorphine is an important option for patients because it eliminates the need for a daily clinic visit, which is required of most patients receiving methadone. Additional benefits of buprenorphine are its low potential for abuse and negligible risk for overdose.

Our health system sees approximately 20,000 unique patients with opioid use disorder every year, many of whom aren't ready to enter into a substance treatment program. Empowering primary care providers to play a greater role in connecting patients to care for opioid addiction is a useful strategy since these are the clinicians most likely to have ongoing relationships with these patients. Personally, I completed the x-waiver training so I can best help my patients.

SKILLED NURSING FACILITIES NAMED BEST IN INDUSTRY BY U.S. NEWS & WORLD REPORT

Two NYC Health + Hospitals skilled nursing facilities received the highest rating from U.S. News & World Report and are included in its

list of Best Nursing Home Short-Stay Rehabilitation Centers. Congratulations to our teams at NYC Health + Hospitals/Sea View in Staten Island and NYC Health + Hospitals/Gouverneur in Lower Manhattan for receiving the highest ranking among the nearly 16,000 nursing homes U.S. News evaluated across the country for short-stay care. Less than 20 percent of skilled nursing facilities receive this distinction. Our top ranked skilled nursing facilities offer comprehensive, high-quality care and provide services to help New Yorkers needing short-term rehabilitation, home care, ventilator weaning, Adult Day Health Care, long-term acute care hospitalization, traumatic brain injury, and specialty services for other clinically complex conditions. Our teams work to restore health to residents and enable them to return to the community to live their healthiest lives.

SUCCESSFUL EMR IMPLEMENTATION

This month we marked the launch of new, advanced electronic medical record system at NYC Health + Hospitals/Woodhull and 10 community health centers and neighborhood clinics in Brooklyn. This was the first implementation of the system that integrates both clinical and revenue cycle modules of the customized Epic medical record system, which has been dubbed "H²O," a creative abbreviation of "Health + Hospitals Online," following a competitive in-house naming competition. We also retrofitted the already installed electronic medical record systems at three other hospitals—NYC Health + Hospitals/Coney Island, /Elmhurst, and /Queens—and another 15 health centers and neighborhood clinics in Queens and Brooklyn with the new revenue cycle module.

Combined, the four hospitals and 25 community-based ambulatory care sites have approximately 14,000 active users now working with the newly enhanced electronic medical record/revenue cycle system. The new system also makes available the MyChart electronic portal which makes personal health information available to our patients and empowers them to become more actively engage in their health care.

I am so proud of our amazing IT team for pulling this off, and I am equally grateful to all of our clinicians who contributed their time to build a system that would improve our health care delivery and to all of our staff who sat through hours of training so that they can successfully use the new system.

PLANS TO OPEN THREE NEW COMMUNITY-BASED, FULL-SERVICE HEALTH CARE CENTERS

As part of our focus on transforming our ambulatory care operation, this month we announced plans to build three new community-based health care centers that will provide comprehensive, one-stop ambulatory care services for more than 50,000 children and adults. The future sites also reflect our commitment to expand access to primary care in underserved and high-need neighborhoods. I am grateful to the board for approving the three lease agreements that will clear the way for construction of full-service ambulatory care centers in Bushwick - Brooklyn, Jackson Heights-Queens, and Tremont-Bronx. The new health centers will occupy more than 100,000 square feet combined and will

cost approximately \$82 million to build. They are expected to open by 2021. We're excited to design and build new health care facilities from the ground up and in convenient locations that will make it easy for families to access the health care they need without having to leave their neighborhoods.

NURSE RECOGNITION EVENT

We were pleased to honor six nurse professionals from across the public health care system at our annual Nursing Excellence Awards celebration this month. The awardees are nurse trailblazers who have demonstrated leadership in various capacities. While our nurses work in various specialties and provide care in a wide range of settings, they share a common characteristic: a deep commitment to the New Yorkers who seek our care. Our nurses are at the heart of our mission to care for every New Yorker without exception. They are also at the frontlines of health, delivering the patient-centered, collaborative, community-based care that will help us succeed in the future. I cannot thank them enough for the work they do. You can visit our website to learn more about their leadership and contributions. We also recognized the Hunter-Bellevue School of Nursing - they received the health system's "Nursing Champion" award for demonstrating support for nurses and the nursing profession.

COMMONWEALTH FUND GRANT FOR BEST PRACTICE "PLAYBOOK" TO IDENTIFY AND ENGAGE HIGH-RISK, HIGH-NEED PATIENTS

NYC Health + Hospitals was awarded a \$209,000 grant from the Commonwealth Fund to more effectively deliver complex care to high-need patients and to tap the public health system's expertise and experience in creating and disseminating guidelines for best practices on managing high-risk populations for other safety-net systems. The grant will fund the sharing of best practices within Health + Hospitals and support development of a new guiding document "Complex Care Implementation Guide for Safety-Net Health Systems"—a playbook to help others develop their own programs to improve care coordination for high-need patients. This generous grant will enable us to take what we learn and package it to benefit all safety-net health systems. We expect that this will result in better health outcomes and more coordinated, less fragmented, seamless care for all patients across the board. We are grateful to the Commonwealth Fund for supporting this important work.

NEW CLINICAL LEADERSHIP FELLOWSHIP TO DEVELOP NEXT GENERATION OF PHYSICIAN LEADERS

We are seeking future physician leaders to apply to the new NYC Health + Hospitals Clinical Leadership Fellowship Program—a one-year opportunity designed for post-residency graduates interested in administrative roles in the nation's largest public hospital system. During the inaugural program year, fellows will be placed in our Office of Quality and Safety, Population Health, or Ambulatory Care. Successful applicants will receive direct mentorship from leaders within these areas. In addition to their administrative responsibilities, fellows will also provide clinical care outside the

scope of their fellowship project and participate in other learning activities, ensuring they can help us provide care to some of the City's most vulnerable patients.

NYC HEALTH + HOSPITALS/METROPOLITAN RECEIVES 'A' FOR PATIENT SAFETY (LEAPFROG)

NYC Health + Hospitals/Metropolitan received an 'A' grade for patient safety from The Leapfrog Group, a national patient safety watchdog. Issued twice a year, Leapfrog's Hospital Safety Grades are assigned to hospitals across the country based on performance in preventing medical errors, infections, and other harms among patients in their care. NYC Health + Hospitals/Metropolitan was awarded an 'A' for its efforts in protecting patients from harm and meeting the highest safety standards in the U.S.

NYC HEALTH + HOSPITALS/NORTH CENTRAL BRONX OPENS TWO NEW AMBULANCE BAYS

NYC Health + Hospitals/North Central Bronx celebrated the opening of two newly designated ambulance bays that are directly adjacent to the emergency room and were created to ensure dedicated parking spaces for ambulances dispatched to NYC Health + Hospitals/North Central Bronx and to expanding access to the hospital's emergency services. The two new bays doubles ambulance capacity. These spaces were designated specifically to provide FDNY and other ambulance providers increased access to our emergency room. As the FDNY Fire Commissioner said: "Every second matters when transporting a patient to the emergency room, and these spaces will provide greater and quicker access to the FDNY as they care for the most critical patients."

NYC HEALTH + HOSPITALS/QUEENS UPGRADES LINEAR ACCELERATOR TECHNOLOGY FOR ITS CANCER CENTER

The Commission on Cancer, a quality program of the American College of Surgeons, granted three-year accreditation with commendation to the cancer program at NYC Health + Hospitals/Jacobi. To earn voluntary Commission on Cancer accreditation, a cancer program must meet or exceed its quality care standards, be evaluated every three years through a survey process, and maintain levels of excellence in the delivery of comprehensive patient-centered care. Three-year accreditation with silver-level commendation is awarded only to a facility that exceeds standard requirements at the time of its triennial survey.

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Post Acute Care

Electronic Health Record (EHR)

Informational Item
Board of Directors
December 20, 2018

Maureen McClusky,
Senior Vice President
Khoi Luong, DO
Chief Medical Officer
Post Acute Care Services



Background & Clinical Needs

- Our Informational Presentation today is to share our great news in selecting an EHR for Post Acute Care
- As previously discussed, consensus with Epic, EITS, Health+Hospitals leadership: the current Epic EHR does not meet specialized need of Post Acute Care
- Received approval from Dr. Katz, OMB, and City Hall to solicit a PAC EHR, in Aug 2018, as interim solution
- PAC EHR will produce \$35M in financial benefit during first 5 years of its implementation
- CRC approved solicitation in September 2018 to issue an RFP for a PAC EHR.



RFP Criteria Were:

- Minimum criteria:
 - EHR must be designed specifically for post acute care facilities
 - Minimum of 5 years' experience
 - Minimum of 500 facilities post acute care facilities

- Substantive Criteria
 - EHR application functionality (core functionality and post acute specific) 50%
 - Proposed implementation plan 15%
 - New York State past experience 10%
 - Cost 25%

- Evaluation Committee:
 - Maureen McClusky, Senior Vice President, Post Acute Care
 - Kim Mendez, System Chief Informatics Officer
 - David Weinstein, CEO, McKinney
 - Dr. K. Luong, PAC Chief Medical Officer
 - Manuela Brito, PAC Chief Financial Officer
 - Kenra Ford, Sr. Assistant VP, M&PA
 - Roya Agahi, PAC Chief Nursing Officer



Overview of Procurement

- RFP published in the City Record in mid-September and four proposals were received in mid-October. No MWBE vendors identified who provide this service.
- The Evaluation Committee (EC) reviewed and scored the proposals based on stated criteria; based on a natural break in the scores, the two top scoring vendors were selected to present to the Committee.
- Vendor presentations were held in late October.



Overview of Procurement Cont.

- The Evaluation Committee re-evaluated the two vendors. While both scored closely, the vendor Point Click Care (PCC) was selected over the other vendor, MatrixCare, based on system usability, functionality and lower cost.
- The CRC approved proposed agreement in November 2018.
- The PCC system will integrate with McKesson for imaging, Cerner for laboratory and Pharmscript for pharmacy services.

Point Click Care	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Total
Software Maintenance	\$ 726,970	\$ 726,970	\$ 726,970	\$ 726,970	\$ 726,970	\$ 3,634,850
Implementation	233,847					233,847
Total:	\$ 960,817	\$ 726,970	\$ 726,970	\$ 726,970	\$ 726,970	\$ 3,868,697
Matrixcare						
Software Maintenance	\$ 841,524	\$ 841,524	\$ 841,524	\$ 841,524	\$ 841,524	\$ 4,207,620
Implementation	379,839					379,839
Total:	\$ 1,221,363	\$ 841,524	\$ 841,524	\$ 841,524	\$ 841,524	\$ 4,587,459
Total Cost Difference	\$ 260,546	\$ 114,554	\$ 114,554	\$ 114,554	\$ 114,554	\$ 718,762



Contract Details

- Proposed agreement with PCC is a 3-year contract with one two-year extension
- Total contract value for 5 years is \$3,868,697
- 30-day cancellation clause, providing H+H flexibility to shift to a different solution if Epic successfully develops/tests such software in other PAC facilities
- Implementation will be completed in 2019



Compatibility with Epic EHR

- Standard functionality within PCC allows for the transfer of patient information from hospital to SNF, and SNF to hospital
 - Can securely send/receive messages and file attachments directly to/from a resident's EHR in PCC
 - Files attached to messages from hospitals, practitioners and insurance payers can be matched and stored in the resident's EHR
 - Documents existing in the resident's EHR, including a CCD (Continuity of Care Document), can be securely sent to a hospital, practitioner or insurance payer directly from PCC



Market Share & Statistics

- PCC has 60% of the US market share
- PCC has 31% of the NY market share
- PCC has a total of 16,000 combined sites between Skilled Nursing Facilities (SNF), Assisted Living Facilities (ALF), and Independent Living Facilities (ILF)



References

- “Project implementation team was very knowledgeable and accessible. 17 sites went live in 1 year. Overall, very happy with product and a good experience.” - ***Grane Healthcare***
- “They implemented 6 facilities in 8 months. The complaints related to EHR is minimal to non-existent since PCC implemented. All the modules are being 100% utilized.” - ***Jewish Senior Life***
- “Implemented PCC in 23 nursing homes... platform is user friendly. There is an enormous capability with data analytics and quick reporting.” - ***Elderwood Administrative Services***

