

AGENDA

MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE

Date: February 14th, 2019
Time: 9:00 AM
Location: 125 Worth Street, Rm. 532

BOARD OF DIRECTORS

CALL TO ORDER

DR. CALAMIA

ADOPTION OF MINUTES

November 8th, 2018

CHIEF MEDICAL OFFICER REPORT

DR. ALLEN

INTERIM CHIEF NURSE EXECUTIVE REPORT

MS. MARRA

METROPLUS HEALTH PLAN

DR. SAPERSTEIN

ACTION ITEMS:

- 1) Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with Hunter Ambulance, Inc. ("Hunter") to provide the management and provision of patient transportation services for the System over a three-year term with two one-year options to renew solely exercisable by the System and with a total cost over the combined five-year term not to exceed \$12,070,896.
- 2) Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with Sedgwick Claims Management Services, Inc. ("Sedgwick") to supplement the Office of Legal Affairs/Claims and Litigation in the management of the medical malpractice claims against the System over a three-year term with two one-year options to renew solely exercisable by the System and with a total cost over the combined five-year term not to exceed \$30,703,360.

MS. LIPYANSKAYA

MRS. COHEN/
MR. CHONG

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

MINUTES

MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE

Meeting Date: November 8th, 2018, 9:00 A.M.

BOARD OF DIRECTORS

ATTENDEES

COMMITTEE MEMBERS

Vincent Calamia, MD, Chair
Matthew Siegler for Mitchell Katz, MD, President
Barbara Lowe

HHC CENTRAL OFFICE STAFF:

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

FACILITY STAFF:

Arnold Saperstein, MD Executive Director, MetroPlus Health Plan

OTHERS PRESENT:

Myla Harrison, Commissioner, DOH Mental Hygiene

**MEDICAL AND PROFESSIONAL AFFAIRS
COMMITTEE
November 8th, 2018**

Dr. Calamia, Chair of the Committee, called the meeting to order at 8:59 AM.
The minutes of the September 13th, 2018 Medical & Professional Affairs Committee meeting were adopted.

CHIEF MEDICAL OFFICER REPORT

Machelle Allen MD, 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 with planning in collaboration with OPWDD providers to insure smooth transition from this unit and return to community settings. The unit is being renovated to better serve this special population and the target date for opening is July 2019.

Intermediate Care Units:

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

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

Opioid initiative:

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

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

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

Credentialing

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

Pharmacy Services

Retail Pharmacy

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

Clinical pharmacists in primary care

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

New staff

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

IMSAL

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

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

Radiology Service

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

Lab Services

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

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

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

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

Clinical Services Planning

Approvals to date:

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

System Chief Nurse Executive Report

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

Nurses4NYC

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

Continuing Education

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

Safe Patient Handling System Program

- Joint Steering & Champion meeting held September 26, 2018
- The group reviewed/discussed three Transfer/Friction Reducing Sheets (products) – Two vendors of the Transfer Sheet products will be piloted at Jacobi and Metropolitan during the month of October; (one vendor/product at one hospital and then switch to ensure each facility reviews both vendors/products); Pilot (tentatively set) to begin October 29th- November 16th.
- The evaluation results will be summarized and presented to the Steering & Champion SPH meeting in November. Following the evaluation the highest ranked product to be rolled-out system-wide
- Next safe patient handling product to be trialed at Jacobi and Metropolitan: SAGE Air Mattress Turn & Positioning System – Jacobi (early November) and Metropolitan (late November)
- Patient mobility assessment tool – Bedside Mobility Assessment Tool (BMAT) – is to be used across the health system as agreed upon by the SPH Steering & Champion committee

New Post-Graduate Nurse Practitioner Fellowship

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

RN RESIDENCY PROGRAM

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

SART Domestic Violence

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

Health Workforce Retraining Initiative (HWRI) Grants

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

The four programs include:

- A Career Ladder program for Registered Nurses that will support nurses with Associate Degree to attain a BSN, funded for \$807,574.
- A Career Ladder program to help patient care technicians advance to patient care associates has been funded for \$433,700.
- Skill enhancement programs for non-physician members of the healthcare team will support continuing education offerings and has been funded for \$433,460.
- A retention and skill optimization program to support Joy in Work for both staff and managers has been funded for \$731,967.

Nurse Driven Clinics

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

Nursing Quality

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

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

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

Nursing Informatics

- **Clairvia Nurse Scheduling Application Implementation Project:**
 - Currently in the build phase for the first five facilities that will go live with Nurse Scheduling on March 31, 2019. The first five facilities are Kings County Hospital, Coney Island Hospital, Seaview Hospital, Susan B. McKinney and Gotham East New York DT&C.
 - Con-currently in the discovery and define phase for all other Acute, Post-Acute, LTAC, and DT&C's with rolling go lives from April 2019 to October 2019.
 - Activation schedules are in coordination /collaboration with the H & H Time and Labor, Time Capture Devices and Absence Management Initiatives.
 - Main Operational focus for future state design: standardize practices supported by Clairvia to support best practices for balancing schedules and optimization of the right staff at the right time in the right place.
 - Training Strategy and Plan is being developed not only for all clinical employees accessing the application but for inclusion in new hire orientation and new role orientation. Both instructor led and web based modes of learning are being developed. Registration will be online via People Soft/eLearning.
 - Challenges: interdependencies with competing initiatives (interfaces) and workflow development.
- **NISA ((Nursing Informatics System Advisory)**
 - NISA program nurses have been training of Epic and will service as support for all upcoming activations across the enterprise as well as super users for their home facilities.
 - Free HIMSS membership via NISA is available for all clinicians at H&H.
 - NISA is sponsoring HIMSS certification review courses at a steeply discounted rate (\$40 vs \$300) for any H & H HIMSS or NISA member.
 - Preparing for NY State Mini HIMSS conference as presenters and conference speakers.
- **Legacy Nursing Applications**
 - Working with EITS and Change HealthCare (Anso's) to develop an archive plan to support method of archiving and accessing historical data from Anso's as we convert to Clairvia.
 - Developing a plan to work with NASH to develop and archive plan to support method to access historical data from NASH as we convert to Clairvia.

Care Management

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

LiveOnNY

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

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

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

- **June 2018 Accomplishments**
 - Performance Improvement Projects for Tissue Timeliness scheduled for September kick-off at Harlem, Kings and Bellevue Emergency Departments.
 - LiveOnNY provides overview of organ and tissue donation at monthly nursing orientation.
 - CMS Organ Donation Rate and Tissue Timeliness quality indicators added to quarterly quality reports (QAC).
 - Live On NY CEO met with NYC Health + Hospitals clinical leadership team members to discuss promotion of organ and tissue donation within primary care.

Patient & Staff Experience

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

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

MetroPlus Health Plan, Inc.

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 recertifications. Those numbers have continued to show good performance for Medicaid/EP/CHP at 84% for 2018 compared to 79% during 2017.

MEDICAL MANAGEMENT

Care Management:

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

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

The department has a unique Task Force team, which consists of a core group (RN, Licensed Social Worker, Personal Health Coach, 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 A1c testing are conveniently delivered where our members feel safest. Members also receive live birthday calls that we couple with useful information (i.e., medication adherence reminder or importance of flu/pneumonia shot). Members have expressed overwhelming appreciation for the call with so many stating that MetroPlus is the only one who remembered it was their birthday!

Social Determinants of Health:

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

Isolation, Increasing Health Literacy and Engagement – Camp MetroPlus

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

Food Insecurity – God’s Love We Deliver

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

Housing – Comunilife Plus

MetroPlus serves between 8,000 to 10,000 homeless members at any given time. We invested in housing specialists to support members who need permanent shelter as this is a very important determinant for optimal health. This project

required the training of several staff members to complete HRA applications for housing, relationship building with HRA, shelters and H+H facilities, as well as collaboration with Comunilife (another local CBO).

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

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

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

Member Engagement:

Member Rewards Program

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

Texting Program

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

Community Events

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

Opioid Management

As of February 2018, MetroPlus implemented new opioid prior authorization criteria to promote CDC guidelines for prescribing opioids for chronic pain. From February to September 2018, we have seen a sustained 32% decrease in overall prescriptions, a 25% decrease in Utilizers, and a 36% decrease in day's supply compared to the same time period last year. In addition to new prospective utilization management, we also identified members who fit into 4 categories and require additional support. These categories are: (1) members who have a daily MED (morphine equivalent dose) of over 200; (2) members who are in methadone clinics and have current prescriptions for opioids; (3) members who had

an admission for an overdose in the emergency room and a current narcotics prescription; and (4) members with recurrent prescriptions for opioids and no office visits.

Prescription Patterns

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

Quality

Our improved processes, workflow, data collection, and collaboration with H+H for QARR/HEDIS measures have driven high performance in clinical quality measures. In the 2017 Medicaid Incentive Program (MY2016) we achieved 98.51 out of 100 points, improved our rating in the HIV SNP Quality Incentive Program attaining almost \$2 million in additional

quality incentives as compared to last year and receiving \$776,000 for the MLTC Quality Incentive Program. Most recently, MetroPlus just received final notice that we achieved 3.5 Stars in the Medicaid Stars 2019 Program. We are proud to have achieved 4 Stars in the Staying Healthy: Screenings, Tests and Vaccines, Managing Chronic Conditions, Member Experience with the Drug Plan and Drug Safety and Accuracy of Drug Pricing domains as well as 5 Stars in two other domains.

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

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.

Minutes of November 8th, 2018

Medical and Professional Affairs Committee

Pg 15

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.

CHIEF MEDICAL OFFICER REPORT
Medical & Professional Affairs Committee
February 14th, 2019

Behavioral Health

Integration Efforts:

OBH has implemented collaborative care in all acute care primary care sites and several Gotham sites. Behavioral Health is also integrating primary care into behavioral health at 5 sites – Bellevue, Elmhurst, Lincoln, Kings, and Cumberland. OBH is working with Jacobi, Metropolitan and other sites to develop integrated services there. In addition there is continued expansion of collaborative care with the addition of substance use disorder screening and treatment in primary care sites. Maternal health also provides screening and referral for depression, and the addition of pediatric/well-baby sites is on-going.

Opioid Crisis:

OBH is a major part of the Mayor's initiative, *Healing NYC* – focused programs that address the current opioid crisis in NYC. Special substance abuse/opioid consultation teams (CATCH) are being established at 6 facilities: Bellevue, Metropolitan, Lincoln, Woodhull, Coney Island, and Elmhurst. Substance abuse specialist peers are being deployed to all emergency departments to identify and engage opioid users and other substance users and engage in treatment. H+H is increasing access to buprenorphine in primary care and emergency departments. To date, 371 physicians have received X-waiver training and we've scheduled 3 additional training sessions coming up in March. We are also increasing distribution of naloxone kits to reduce fatal overdose.

Homeless mentally ill:

Two programs are being developed that will better serve the homeless mentally ill. H+H/OBH is developing a mental health and primary care clinic in a homeless shelter, located in the Meyer Building on Ward's Island, specifically for those with mental illness. We will provide a full range of services including screening and assessment, pharmacological treatment, therapy, and support services.

The second program is the development of extended care inpatient units for those who are homeless and need an extended stay to stabilize and be prepared to live in more independent settings such as supportive housing. The unit's goal is to prevent readmissions and engage the patients in ongoing ambulatory treatment for both mental and physical disorders. The initial site will be at Woodhull with another site potentially at Kings County.

Patient/Staff safety:

OBH is working with all facilities to advance safety for patients and staff. A program of debriefing after an incident or aggressive episode has been implemented and focuses on reducing violence and assaults in the acute care areas. Also mock codes/drills related to aggression and violence are being conducted to better train and prepare staff to respond to crisis situations. Also, in collaboration with Quality, Nursing, and Security, we are looking into providing additional support and training the Emergency Departments. There is also a major focus on ensuring a safe environment for patients through a comprehensive risk assessment for ligature risk and other environmental safety concerns. We are in process of developing a system-wide environmental risk assessment.

Pharmacy Services

Retail Pharmacy

- Activity related to the "Go Live" of the retail pharmacy expansion at Harlem Hospital:
 - 3 Technicians have been hired
 - Back up staffing plan established to support the expansion

- Order entry technician model implemented
- Pharmacy technicians are the backbone of brick and mortar retail pharmacy. They serve to support the pharmacist by collecting the patient specific prescription information and entering into the retail pharmacy information system. As retail pharmacy has expanded to include more clinical activities by the pharmacist, such as medication therapy management, adherence counseling and vaccine administration, the pharmacy technician takes on an ever more important role of facilitating the clinical activities within the retail space. Ultimately the Pharmacy technician is essential team member to the Pharmacist to support improving the quality of care to patients. NYC H+H retail pharmacies are implementing this successful model to support the patient centered care that will be delivered through the retail pharmacy enhancement project.
 - Board of Pharmacy inspection date for Sydenham Pharmacy's license application to be scheduled
 - Design layouts, construction and board of pharmacy licensing submission in progress for all remaining sites

EPIC Cutover for the Bellevue / Harlem Go Live

- M&PA is working with IT and affected sites to prepare for the EPIC go live on March 30
- 100 Pharmacists are being requested for the Bellevue and Harlem cutover
- 70 Pharmacists for the Bellevue cutover and 30 for the Harlem cutover

Enterprise Antimicrobial Stewardship

- 6 facilities participated in the Agency for Healthcare Research and Quality (AHRQ) antimicrobial stewardship program
- 17 live webinars were presented by the AHRQ program
- Acute facilities report a 91% compliance rate to the CDC core elements of an antimicrobial stewardship

USP 797/800 Standards for "clean rooms"

- In preparation for USP 797/800 standards we are purchasing the web based Simplify 797/800 software
- This software will add on the new 797 policies and procedures and the 800 module related to handling, storing, compounding hazardous drugs within the facility
- The USP 800 module will include acknowledgements by clinicians of their handling of hazardous drugs and required personal protective equipment needed to prevent risk of exposure

Ambulatory Care Diabetes Care

- Bellevue, Morrisania, and Queens have hired a pharmacist for the Diabetes titration clinic
- Logistics for referral, scheduling, and collaborative drug therapy management protocol are being worked on by central office to support the sites
- Recruitment for Ambulatory Care Pharmacists: we have expanded marketing of the job description to include more pharmacist friendly search engines
- Expedited approval for Ambulatory Care Pharmacist

Ambulatory Care Pharmacist in Behavioral Health

- Bellevue, Elmhurst, and Lincoln has hired pharmacists for the Behavioral Health Primary Care Integration Clinic
- Pharmacists are conducting outreach to patients and addressing the DSRIP metrics associated with this initiative

The DSRIP metrics include the following:

- Antidepressant medication management
- Screening for clinical depression and follow-up plan
- Initiation of alcohol and other drug dependence treatment

- Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications
- Cardiovascular monitoring for people with schizophrenia or bipolar disorder who are prescribed antipsychotic
- Adherence to antipsychotic medications for individuals with schizophrenia
- Follow-up after hospitalization for mental illness Care Coordination

Clinical Pharmacy Cost Savings initiatives in collaboration with the facility pharmacists and the system P&T committee

- 8 clinical cost savings initiatives have been implemented
 1. Purchase of a generic Depakote and avoid purchase of Brand name product
 2. Purchase of Sevelamer Carbonate phosphate binder salt over the hydrochloride salt
 3. Move to IV push of Famotidine from IV Piggy back
 4. Moved to a fixed dose of Rasburicase as opposed to a weight based dosing regimen for Tumor lysis syndrome
 5. Moved to a 2 day duration hard stop of Calcitonin compared to no hard stop for Hypercalcemia of Malignancy
 6. Therapeutic interchange of select antifungals (to go live with EPIC)
 7. Move to purchase and administer Ipratropium Nebulization over the aerosol (M&PA-Supply Chain initiative)
 8. Restricted use of IV Ofirmev (Acetaminophen) (M&PA and Supply Chain Initiative)
- 2018 annualized savings is \$2,141,292.00
- 2019 annualized savings is 1,713,389.00

Laboratory Services

- Cerner Laboratory Information Systems- has officially launched the implementation planning process for Lincoln, Metropolitan, Jacobi, North Central Bronx and Kings County laboratories. Bellevue and Harlem continue to be on track for a coordinated implementation with EPIC in Mar. 2019. All laboratories are working together for joint decision-making related to the use of the system.
- Laboratory Equipment- As planned, all laboratories have completed the implementation of the new chemistry equipment with Bellevue targeted for completion in 2019. Our hematology equipment is the 2nd line of equipment for replacement and is on track for completion this year. The system wide standardization of equipment has allowed us to benefit in financial savings but also how we use our laboratory computer system which is important as we move towards a single EMR.
- In support of our Gotham services, we continue to implement POC testing services so changes to patients care can be made during the patients visit.

Clinical Services Planning

To support alignment of clinical services across the system, the Clinical Services Planning group continues to review all initiatives. Most recent reviewed and approved initiatives includes:

- Child and Adolescent Psychiatry at Bellevue
- Percutaneous Coronary Intervention (PCI) at Coney and Jacobi
- System plan for Advanced Stroke Certification

- The express care initiative at Elmhurst average results from September to December:
 - Total volume = 1,402 visits
 - Average door to doctor time = 43.75 min
 - Average door to disposition = 76.75 minutes
 - Patient satisfaction = 95%

- The express care initiative at Lincoln Hospital average results from August to December
 - Total volume = 2,361 visits
 - Door to doctor = 24.6 minutes
 - Door to disposition = 38.8 minutes
 - Patient satisfaction = 89%

Flu Update

On November 20, 2018, Central Office Emergency Management (COEM) began its protracted activation of its Emergency Operations Center which brings together all 3 service lines and key areas of flu response (e.g., supply chain, pharmacy, finance, communications/marketing) on a weekly basis to maintain appropriate level of vigilance on a system-level to manage seasonal flu: impact to availability of flu medications, potentially ventilators and IV fluids; bed and possibly staff limitations; impacts to ED/facility status; ongoing flu vaccination efforts; local, state and national seasonal flu surveillance updates; and activation of system and state flu regulations/policies. All system flu data is collected weekly via an electronic seasonal flu dashboard managed by COEM and shared with H+H leadership via weekly incident briefings for awareness. As part of this seasonal flu activation, key local public health entities including NYC Department of Health and Mental Hygiene (DOHMH) and NYC Emergency Management provide weekly seasonal flu updates. The Centers for Disease Control and Prevention (CDC) also participates in H+H's Seasonal Flu Activation on an as-needed basis to provide any pertinent national updates.

On December 20, 2018 the New York State Department of Health officially declared flu season in the New York Region. Flu preparation efforts and the campaign to increase staff vaccination rates for the 2018-2019 flu season began long before this declaration. I am pleased to report that as of the end of January 2019, 74% of employees across our health system have been vaccinated compared to 69% in January 2018.

The CDC's Flu Forecast predicts this year's seasonal flu peak may be at the end of January (70% confidence) or end of February (95% confidence). Currently, all flu-related stockpiles of equipment and supplies (e.g., antiviral medications, vaccines, simple masks, POC laboratory testing) are up to par across the enterprise. Influenza activity in NYC is categorized as elevated with influenza-like-illness (ILI) visits accounting for 3.7% of all weekly visits with NYS DOH categorizing influenza activity at the state level as geographically widespread with ILI at 2.57%. Nationally, and at the NYS level, the percentage of respiratory specimens testing positive for influenza viruses in clinical laboratories has decreased slightly over the last reporting week.

New flu-related efforts launched this year at H+H include collaborating with NYC DOHMH on "Train-the-trainer: Be a Flu Fighter" which aims to provide H+H employees an educational workshop on flu facts, importance of vaccination and basic infection strategies to prevent flu transmission; and expanding this year's communication and marketing flu campaign with new flu-related facts and targeted social media messages. In addition, COEM has deployed an Advanced Medical Emergency Resource Coalition (AMERCO) asset, a 7 critical bed mobile satellite emergency department at one of H+H's acute sites to be piloted as an alternate care site in the event additional surge space may be needed as flu season progresses.

**Interim System Chief Nurse Executive Report
Medical & Professional Affairs Committee
February 14th, 2019**

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

CNO Council Goals

- Operationalize Nursing Philosophy and Culture of Care,
- Foster nursing alignment and collaboration on the integration of care and system strategic imperatives,
- Cultivate a system-wide plan and monitoring framework for Nursing Service fiscal contribution, financial structure and accountability , safe, efficient and effective use of human resources inclusive of standardizing and centralizing were appropriate,
- Monitor and set expectations for continual performance improvement with regard to quality and safety outcomes, patient experience and staff engagement/development and;
- Integration of Information Services to support regulatory requirements, caregiver shared communication, and promotion of excellence in integrated care delivery and outcomes.

NYC Health + Hospitals 2018 Nurse of Excellence-

On October 30, 2018, NYC Health + Hospitals held the 2018 Nurse of Excellence Awards at Jacobi Medical Center. One hundred and seventy nurses from across the system were nominated. Six finalist were recognized in six categories.

- Excellence in Clinical Nursing, Inpatient. Antonina Sharmarina, RN
- Excellence in Management, Tsae Jiang Su, RN
- Excellence in Education and Mentorship, Maria Fox, RN
- Excellence in Advancing and Leading the Profession, Manjinder Kaur, RN
- Excellence in Home, Community or Ambulatory Care, Carol Stewart, RN
- Excellence in Volunteerism and Service, Teresita B. Pido, RN
- Hunter-Bellevue School of Nursing was recognized as the NYC Health + Hospitals Nursing Champion.

System Nurse Practice Council (SNPC)

The Shared Governance Retreat held on January 9, 2019 received outstanding reviews by staff nurses and nurse leaders in attendance. The theme of the retreat was *Nursing Shared Governance: Building Relationships for Success*. Over 150 nurses from the system attended the event. Dr. Mitchell Katz provided opening remarks to the assembly. The half-day event consisted of presentations of shared governance models and nursing autonomy in changing practice. Two panel discussions presented on council activities to address nursing practice in behavioral health units and on recruitment and retention initiatives. Posters prepared by many facilities and breakout sessions provided additional opportunity for staff to network and learn from one another.

The System Nurse Practice Council continues to meet monthly. Council members focus on a review of the charter of the council with discussion of the future work of the group.

The Retention sub-committee meets monthly following the Nurse Practice Council and is co-led by the interim system chief nurse executive and Judith Cutchin, RN, NYC Health + Hospitals NYSNA President. The subcommittee continues to explore opportunities for joint initiatives to improve retention of nurses employed throughout the system. Discussions explored:

- Identifying retention strategies
 - Career Ladder vs. Clinical Ladder
 - Tuition forgiveness/reimbursement
 - Any opportunity to have CUNY tuition decreased for NYC Health + Hospitals FT employees with 2 or more years of employment.
 - Preceptor program for new students & leadership; Educator pool
 - Behavioral interviewing skill development
 - Promoting NYC Health + Hospitals and what we offer
 - Increasing NYC Health + Hospitals 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. The new web page Nurses4NYC was launched on January 18, 2019. **NURSES4NYC page** - <https://www.nychealthandhospitals.org/nurses4nyc/>. The page includes links to employment opportunities, highlights of nursing recognition and benefits for employees of NYC Health + Hospitals and NYSNA members. Development of video testimonials from nurses working for NYC Health + Hospitals is still in development and will be added to the page.

Operational Updates

Agency utilization for the system continues to be coordinated with oversight of the Vizient vendor:

- Effective 2/1/19 central office verification initiated through OPCC for all new on boarded agency staff and extension of agency assignments.
- Piloted with EPIC hires for wave 4 sites, first quarter 2019

Implementation of the Nursing Model for staffing:

- The OPCC is working with the Acute care service line to finalize nursing in-patient budget according to staffing model

Safe Patient Handling System Program

- Joint Steering & Champion meeting held January 30, 2019
- Committee working to finalize the standardization of transfer devices.

- 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

- Two Bellevue Nurse Practitioners (NPs) credentialed - awaiting start date from HR
- One Nurse Practitioner for Kings slated to start another three NPs are in credentialing process.
- Program is slated to begin February. All program schedules and logistics close to completion. The curriculum is based upon the Yale and John Hopkins clinical case curriculum.
- An interim Program Coordinator identified, to provide support for the program during the pending 6-month maternity leave of current Coordinator.
- Steering Council meeting held on January 29, 2019. Group discussed work to pursue funding opportunities and IRB approval, to allow for the data collection that will lead to submission for publication.

RN Residency Program

- NYC Health + Hospitals in a consortium of 24 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
- Office of Patient Centered Care meets regularly with the Mayor’s office/SBS and consortium members on program components
- NYC H+H will be able to offer the program to all newly graduated nurses entering the health system beginning January 2019. Nurses will be entered into one of six cohorts based upon the date of hire, beginning with December 2018 and January 2019. The first cohort will meet beginning in April for nurses hired in these two months.
- An advisory board for the NYC Health + Hospitals residency program is developed. The first meeting is scheduled for February.
- Program logistics/curriculum being developed
- Monefa Anderson of the OPCC will attend the Vizient conference in March to represent the NYC consortium.

SART Domestic Violence

- Continuing to meet with the Mayor’s Office to End Domestic and Gender-Based Violence (ENDGBV)
- Participated in the city-wide “Strengthening Healthcare Response for Survivors of Human Trafficking” Round table discussion on January 24, 2019
- 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.

Nursing Education and Centralized NYC Health + Hospitals Nursing Orientation

- In January 2019, a second day of the System Nursing Orientation was added to the curriculum. This provides standard nursing orientation on certain nursing topics for all nurses.
- Working with IT/EPIC to schedule EPIC training for all new nursing staff/employees to coincide with the System level orientation to ensure readiness for unit based work
- Currently reviewing the education and training needs for on boarding agency nursing staff to assess for gaps and opportunities for possible inclusion in system orientation.
- Wound Care & Pressure Injury Council - working with EPIC team on documentation edits and development; meeting monthly

Health Workforce Retraining Initiative (HWRI) Grants

Three of the NYS Department of Health, Health Workforce Retraining Initiative (HWRI) are being implemented through the OPCC.

Grants:

- A Career Ladder program for Registered Nurses that will support nurses with Associate Degree to attain a BSN.
- A Career Ladder program to help patient care technicians advance skills to patient care associates.
- Skill enhancement programs for non-physician members of the healthcare team will support continuing education offerings.

All three grants approved and started January 2019; Three of four grant lines have been identified, hired and slated to begin on February 11th; Grant deliverables are on track as grant development has been underway in lieu of dedicated grant staffing.

Nurse Driven Clinics

- **Non-Patient Specific Orders** – As part of the implementation plan, the following action items remain on track:
 - NPSO- order sets have been approved at the facilities
 - Training of staff has been completed
 - 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
- Nurse First Visit for New Patients
 - Working with EPIC team to develop documentation.
 - The focus will be on new patient visits pending physician approval/agreement

Nursing Quality

- **CAUTI**
 - Collaborating with the department of Quality and Safety for point prevalence studies with assistance from Hill Rom during the first quarter 2019.
- **Pressure Injury Prevention (PIP)**
 - Collaborating with the Department of Quality and Safety for method for improved monitoring of pressure injury and reporting of the quality metrics for Value Based Purchasing.

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

- Linen & Laundry, policy approved by the Infection Preventionists. Roll out planned with support from housekeeping and linen departments at the facilities.
- Monitoring the effectiveness of the ED nurse documentation & charge capture.

Nursing Informatics

- **Clairvia Nurse Scheduling Application Implementation Project:**
 - Currently in the validation of people soft and cost center data and training 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 1 other Acute, Post-Acute, LTAC, and Gotham sites. The next planned activation in May of 2019 for Woodhull Hospital and Cumberland. Completion date for all sites is October 2019.
 - Activation schedules are continually reviewed to remain in collaboration with the NYC Health + Hospitals 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 for inclusion in new hire orientation and new role orientation.
- **NISA (Nursing Informatics System Advisory)**
 - NISA program nurses continued to be trained on 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.
 - Preparing for NY State Mini HIMSS conference as presenters and conference speakers in June.
 - Preparing for the Annual NISA Educational Day which be conducted in May 2019 at Gouveneur.
 - **Legacy Nursing Applications**
 - Continue 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.
 - Plan developed with NASH to develop and archive plan to support method to access historical data from NASH as we convert to Clairvia.

LiveOnNY

- In 2017-2018, NYC Health + Hospitals took part in the Workplace Partnership for Life (WPFL) initiative. This is a national program, created in 2001, that unites the Health Resources and Services Administration (HRSA) with the organ and tissue donation community and businesses, organizations, and associations. The purpose of WPFL is to spread the word about the importance of organ, eye, tissue, blood, and bone marrow donation and to encourage the American public to register as donors. The shared goal is to promote a "donation-friendly America" by fostering donation education and creating opportunities for individuals to sign up to save lives through organ and tissue donation. This program took place in several hospitals in the five Boroughs; Long Island; and the Northern Hudson Valley region of New York. Each participating hospital accumulated points based on their hospital activities; events; educations; hospital and social media announcements; among other things. Based on the number of points each hospital accumulated, they were awarded the status of Bronze; Silver; Gold; or Platinum; and they were recognized on a national scale as a supporter of organ, eye, and tissue donation.

NYC Health + Hospitals facilities status are as follows:

Bellevue – Platinum
 Coney Island – Bronze
 Elmhurst – Silver
 Harlem - Silver
 Jacobi - Gold
 Kings County – Silver
 Lincoln – Platinum
 NCB - Silver

- A Performance Improvement project has been instituted at four hospitals (Bellevue, Kings, Harlem and Elmhurst) to monitor the rate of timely tissue referrals. These referrals are being called in by the bedside/charge nurse and monitored on a daily basis. Nursing Leadership and nursing unit supervisor are notified of any late referrals from their units and additional education is being provided.

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

MetroPlus Health Plan, Inc.
Report to the
Medical and Professional Affairs Committee
February 14, 2019

Total plan enrollment as of January 1, 2019 was 515,040. Breakdown of plan enrollment by line of business is as follows:

Medicaid	361,680
Child Health Plus	18,858
MetroPlus Gold	15,679
Partnership in Care (HIV/SNP)	4,122
Medicare	7,903
MLTC	2,017
QHP	11,618
SHOP	959
HARP	12,845
Essential Plan	77,499
GoldCare I	1,203
GoldCare II	659

Source: RDS Report MHP686A Report Run Date 01/25/19

Membership/Growth

MetroPlus has seen a 7% increase in the number of new enrollment gross application submissions in the month of December 2018 which represents 1,367 additional applications versus the same month one year prior in 2017.

Month	Gross Members
December 2017	18,786
December 2018	20,153
Difference	1,367
Growth	7%

The MetroPlus Gold, HARP, EP, and CHP lines of business have seen the greatest increase in membership from January 2018 to January 2019. MetroPlus Gold increased by 3,630 members (30%), HARP increased by 2,219 members (21%), EP increased by 2,196 members (3%), and CHP increased by 1,707 members (10%).

Month	CHP	EP	Medicaid	Medicare	MLTC	QHP	Gold	SNP	SHOP	HARP
18-Jan	17,151	75,303	373,806	8,058	1,762	10,894	12,049	4,191	1,144	10,626
19-Jan	18,858	77,499	361,680	7,903	2,017	11,618	15,679	4,122	959	12,845
Diference	1,707	2,196	-12,126	-155	255	724	3,630	-69	-185	2,219
Growth	10%	3%	-3%	-2%	14%	7%	30%	-2%	-16%	21%

MetroPlus CHP and MetroPlus Gold lines of business continues to grow year over year and has seen a 55% increase in CHP and a 332% increase in MetroPlus Gold from January 2015 to January 2019. A contributing factor to the decline in the Medicaid Managed Care LOB is partly due to members transitioning to the HARP and EP LOBs. 2000 more members transferred from Medicaid to EP during 2018.

MetroPlus Gold Membership		
Date	Membership	Growth
1/1/15	3,629	
1/1/16	4,843	33%
1/1/17	8,035	66%
1/1/18	12,049	50%
1/1/19	15,679	30%
	Total Growth	332%

Source: RDS Report MHP1484E Report Run Date 1/28/19

MetroPlus CHP Membership		
Date	Membership	Growth
1/1/15	12,124	
1/1/16	12,820	5%
1/1/17	15,095	18%
1/1/18	17,151	14%
1/1/19	18,858	10%
	Total Growth	55%

Source: RDS Report MHP686A Report Run Date 1/28/19

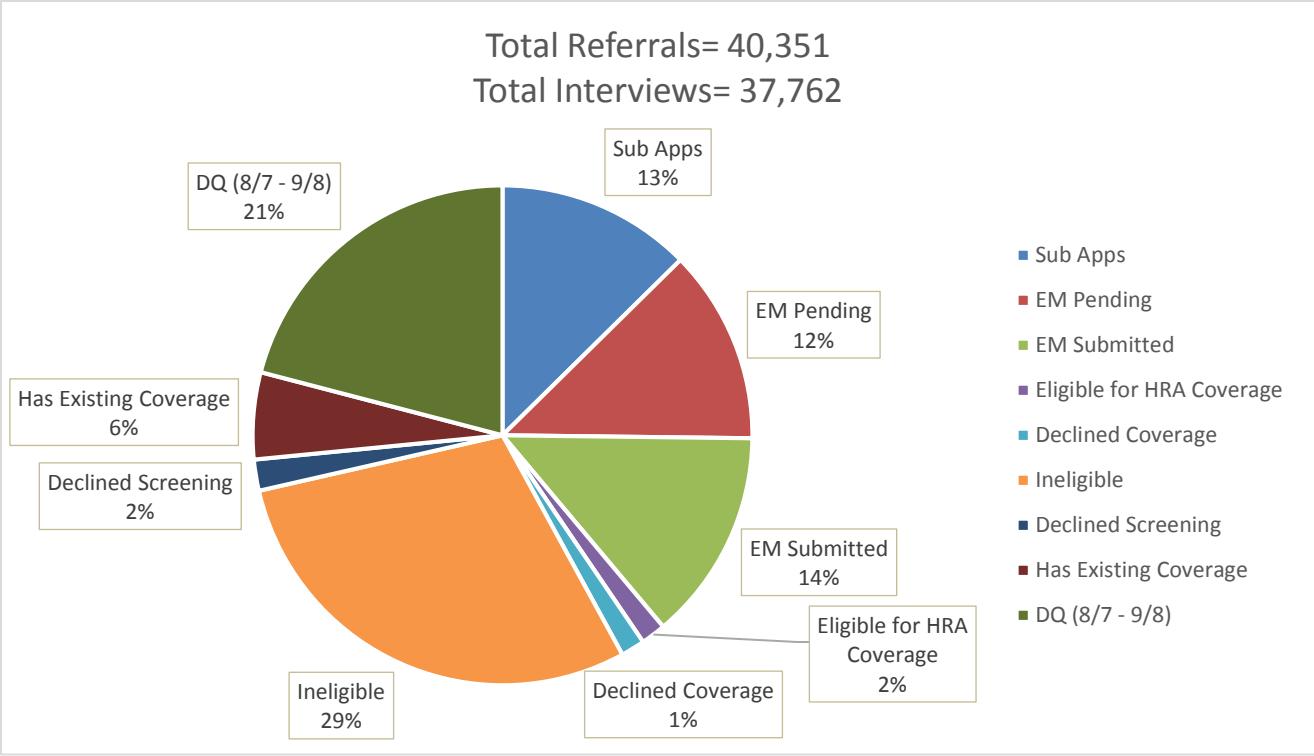
The MetroPlus Gold Product continues to see growth with a total membership of 15,679, with an effective date of January 1st, 2019. Below are the top 5 City Agencies with the highest contribution to enrollment growth and represents 77% of the total:

- H+H (6,909)
- NYPD (2,556)
- DOE (1,558)
- HRA/Dept. of Social Services (723)
- Dept. of Corrections (507)

Updates

- We are adding Telehealth (Telemedicine) services that will be available to all MetroPlus members. The availability of Telemedicine is expected to improve access to care, timeliness, patient satisfaction, quality metric rates as well as lowering the cost of care through Emergency Departments and Urgent Care centers. Telemedicine services will be available 24/7, 365 days a year. Patients will have the ability to contact a Telemedicine provider (i.e., adult primary care providers, ER physicians, pediatricians as well as behavioral health practitioners), licensed to practice medicine and prescribe non-controlled medications in NYS. The communications will be conducted via phone, smartphone video, PC or tablet from any location the member might be in, including the convenience of their home. The service will be available on demand for non-emergent medical care and by scheduled appointments for behavioral health needs. It will be offered free of charge to the membership.

- Starting March 1st, 2019, New York State will be requiring a Doula pilot that will require Plans to reimburse Doulas in certain zip codes (Brooklyn and Erie County) with high maternal morbidity and mortality rates. To be admitted into the pilot the Doulas have to submit an attestation that they have received training in pregnancy and delivery, breastfeeding, cultural competency and HIPAA and must enroll as a NYS Medicaid provider. Doulas will be eligible to bill for up to 3 prenatal visits, support during labor and delivery, and up to 4 postpartum visits. The state will perform an evaluation aimed to determine reach, effectiveness and satisfaction.. They will specifically be looking at breastfeeding rates, member attendance at postpartum visits and member experience. The Plans are expected to provide the State with a monthly roster of their members who are receiving Doula services along with their expected date of delivery. The Plans participating in the pilot in NYC include MetroPlus, Affinity, Empire, Fidelis, HIP, Health First PHSP, United Healthcare Community Plan, and WellCare of New York.
- New York City is planning to transition Medicaid membership from WMS to NYSoH beginning April 2019. The old process of recertification utilizing WMS was a paper based renewal application. The new process using the NYS of Health requires our members to create online accounts and to recertify online to maintain benefits. We are outreaching to our members who may need assistance in this process
- MetroPlus is creating our own legal department with ongoing communication and supervision from H+H legal affairs. This will allow us to develop expertise on more areas specific to managed care business and will hopefully allow us to reduce our dependence on outside counsel.
- The state roll out of the new Children’s Behavioral Health became effective as of January 1, 2019. The plan is now responsible to manage three new Children and Family Treatment Support Services (CFTSS). These include:
 - OLP – Other Licensed Psychoanalyst Services which includes therapy, individual counseling, family counseling and crisis intervention.
 - CPST – Community Psychiatric Supportive Treatment – provides an array of services delivered by community based, mobile individuals or multidisciplinary teams of professionals. Services address the individualized mental health needs.
 - PSR – Psychosocial Rehabilitation – designed to help children with psychiatric disabilities increase their functioning so they can be successful and satisfied in the environment of their choice with the least amount of ongoing professional intervention.
- Since August 7th, 2018, MetroPlus’ Facilitated Enrollment staff (MFE) began screening H+H uninsured patients. Below is a summary production of the MetroPlus MFE Marketing efforts as of 1/5/2019:



- 40,351 people were referred to MetroPlus MFEs of which 37,762 were interviewed
- 2,589 potential applicants were no-shows or saw a provider in order to maintain H+H cycle times
- 13% resulted in an application for a product line MetroPlus offers
- 26% of enrollments contributed to H+H revenue growth (Emergency Medicaid)
- 61% of all patients interviewed did not qualify for insurance

RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with Hunter Ambulance, Inc. ("Hunter") to provide the management and provision of patient transportation services for the System over a three-year term with two one-year options to renew solely exercisable by the System and with a total cost over the combined five-year term not to exceed \$12,070,896.

WHEREAS, the Contract Review Committee approved the issuance of a request for proposals for the provision of patient transportation services (the "RFP"); and

WHEREAS, in response to the RFP 9 proposals were received, 6 were deemed responsive, and 3 (Empress Ambulance Service Inc., American Medical Response of New York, LLC, Hunter) were invited for on-site presentations to the Evaluation Committee; and

WHEREAS, during an Evaluation Committee conference, each vendor was evaluated on: substantive proposal; cost; references and history with H+H; and experience generally and Hunter was unanimously chosen as the vendor most suitable to meet the System's needs; and

WHEREAS, under the proposed agreements the System will contract with Hunter to provide all ambulance services required by the System directly or through subcontractors, to provide all ambulance services six months after contract signing, to provide an intra-facility call transfer center 18 months after contract signing (at the System's request), and to collaborate with the System on developing system-wide standard protocols to reduce patient transportation times; and

WHEREAS, the proposed agreement for these services will be managed by the Senior Assistant Vice President for Acute Care Operations.

NOW THEREFORE BE IT:

RESOLVED, that the New York City Health and Hospitals Corporation be and hereby is authorized to execute an agreement with Hunter Ambulance, Inc. to provide the management and provision of patient transportation services for the System over a three-year term with two one-year renewal options exercisable solely by the System at a cost over the combined five-year term not to exceed \$12,070,896.

**EXECUTIVE SUMMARY
RESOLUTION TO AUTHORIZE CONTRACT
WITH HUNTER AMBULANCE, INC.
FOR THE PROVISION OF PATIENT TRANSPORTATION SERVICES**

BACKGROUND: Currently, the System uses multiple vendors to provide transportation for patients both to Facilities and among Facilities and the dispatch/ordering of transportation is fragmented throughout the System. This arrangement has been plagued by significant gaps in service aggravated by chronic late payment of vendors and non-competitive rates paid to vendors. The purpose of the proposed agreement is to achieve a single vendor patient transportation solution to align policies and processes for patient transport, intra-System patient transfer, coordinated central ordering of transportation and payment for the services. Outcomes of a single vendor transportation solution will include improved patient care, reduced administrative burdens, tighter operational management, and increased System patient retention with reduced patient leakage.

PROCUREMENT: The Contract Review Committee approved a Request for Proposals. Of the subsequent 9 proposals received, 6 were deemed responsive. Of the 6 responsive proposals, 3 proposers were invited for in-person presentations. The Evaluation Committee unanimously ranked Hunter as the vendor most suitable to meet the needs of the System.

PROGRAM: Hunter will manage all ambulance and ambulette patient transportation services across the System. It will staff a central dispatch center that will field all transportation requests and assign each request to a service provider. Hunter will also directly provide the transportation services as well as through sub-contracted vendors approved by the System. Each Facility will have a primary vendor assigned with provision for back-up. Hunter will bill for all services including those provided by its subcontractors. With its central role, Hunter will be able to track performance across the System so as to report to the System key performance indicators.

BUDGET: The cost of the proposed agreement will not exceed \$12,070,896 over the full five year term. The total amount has been budgeted and signed off by Central Finance.

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

31871B

TO: Paul Angeli, Project Manager
Procurement Systems/ Operations
Materials Management

FROM: Keith Tallbe *KT*

DATE: February 8, 2019

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Hunter Ambulette-Ambulance, Inc. has submitted to the Supply Chain Diversity Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Corporate-wide

Contract Number: _____

Project: Patient Transportation
Services

Submitted by: Procurement Operations

EEO STATUS:

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

COMMENTS:

KT:srp

Application to Enter into Contract: Patient Transportation Services

Svetlana Lipyanskaya
Managed Care / Patient Growth Services

Medical & Professional Affairs Committee
February 14, 2019

Goal: Transportation Improvement

- Reasons for poor service
 - The System's expiring contracts had set ambulance rates at Medicaid levels, which is below cost of providing service
 - Payments were late to vendors
 - Vendors were not assigned to a facility
 - No Service Level Agreements (SLAs)

- Steps to improve service
 - Rates: Issue RFP. Proposed rates came in at Medicare rates
 - Payment model being developed with Finance – pay in advance
 - Vendor/Sub-vendor to be assigned as primary to each facility
 - This will provide dependable volume and result in high availability of vehicles
 - SLAs and ongoing monitoring

- ~\$25 million annual additional revenue from reduced patient leakage by implementing single vendor solution

RFP Timeline

- October 25, 2017: CRC approved RFP
- While proposals were being evaluated, Dr. Katz tasked Acute Care Operations with assessing patient transportation services through a performance improvement team
 - Outcome: desire for a single vendor patient transportation solution to align policies and processes for payment, patient transport, intra-System patient transfer and reduce leakage
- September 25, 2018: CRC approved modified RFP for a single vendor solution
 - Scope: single vendor solution for ambulance, ambulette, livery and intra-System transfer call center
- 6 responsive proposals received and evaluated
- Highest scoring three vendors were further evaluated through in-person presentations:
 - Empress
 - Hunter
 - AMR
- After review by the evaluation committee, and based on the selection criteria, Hunter was unanimously chosen as the vendor most suitable to perform the services
 - Substantive Proposal -- 50%
 - Cost – 25%
 - References/History with H+H – 15%
 - Experience – 10%
- February 5, 2019: CRC approved application to contract with Hunter

Selected Vendor: Hunter

- Hunter has historically provided high quality ambulance services to NYC Health + Hospitals
- Hunter provides a similar single vendor solution for Catholic Health Services on Long Island, and Mt. Sinai
- Hunter directly or through pre-approved subcontractors, will provide all of the System's ambulance and ambulette patient transportation needs
 - H+H will have pre-approval rights and the ability to terminate the use of any specific subcontractor
- Hunter will be the single source for all invoicing and payment of services
- Hunter will provide detailed reporting on all services performed against the contract SLAs

Negotiated terms

- Coordinators
 - Hunter will provide 5 onsite transport coordinators.

- Billing
 - Hunter will manage all payor of last resort billing (subs will not bill the System directly)

- Ambulances
 - Each facility will have a dedicated provider that will have to adhere to negotiated SLAs and station ambulances near the facility.
 - Hunter will procure and brand 26 ambulances to be dedicated to H+H service (in addition to and as back-up to the existing service fleet)

- Interface
 - Hunter has interfaced with Epic previously. Future integration will lead to improved insurance capture and reduced billing to the System

- Hunter will bill the System as payor of last resort in instances where a patient has no third-party payor, or ability for self-pay, for ambulance or ambulette services.
 - This is consistent with our current state practice
 - Ambulance rates: Consistent with Medicare rates
 - Ambulette rates: \$70 per trip
- Hunter will not charge any additional fees above the cost of providing payor of last resort services
- Historically the amount for ambulance and ambulette paid by the System as payor of last resort has been about \$2.4 million annually
 - It is expected that the System will pay less with improved insurance capture via Epic interface

Implementation Plan

- Execute contract February 1, 2019
- Upon contract execution Hunter and the System will form a Transportation Council to develop and implement all operational aspects of the single vendor solution:
 - Internal team comprised of central office staff, facility staff and Hunter staff to align business processes between Hunter and H+H, including:
 - Ordering protocols
 - Transfer protocols
 - Billing and payment protocols
 - Epic interface
- Ambulance services will be provided immediately through a staged borough by borough roll-out
- Within six months, Hunter will provide all ambulance services
- Intra-System Transfer Call Center
 - 18 months after contract signing Hunter, at the System's request, will operate an intra-facility Transfer Center (similar to AirMethods current service, but streamlined based on adoption of clinical protocols)

Request for Approval

- Proposed contract:
 - 3 years with two one-year options to renew
 - \$12,070,896

Appendix



RFP Evaluation Committee

➤ Evaluation Committee:

- Dena Rakower, Senior Associate Director, Bellevue
- William Brown, CEO, Coney Island
- David Baksh, Ass. Exec. Director, Queens
- Andy Wen, M.D., Medical Director, Bellevue Hospital
- Roslyn Weinstein, Vice President, Operations
- Hillary Jalon, AVP, Quality & Safety
- Sheldon Teperman, M.D., Jacobi, Chief of Trauma

Service Level Agreements

- Service Level Agreements set at above industry standard
 - 95% of all calls answered within 3 rings
 - 100% of all calls receive appropriate transportation
 - 85% of all emergency calls, ambulance arrives within 20 minutes
 - 85% of all non-emergency calls, ambulance arrives within 60 minutes
 - 85% of all scheduled calls, ambulance arrives within 30 minutes of scheduled pick-up

RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with Sedgwick Claims Management Services, Inc. ("Sedgwick") to supplement the Office of Legal Affairs/Claims and Litigation in the management of the medical malpractice claims against the System over a three-year term with two one-year options to renew solely exercisable by the System and with a total cost over the combined five-year term not to exceed \$30,703,360.

WHEREAS, Request for Proposals ("RFP"s) were previously issued in 2002 and 2007 when contracts were awarded to Sedgwick as a result of being the top scoring proposer; and

WHEREAS, a Sole Source contract was awarded to Sedgwick in 2012; and

WHEREAS, in response to a Request for Expressions of Interest issued by the System in April 2018 to the largest Third Party Administrators ("TPAs") in the United States, Sedgwick and one other vendors responded and the other firm was determined to lack the necessary staff, technology and capacity to meet the System's needs; and

WHEREAS, the Contract Review Committee approved an application to enter into a contract with Sedgwick in the Best Interest of the System; and

WHEREAS, Sedgwick is uniquely capable of meeting the needs of the System due to its previous experience with the System, data management, and staffing model; and

WHEREAS, under the proposed contract Sedgwick will conduct early claims investigation, supervise outside counsel, manage active claims, maintain an electronic database of claims, ensure regulatory compliance and track indemnity and expense reserves all at the direction of Office of Legal Affairs/Claims and Litigation; and

WHEREAS, the proposed contract will allow the System to bring in-house discrete parts of the Sedgwick operation if and to the extent that the System determines that such parts can be performed in-house at lower cost while maintaining the quality of the service.

NOW THEREFORE BE IT:

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized execute an agreement with Sedgwick Claims Management Services, Inc. to support the Office of Legal Affairs/Claims and Litigation in the management of medical malpractice claims against the System over a three-year term with two one-year options to renew solely exercisable by the System and with a total cost over the combined five-year term not to exceed \$30,703,360.

**EXECUTIVE SUMMARY
RESOLUTION TO AUTHORIZE CONTRACT
WITH SEDGWICK CLAIMS MANAGEMENT SERVICES, INC.**

- BACKGROUND:** The Office of Legal Affairs/Claims and Litigation manages all of the medical malpractice claims against the System (approximately 1,500 matters at any point in time). This includes cases handled by in-house attorneys as well as those assigned to outside counsel. A TPA is needed to effectively manage the volume of claims against the System and support the day-to-day management of matters assigned to outside counsel. Sedgwick has been the System's TPA since 2002.
- PROGRAM:** Sedgwick will conduct early claims investigation and supervise outside counsel. Sedgwick will also manage all claims including tracking them and reporting their status at regular intervals. It will also maintain an electronic database of the claims, ensure regulatory compliance and reporting, and monitor indemnity and expense reserves at the direction of Office of Legal Affairs/Claims and Litigation. The System will reserve the right in its agreement with Sedgwick to take in-house discrete aspects of Sedgwick's work if the System determines that such work can be performed at lower cost and with similar quality by the System's own staff.
- BUDGET;** The cost of the proposed agreement will not exceed \$30,703,360 over the full five
- PAYMENT:** year term. The expiring contract was based on a flat fee estimated at 800 new claims per year at a cost of \$6.14 million per year. The proposed agreement will be based on actual hours worked, with an annual cap of \$6.14 million. Based on reduced volume, a decrease in costs is expected. The projected total cost to the System has been budgeted and signed off by System Finance.
- PROCUREMENT:** RFPs were previously issued in 2002 and 2007, in both instances resulting in contracts being awarded to Sedgwick as the top scoring proposer. A Sole Source contract was awarded to Sedgwick in 2012. A Request for Expression of Interest was issued in April 2018 to the largest TPAs in the United States. Two vendors responded including Sedgwick. The other respondent was determined to lack sufficient staff, technology and capacity to accommodate the System's needs. An application to enter into contract in the Best Interest of the System was presented before the Contract Review Committee at its February 5, 2019 meeting and was approved by its approval letter dated February 5, 2019; and
- TERM:** The term of the proposed agreement is three years with two one-year options to renew solely exercisable by the System.

31542B

TO: Paul Angeli, Project Manager
Procurement Systems/ Operations
Materials Management

FROM: Keith Tallbe *KT*

DATE: February 5, 2019

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Sedgwick Claims Management Services, Inc., has submitted to the Supply Chain Diversity Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Corporate-wide

Contract Number: _____

Project: Professional Liability Claims
and Risk Management Services

Submitted by: Procurement Operations

EEO STATUS:

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

COMMENTS:

KT:srp

Medical Malpractice Claims Management Services

**Application to
Enter into Contract**

Andrea G. Cohen, General Counsel and SVP
David C. Y. Cheung, Deputy General Counsel
Office of Legal Affairs

Medical & Professional Affairs Committee
February 14, 2019

Current State: Need for a Third Party Administrator (TPA)

- The Office of Legal Affairs, Claims and Litigation Unit, manages all of the medical malpractice claims against the System (approximately 1,500 matters at any point in time).
- This includes cases handled by our in-house attorneys as well as managing matters assigned to outside counsel.
- A TPA is needed to effectively manage the volume of claims against the System.
- Sedgwick has been our TPA since 2002.

Sedgwick Services Overview

- Early Investigation (Record reviews and interviews)
- Claims Management and Outside Counsel Supervision as directed by the Office of Legal Affairs
- Tracking, Monitoring and Reporting
- Electronic Database Management (iVOS)
- Regulatory Compliance and Reporting
- Indemnity and Expense Reserves
- The current contract expires February 28, 2019

Prior Solicitations

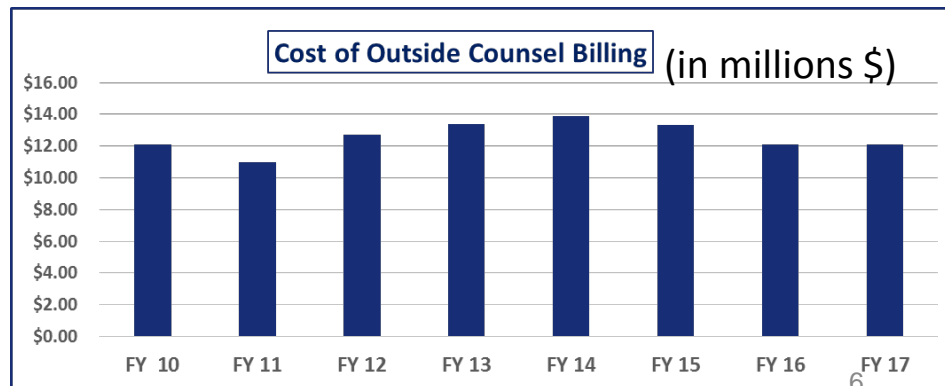
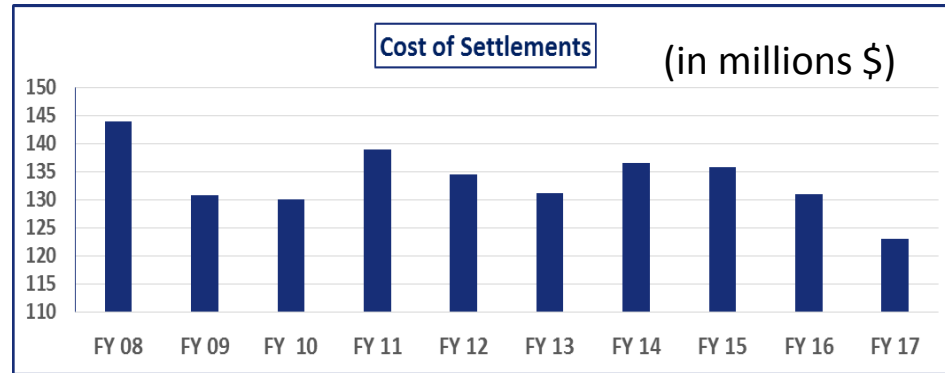
- RFPs were done in 2002 and 2007. Sedgwick was awarded the contract in both instances. In 2012 Sedgwick was awarded a contract as a sole source.
- In April 2018, an RFI was prepared and issued to the top 10 largest TPA vendors in the United States.
 - None of the top 10 vendors was an MWBE
 - Only two vendors provided a written response: Sedgwick and York. York did not have investigator or claims management capacity.

Sedgwick: Capacity and Market Niche

- Single largest TPA (64% larger than next largest TPA)
- Market Leadership (60% market share in health care)
- Client list includes many municipal hospital systems
- Dedicated 34 professional full time employees (FTE's) (1 director, 4 team leaders, 14 nurse investigators, 12 claims specialists, and 3 claims assistants)
- Only vendor with nurse investigator team which is substantially more cost effective than using law firms for investigations
- 4,700 investigative reports by nurse investigators for NYC Health + Hospitals in last 5 years
- Handled 12,000 matters on our behalf claims since 2002
- Existing capacity to manage our volume. No start-up or switching costs.

Sedgwick contributing to success in managing medmal cost

- When the handling of the System's medical malpractice claims was transferred to NYC Health + Hospitals the City allocated ~\$14 million annually for the hiring of outside counsel.
- Through the efforts of the early investigation of claims through Sedgwick's nurse investigator team, the outside counsel costs have remained flat for the past 9 years.
- Sedgwick's team has also been instrumental in the System achieving a decline in annual settlement costs.



Negotiated Acquisition/Proposed Contract

- Expiring contract based on a flat fee estimated at 800 new claims per year with a cost of \$6.14 million per year.
- Proposed agreement based on actual hours worked, with an annual **cap** of \$6.14 million. Based on trend toward reduced volume, we expect an overall decrease in contract costs.
- Proposed contract allows us to reduce or remove any category of service provided by Sedgwick on 30 days' notice

Request for Approval

- Three year contract with two one-year options to renew with a Not To Exceed total (NTE) of \$30.7 million