

CALL TO ORDER - 3:00 PM

1. Adoption of Minutes: May 30, 2019

Chair's Report

President's Report

Legislative Update

>> Action Items<<

2. Authorizing the New York City Health and Hospitals Corporation (the "System") to enter into an enterprise license agreement (an "ELA") with Dyntek Services, Inc. ("Dyntek") to provide McAfee IT security hardware, software, related maintenance and professional services for a three-year term for an amount not to exceed \$19,949,756.08.
(Information Technology Committee: 06/13/2019)
(EEO: Approved; Vendex: Approved)
3. Authorizing the New York City Health and Hospitals Corporation (the "System") to enter into an enterprise license agreement ("ELA") with Microsoft Corporation ("Microsoft") to renew existing software licenses, and associated maintenance and support services for a three-year term in an amount not to exceed \$41,554,873 including a 10% contingency.
(Information Technology Committee – 06/13/2019)
(EEO: Conditional Approval; Vendex: Approved)
4. Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with seven vendors for the provision of Legal Services as requested by the System. The seven vendors are Crowell & Moring, LLP, Epstein Becker & Green, P.C, Fox Rothschild, LLP, Garfunkel Wild, PC, Katten Muchin Rosenman, LLP, Moses & Singer, LLP, and Shepard, Mullin, Richter & Hampton, LLP. Each agreement shall be for an initial term of three years with two one-year options to renew solely exercisable by the System and with a total amount over the combined five-year term not to exceed \$65,620,919.00 to the seven vendors.
(Finance Committee – 06/13/2019)
(EEO: Approved – Garfunkel Wild, Inc., Moses & Singer, LLP - conditional: Pending – Crowell & Moring, LLP, Epstein Becker& Green. P.C., Fox Rothschild, LLP, Garfunkel Wild, PC, Katten Muchin Roseman, LLP, Shepard, Mullin, Richter & Hampton LLP
Vendex: Approved – Katten Muchin Rosenman, LLP, Garfunkel Wild, Inc. - Pending - Crowell & Moring, LLP, Epstein Becker& Green. P.C., Fox Rothschild, LLP, Garfunkel Wild, PC, Moses & Singer, LLP, Shepard, Mullin, Richter & Hampton LLP
5. Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with Belfor Property Restoration ("Belfor") to provide as needed emergency incident recovery services to the System's facilities over a three-year term with two one-year renewal options exercisable solely by the System.
(Finance Committee – 06/13/2019)
(EEO: Approved/ Vendex: Pending)

Mr. Pagán

Mr. Pagán

Dr. Katz

Mr. Siegler

Mr. Pagán

Mr. Pagán

Ms. Wang

Ms. Wang

<p>6. Adopting in the name of the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) Board of Directors its Community Health Needs Assessment (“CHNA”) for NYC Health + Hospitals’ eleven acute care hospitals and for the long-term acute care portion of NYC Health + Hospitals/Henry J. Carter Specialty Hospital and Rehabilitation Center. (EEO: NA / Vendex: NA)</p>	<p>Dr. Katz</p>
<p style="text-align: center;"><u>Committees and Subsidiary Report</u></p> <ul style="list-style-type: none"> ➤ Information Technology ➤ Audit ➤ Finance ➤ Capital Corporation 	<p>Mr. Pagán Mr. Pagán Ms. Wang Ms. Wang</p>
<p><u>Executive Session Facility Governing Body Report</u> ➤ NYC Health + Hospitals Elmhurst</p>	<p>Mr. Pagán</p>
<p>Semi-Annual Governing Body Report (Written Submission Only) ➤ NYC Health + Hospitals Bellevue</p>	
<p>2018 Performance Improvement Plan and Evaluation (Written Submission Only) ➤ NYC Health + Hospitals Morrisania Diagnostic & Treatment Center- Gotham</p>	<p>Mr. Pagán</p>
<p>>>Old Business<<</p>	
<p>>>New Business<<</p>	
<p><u>Adjournment</u></p>	

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

A meeting of the Board of Directors of New York City Health and Hospitals Corporation ("NYC Health + Hospitals") was held in Room 532 at 125 Worth Street, New York, New York 10013 on the 30th day of May, 2019, at 3:00 P.M., pursuant to a notice which was sent to all of the Directors of NYC Health + Hospitals and which was provided to the public by the Secretary. The following Directors were present in person:

José Pagán, Chairman
Gordon Campbell
Dr. Mitchell Katz, MD
Dr. Hillary Kunins, MD
Dr. Oxiris Barbot, MD
Helen Arteaga-Landaverde
Barbara A. Lowe, MS, RN
Robert Nolan
Deborah Brown
Sally Hernandez-Piñero
Freda Wang
Feniosky Peña-Mora
Anita Kawatra

Mr. José Pagán, Chair of the Board, chaired the meeting and Ms. Colicia Hercules, Corporate Secretary, kept the minutes thereof. Mr. Pagán called the meeting to order at 3:12 p.m.

ADOPTION OF MINUTES

The minutes of the meeting of the Board of Directors held on April 18, 2019 were presented to the Board. Then on motion made and duly seconded, the Board unanimously adopted the minutes.

Mr. Pagán noted for the record that the following individual was present in a voting capacity: Deborah Brown representing Deputy Mayor Hermina Palacio.

RESOLVED, that the minutes of the meeting of the Board of Directors held on April 18, 2019, copies of which have been presented to this meeting, be and hereby adopted.

CHAIRPERSON'S REPORT

Mr. Pagán thanked Mr. Peña-Mora and Ms. Hernandez-Piñero for conducting a site visit at Lincoln on Friday, May 3 and asked for their feedback.

Mr. Peña-Mora noted that he also visited Elmhurst with Mr. Pagán on April 30th before the Annual Public Meeting and stated that it was a wonderful experience to be able to visit both Lincoln and Elmhurst this month. Mr. Peña-Mora added that in both cases, the Executive Director and leadership showed him around and he was able to see some of the work happening at each facility.

Mr. Peña-Mora stated that they were particularly interested in how the Emergency Department was functioning. Mr. Peña-Mora noted they were impressed with the smooth operation of the unit. He noted that they were also given a tour of the Elmhurst and Lincoln ExpressCare centers and noted that they were both functioning well. Mr. Peña-Mora noted that he was particularly pleased with the Women's Center at Elmhurst and with the innovations that are happening there, which he thought were significant.

Mr. Pagán asked Ms. Hernandez-Piñero if she wanted to add anything.

Ms. Hernandez-Piñero responded that the new ExpressCare centers at Lincoln and Elmhurst will serve as a template for Health + Hospitals to determine community needs and the demand for services. This model would also educate NYC Health + Hospitals regarding the continued challenges of the emergency departments.

Mr. Pagán thanked Ms. Hernandez-Piñero for visiting Jacobi on Wednesday, May 29th and asked her if she wanted to provide any feedback.

Ms. Hernandez-Piñero stated that she visited the Emergency Department at Jacobi and noted that their Emergency Department was very busy during her visit. Ms. Hernandez-Piñero stated that she also visited the area where the new ExpressCare center will be located. She noted that Jacobi's decision to locate its ExpressCare in front of the bus stop will attract the patients who would normally walk into the Emergency Department for care.

Mr. Pagán thanked Ms. Hernandez-Piñero and Mr. Peña-Mora for their feedback and then thanked Ms. Lowe for participating in the Joint Commission Leadership Session at Metropolitan on Friday, May 3rd and for her keynote presentation at the Coney Island Nurses' Week celebration event on Wednesday, May 8th, as well as her attendance at the nursing recruitment campaign on Thursday, May 9th at Bellevue. He asked her to provide feedback.

Ms. Lowe stated that Metropolitan's Joint Commission survey was truly wonderful. She stated that the surveyors spoke about seeing evidence at Metropolitan of a truly reliable healthcare organization at

the highest level and that they were astonished by the engagement of residents. The surveyors stated that they had never seen residents so eager to talk about innovative health care.

Ms. Lowe stated there were no high markings on the SAFER matrix; however, Metropolitan did receive some low-level citations. She also noted that the feedback to staff in the final go-round was remarkable. Ms. Lowe commended Metropolitan leadership from the top to the bottom.

Ms. Lowe went on to state that the Coney Island Nurses' Week event was a wonderful collaboration with the Doctors and noted how important it was for doctors to be engaged with Nurses' Week. Ms. Lowe stated that she also attended the Nurses4NYC campaign launch held at Bellevue on May 9th. Ms. Lowe stated how leadership understands that our patients deserve a confident nurse as part of the delivery of excellent patient care.

Mr. Pagán thanked Ms. Lowe for her feedback and asked Mr. Nolan to provide some feedback on the Bronx Annual Public meeting on April 30th.

Mr. Nolan stated that that there were approximately 75 to 100 people at the hearing, which was probably one of the larger turnouts he has seen in recent years. Mr. Nolan thanked all the Board members and leadership for attending.

Mr. Nolan stated that there were 24 speakers of which 15 spoke on behalf of the nurses, primarily about better pay, better working conditions and increased staffing for the nurses. For the first time in years, there was a good representation of individuals from Jacobi, Lincoln and North Central Bronx by Community Advisory Board members.

Mr. Nolan then mentioned that immediately after the meeting Dr. Katz went to the ER due to complaints made by the nurses about the staffing in Jacobi's ER to do his own review. He sent an email to the Board informing them of his finding.

Mr. Pagán thanked Mr. Nolan and followed up stating that, on May 7th, he hosted the Queens Annual Public meeting at Elmhurst. Mr. Pagan stated that the meeting was well attended by staff, patients, partners and community leaders. They presented a variety of issues and compliments of the leadership in Queens and throughout NYC Health + Hospitals.

Mr. Pagán thanked all the board members that attended the Queens Annual Public Meeting and reminded everyone that the 2019 Annual Public Meeting schedule is posted and that there are two meetings remaining—

one in Staten Island at Seaview, Tuesday, June 11th, and then Brooklyn at Woodhull on Tuesday, June 18th. All meetings will start at 6:00 P.M.

Mr. Pagán noted with respect to Vendex, since we began the process of approving contracts prior to Vendex approvals, there are six new items on today's agenda and all have Vendex approval. There are five items from previous Board meetings pending Vendex approval, which is in the board materials.

He noted that he will continue to notify the board as outstanding Vendex approvals are received.

Mr. Pagán then turned the meeting over to Dr. Katz for the President's report.

PRESIDENT'S REPORT

Dr. Katz thanked the Board members for visiting the NYC Health + Hospitals facilities and stated how much it means to staff at the facility when a board member comes to visit.

Dr. Katz stated that on Tuesday, May 7th he attended a press conference at Lincoln Hospital with the Mayor to announce the next stage of NYC Care and unveil the NYC Care card. Dr. Katz noted that several board members were also present at the press event.

Dr. Katz noted that Health + Hospitals would be investing in new primary care doctors in the Bronx, and launching a new customer service system, in preparation for the launch of NYC Care in the Bronx in August. Residents of the borough will be able to use their NYC Care Card to get their own doctor, get preventative screenings and tests, and connect to a twenty-four/seven service and help make appointments.

Dr. Katz introduced Christine Flaherty, the new Senior Vice President for Facilities and noted her commitment to seeing every piece of property Health + Hospitals owns and leases, and to understand what each facility's needs are.

Dr. Katz also noted that Marielle Kress joined Health + Hospitals as Executive Director of NYC Care and Dr. Talya Schwartz was appointed as President and CEO of MetroPlus.

Dr. Katz noted that Dr. Schwartz is known to many people for her energetic work as the former Medical Director of MetroPlus. Dr. Katz

also noted that MetroPlus growth is doing very well and that MetroPlus has reported a 45% jump in membership in MetroPlus Gold, which is the option specifically for New York City employees and eligible dependents. Dr. Katz stated as we go forward, MetroPlus is going to be a major area of growth for NYC Health and Hospitals.

Dr. Katz noted North Central Bronx opened a new, larger Midwifery Unit co-located on the same floor as the Women's Health Services Unit to improve patient experience and expand access to the hospital's unique midwifery maternal services.

Dr. Katz announced that during National Nurses Week we launched our system's first official nurse recruitment campaign, NURSES4NYC, to recruit the next generation of dedicated and committed men and women who will care for our patients.

Dr. Katz congratulated Joseph Marcellino for receiving the Sloan Public Service Award. Dr. Katz stated that Joseph was selected from among 250,000 New York City workers.

Mr. Pagán thanked Dr. Katz and requested a Legislative Update from Mr. Matthew Siegler.

Legislative Update

Mr. Siegler noted that on May 9, Dr. Katz testified before the City Council Finance and Hospitals Committee on NYC Health + Hospital's executive budget and discussed NYC Health + Hospitals' progress on its revenue generating and expense reducing initiatives as well as strategic investments the system has made in nurse staffing. Mr. Siegler noted that Council members were supportive of NYC Health + Hospitals' direction and offered assistance in advocating at the federal level to delay DSH cuts.

Mr. Siegler also noted on May 28, Dr. Katz testified at a joint hearing of the Assembly and Senate Health Committees on the NY Health Act to expressed support for the legislation, which would create a single payer system in NY State. While acknowledging the complexity of such a significant change to the health care system, Dr. Katz argued that the administrative simplification and improvements in patient care would be very beneficial for patients.

Mr. Siegler noted that on May 17, Dr. Katz participated in a briefing for Congressional Staff on the Disproportionate Share Hospital Program. The briefing was sponsored by America's Essential Hospitals, the national trade association for public and safety net health systems. The briefing was well attended and Dr. Katz made clear the potentially devastating impact DSH cuts could have on NYC Health + Hospitals and its patients.

Mr. Siegler noted that the community health needs assessment is a requirement implemented by the IRS and is part of the Affordable Care Act. All non-profit hospitals are required to make an assessment of the prioritized community health needs and co-create solutions and an implementation strategy.

Mr. Siegler stated that the community needs assessment report will be distributed to the Board members for their comments and recommendations. The report will be presented at the June Board meeting for approval. Mr. Siegler noted that the board members will have time before the June Board meeting to review and comment on the report.

Ms. Lowe stated her concern for reproductive health and the continuing need for reproductive healthcare and recommended that NYC Health + Hospitals consider what we need to include in the assessment and our public statements.

Mr. Siegler stated that we will incorporate the statement "NYC Health + Hospitals stands on a foundation of compassion, healing, and acceptance of all. We are steadfast in our commitment to provide high-quality care to all of our patients regardless of race, religion, culture, immigration status, or economic strata. We value and respect each individual in our system, both staff and patients."

To that end, at a time when division is being sown among races and religions, and fear of others heightened, we will continue to offer a comprehensive range of reproductive health options to all patients and families.

Dr. Allen, Chief Medical Officer, read NYC Health + Hospitals' public statement, "Women's choice is being restricted across the country, but we will continue to support women on whatever pathway they choose."

Dr. Kunins asked if Mr. Siegler would elaborate on whether the intent of NYC Health + Hospitals was to do one community health needs assessment for the whole system, or whether there would be more

granularity for the specific communities that we serve and further noted that, for example, the Bronx communities are very different than Queens communities.

Mr. Siegler responded that we will do one global analysis, but within it will be pull-outs for each community and discussions within each. We will have detailed carve-outs for each facility that will be posted and specifically targeted to that facility and that community.

Dr. Kunins urged us to be as in-depth as possible for the specific communities, because the Department of Health & Mental Hygiene's experience in doing community consultations with over 1,000 New Yorkers for Take Care New York told us there is a vast differences in what people prioritize and what the issues are. She stated for this organization, it would be important to have that level of granularity and specificity.

Mr. Siegler agreed.

Mr. Peña-Mora thanked Mr. Siegler for his presentation and asked if there was a lot of confusion in some communities about the 2020 census and the question of citizenship which he believes may be causing some groups not to be too open to fill out surveys or any other documentation that they mistakenly think may be related to the 2020 census for whatever reason and whether there was thought around this community survey.

Ms. Lowe inquired if there will be focus groups and Dr. Kunins asked what the timeline was on this report. Mr. Siegler responded that yes, there will be focus groups and stated that the assessment has been going on for the last six months.

Mr. Pagán thanked Mr. Siegler for his report and moved to the resolutions.

ACTION ITEM 2

Dr. Katz read the resolution

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to submit to the New York State Department of Health ("DOH") appropriate application materials to allow for the merger of the Operating certificate of NYC Health + Hospitals/North Central Bronx into the operating certificate of NYC Health + Hospital/Jacobi ("Jacobi") to make North Central Bronx a division of Jacobi and upon obtaining DOH authority to proceed,

to operationally implement such a merger of operating certificates including adopting the name, "North Central Bronx Hospital, a Division of NYC Health + Hospitals/Jacobi."

Dr. Katz introduced Chris Mastromano, CEO of NYC Health + Hospitals/Jacobi and North Central Bronx, and Cristina Contreras, Executive Director of NYC Health + Hospitals/North Central Bronx, as presenters.

Mr. Mastromano stated that after Dr. Katz announced in 2018 merger of Jacobi and North Central Bronx at a Town Hall it was decided to wait to initiate the process until after Jacobi's Joint Commission survey was completed. In late 2018 and early 2019, Jacobi and North Central began joint efforts, including joint leasing of new endoscopy operating room equipment.

Ms. Contreras noted that having a combined operating certificate would allow NYC Health + Hospitals to transfer a patient that comes into Jacobi's Emergency Room to North Central Bronx without going through the current transfer process of being discharged from Jacobi and re-admitted to North Central Bronx. Combining the operating certificates would allow a seamless transfer of patients between campuses. Ms. Contreras then noted another advantage would be to make medical staff credentialing one process for our doctors at the two facilities and streamline operations and administration.

Dr. Katz provided a summary of the Medicaid "IMD" exclusion, noting that combining operating certificates will ensure that North Central Bronx is not at risk for its Medicaid revenue even though behavioral health admissions have increased and other admissions have decreased. He explained that combining the two licenses is a fiscal imperative due to the "IMD" rule.

Ms. Contreras stated that the proposed merger will not result in any reduction in bed counts, staff or any services at North Central Bronx. Ms. Hernandez-Piñero asked if the transfers from Jacobi to North Central Bronx are voluntary for the patients and Ms. Contreras stated yes.

Ms. Lowe suggested that there be a good campaign that will build awareness in the community and Ms. Contreras stated that they would.

Mr. Mastromano stated that the Certificate of Need process is a State process that regulates the number of beds in a borough and follows the State's health planning agenda.

Ms. Contreras stated outreach was made with the Community Advisory Boards of the two facilities, State senators, community leaders, and Assembly members and all have been supportive of this merger.

Ms. Mastromano asked for the Board's approval to submit a Certificate of Need proposal to the State and Ms. Contreras asked if there were any questions.

Mr. Peña-Mora thanked Ms. Mastromano and Ms. Contreras for their presentation and asked if the merger will result in certain specializations being driven to one particular hospital or the other and if so, how will this affect delivery in the future.

Mr. Mastromano responded that the expectation for some quick wins in this area and noted that they have started very small. He noted that the North Central Bronx's operating room is not as busy and is more efficient than the Jacobi operating room. Jacobi handles more complex cases. The shift of a lot of the ophthalmology cases from Jacobi to North Central Bronx has been successful in increasing the volume at North Central Bronx while freeing up the Emergency Department at Jacobi. Currently, North Central Bronx was 110 cases above where it was last year through April. The increased cases generated reimbursement of \$3,500 a case. The physicians are happy because they turned those operating room beds over in 30 minutes or less.

Mr. Mastromano stated that at Jacobi, they are working with the surgeons to focus on gallbladder surgery next. The goal will be to perform more ambulatory surgery at North Central Bronx to leave higher-end surgery at Jacobi.

There being no further discussion, a motion for approval of the resolution was made and duly seconded, and the resolution was unanimously approved.

ACTION ITEM 3

Mr. Feniosky Peña-Mora read the resolution.

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a three year lease extension agreement with Chestnut Station Inc. (the "Landlord") for approximately 6,000 square feet of interior space and 2,560 square feet of exterior space at 230 Beach 102nd Street, Borough of Queens, to house an Adult Day Health Care Center (the "Center") managed by NYC Health + Hospitals/Dr. Susan Smith McKinney Nursing & Rehabilitation Center (the "Facility") at a base rent of \$34.50 per square foot for the interior space and \$15.00 per square foot for the exterior space for a total of \$245,400 per year to be escalated by 2.5% per year for a total base rent over the three year term of \$754,758 with the System having a right to terminate the lease on six months' notice.

Maureen McClusky, Senior Vice President for post-acute care presented an overview of the Adult Day Program at Neponsit program, which is managed by NYC Health + Hospitals/McKinney. The program has been in existence since 1998 and at this exact site since 2003. She stated that the program provides nursing, physical therapy, social services, therapeutic recreation, dementia programs, etc., to the participants that live in the community, thereby deferring their need to either go to the Emergency Department or for permanent placement in a nursing home. Ms. McClusky also stated that the staff at the program at Neponsit includes a director, RN case worker, activity therapist, three patient care technicians, environmental services, and one dietary aid staff. The current enrollment at the program is 75 registrants with a daily utilization of about 35, with a license capacity of approximately 50. She said that the program is located on the ground floor of a two-story structure with other healthcare providers in the building. It has 6,000 square feet of interior space and 2,560 square feet of outdoor space.

Ms. McClusky asked the Board approve a three-year lease with rent starting at \$245,000 dollars a year and increasing annually by 2.5%. The lease includes a clause that NYC Health + Hospitals would be able to terminate the lease with six months' notice.

Ms. McClusky stated the indoor rent is within the fair market value range of \$32 to \$36 per square foot, and the outdoor rent is also within fair market value range of \$15 to \$16 per square foot.

Ms. McClusky said that NYC Health + Hospitals is now looking at other program models to better meet the needs the current adult day program targets. Among these are the PACE program that is being considered for the other adult day healthcare programs at three other Post-acute facilities. ADHC enrollment continues to compress. The lease allows NYC Health + Hospitals to continue the program while it investigates other options to provide care for this patient population.

Ms. Arteaga-Landaverde asked if the enrollment of 75 was rolling or a total of 75? Ms. McClusky answered that not all enrollees are present at the same time. Generally, approximately 35 patients are in attendance at one time with a total 75 enrolled. Ms. McClusky noted that this was a small figure. Ms. Arteaga-Landaverde asked what the maximum caseload was? Ms. McClusky answered 50 at one time for a likely total capacity of 100.

Ms. Lowe asked what kind of clinical services the site provide.

Mr. Berman stated the Neponsit program was opened to help place some of the patients that had been cared for at the Neponsit hospital in the Rockaways when it was forced to close. Those patients were accommodated with a range of different services with the Neponsit adult day program being one.

Ms. Arteaga-Landaverde asked if we had any other sites like this. Ms. McClusky answered that NYC Health + Hospitals has two others— one at Seaview, which has a rather robust program, and then the third program, is at McKinney in Brooklyn. Both Seaview and the McKinney site are significantly larger and more robust. Ms. McClusky stated that a challenge with the Neponsit site is that under DOH code, registrants cannot be transported more than an hour from their home to the program and because of the location of Neponsit way out on the peninsula, the potential patient population is quite limited.

After further discussion regarding models of adult day care programs, a motion for approval of the resolution was made and

duly seconded, and the resolution was unanimously approved.

ACTION ITEM 4

Board members Oxiris Barbot and Hillary Kunins recused themselves from the discussion of the next matter and left the boardroom whereupon Mr. Pena-Mora read the following resolution.

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute an agreement with Vanguard Construction ("Vanguard") for the renovation of shell space on the 5th floor of the Mural Pavilion of NYC Health + Hospitals/Harlem (the Hospital") to house the Hospital's outpatient behavioral health clinics which are to be relocated from the Hospital's Women's Pavilion and to add outpatient primary care facilities at a cost not to exceed \$6,627,734, which includes a 9% construction contingency.

Ms. Ebone Carrington, CEO of NYC Health + Hospitals/Harlem presented. She noted that behavioral health -- primary care co-location is a DSRIP goal for which there are DSRIP Capital funds available. The aim is to co-locate primary care services and behavioral health services so that patients can more easily access both kinds of care and a bridge between the two can be established.

The proposed project would also advance the mayoral initiative of building a new public health lab for the City of New York. That construction project is led by the Economic Development Corporation. The demolition of the Women's Pavilion is an initial in this process. That building currently houses all of Harlem's behavioral health services, human resources, the PA program, community outreach, as well as its data center and EITS department. The need to relocate the Harlem behavioral health programs to ready the Woman's Pavilion for demolition creates an opportunity to meet the DSRIP goal of integrating behavioral health and primary care services.

Mahendranath Indar, Senior Director of Office of Facilities Development explained that two sources of funding would be used. He explained that New York City capital funds of approximately \$28.1 million would be used for the Woman's Pavilion demolition and the New York State DOH CRFP grant made in connection with DSRIP of approximately \$9.1 million would be used for the build out of the replacement space

in the Mural Pavilion. Mr. Indar presented a summary of the various components of the project and the estimated cost of each and his summary was included as an attachment to the resolution.

Mr. Indar also stated that Vanguard Construction was the lowest responsible bidder. Vanguard is currently meeting the 30% target for MWBE participation. He also stated that the Vanguard contract amount is for \$6,075,890 with a contingency of 9%.

Ms. Lowe asked what was Vanguard's history with NYC Health + Hospitals. Mr. Indar replied that Vanguard is a relatively new vendor but they have done some work at Bellevue Hospital and the feedback from Bellevue was good.

A motion for approval of the resolution was made and duly seconded, and the resolution was unanimously approved.

Board members Oxiris Barbot and Hillary Kunins returned to the Boardroom and Mr. Peña-Mora read the following resolution.

ACTION ITEM 5

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a three month revocable license agreement with T-Mobile Northeast LLC (the "Licensee") to operate a mobile cellular communications system on an approximately 750 square foot parcel of land located on the campus of the former Neponsit Health Care Center (the "Facility"), located at 67 Rockaway Beach Boulevard, Queens, at an occupancy fee of \$50,000 or \$267 per square foot.

Jeremy Berman, Deputy General Counsel presented. Riis Beach is very popular during the summertime and that creates a market for a cell site to boost the cell service to the location. Mr. Berman further stated that the proposed license is only for three months. The rental amount due to NYC Health + Hospitals is \$50,000, which represents a premium over the rate received at other licensed cell site. The Board's approval to enter into contract with T-Mobile was requested.

A motion for approval of the resolution was made and duly seconded, and the resolution was unanimously approved.

Mr. Peña-Mora read the following three resolutions one after another.

ACTION ITEM 6

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a requirements contract with Jemco Electrical Contractors (the "Contractor") in the amount of \$10,000,000 to provide general construction services on an as-needed basis at various facilities throughout NYC Health + Hospitals over a two-year term.

ACTION ITEM 7

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a requirements contract with Rashel Construction Corporation (the "Contractor") in the amount of \$10,000,000 to provide general construction services on an as-needed basis at various facilities throughout NYC Health + Hospitals over a term of two years.

ACTION ITEM 8

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a requirements contract with Carefree Improvements (the "Contractor") in the amount of \$10,000,000 to provide construction services for general construction services on an as-needed basis at various facilities throughout NYC Health + Hospitals over a term of two years.

Ms. Christine Flaherty, Senior Vice President of the Office of Facilities Development, stated that these three contracts will enable NYC Health + Hospitals to manage construction at a relatively fast pace for a large number of smaller projects. The three firms went through three separate public bids, and they were the lowest responsible bidders. Ms. Flaherty noted that Jemco Electric is a non-MWBE vendor who has done work for NYC Health + Hospitals for some time but has demonstrated through its MWBE plan that it will meet the goal of 30% MWBE utilization. Both Rochelle Construction Corporation and Carefree Improvements are MWBE certified firms, both of whom have worked with NYC Health + Hospitals in the past.

Ms. Hernandez asked if there is a pipeline of construction projects awaiting completion, and Ms. Flaherty replied yes. Mr. Nolan asked if the contracts were for project that would need to be brought back to the Board for approval. Ms. Flaherty responded that these contractors would generally be used for smaller projects for which it would not be necessary to return to the Board for approval.

Ms. Hernandez clarified that these contracts would be used only when there is funding to do so. Mr. Peña-Mora asked if there were extensions for these two years. Ms. Flaherty responded that there are no extensions in these contracts.

There being no further discussion Mr. Pagán moved the adoption of resolutions 6, 7 and 8, separately. The motion was seconded and each resolution in turn was unanimously adopted by the Board.

ACTION ITEM 9

Mr. Peña-Mora informed the Board that a resolution was approved by the Capital Committee on May 16, 2019 as follows:

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to approve a capital project for an amount not to exceed \$17,605,000 for construction services necessary for the reconstruction of the exterior façade and the re-roofing of the "P Building" (the "Project") at NYC Health + Hospitals / Kings County Hospital Center (the "Facility").

Mr. Peña-Mora then entered into the record for discussion a modified version of the resolution as stated below.

Authorizing the New York City Health and Hospitals Corporation, to execute a contract with Neelam Construction Corporation ("Neelam") to complete a capital project for the reconstruction of the exterior façade and the re-roofing of the P Building (the "Project") at New York City Health and Hospitals/Kings County Hospital Center (the "Facility") for an amount not to exceed \$17,605,000 inclusive of a 7% construction contingency.

Mr. Sheldon McLeod, Chief Executive Office of NYC Health + Hospitals/Kings County and Christine Flaherty, Senior Vice President of the Office of Facility Development, presented. Ms. Flaherty stated that Neelam Construction Corporation, an MWBE firm, was selected after a request for bids on this contract was publicly advertised as a

separate stand-alone contract. The amount of the construction contract is \$17,605,000 inclusive of a 7% construction contingency.

Mr. McLeod stated that the P Building is in desperate need of repair. The current envelope has been there since 1955 and badly needs repair. It houses a laboratory, where 5.8 million tests per year are done. 139 staff are housed there. He also noted that there has been scaffolding that has been around the building for 18 years.

There being no further discussion, a motion for approval of the resolution was made and duly seconded, and the resolution was unanimously approved.

Committee and Subsidiaries Reports

Mr. Pagán noted the committee and subsidiary reports are in Board folders and would be submitted into the meeting record, and he asked if there are any questions or comments about the reports.

Hearing none, Mr. Pagán then requested the Board's approval to convene an executive session to discuss confidential and privileged quality assurance information and matters related to anticipated or actual litigation, as well as certain personnel matters. A motion was made, seconded and approved to enter into the executive session.

Mr. Pagán asked that only those specifically invited remain in the Boardroom.

FACILITY GOVERNING BODY/EXECUTIVE SESSION

OPEN SESSION

During the executive session, the Board received oral governing body submissions from NYC Health + Hospitals/Jacobi and NYC Health + Hospitals/North Central Bronx.

The Board received and approved the semi-annual governing body report from NYC Health + Hospitals/Harlem.

The Board also received and approved the 2018 performance improvement plan and evaluation written submission from Gouverneur Diagnostic & Treatment Center - Gotham Health.

ADJOURNMENT

Thereupon, there being no further business before the Board, the meeting was adjourned at 5:45 P.M.



Colicia Hercules
Corporate Secretary

COMMITTEE REPORTS

Equity, Diversity and Inclusion Committee - May 14, 2019

As Reported by: Helen Arteaga Landaverde

Committee Members Present: Helen Arteaga Landaverde; Mitchell Katz; José Pagán

A meeting of the Equity, Diversity and Inclusion Committee (formerly the Equal Employment Opportunity Committee) of the NYC Health + Hospitals' Board of Directors was held on May 14, 2019 in the Board Room at 125 Worth Street, Room 532, New York City. Committee Chair, Helen Arteaga Landaverde, presiding. The meeting was called to order at 3:30 p.m. A motion to approve the minutes of the March 12, 2019, meeting was duly made and unanimously approved.

CONDITIONAL APPROVAL CONTRACTS

GE HEALTHCARE

GE Healthcare, headquartered in Wisconsin, is a provider of technologies, digital infrastructure, data analytics, and decision support tools used in diagnoses and treatment. They have a contract for imaging services valued at \$224 million, which began in 2019. The vendor has nine areas of workforce underrepresentation for minorities and women as follows: Operatives HRLY-Manufacturing for minorities and women; the other job groups showed underrepresentation for women: Professionals- SPB- Engineering/Technology; Professionals-SPB- Marketing; Technicians-OTHSAL- Manufacturing; Technicians-OTHSAL- Services; Sales Workers-LPB-Sales; Craft Workers-HRLY-Manufacturing, and Operatives-HRLY-Manufacturing.

GE Healthcare representatives introduced themselves to the committee. Present was Sara Kwan, who leads the imaging business for GE in New York and New Jersey, Steven Brown, inclusion and diversity leader, and Sanchita Chaudhary, EEO/AAP compliance leader.

Sanchita Chaudhary explained that the data they provided is from Waukesha, Wisconsin since it is the location they use for Affirmative Action Plan (AAP) purposes. All of their projects are not location based, including NYC Health + Hospitals, therefore they use workforce data from their headquarters in Waukesha, Wisconsin. At their headquarter location they have 1,600 plus employees, and eight job groups showed underrepresentation. For Craft Workers-HRLY- Manufacturing, which is non-professional, there are not many job openings in this group. Last year, they had two hires, one female and one male. Helen Arteaga Landaverde, EDI Committee Chair, requested GE Healthcare representatives to focus on the job groups that have higher openings in the interest of time. Sanchita Chaudhary stated that less than five percent who apply for those groups are women. Their challenge is that women are not attracted to those jobs. GE Healthcare is trying to figure out strategies to attract more applicants who have the required skillsets, and plans to implement strategies to eliminate the underrepresentation for each of the job groups. Ms. Chaudhary also mentioned that last year they hired a diversity recruiter to focus on these efforts. Matilde Roman, Chief Diversity and Inclusion Officer, asked how many of the 1,654 employees are

directly involved in the NYC Health + Hospitals contract. Sara Kwan stated 20 employees will be supporting the respective contract, which include 10 women and 6 that represent a minority group. NYC Health + Hospitals committed to reevaluating workforce data in the future to obtain a more accurate representation of employees who are directly involved in working on the NYC Health + Hospitals contract. GE Healthcare stated that they would focus on hiring vendors that are minority or women owned.

Helen Arteaga Landaverde asked for questions from the EDI Committee. There were none, she thanked and excused representatives from GE Healthcare.

U.S. FOODS INC.

U.S. Foods Inc. delivers groceries on a day-to-day basis. The company has a contract with NYC Health + Hospitals for dietary services valued at \$358 million, which began in 2014. U.S. Foods has three areas of workforce underrepresentation as follows: JG 4A Commission Only Sales for minorities and women, and JG 7A Warehouse for women.

Terry Brown-Edwards, the Northeast Region Counsel for U.S. Foods introduced herself to the committee. The data focuses on New York geography even though their distribution center is located in Perth Amboy, NJ, servicing the New York metropolitan area. There are two shuttle yards in New York, one in Westchester and the other in Islandia, Long Island. They continue to work with Bergen County Fair, Middlesex County Vocational and Tech, and Lincoln Tech Institute, the NJ Department of Labor, Rutgers University, and the College of New York. U.S. Foods now also works with Westchester Putnam Career Center Network, New York State DOL, the Examiner News, Riverdale Press, Hudson County Veterans and the U.S. Department of Veterans Affairs. Most of their work is to make the jobs visible to the groups they are looking to attract.

There are also ongoing activities to make the organization attractive to all employees, particularly to women and minorities. This includes tuition assistance, performance evaluations, succession planning, and programs for high potential associates. Over the last year, U.S. Foods has instituted targeted training focused on respectful behavior to all of their employees. There is a continued commitment and hyper focus on diversity, inclusion, and safety within their organization. They have just started to implement Employee Resource Groups to talk about issues and help their employees feel that U.S. Foods is a welcoming and inclusive place. Food distribution is a predominately male industry, especially in the warehouses. Therefore, they are very sensitive to attracting, keeping, coaching and supporting women throughout the company.

Helen Arteaga Landaverde asked for questions from the committee. There were none, she thanked and excused the representative from U.S. Foods, Inc.

M/WBE REPORT OUT

Keith Tallbe, Senior Counsel of the Office of Legal Affairs for Supply Chain Services introduced himself. As an organization, we comply with state law which sets the goal at 30% of M/WBE placement. NYC Health + Hospitals also

complies with city M/WBE goals. We receive credit for M/WBEs that we contract with directly as well as the utilization of subcontracted vendors. We also receive credit from preferred source contracting. We purchase gloves, undergarments and diapers from the blind or disabled. In 2016, NYC Health + Hospitals successfully implemented a compliance software.

The relocation to 7 Hanover Square will be an opportunity for us as there will be several million dollars spent in IT, moving services, and the purchase of furniture where we will target 100% to M/WBE contracts. NYC Health + Hospitals is currently creating a dedicated M/WBE director position who will focus on creating an executive dashboard, tracking our largest vendors to ensure compliance, and exploring future opportunities, that includes collaboration with systems such as SUNY and Westchester Medical Center.

WORKFORCE DIVERSITY REPORT OUT

Matilde Roman, Chief Diversity and Inclusion Officer, reported the demographic data compiled for NYC Health + Hospital's workforce as of May 2019. There were over 38,000 employees and the data has been segregated by direct service job titles such as nursing, medical residents, employee physicians, social workers, and clerical associates. We also looked at executive, senior leadership, middle managers, and first-line managers. Note that the data excludes affiliate staff, vendors, and temp agencies. We are currently in the process of obtaining the affiliate data. Direct hire temporary workers are included.

Minorities and women are well represented throughout NYC Health + Hospitals. Looking at 12 nursing titles, there are over 8,000 employees serving in those titles, of which 42% are Black/African American, 38% are Asian, 8% are Hispanic/Latino, and 12% are White. We have identified over 2,000 residents, also highly diverse. We have identified over 1,000 employee physicians that also shows very strong female and minority representation. Once we have the affiliate data, we can further analyze the data. There has been concern countrywide that although the Hispanic/Latino population has been growing, the Hispanic/ Latino physicians have not. More work needs to be done across the country to fix this in order to keep up with growth.

There are nearly 1,000 social workers identified. There is a shortage in New York State due backlog in obtaining a license after graduation, it can take about a year to receive certification. The clerical staff is diverse. Looking at the leadership data, a comparison to the census data would provide more clarify for analysis. In comparison to other organizations, NYC Health + Hospitals representation of minorities and women is strong.

Ms. Landaverde asked if there were any old business or new business. Hearing none, she thanked the EDI Committee, NYC Health + Hospitals staff and board members for their time and adjourned the meeting at 4:48 p.m.

Community Relations Committee - May 14, 2019

As Reported by: José Pagán

Committee Members: José Pagán; Robert Nolan; Matthew Siegler representing Dr. Katz in a voting capacity

The meeting of the Community Relations Committee (CRC) was called to order by José Pagán, Ph.D., Chair, NYC Health + Hospitals Board of Directors at 5:35p.m.

Mr. José Pagán noted that a quorum had been established. He requested a motion for the adoption of the minutes of March 12, 2019. A motion was made and seconded. The minutes were adopted.

CHAIRPERSON'S /PRESIDENT'S REMARKS:

Mr. Pagán opened the meeting with a warm welcome to all and noted some significant System, facility, CAB and other community developments as follows:.

Reported that since the last CRC meeting, NYC Health + Hospitals Board of Directors had convened the 2019 Annual Public Meetings for the boroughs of Manhattan, Bronx, and Queens. Mr. Pagán noted that there had been important system announcements and facility recognitions in each borough and vital testimony from a range of community and labor representatives, including from CAB chairs and members, Auxilians and members. Mr. Pagán noted the remaining 2019 Annual Public Meetings are: Staten Island at Sea View on Tuesday, June 11th and Brooklyn at Woodhull on Tuesday, June 18th.

Mr. Pagán announced that this year, the CABs Educational Conference and the Marjorie Matthews Annual Volunteers Recognition Barbecue, will be held on the same day and place: Tuesday, July 23rd at the Jacobi Corporate Conference Center. The Conference is scheduled from noon until 3:45 p.m. with a kick-off luncheon. The Marjorie Matthews Volunteers Recognition event will start directly after the conference from 4:00 - 8:00 p.m. The system-wide CAB and Auxiliary "Agnes Abraham Leadership Awards" will be presented at the annual recognition event.

Noted was ground breaking for the new, state-of-the-art, flood-resistant, 11-story hospital building and campus for Coney Island Hospital. He noted that the \$922 million renovation includes plans to demolish, replace and repair flood damaged buildings from Superstorm Sandy.

Mr. Pagán reported that in April, 19 NYC Health + Hospitals patient care locations successfully went live with the new EMR, which we named H2O (Health + Hospitals Online), at Harlem, Bellevue and 17 Gotham Health ambulatory care sites. He added that this brings the total number of public hospitals and health centers using this advanced technology to 50 patient care locations with more than 19,000 users system-wide. By 2020, we will have more than 45,000 users unified under a single, shared platform.

Mr. Pagán reported that for National Patient Safety Awareness Week in mid-March, more than 200 employees were recognized. At the annual System-wide Patient Safety Conference, the Presidential Champion Award was presented to the Metropolitan Infection Prevention and Control Team.

Adolescent HPV Vaccination efforts have been expanded at Bellevue; which is receiving a national Champion recognition from CDC, the Association of American Cancer Institutes and the American Cancer Society.

Mr. Pagán informed members of the Board, CAB Chairs and invited guests that earlier this spring, staff from Woodhull and MetroPlus, and the health system's partners from Comunilife, marked the opening of a new 89-unit supportive and affordable housing residence for New Yorkers with special needs. He added that many of them were patients and members of MetroPlus Health Plan. He noted that the new studio apartments had been built in what used to be the hospital's parking lot and will be home to formerly homeless adults living with special needs and low-income community residents.

Mr. Pagán announced that with the help of OneCity Health, NYC Health + Hospitals was able to secure more than \$2 million in special loan forgiveness grants for 17 physicians in exchange for their commitment to continue serving needy New Yorkers in the Health + Hospitals system. He added that, in collaboration with OneCity Health, the system secured \$72M in funding as part of the New York State Care Restructuring Enhancement Pilot. He explained that the pilot aims to train the workforce to better serve the needs of the system's population with managed long-term care or significant behavioral health needs in home-and community-based settings.

Mr. Pagán announced that Elmhurst had earned the prestigious International "Baby-Friendly" designation for promoting the highest level of care for infants through breast-feeding and promoting bonding between mother and baby. He noted that Elmhurst joins nine hospitals in the public health system that have achieved Baby-Friendly designation.

Mr. Pagán concluded the Chairperson's remarks by announcing that in recognition of National Youth HIV/AIDS Awareness Day, Gotham Health/East New York received a grant from the New York City Department of Health and Mental Hygiene to provide young people ages 13 to 24 years HIV prevention services, including pre-exposure prophylaxis (PrEP).

PRESIDENT'S REMARKS:

Matthew Siegler, Senior Vice President

Mr. Siegler began the President's remarks with a warm welcome to Board members, CAB Chairs and invited guests. Mr. Siegler announced that Mayor de Blasio unveiled NYC Care Card on Tuesday, May 7th during a press conference at Lincoln. Mr. Siegler added that NYC Care is the key to quality and affordable health care for hundreds of thousands of New Yorkers who cannot afford or are ineligible for insurance. Mr. Siegler continued and noted that when NYC Care launches in the Bronx, on August 1st, residents will be able to use their NYC Care card to receive their own primary care provider, get preventive screenings and test and connect to a 24/7 service.

Mr. Siegler concluded his remarks by announcing the appointment of Marielle Kress as the inaugural NYC Care Executive Director. Mr. Siegler added that Ms. Kress most recently served as Director of Federal Advocacy at the American Academy of Pediatrics (AAP) in Washington, D.C. He invited all in welcoming her to NYC Health + Hospitals.

Mr. Nolan also expanded on the importance of NYC Care in the reduction of unnecessary Emergency Room visit and the connection to a primary care physician for preventive health care.

NYC Health + Hospitals/Coler

Mr. Pagán introduced Ms. Gladys Dixon, Chairperson of NYC Health + Hospitals/ Coler and invited her to present the CAB's annual report.

Ms. Dixon began the Coler CAB report by thanking members of the Board for the opportunity to present and to share the Coler CAB's activities and thanked Robert Hughes, CEO and his administration for their dedication and commitment to the Coler community. Ms. Dixon continued and reported the following:

Ms. Dixon announced that Coler received a five (5) Star rating from the Center of Medicare and Medicaid Services (CMS).

She informed all that during the CAB's monthly, patient care and full board meetings, the facility's CEO, administrative staff and department heads provide relevant information pertaining to the facility's operational initiatives and healthcare issues.

Ms. Dixon highlighted Coler's accomplishments that included the Music and Memory program. Ms. Dixon added that the program had successfully reduced falls, altercation and usage of antipsychotic medication in residents with dementia.

Ms. Dixon reported on the Coler CAB activities which included: working with facility's ad-hoc committee, attending monthly Council of CABs meetings, quarterly Community Relations Committee meetings, Annual CAB Conference, Board of Directors Annual Public meeting, Lobby Day and a successful Legislative Brunch hosted by the Coler CAB.

Ms. Dixon concluded the CAB's report by reporting that the Coler CAB enjoys sharing of healthcare ideas and activities with other CAB members at the Annual Conference and looks forward to a continuous working relationship in accomplishing quality of healthcare provided to all. Ms. Dixon noted that the Coler CAB is most appreciative to NYC Health + Hospitals' Office of Government and Community Affairs.

Mr. Pagán thanked Ms. Dixon for her report and moved the agenda.

NYC Health + Hospitals/McKinney

Mr. Pagán introduced Ms. Eunice Sebro, representing Antoine Jean-Pierre, Chairperson, NYC Health +Hospitals/McKinney, and invited her to present on behalf of the McKinney CAB.

Ms. Sebro began her presentation by commending the leadership of McKinney. Ms. Sebro added that McKinney remains the Waldorf of Post-Acute Care to serve the community with best of quality care. Ms. Sebro continued and reported the following:

Ms. Sebro reported that the McKinney CAB participates in Community Outreach. She explained that each member takes the initiative to spread the word to various associations, boards and churches about the therapeutic and recreational services at McKinney.

Ms. Sebro reported that the McKinney CAB had also teamed up with the 71st Precinct Community Policing Program. She added that the CAB was instrumental in adding a health component to their agenda. She noted that some of the health presentation included topics such as: Mental Health, Diabetes, Heart disease and Housing. Ms. Sebro added that more than 100 community residents were in attendance.

Ms. Sebro reported the residents' Dinex system of food service at McKinney has been upgraded and improved. Ms. Sebro added that for the summer months, Meatless Mondays, Dinner under the Stars in the backyard, will also be added.

Ms. Sebro concluded her presentation by thanking Mr. David Weinstein, Chief Executive Officer, McKinney, for being a visionary extraordinaire, Maureen McClusky, Senior Vice President, for her support of the CAB and Angela Cooper, CAB Liaison for her continued dedication and commitment. Ms. Sebro continued and stated that "though rocky the road and despite all the changes, McKinney still upholds its core values of giving the best care. The McKinney CAB will continue to support the facility in all its endeavors to ensure quality care; so all can clearly see why McKinney is and remains Brooklyn Post-Acute Care center of Excellence."

A pictorial report was distributed.

NYC Health + Hospitals/Carter

Mr. Pagán introduced Ms. LaShawn Henry, Chairperson of NYC Health + Hospitals/Carter and invited her to present the CAB's annual report.

Ms. Henry began the Carter CAB's report by greetings members of the Board and introducing herself. Ms. Henry added that she was elected this past October to fulfill the remaining term of the late Ms. Beverly Alston.

Ms. Henry reported that the Carter CAB has an effective Patient Care Committee that meets monthly with the department heads to focus on patient/resident equipment and programs that improve their quality of life programs. Ms. Henry continued and noted that during the holidays, the Carter CAB participated in the purchase of blankets for patients and residents. She added that the blankets added to the overall beauty and enhancement of the patient rooms.

Ms. Henry informed members of the committee that the new system to re-thermal meals the Food and Nutrition Department started last year has been very successful. However, the food and nutrition department took it a step further; a large number of patients took part in "Meatless Mondays." Our very own President Katz and Brooklyn Borough President Eric Adams have been a staunch supporter for clean, healthy eating.

Ms. Henry reported that on February 12th, CAB members participated in NYC Health and Hospitals lobby day in Albany, NY. She noted that CAB members met with State Legislators to advocate for additional funding and changes to legislation that has had a critical impact to our funding.

Ms. Henry reported that during the month of March, the CAB hosted a very successful Annual Legislative Brunch which was well attended by over 100

community leaders, local and state representatives. The theme was "Bridging Health through Diversity,"

Ms. Henry reported that the Carter CAB has actively collaborated with local organizations. She added that on September 25th, the CAB partnered with the local NAACP branch in assisting a voter registration drive. The successful collaboration resulted in over twenty new registered voters.

Ms. Henry informed members of the committee that on September 30th, the CAB and staff members participated in The New Harlem East Merchant Association (NHEMA) in partnership with BHC Building Healthy Communities, NYC Health and Hospitals, New York City DOT, and City Bikes, hosted a "Party on Park." She continued and explained that City Bike New York offered free bike lessons for people with disabilities.

Ms. Henry reported that the Nursing Department met several times with the CAB and reported on their staff training for the patient experience programs. She noted that the information on the structure of the program was informative and that the facility has implemented the system-wide iCARE initiative. She added that the Carter CAB looks forward to hearing more about the results of the training.

Ms. Henry informed members of the Board that the Patient Experience Officer presented the 2018 midpoint patient experience survey results. Overall, there was an increase in almost every category. The highest response were received in the Good and Very Good ratings. A number of ongoing department initiatives have been put in place to continue to improve our overall patient/resident experience.

Ms. Henry concluded her presentation by commending Floyd Long, Chief Executive Officer for his commitment and dedication to the CAB. Ms. Henry added that the Carter CAB is grateful for the assistance and guidance of Jeannette Rosario, Director Public Affairs and Nyron McLeish, CAB Liaison.

OLD BUSINESS: None. **NEW BUSINESS:** None. **ADJOURNMENT:** The meeting was adjourned at 6:20 PM.

Capital Committee - May 16, 2019

As reported by Feniosky Peña-Mora

Committee Members Present: Feniosky Peña-Mora, Freda Wang, José Pagán and Matthew Siegler (designee of Mitchell Katz in a voting capacity).

The meeting was called to order by Feniosky Peña-Mora, Chairman of the Capital Committee, at 10:07 A.M.

VICE PRESIDENT'S REPORT

Roslyn Weinstein, Vice President, advised that the agenda included a lease extension for an Adult Day Health Care Center in Queens, a presentation and request for project approval for construction projects at Harlem, a license agreement with T-Mobile for short-term space on the old Neponsit campus in Queens, three new General Construction Job Order Contracts, and a façade and roofing project at Kings County.

Ms. Weinstein noted that construction on the new building at Coney Island was going well and she looked forward to sharing progress photos.

Mr. Peña-Mora suggested a site visit at some point. Ms. Weinstein agreed that was a good idea.

That concluded her report.

ACTION ITEMS

- **Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a three year lease extension agreement with Chestnut Station Inc. (the "Landlord") for approximately 6,000 square feet of interior space and 2,560 square feet of exterior space at 230 Beach 102nd Street, Borough of Queens, to house an Adult Day Health Care Center (the "Center") managed by NYC Health + Hospitals/Dr. Susan Smith McKinney Nursing & Rehabilitation Center (the "Facility") at a base rent of \$34.50 per square foot for the interior space and \$15.00 per square foot for the exterior space for a total of \$245,400 per year to be escalated by 2.5% per year for a total base rent over the three year term of \$754,758 with the System having a right to terminate the lease on six months' notice.**

David Weinstein, Chief Executive Officer, Dr. Susan Smith McKinney Nursing & Rehabilitation Center, read the resolution into the record. Mr. Weinstein was joined by Maureen McClusky, Senior Vice President, Post-Acute Care Operations.

Mr. Weinstein explained that a three-year extension was being requested on an existing lease, and noted there is an option to terminate on six months' notice if so desired by the system.

Ms. McClusky gave an overview of the program, noting that it had been managed by NYC Health + Hospitals since 1998, and at the existing location since 2003. The program provides nursing, physical therapy, social services, therapeutic recreation, dementia programs, nutritional meals and counseling. The staff includes a director, a Registered Nurse, a caseworker, an activity therapy assistant, three patient care technicians, one environmental aide, and one dietary aide. She explained that the program had 75 registrants on its roster, which translated to 35 participants per day, and operates Monday through Friday.

Mr. Peña-Mora asked if there was any ongoing effort to increase utilization, being that there was room in the program for 50 per day.

Mr. Weinstein explained that the Adult Day Care Center model being used at the facility was a medical model, primarily reimbursed by Medicaid, and shifts in the current market often mandated that community-based Medicaid recipients were to go to Managed Medicaid programs. These medical based models were coming under scrutiny because of their cost. He said many of the programs were being shifted to more social models that were less expensive, and did not provide the medical services aspect. The medical model was an alternative to unnecessary nursing home admissions, and worked successfully but managed

Medicaid has changed that. That being said, Mr. Weinstein stated that program management continued to make every effort to get the word out about all the programs being offered, and the services available.

Ms. McClusky added that the location was not easy to get to or readily accessible by public transportation but served the local area. She noted that there were other models out there, and those were being reviewed by Health + Hospitals, to see if an alternative way of operating would be better.

Mr. Peña-Mora asked if the ratio of staff and services to patients was robust or if sustainability was practical. Ms. McClusky acknowledged that the program was not a money maker, and served a relatively low census area, so different service models were being reviewed, and the State was supportive of that. The number of Adult Day programs available is shrinking, and there were newer models that were more sustainable, and those options were being investigated.

Ms. McClusky noted that the facility occupied 8,560 square-feet of ground floor, indoor and outdoor space, in a two-story structure, with other health care providers on site.

Ms. McClusky thanked Legal Affairs for negotiating the six-month exit clause in the agreement, allowing for termination if desired by Health + Hospitals.

Mr. Pagán asked if the idea behind the three-year term was that it would hold the program over while other options were explored. Ms. McClusky said yes.

Mr. Pagán asked how many staff worked at the center. Mr. Weinstein said there were approximately seven or eight staff on site. Many of them part-time. Ms. McClusky noted that the staffing compliment is mandated by the Department of Health.

Mr. Peña-Mora asked if registrants were locals. Mr. Weinstein said yes, it was not an easily accessible area, so program participants were from nearby.

There being no further questions or comments, the Committee Chair offered the matter for a Committee vote.

On motion by the Chair, the Committee approved the resolution for the full Board's consideration.

On motion, the Committee voted to adopt the minutes of the March 19, 2019, Capital Committee meeting.

- **Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute an agreement with Vanguard Construction ("Vanguard") for the renovation of shell space on the 5th floor of the Mural Pavilion of NYC Health + Hospitals/Harlem (the "Hospital") to house the Hospital's outpatient behavioral health clinics which are to be relocated from the Hospital's Women's Pavilion and to add outpatient primary care facilities at a cost not to exceed \$6,627,734, which includes a 9% construction contingency.**

Ebone Carrington, Executive Director, NYC Health + Hospitals / Harlem, read the resolution into the record. Ms. Carrington was joined by Mahendranath Indar, Senior Director, Office of Facilities Development.

Ms. Carrington provided contextual framework to the project, explaining the Public Health Laboratory relocation, and allowing Mr. Indar to provide overview of the construction work.

Ms. Carrington explained that the relocation of the New York City Department of Health Public Health Lab was a Mayoral Initiative, being led by the Economic Development Corporation (EDC), who was responsible for construction of the Public Health Lab as well as the demolition of the Women's Pavilion, for which the bid documents were being created. The project included the relocation of existing programs into an existing building on the Harlem campus. Programs being relocated includes; a data center, Information Technology Department, Human Resources, Occupational Health Services, Health Information Management/Medical Records, several Behavioral Health Ambulatory programs, and various trade shops. The building will be decanted in preparation for demolition and construction of the new multi-story structure.

Mr. Indar explained that funding for the project came from two sources; NYC Health + Hospitals Capital (NYC Capital), in the amount of \$29 million, and, New York State Department of Health Capital Restructuring Finance Program (CRFP), in the amount of \$9.1 million - which was awarded to Harlem for the integration of Behavioral Health programs into a Primary Care setting.

Mr. Indar outlined the various project components, and their specific funding sources, indicating that the IT Data Center and Support Services relocations would be funded by NYC Capital, and the Behavioral Health Relocation would be funded by the CRFP. He noted that the project being discussed at the meeting fell under the CRFP funded relocation of Behavioral Health, specifically the construction portion, for which Vanguard Construction (Vanguard) had been awarded a contract in the amount of \$6,627,734.

Mr. Indar advised that the construction portion of the project had been solicited by public bid. Vanguard Construction was the lowest responsible bidder and had met a 30% Minority, and Women Owned Business (MWBE) goal, with 10% WBE and 20% MBE. He noted that the contract for \$6,627,734 included a 9% contingency.

Mr. Peña-Mora stated that MWBE goals had been established during bidding and contracting, but if work had not been completed then the goals had not in fact been met. Mr. Indar agreed. He noted that Vanguard had presented a plan including subcontracting Heating, Ventilation and Air Conditioning (HVAC) work in the amount of \$1,234,000 (approximately 20% of the contract value), and Millwork and Ceramic Tile work in the amount of \$660,500 (approximately 10.9% of the contract value).

Mr. Peña-Mora stated that was a 31% plan, exceeding goals.

Mr. Indar said construction was expected to begin on June 3, 2019, with anticipated completion by November 29, 2019.

Matthew Siegler, Senior Vice President, Office of the President, thanked Ms. Carrington and Ms. Weinstein, and their respective teams, for the collaborative effort on the project. Mr. Peña-Mora seconded that statement, noting that the project was a high profile priority and the collaborative work effort was much appreciated.

There being no further questions or comments, the Committee Chair offered the matter for a Committee vote.

On motion by the Chair, the Committee approved the resolution for the full Board's consideration.

- **Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a three month revocable license agreement with T-Mobile Northeast LLC (the "Licensee") to operate a mobile cellular communications system on an approximately 750 square foot parcel of land located on the campus of the former Neponsit Health Care Center (the "Facility"), located at 67 Rockaway Beach Boulevard, Queens, at an occupancy fee of \$50,000 or \$267 per square foot.**

Milenko Milinic, Associate Executive Director, NYC Health + Hospitals / Elmhurst, read the resolution into the record.

Mr. Milinic explained that T-Mobile had requested authorization to locate a temporary cell tower on a 75 square foot parcel of land on the campus of the former Neponsit Health Care Facility. He noted that the facility had been closed and the building on site vacated for nearly twenty years. Mr. Milinic added that a \$50,000 occupancy would be paid for the three-month term.

Freda Wang asked why the term was so short. Louis Iglhaut, Assistant Vice President, Office of Facilities Development explained that the location was near the beach and the request was to provide better service to beach goers during the summer beach season.

Ms. Wang asked if this was expected to be a recurring agreement, for the following summers as well. Mr. Milinic said that he believed that would be determined based on the success of this first agreement.

Ms. Wang asked if Health + Hospitals had initiated the agreement or if T-Mobile had come to Health + Hospitals. Mr. Milinic advised that T-Mobile approached the system. Mr. Berman agreed, and noted that companies frequently looked for desirable locations to locate equipment that would expand their service area. He advised that over the years there had been a number of such agreements, at locations throughout the system.

Ms. Wang noted that the occupancy fee was significantly larger than similar arrangements referenced in the package. Mr. Milinic said yes, it was more than double the fee paid for other existing antenna agreements. Mr. Berman agreed and said that other arrangements were slightly different, being that they were for longer terms. Negotiations for this particular site had started much lower, said Mr. Berman, at \$12,000 for the term, but an agreement was reached for \$50,000 for the full three-month term.

There being no further questions or comments, the Committee Chair offered the matter for a Committee vote.

On motion by the Chair, the Committee approved the resolution for the full Board's consideration.

- **Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a requirements contract with Jemco Electrical Contractors (the "Contractor") in the amount of \$10,000,000 to provide general construction services on an as-needed basis at various facilities throughout NYC Health + Hospitals over a two-year term.**

Louis Iglhaut, Assistant Vice President, Office of Facilities Development, read the resolution into the record.

Mr. Iglhaut advised that these types of contracts, procured approximately every two years, were in place to facilitate construction projects that come up on an as needed basis. These types of contracts had been used for nearly 20 years and met needs throughout the system. He noted that the same types of contracts were used in other City agencies, including, School Construction Authority, Department of Sanitation and the Department of Environmental Protection. They all used Indefinite Quantity Construction Contracts (IQCCs).

Ms. Wang asked if these contracts were related to the Requirements Contracts addressed at the March meeting. Mr. Peña-Mora said no, those were Professional Services, these contracts are for construction, and are new contracts. Mr. Iglhaut confirmed.

Mr. Iglhaut stated that usage of the current contracts, which expires at the end of June 2019, were \$7,757,626, \$9,132,076, and \$ 7,469,653, all nearing the \$10,000,000 threshold.

Ms. Wang asked if projects utilizing these contracts would be brought before the Capital Committee and Board. Mr. Iglhaut said no, the approval of these contracts is the approval to issue up to that amount of work to these vendors but each work order issued against them would require funding be in place.

Mr. Peña-Mora asked if there were requirements for the number of respondents when a proposal or bid was requested. Mr. Iglhaut said no and explained that these types of contracts were established based on an itemized task catalog, meaning that basic materials, jobs, and work to be performed were already priced.

So there are unit prices, asked Mr. Peña-Mora. Yes, said Mr. Iglhaut.

Ms. Wang asked for an explanation of the process. Mr. Iglhaut explained that there was a task catalog that included, varied items related to construction, materials, etc., and the bidding contractors bid on those itemized tasks in the catalog - and that was called their multiplier. For example, if painting a room is valued at \$1 then the vendor bids based on how close to that dollar their price will be.

Ms. Wang said, for example, a vendor could bid \$0.90. Mr. Iglhaut said yes.

Mr. Iglhaut noted that having these contracts in place allowed for quick responses to construction needs throughout the system.

Ms. Wang asked if all three contracts being presented would perform the same work. Mr. Iglhaut said yes.

Ms. Wang asked if they all met MWBE requirements. Mr. Iglhaut advised that Jemco had a 30% utilization goal, and the other two vendors, Rashel and Carefree, were Minority Owned Businesses (MBEs).

Mr. Peña-Mora asked if there was documentation of Jemco meeting their utilization goals. Ms. Weinstein said yes, that information was reviewed and forwarded prior to the meeting but could be sent again.

There being no further questions or comments, the Committee Chair offered the matter for a Committee vote.

On motion by the Chair, the Committee approved the resolution for the full Board's consideration.

- **Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a requirements contract with Rashel Construction Corporation (the "Contractor") in the amount of \$10,000,000 to provide general construction services on an as-needed basis at various facilities throughout NYC Health + Hospitals over a term of two years.**

Louis Iglhaut, Assistant Vice President, Office of Facilities Development, read the resolution into the record.

Mr. Peña-Mora asked if Rashel was an MWBE. Mr. Iglhaut said yes, Rashel was an MBE and their certificate was included in the package.

Mr. Peña-Mora noted that the other two vendors had approved Vendex but Vendex status was pending for Rashel. Mr. Iglhaut said yes, they have submitted all required information into the Vendex-PassPort system and a vendor name check is being performed by the Department of Investigations, a regular step in the process for all vendors as a part of review. Mr. Iglhaut indicated that approval was anticipated as the vendor historically had no Vendex problems and has had multiple contracts with NYC Health + Hospitals.

Ms. Weinstein explained that as part of a new process there was Health + Hospitals staff specifically responsible for checking the system for approvals or red flags. We had not been informed of any issues, so it just seemed to be moving a little slower through the process than the others.

Mr. Peña-Mora asked when contracts were anticipated to begin. Mr. Iglhaut said by July 1, 2019. Mr. Peña-Mora asked whether the contract would be issued without Vendex approval. Mr. Iglhaut said no, as is the case with all contracts that have Vendex requirements. No contract and no work would be issued until Vendex was approved.

Mr. Peña-Mora asked if subcontracting and MWBE plans had been submitted, being that the vendor was an MBE. Mr. Iglhaut and Ms. Weinstein said they would have to review that information and report back. Mr. Peña-Mora said he would be interested in knowing. They may be self-performing, which would be acceptable, but I would like to know.

Ms. Wang asked if the contracts were procured through a single bid. Mr. Iglhaut said no, there were three bids for the same services. He noted that if one vendor was awarded one of the single bids then they were excluded from the other bids.

Ms. Wang asked if the award criteria was included in the package. Mr. Iglhaut said yes, along with MWBE status and past experience. The criteria was judged by facility Directors of Engineering.

Mr. Peña-Mora asked if task orders were sent to all vendors or only one. Mr. Iglhaut said they go to all vendors. Mr. Berman explained that no vendor awarded one of these contracts was promised any work.

Mr. Pagán asked if this could not be presented as one contract. Mr. Iglhaut explained that there were three separate contracts, with three separate vendors, for individual amounts, so they would need to be approved individually.

Mr. Peña-Mora said he felt these services could be contracted using a pool. Ms. Weinstein said she welcomed reviewing the process and seeing if other methods worked better.

Ms. Wang asked why the Requirement Contracts for services were pooled and the JOCs were not. Mr. Iglhaut said the separate contracts were to ensure that no single vendor performed all work. Mr. Peña-Mora said there were ways to do that using only one contract and multiple vendors but noted, there were different structures contracting.

Mr. Berman said it could be presented as a \$30,000,000 pool with three available vendors. Mr. Iglhaut reiterated that these were bid as separate contracts and needed to be awarded as such. Mr. Peña-Mora said he understood, and again noted that there were various ways of procuring services. Ms. Weinstein agreed and said the department was happy to explore other methods.

There being no further questions or comments, the Committee Chair offered the matter for a Committee vote.

On motion by the Chair, the Committee approved the resolution, pending Vendex approval, for the full Board's consideration.

- **Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a requirements contract with Carefree Improvements (the "Contractor") in the amount of \$10,000,000 to provide construction services for general construction services on an as-needed basis at various facilities throughout NYC Health + Hospitals over a term of two years.**

Louis Iglhaut, Assistant Vice President, Office of Facilities Development, read the resolution into the record.

Mr. Iglhaut noted that this was an MBE vendor. Ms. Weinstein added that subcontracting information would be provided to Mr. Peña-Mora, as requested with the other contracts.

There being no further questions or comments, the Committee Chair offered the matter for a Committee vote.

On motion by the Chair, the Committee approved the resolution for the full Board's consideration.

- **Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to approve a Capital Project for an amount not to exceed \$17,605,000 for construction services necessary for the reconstruction of the exterior façade and the re-roofing of the "P" Building (the "Project") at NYC Health + Hospitals / Kings County Hospital Center (the "Facility").**

Graham Gulian, Deputy Executive Director, NYC Health + Hospitals / Kings County, read the resolution into the record. Mr. Gulian was joined by Daniel Gadioma, Associate Director, NYC Health + Hospitals / Kings County.

Mr. Gulian explained that the five-story "P" Building, on the Kings County campus, housed the Lab Services Department, where testing and results of approximately 5.6 million tests were completed annually. A core service to the hospital, he said.

Mr. Gulian asked Mr. Gadioma to provide more detailed information on the project. Mr. Gadioma noted that the building had been constructed in 1955 and the exterior envelope was still original. The roofing was now deteriorating, causing water infiltration, the stone panels of the façade were delaminating and the bricks were cracking. The final element of the project was the windows, which are single pane and inefficient. This project would correct all those deficiencies. The selected contractor is an MBE vendor.

Mr. Siegler asked if this was for inpatient labs. Mr. Gulian said yes. Mr. Siegler asked if the facility was using the joint venture labs. Mr. Gulian said yes, the Northwell Joint Venture.

Mr. Peña-Mora asked if for the subcontracting information for this vendor as well. Mr. Iglhaut said it would be provided.

Mr. Peña-Mora asked if the vendor had worked with Health + Hospitals previously. Mr. Iglhaut said not in many years.

There being no further questions or comments, the Committee Chair offered the matter for a Committee vote.

On motion by the Chair, the Committee approved the resolution for the full Board's consideration.

There being no further business, the meeting was adjourned at 10:54 A.M.

Strategic Planning Committee - May 16, 2019

As reported by Gordon Campbell

Committee members present: Gordon Campbell, José A. Pagán, Ph.D., Matthew Siegler, representing Dr. Mitchell Katz in a voting capacity, Sally Hernandez-Pinero, Freda Wang, Deborah Brown, representing Deputy Mayor Dr. Herminia Palacio in a voting capacity.

Mr. Gordon Campbell, Chairman of the Strategic Planning Committee, called the May 16th meeting of the Strategic Planning Committee (SPC) to order at 11:05 A.M. The minutes of the March 19, 2019 of the Strategic Planning Committee meeting were adopted.

LEGISLATIVE UPDATE

Mr. Siegler greeted and informed the Committee that he would provide a quick public policy update followed by the System Dashboard Reporting Period: Q3 FY2019 (January-March 2019) and a discussion of two selected measures: percentage of people left without being seen in the Emergency Department and inpatient care satisfaction overall rating.

Public Policy Update

Mr. Siegler reported that the disproportionate share hospital (DSH) program is listed as the public policy priority number one, two and three for both Health + Hospitals and the broader hospital community in New York State. As such, the cuts to this program initially included in the Affordable Care Act have been delayed several times and are scheduled to come up again in October of 2019. Mr. Siegler explained the potential impact of the cuts is quite significant because New York State is the largest recipient in the country, and New York City Health + Hospitals is the largest recipient in New York State. Mr. Siegler noted that Health + Hospitals provides care for over 400,000 uninsured New Yorkers and spends over a billion dollars a year on behavioral health care, which is under-reimbursed in the Medicaid program and often unreimbursed entirely. Needless to say that DSH program is a very significant and vital source of funding for us. Mr. Siegler stated that while the impact of the cuts would be severe, we are optimistic that the cuts will be pushed off.

Mr. Siegler reported that, last time the DSH cuts were delayed under unified Republican control of the Congress and the executive branch. Due to the current Democratic control in the House, there have been very strong statements on the bipartisan basis that these cuts should be delayed. Over 300 members of the House of Representatives have urged leadership to delay the cuts. Mr. Siegler reiterated that there is bipartisan support for pushing these cuts off. Congressman Engel has been the key leader requesting the delay of DSH cuts but his letter urging the leadership to delay the cuts is cosigned by a conservative republican member from Texas, Pete Olson. Speaker Pelosi has also been very clear that the cuts should not happen and Senator Schumer is a strong supporter of the delay of the cuts. Mr. Siegler informed the Committee that Dr. Katz could not be at the meeting as he was on his way to Washington, DC and will be at a panel sponsored by America's Essential

Hospitals, which is the trade association that represents public hospitals around the country, to speak about delaying the DSH cuts with congressional members and staff tomorrow on Capitol Hill. Health + Hospitals has an aggressive advocacy campaign under way and is cautiously optimistic the cuts will be delayed.

INFORMATION ITEM

Mr. Siegler informed the Committee that the scorecard measures reflect the third quarter of fiscal year 2019 (see attached).

Mr. Siegler reported on some of the key measures of Q3 FY2019 performance in the Dashboard. Measures with some notable trends include:

- **E-consult**, our electronic consultation system for specialty referrals, has already surpassed fiscal year 19 target from 18,000 to 21,907. Dave Chokshi, M.D., Vice President, Population Health, is hard at work accelerating the roll out in the Bronx in advance of NYC care.
- **The percentage of MetroPlus spend at Health + Hospitals** - Continuous improvement is being made in how we are attributing MetroPlus members to our primary care providers. In addition, there is a much more nuanced and focused effort to assign people to primary care doctors at the Gotham clinics. As such, we were up towards 40 percent, which represents a \$20 million increase versus the first quarter last year. Mr. Siegler had discussed with Dr. Talya Schwartz, the newly appointed President and CEO of MetroPlus Health Plan, the need to start tracking a key measure of how many newly enrollees our financial counselors and their own staff help select a primary care physician, PCP on site, at that moment.
- **ERP Milestones** - This second largest IT resource project, which is a major redesign of our payroll systems and other internal systems, jumped from 70 percent to 80 percent. This measure is on track largely because the new payroll system is slated to go live on July 1, 2019.

Mr. Siegler reported on the negative trending measures:

- **The number of insurance applications submitted per quarter** - This measure trended down and it is a seasonal change, as this is the first report out that is post ACA open enrollment when there is always a surge of enrollment. To better track our progress, this measure will be reported with a quarter by quarter target that takes into account some of that seasonality. Overall versus last year, we are still 20 percent up year-to-year.
- **HgbA1c control < 8** - Dr. Eric Wei, Chief Quality Officer informed the Committee that Dr. Dave Chokshi, Vice President and Dr. Theodore Long, Population Health Officer and the Vice President for Ambulatory Care, are driving this project. Any tiny changes in the percentage are a huge lift because it involves trying to change something across tens of thousands if not hundreds of thousands of people. While last quarter's success was due to a performance improvement project, we are about the same as last year's quarter due to common cause variation. There were very exciting lessons learned from the quarter system-wide performance improvement project, one

of which is to embed clinical pharmacists into some of our Gotham sites doing just diabetes teaching, calling patients at home and following up with them. Dr. Chokshi explained that HgbA1c is a measure of diabetes control. It represents the proportion of patients who have their blood sugar controlled as indicated by an A1C less than 8 over the total denominator of diabetic patients receiving care in our facilities. Despite a number of efforts, we are not getting better on this metric over the last few months. The challenge of moving the needle on this measure would require more time to work on access, quality and innovation efforts.

Mr. Siegler reported on the individual measures of the System Dashboard - May 2019:

1. Unique primary care patients seen in last 12 months: It is a great challenge to track this metric. We are currently working through an infinite layer of complexity, which will be solved once we will be all on EPIC.
2. Number of E-consults completed/quarter: See above as discussed in the notable trends measures.
3. Patient Care Revenue/Expenses in this quarter is an estimated number. Data is not currently available. More details will follow at the Finance Committee next month.
4. # Insurance applications submitted/quarter: see negative trending measures discussed above.
5. % of MetroPlus medical spend at Health + Hospital: previously discussed in notable trends measures above.
6. Total AR days per month is a revenue cycle measure. Data is not yet available.
7. Epic Implementation milestones: On track, bright green. A hundred percent Epic progress.
8. The ERP milestones. On track as discussed in notable trends measures above.

Mr. Siegler turned his presentation over to Dr. Eric Wei and Drs. Chokshi and Long to talk about the Quality and Outcomes, Care Experience and Culture of Safety measures.

Dr. Wei reported on:

9. Sepsis 3-hour bundle: We continue to outpace the New York State average of 70.9%, which is up from 69.7%. Bellevue, Jacobi and Queens were recently designated as the highest performers in this category. Efforts are being made to drive that number to even 100%.
10. Follow-up appointment kept within 30 days after behavioral health discharge: went up from 57.4% to 58.7 percent. This was a topic of a system wide performance improvement project last year. Mr. Charles Baron, Deputy Chief, Behavioral Health Administration and the Behavioral Health team continue to drive this very important initiative.
11. HgbA1c control < 8: See negative trending measures above.
12. % Left Without Being Seen in the ED: Improved from 7.5% to 6.66%. This metric shifted from a negative trending deep dive to now a positive trending deep dive. The ambitious goal is to get to the national benchmark of 4%. By definition, a patient's medical record

is noted as "left without being seen" when the registered patient leaves the emergency department before being evaluated by a provider. A provider includes a licensed physician, resident physician, or advanced practice practitioner (Nurse practitioner or physician assistant). With the old model, the patient sits in the waiting room for multiple hours and then see a provider when he gets a bed in the back. The main reason patients come to the emergency department is to see a provider, not to have their vitals taken, not to be triaged. It is a huge patient experience, positive factor and a huge quality and safety factor. Therefore this quarter's improved performance is due to the following changes:

- a. Multiple EDs, such as the Queens ED, are moving towards a provider up front or provider in triage model.
- b. Lincoln is using nurse practitioners in the front.
- c. Woodhull is using physician assistants in triage, about 10 to 12 minutes wait time.
- d. No longer rounding in the ED waiting rooms and asking people to register if they are not seeking medical care.
- e. Express Care, currently live at Elmhurst and Lincoln, is decompressing our EDs of low-acuity patients.

We are working towards a behavioral modification to try to get people to self-select our Express Care. By comparing the % left without being seen from the respective emergency departments of the two facilities with Express Care mentioned above, Lincoln is just hovering around 20% all the way down to 12.8% and Elmhurst hovering mid five percent down to as low as 2% and 3% a couple months.

Other positive trends include: fast track patients with non-urgent Emergency Department visits at these two Express Care facilities are as follows: 40% to about 32% at Lincoln and about 28% to 25%, 26% at Elmhurst.

13. Inpatient care - overall rating (Top Box): This target is provided by Press Ganey. Scores 9 or 10 on a scale of 1 to 10. From January to March, the score at the top box is at 59%, which is 6.5% below the goal of 65.4%. It is the same as prior year, same period. Listed below are patient experience initiatives undertaken by Ms. Vivian Sun, Chief Experience Officer, to improve this metric:

- a. First Annual Care Experience Conference: attended by over 186 participants system-wide. The evaluation showed that 95% were very satisfied and another 91% were pleased with the topics discussed and increased their knowledge on patient experience.
- b. Unit Challenge: currently in progress. For each facility, three units that would have the biggest impact on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores are isolated and the facility chooses one to enter this competition. The winners will be announced at the end of the month.
- c. ICARE (Integrity, Compassion, Accountability, Respect and Excellence). So far, 64.2% of the system have attended the ICARE training. The goal is to ensure that ICARE is in the forefront,

especially our leaders and supervisors because they are the role models.

- d. Joy in work. Through the New York State Department of Health, Health + Hospitals received an HWRI grant for health workforce retraining initiative. The Institute for Healthcare Improvement (IHI): Joy in Work framework is adopted to bring back to staff the meaning and purpose of our work. So far, 418 ambassadors have been trained system-wide.
 - e. Planetree. Preliminary stages of planning a three-year engagement in collaboration with Finance and One City Health to help with patient experience and organizational change are underway.
- 14. Ambulatory care (medical practice) Recommend Provider Office (Top Box): This target is provided by Press Ganey. 82.1% from 81.3% last quarter but still below the 83.6%.
 - 15. Post-acute care - likelihood to recommend (mean) [2016]: Another target provided by Press Ganey. This metric is green. We were able to maintain that level of satisfaction at 87.1%, which is well above the updated goal of 86.3%.

As for the culture of safety measures, #16, 17 and 18, Dr. Wei informed the Committee that the AHRQ patient safety culture survey is slated to be administered at the end of September, early October. It is hopeful that the culture of safety has positively changed in the last year and a half because this last cycle the staff engagement was very low and was just an opportunity to show that they were unhappy. While there were no reason to resurvey them on it, there is an opportunity to survey that one question, which is to give your work area an overall grade with some other important survey questions that could be done annually or more often.

Mr. Siegler informed the Committee that at the next Committee meeting on July 11th he will report on our year-end financial results and also present a new set of targets for FY 2020.

Mr. Siegler concluded his presentation by thanking Committee members and invited guests for their time.

There being no further business, the meeting was adjourned at 12:10 PM

SUBSIDIARY REPORT

MetroPlus Health Plan, Inc. – May 7, 2019 As reported by Ms. Sally Hernandez-Piñero
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CHAIRPERSON'S REMARKS

Ms. Sally Hernandez-Piñero welcomed everyone to the MetroPlus Board of Director's meeting. Ms. Hernandez-Piñero stated that the meeting would consist of the Executive Director's report presented by Dr. Saperstein, followed by the Medical Director's report presented by Dr. Talya Schwartz. The minutes from the March 12th Board of Directors meeting were approved.

EXECUTIVE DIRECTOR'S REPORT

Ms. Hernandez-Piñero asked Dr. Saperstein, MetroPlus' Chief Executive Officer, to present his report. Dr. Saperstein's remarks were in the Board of Directors packet and a copy is attached hereto and incorporated by reference.

Before Dr. Saperstein began the Executive Director's report, he informed the Board that after 24 years of service this Board of Directors meeting will be his last as President and Chief Executive Officer of MetroPlus. Dr. Saperstein thanked the entire Board of Directors personally for their unwavering support of him and of the Plan. Dr. Saperstein stated that the past year has been a great year for MetroPlus as the membership had grown significantly and has also been the strongest financial year that the Plan has ever had. The Plan received the State Wide Quality Assurance Reporting Requirement (QARR) incentive report back where MetroPlus was the only Plan in the State to score 100% under clinical quality measures. Dr. Saperstein stated that the Plan will continue to thrive under the guidance of the new Chief Executive Officer and wished MetroPlus all the best. The Board members thanked Dr. Saperstein for his leadership over the years and wished him the best of luck.

Dr. Saperstein stated that the Plan closed 2018 with a net income of \$15.1 million dollars. The reason for this being that the Plan tries to give every dollar that they can to the value-based purchasing (VBP) agreement with New York City Health + Hospital (NYC Health + Hospital). In addition, the Plan had 3.2 billion dollars in revenue in 2018, kept the medical loss ratio with surplus to 90.5%, and operated the Plan on an administrative expense of 7.3% which is one of the lowest in the State. Dr. Saperstein stated that MetroPlus also looks at how much surplus can be generated after all claims are paid. The Plan was able to generate 260 million dollars of surplus in 2018 for NYC Health + Hospital, which brings the Plan's grand total since the start of the VBP arrangement to \$1.7 billion dollars. Dr. Saperstein stated that MetroPlus supports the overall enterprise by maximizing utilization and generating as much surplus as possible.

MetroPlus Gold, Health and Recovery Plans (HARP), and Child Health Plan (CHP) have increased the most in membership. MetroPlus Gold increased by 4,012 members or 34%. HARP increased by 1,966 members or 18%. CHP increased by 2,218 members or 13%. From March 2018 to March 2019. Dr. Saperstein stated that MetroPlus Gold Membership has increased by 352% and MetroPlus CHP Membership has increased by 62% from March 2015 to March 2019.

Dr. Saperstein listed the top 5 City agencies with the highest contribution to enrollment growth of MetroPlus Gold Membership.

Dr. Saperstein informed the Board that there is an expectation from City Hall that 50% of the uninsured can be enrolled in a health plan. On January 8, 2019, the Mayor announced that 600,000 patients are uninsured and 300,000 were insurable. The Plan started working with NYC Health + Hospital looking at all the NYC Health + Hospital uninsured population and having every single one of them refer to MetroPlus for counseling to see if they can be insured. Only 13% of the uninsured were eligible and enrolled. Dr. Saperstein stated there needs to be a realistic correction on what the expectations can be to enroll individuals in MetroPlus. There's a tremendous opportunity to work with all the agencies, do all the partnering, get the name out there, do the advertising and 100% there will be a bump in enrollment and it will help but will it be 50% of the uninsured population, Dr. Saperstein answered he doubts it will be. Dr. Eric Wei, NYC Health + Hospital's Vice President & Chief Quality Officer, asked if Dr. Saperstein knew the total amount of people not eligible for insurance. Dr. Saperstein answered that 58% of patients did not qualify for insurance. 29% were eligible for emergency Medicaid but did not meet the criteria for a health plan.

Dr. Saperstein informed the Board where MetroPlus stands in comparison to other Qualified Health Plans (QHP) in the State. MetroPlus ranked as the 7th largest health plan in the State amongst 15 health plans in New York State for QHP enrollees. For QHP enrollees in service area, the Plan ranked as the 3rd largest health plan. Dr. Saperstein encouraged the Plan to continue to grow and be competitive against other plans that are much larger than MetroPlus.

MEDICAL DIRECTOR'S REPORT

Ms. Hernandez-Piñero asked Ms. Meryl Weinberg, MetroPlus' Deputy Executive Director of Medical Management, to present the Medical Director's report in Dr. Schwartz's absence. Ms. Weinberg's remarks were in the Board of Directors packet and a copy is attached hereto and incorporated by reference.

Ms. Weinberg began the report by updating the Board on Medicaid QARR for 2018. MetroPlus received 100/100 in QARR and received the highest scores in the State. The Plan was also awarded 6 additional points for innovation within the telehealth program but unfortunately lost a few points for statement of deficiency related to access and availability surveys and provider directory information. Ms. Weinberg stated that Plan also received its HARP QARR score and performed well. MetroPlus received a score of 99.97%. This score ranked the Plan second behind Healthfirst.

The Plan had an Article 44 focused survey where the Plan received unexpected results. New York State Department of Health focused on Contracting, Provider Director, and Utilization Management (UM) processing and notifications. The auditors reviewed 63 cases and requested copies of 23 of those cases to be reviewed again. The Plan, additionally, had 5 cases of personal care services that were identified as non-compliant. During the exit interview process of the audit the Plan was informed that there were no issues on contracting review or provider directory. Ms. Weinberg stated that the Plan struggles

with Utilization Management timeframes. Mr. Williams inquired why is it that the Plan struggles with UM timeframes. Ms. Weinberg answered that a lot of the problems stem from computer systems issues related to CareConnect. Ms. Weinberg stated that MetroPlus is not particularly competitive in hiring for that area. Ms. Weinberg informed the Board that there could potentially be financial impact. The Plan is optimistic that the State will see MetroPlus' good faith effort to try and fix the situation. Mr. Williams asked what the impact might be. Dr. Saperstein answered that the State has the authority to fine a health plan for multiple citations. Ms. Raven Ryan Solon, MetroPlus' Chief Legal and Compliance Officer, added that the Plan has not received its final results from the audit. The Plan will hear from the State once it is determined that financial repercussions are on the table for MetroPlus.

For waste reduction efforts, MetroPlus has implemented placing a limit on diagnostic test for allergies like the general Medicaid limits for test. This has generated 7.4 million in annualized saving. There was a 54% decrease in cost for in-network providers and a 91% decrease in out of network providers.

EXECUTIVE SESSION

The Board of Directors convened in Executive Session. The session took place from 3:44 P.M. to 3:55 P.M. In the Executive Session the Board discussed personal matters. When the meeting reconvened in open session, Ms. Hernandez-Piñero reported that the Board approved the appointment of Dr. Talya Schwartz as MetroPlus' President and Chief Executive Officer. Dr. Schwartz thanked the Board members for the opportunity and looked forward to working with everyone.

There being no further business Ms. Hernandez-Piñero adjourned the meeting at 4:00 P.M.

Mitchell H. Katz, MD
NYC HEALTH + HOSPITALS PRESIDENT AND CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD OF DIRECTORS
May 30, 2019

CITY, STATE, FEDERAL UPDATE

City Update

On May 1, Dr. Patsy Yang joined the NYC Department of Corrections at the City Council's Committee on Criminal Justice Services' oversight hearing on the experience of transgender and gender non-conforming individuals in New York City jails. Dr. Yang emphasized that Correctional Health Services treats all patients according to their individual clinical needs, including any needs associated with gender identity.

On May 9, I testified before the City Council Finance and Hospitals Committees on NYC Health + Hospital's executive budget and discussed our health system's progress on its revenue generating and expense reducing initiatives as well as strategic investments the system has made in nurse staffing. Council members were supportive of Health + Hospitals' direction and offered assistance in advocating at the federal level to delay DSH cuts.

State Update

On May 28, I testified at a joint hearing of the Assembly and Senate Health Committees on the NY Health Act to expressed support for the legislation, which would create a single payer system in NY State. While acknowledging the complexity of such a significant change to the health care system, I argued that the administrative simplification and improvements in patient care would be very beneficial for patients.

The NY State 2019 legislative session is set to end on June 19th. No proposals posing a significant fiscal threat to Health + Hospitals are likely to pass but we are monitoring potential new mandates related to discharging planning and domestic violence.

Federal Update

On May 17, I participated in a briefing for Congressional Staff on the Disproportionate Share Hospital Program. The briefing was sponsored by America's Essential Hospitals, the national trade association for public and safety net health systems. The briefing was well attended and I made clear the potentially devastating impact DSH cuts could have on NYC Health + Hospitals and our patients. With over 300 members of the House of Representatives publicly opposing the DSH cuts, including Speaker Pelosi, the cuts are not expected to take effect. However, aggressive advocacy will be required to advance legislation to delay the cuts, likely in a larger appropriations legislation this fall.

GUARANTEED HEALTH CARE UPDATE

**Mayor de Blasio Unveils NYC Care Card, Details Progress toward Launch of
Guaranteed Health Care**

Mayor de Blasio announced that we are on track to guarantee health care for every single New Yorker and unveiled the NYC Care card, the key to quality and affordable health care for hundreds of thousands of New Yorkers who cannot afford or are ineligible for insurance. For NYC Care, NYC Health + Hospitals is investing in new primary care doctors in the Bronx, launching a new customer service system, and preparing for our new members and patients at our clinics and hospitals. When NYC Care launches in the Bronx on August 1, people who live in the borough will be able to use their NYC Care Card to get their own doctor, get preventative screenings and tests, and connect to a 24/7 service to problem-solve and help make appointments.

An estimated 300,000 New Yorkers are currently ineligible for health insurance, including people who cannot afford insurance and undocumented immigrants, and will be able to enroll in NYC Care. The \$100 million program – one of two major components of the City’s Guaranteed Care commitment, which also includes directing more uninsured New Yorkers to enroll in Metro Plus – will be available in the five boroughs by the end of 2020. The Mayor announced a series of milestones toward implementing Guaranteed Care in NYC:

- New NYC Care Card, which will provide each member with a dedicated doctor, access to a 24/7 customer service line to make appointments, and clear copays that are affordable to each individual member.
- New NYC Health + Hospitals doctors hired in the Bronx to serve approximately 10,000 patients expected to enroll in NYC Care in the first six months.
- New Executive Director for NYC Care, Marielle Kress, who was instrumental in the Affordable Care Act’s (ACA) successful expansion of Medicaid in states across the country.
- Access to 24/7 pharmacy services in the Bronx, launching on August 1, that will provide NYC Care members with easy access to affordable medication.
- GetGoveredNYC, the City’s health insurance outreach and enrollment initiative, has enrolled more than 19,000 New Yorkers into coverage in 2019, a 19 percent increase from the same time period last year.

NYC Care Highlights

- Eligibility Determination: NYC Care will be open to anyone who has lived in New York City for six months or longer and does not have an affordable insurance option or who is ineligible for insurance.
- New 24/7 customer assistance operation: Starting August 1, NYC Care members will have access to a 24/7 customer assistance line where they ask questions about NYC Care and speak to an on-call clinician for all of their needs, including prescription refills. Members will also be able to schedule appointments at convenient times and will have assistance to help navigate members through the NYC Health + Hospitals system.
- Expanded pharmacy hours: NYC Care patients will have 24/7 access to medications in the Bronx starting Aug. 1. This includes expanded hours at all NYC Health + Hospital pharmacy locations in (NYC Health + Hospitals/Jacobi, NYC Health + Hospitals/Lincoln, and NYC Health +

Hospitals/North Central Bronx). Until now, uninsured patients have been limited to NYC Health + Hospitals pharmacy access during business hours, which makes it challenging for patients to get their medications if they are at work.

- **Outreach with Community-based Organizations:** To reach eligible New Yorkers, NYC Health + Hospitals is partnering with the Mayor's Office of Immigrant Affairs and the Mayor's Fund to Advance New York City. The health system will invest \$450,000 to partner with community-based organizations in the Bronx to reach New Yorkers eligible to participate in NYC Care. This money will fund up to 15 full-time outreach workers, or the part time equivalent, who will conduct direct, grass-roots outreach to targeted population in a culturally appropriate and sensitive manner and make appointments with NYC Care enrollment staff.

Marielle Kress Appointment NYC Care Executive Director

One of the Guaranteed Health Care milestones announced by the Mayor included the appointment of Marielle Kress as Executive Director of NYC Care. A native New Yorker, Kress brings more than a decade of experience in policy management, operations and advocacy related to complex health care programs. Previously, she played a critical role in the successful expansion and modernization of the Medicaid program under the Obama Administration. Most recently served as Director of Federal Advocacy at the American Academy of Pediatrics (AAP) in Washington, D.C., where she led successful campaigns to protect Medicaid and extend the Children's Health Insurance Program (CHIP) for an additional 10 years, among other access and financing issues intended to advance equitable provision of health care to all children and families. As the Executive Director, Kress will be responsible for the strategic rollout, operations and implementation of NYC Care. She started in this role on May 6.

Talya Schwartz, MD, Appointed President and CEO of MetroPlus Health Plan

Guaranteed Health Care for all New Yorkers will not be possible without our strong public option health plan, MetroPlus. To help take the plan into a new era of growth and service, the Board of MetroPlus Health Plan announced the appointment of Talya Schwartz, MD, as the health plan's President and CEO. MetroPlus is the low-cost, five-star quality health insurance plan of choice for more than 500,000 New Yorkers. As the health plan owned by NYC Health + Hospitals, MetroPlus is a vital component of Mayor de Blasio's Guaranteed Health Care plan to ensure health care for all New Yorkers. Dr. Schwartz, currently the Chief Medical Officer of MetroPlus, assumed her new position on May 10. Since 2016, Dr. Schwartz has served as Chief Medical Officer at MetroPlus, leading the Medical Management division including quality, case management, utilization management, pharmacy, network relations, provider contracting, credentialing, health analytics and various lines of business. Under her leadership, MetroPlus ranked among the top plans in the State for quality.

MetroPlus Launches "Health Care Is Your Right" Campaign

As the City's public option health plan and a vital part of the City's Guaranteed Health Care initiative, MetroPlus this month launched its latest public awareness campaign, "Health Care is Your Right. Not a Privilege"

which will be seen through the end of June on subway cars, bus shelters near NYC/Health + Hospitals locations, ethnic and community-based print media, and featured at other venues across New York City, including Brooklyn Cyclones games. The ads will be available in eight languages, including English, Spanish, Chinese, Bengali, Haitian Creole, Polish and Russian.

More New York City Employees Choose MetroPlus Gold Health Plan

MetroPlus Health Plan reported a 45 percent jump in membership in MetroPlus Gold, the special insurance option exclusively for New York City employees and eligible dependents, between January 2018 and January 2019. More than 16,200 City employees and government retirees chose MetroPlus as their preferred health plan by the end of 2018, compared to 11,320 at the end of 2017. The MetroPlus Gold option, which offers \$0 premium, \$0 copays, \$0 deductibles, has tripled membership to 16,325 as of March 2019. By choosing MetroPlus, New York City police officers, social service workers, university professors and thousands of other government employees are not only making a choice for quality care for themselves and their families, they are also supporting our public health system's mission to care for all without exception and our ability to succeed and be able to serve many more generations of New Yorkers.

ORGANIZATIONAL NEWS

NYC Health + Hospitals/North Central Bronx Opens Renovated and Expanded Midwifery Unit

NYC Health + Hospitals/North Central Bronx opened a new, larger Midwifery Unit co-located on the same floor as the Women's Health Services Unit to improve patient experience and expand access to the hospital's unique midwifery maternal services. The new, relocated unit will reduce the amount of walking pregnant patients need to do to access prenatal services and will allow physicians, nurses, midwives and other clinicians to move seamlessly between services to care for patients in a larger, more modern space. The \$50,000 Midwifery Unit expansion doubles the unit's clinical space - from 2,300 square-feet to 4,800 square-feet. The renovation reflects an investment by NYC Health + Hospitals to expand access to high quality, culturally responsive care for pregnant women in the North Central Bronx community. With this renovation, we also reaffirm our commitment to the dedicated midwives who support expectant mothers through every stage of pregnancy and beyond.

The Midwifery Unit at North Central Bronx Hospital has provided vital services to the community since its opening in 1977. Since then, the hospital team has delivered more than 90,000 babies, and trained more than 280 practicing midwives and many midwifery, nurse practitioners, physician assistants, and SUNY Downstate, Columbia, NYU and Frontier Midwifery School students. I'm pleased to report that the reopening of this new and improved unit has received the support and endorsement of many community partners, including the Bronx Borough President and the Executive Director of Northwest Bronx Community & Clergy Coalition, who had her second child at the hospital and recommends it highly to friends and family.

Expansion of Patient Access to On-Site Legal Services for immigration Concerns

NYC Health + Hospitals this month announced the expansion of patient access to on-site legal services for immigration issues, building on its longtime partnership with LegalHealth to address patients' legal matters and concerns. The new immigration-focused legal services will be expanded to NYC Health + Hospitals/Kings, two major NYC Health + Hospitals/Gotham Health community-based centers in Brooklyn and the Bronx (Morrisania and Cumberland), and offer expanded hours of service in NYC Health + Hospitals/Bellevue in Manhattan. The expansion of this program, funded by \$300,000 in FY19 by the New York City Council, represents a vital patient service offered by the public health system. The new immigration-focused legal services will offer Health + Hospitals' patients legal support to address matters related to residency, citizenship, visas, asylum and concerns related to the pending federal "public charge" proposal. These services are now available at a total of seven patient care sites, which also include: NYC Health + Hospitals/Elmhurst, NYC Health + Hospitals/Gouverneur, and NYC Health + Hospitals/Lincoln.

Launch of "NURSES4NYC" Recruitment Campaign

I was pleased to join dozens of NYC Health + Hospitals nurses during National Nurses Week to unveil our system's first official nurse recruitment campaign, NURSES4NYC, to recruit the next generation of dedicated and committed men and women who will care for our patients. This recruitment effort will help Health + Hospitals fill nurse positions and expand access to community-based primary care across the five boroughs. The NURSES4NYC campaign focuses on four high need specialty areas where nurses are needed the most: Emergency Room/Trauma; Ambulatory Care; Home Care; and Correctional Health Services/Behavioral Health. As you know, we recently hired more than 340 new nurses. Our transformation as a health system demands that we invest in nurses and doctors to meet the future needs of our primary care focus. Nurses4NYC is a vibrant campaign that will attract those drawn to our mission of caring for one and all.

Open Application Period for 2020-2021 Clinical Leadership Fellowship

The open application period for the 2020-2021 NYC Health + Hospitals Clinical Leadership Fellowship, a one-year opportunity designed for post-residency graduates interested in administrative roles within the nation's largest public hospital system, is now open. Fellows are placed with one of the health system's central office operations teams to acquire hands-on, practical work experience to develop and lead a substantial quality improvement or population health-oriented project. Projects may include topics such as improving cycle time in clinic, emergency room, or operating room or improving performance in recommended primary care screening tests. The Clinical Leadership Fellowship teaches the skills necessary to advance hospital system quality improvement, population health, and strategic leadership initiatives. This program is geared toward mission-driven individuals eager to help serve the more than one million New Yorkers who come through our doors annually. This program serves as an extension of existing NYC Health + Hospitals initiatives aimed at recruiting more physicians and strengthening the quality of care available to patients.

across the five boroughs. More information and the application is available on our public website.

NYC Health + Hospitals/Elmhurst Opens Renovated Ophthalmology Clinic

NYC Health + Hospitals/Elmhurst has renovated and enhanced its ophthalmology clinic to better serve patients being treated for general and specialty eye services. The clinic now offers modern, state-of-the-art technology designed to offer patients a wider range of services related to their eye care needs. The redesigned clinic offers patients an enhanced experience through individual exam rooms and an improved registration process. Patients with conditions, including cataracts, glaucoma, and vision disorders related to diabetes will be treated in the redesigned space. Many people come to the clinic with conditions that can be easily treated if caught early. We know that saving a person's sight is a vital part of keeping them healthy in the long-term, and we want to be proactive in ensuring that we can accurately diagnose eye diseases as early as possible to prevent blindness and other complications that dramatically affect a person's quality of life.

NYC and NJ Health Departments Conduct Emergency Exercise to Safely Transport a Simulated Ebola Patient to NYC Health + Hospitals/Bellevue

In order to prepare for viral outbreaks occurring in other parts of the world, New York City and State partnered with first responders in New Jersey to conduct an emergency exercise earlier this month to transport a person pretending to be an Ebola patient from a NJ hospital to NYC Health + Hospitals/Bellevue. This exercise - the first of its kind between New York City and New Jersey - tested the health care system's ability to safely move a patient to a clinical setting where Ebola can be most effectively treated. The exercise assessed the ability of participants to coordinate patient transportation, safely use biocontainment devices and personal protective equipment while caring for the patient, and appropriately decontaminate and dispose of equipment after transportation. More than 70 clinicians, first responders and emergency management experts participated. Funding for this exercise was provided through the U.S. Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program Ebola Preparedness and Response Activities cooperative agreement. Given the current outbreak of Ebola in the Democratic Republic of the Congo, which is the second largest Ebola outbreak in history with over 1,100 confirmed cases and 700 deaths, it is critical that the healthcare system is prepared to handle an actual case of Ebola or other infectious disease threat. Despite this critical need for readiness, federal funding for Ebola preparedness is set to expire in 2020, placing the future of these emergency response capabilities in jeopardy.

Department of Obstetrics/Gynecology and Division of Neonatology at NYC Health + Hospitals/Lincoln Awarded Perinatal Care Certification from the Joint Commission

The NYC Health + Hospitals/Lincoln Department of Obstetrics/Gynecology and Division of Neonatology achieved Perinatal Care Certification by The Joint Commission. The Joint Commission accredits and certifies nearly 21,000 health care organizations and programs in the United States, and its accreditation standards ensure a hospital's commitment to meeting certain performance standards. NYC Health + Hospitals/Lincoln is the first in the

public hospital system and first in the south Bronx to receive this honor. The certification recognizes the hospital's rigorous commitment to maternal and infant health and their work to deliver high quality, coordinated and patient-centered care for newborns, mothers and families.

AWARDS AND RECOGNITIONS

Joseph Marcellino Receives Sloan Public Service Award

Joseph A. Marcellino, MPH, CHE, was selected from among 250,000 New York City workers to receive the prestigious Sloan Public Service Award, also known as the Nobel Prize of City Government. Marcellino, who serves as the hospital's Associate Director, Emergency Management, is one of six recipients of this esteemed award for extraordinary work and commitment to the public. During Hurricane Irene and Superstorm Sandy, he organized and coordinated the successful evacuation, closure and reopening of the hospital. Marcellino is a nationally recognized expert in both public health emergency management and agency preparedness and response. We are fortunate to have such a dedicated professional leading emergency preparedness and response for the staff and community we serve on Coney Island. Because of his expertise during such disasters, precious lives were saved.

Dr. Caralee Caplan-Shaw Awarded the United Hospital Fund Tribute to Excellence Award

Dr. **Caralee Caplan-Shaw**, Medical Director of the Tuberculosis Program and Director of the NYC Health + Hospitals/Bellevue Chest Service, was awarded the United Hospital Fund Tribute to Excellence Award for leading a team of physicians, nurses, and administrative staff in a project to improve patient access to the chest clinic at the hospital. Dr. Caplan-Shaw and her team used several strategies including the implementation of a new electronic consult service (e-Consult) to reduce patients' wait times for appointments and, once they are at their doctor's appointments, to move them more efficiently through the visit. The wait for an appointment at the chest clinic went from 49 days to 3 days, and the cycle time, or the total amount of time a patient spends at an appointment, went from 92 minutes to 62 minutes. Providing and expanding critical services supports the health system's patient population and contributes to Mayor Bill de Blasio's plan to guarantee health care for all New Yorkers. This was truly a model approach to improving patients' access to essential services, and we applaud Dr. Caplan-Shaw for her leadership and persistence, and congratulate her for earning this important recognition.

NYC Health + Hospitals' Doctors' Day Celebration Recognizes 23 Physicians From Across Its Health System

This month we also recognized 23 physicians from across our health system at our annual "Doctors' Day" celebration. The impressive, mission-driven group of physicians from our hospitals, community health centers, and post-acute care facilities were honored for their dedication to our patients and leadership contributions to our health system. The group represented a range of specialties and years of service, and truly represented our multi-ethnic and multi-cultural workforce, which showcases our strength in providing culturally competent care to all, without exception. Every day the

physicians at NYC Health + Hospitals ensure that New Yorkers – their patients – are living their healthiest lives, and the 23 physicians we recognized, who were nominated by their peers, represent the heart of our health system.

Crain's Heritage Foundation Innovation Award Recognizes NYC Health + Hospital Transformation

I was honored by the Heritage Provider Network (HPN), one of the nation's leading physician-led managed care organizations, and Crain's New York Business, with a Heritage Healthcare Innovation Award this month. I received the Organization Leadership award and got credit for transforming access to and quality of affordable healthcare in the New York metropolitan area. But the credit for this recognition truly goes to the employees of NYC Health + Hospitals who for the last couple of years have been building the foundation for our health system's success. I accepted the award on behalf of our entire workforce and their efforts to fundamentally change how healthcare is delivered, champion new ways of thinking and doing, and for uniting diverse constituencies to work together to care for more than one million New Yorkers every year.

#

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the “System”) to enter into an enterprise license agreement (an “ELA”) with Dyntek Services, Inc. (“Dyntek”) to provide McAfee IT security hardware, software, related maintenance and professional services for a three-year term for an amount not to exceed \$19,949,756.08.

WHEREAS, the System requires IT security solutions and services to safeguard mission critical business and clinical applications used for patient care and allow the System to prevent and respond to IT security incidents in an efficient and cost-effective manner; and

WHEREAS, the security technology procured through the proposed ELA will enable the System to protect its critical data including electronic Patient Health Information, comply with regulatory requirements, manage risks from cybercrimes, monitor and respond to IT security risks, and improve the operational efficiency of its security and risk management operations; and

WHEREAS, on March 22, 2019 the System issued a request for bids, advertised in the City Record, seeking a vendor to provide McAfee IT security hardware, software, related maintenance and professional services; and

WHEREAS, McAfee, like many IT vendors, has structured its business such that it does not sell IT equipment or services directly to customers but, instead, works through authorized resellers such as Dyntek which supply McAfee services and products to the public; and

WHEREAS, the System intends to pay for the cost of the proposed contract with \$3.5 M of City capital and \$16,449,756 of the System’s operating funds; and

WHEREAS, Dyntek met the requirements of the solicitation and offered the lowest price; and

WHEREAS, the Senior Vice President/Chief Information Officer will be responsible for the supervision, management and reporting of the proposed contract.

NOW THEREFOR, IT IS RESOLVED that New York City Health and Hospitals Corporation be and hereby is authorized to enter into an enterprise license agreement with Dyntek Services, Inc. to provide McAfee IT security hardware, software, related maintenance and professional services for a three-year term for an amount not to exceed \$19,949,756.08.

EXECUTIVE SUMMARY
LICENSE AGREEMENT WITH DYNTEK SERVICES, INC.
FOR MCAFEE IT SECURITY SERVICES AND PRODUCTS

BACKGROUND: The proposed resolution requests approval to enter into an Enterprise license agreement (“ELA”) with Dyntek Services, Inc. (“Dyntek”) for McAfee hardware, software, related maintenance and professional services in an amount not to exceed \$19,949,756.08 for a three year contract term.

The proposed ELA will replace and upgrade the existing McAfee ELA which expires on June 30, 2019. McAfee security technology is utilized by the System to protect its critical data assets including electronic Patient Health Information, comply with regulatory requirements and improve the operational efficiency of its security and risk management operations while reducing its security expenditures.

NEED: The System faces the daunting task of dealing with complex security issues, targeted attacks, more stringent regulatory requirements (HIPAA/HITECH) and increased risk of data breaches. In addition, as the System continues with the consolidation of its data centers and the deployment of Epic, it is increasingly important that the correct security controls are in place at the hospitals as well as its data centers.

PROPOSAL: The ELA includes incident response solutions such as threat intelligence exchange, active response, advanced threat defense, cloud access security and mobile threat detection. These will improve our security posture through the avoidance of breaches or the reduction of their impact. The proposed ELA will also solidify the System’s security controls for the Epic environment by implementing antivirus for VM environment; and deployment of Intrusion Protection Servers (IPS) to secure the Epic network infrastructure.

The ELA benefits include:

- Regulatory compliance & enhanced security posture
- HIPPA security compliance
- Reduce and/or prevent the risk of data breaches and hacking occurrences
- Information and transactions remain trustworthy
- Ability to securely enable new applications or infrastructure
- Proactively protect against cyber-attacks
- Manage risks from advancement in cybercrime

FINANCING: The System intends to pay for the cost of the proposed contract with \$3.5 M of City capital and \$16,449,756 of the System’s operating funds

PROCUREMENT: The System advertised in the City Record seeking a vendor to bid to provide McAfee security hardware, software, related maintenance and professional services. Dyntek Services, Inc., met the requirements of the solicitation and offered the lowest price and established itself as a responsible bidder.

MWBE STATUS: The vendor will seek a waiver on the basis that there are no certified MWBE competitors to McAfee and the certified MWBE McAfee resellers did not respond to the solicitation

31368F

TO: April Monegas, Assistant Director
Strategic Sourcing
Division of Materials Management

FROM: Keith Tallbe *KT*

DATE: October 6, 2016

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, DynTek Services, Inc., has submitted to the Affirmative Action 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

Contract Number: _____

Project: Consulting Services

Submitted by: Division of Materials Management

EEO STATUS:

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

COMMENTS:

KT:srf

Information Security & Risk Management

Application to Enter into Contract Renewal for McAfee Enterprise Licensing Agreement with Dyntek Services, Inc.

**Board of Directors
June 20, 2019**

**Soma Bhaduri
Senior Director**



Overview / Background / Current State

➤ Current Industry Threat Landscape

- In 2018, OCR (Office of Civil Rights) achieved \$16M settlement with Anthem, Inc for HIPAA violations
- In 2018, Texas MD Anderson Cancer paid \$4.3M civil money penalties for HIPAA violations
- Stolen medical records in the United States can be around \$217 a piece in the black market
- \$408 per capita cost for a breached medical record (Ponemon 2018 Cost of a Data Breach Study: Global overview)*
- Average cost of a breach in US- \$7.91M (Ponemon 2018 Cost of a Data Breach Study: Global overview)
- Average Cost of data breach involving one million compromised records is \$39.49M (Ponemon 2018 Cost of a Data Breach Study: Global overview)*
- Security automation decreases the cost of breach by \$2.88M (Ponemon 2018 Cost of a Data Breach Study: Global overview)*
- 62% of the records breached in 2016 belonged to healthcare organizations (IDT911 Data Breaches Report 2016)
- According to Cryptonite, healthcare organizations saw an 89% year-over-year increase in ransomware attacks.
Source: [Cryptonite](#)
- By the end of 2016, ransomware delivered via phishing emails had grown by over 97 percent. Source: [PhishMe](#)
- Post breach preventative action taken by victims (Ponemon: 2014: A Year of Mega Breaches)**
 - **11%** companies implemented Data Loss Prevention
 - **38%** expanded the use of encryption, tokenization and other cryptographic techniques
 - **44%** companies strengthened their perimeter controls (Intrusion Prevention Systems)
 - **48%** companies implemented endpoint security solutions
- * **Note:** Study amongst approx. 477 companies across 7 sectors including healthcare
- ** **Note:** Study amongst approx. 735 companies across 19 sectors including healthcare



Overview / Background / Current State

- Justification / Explanation of need for services
 - Proactively Protect against cyber-attacks and data breaches
 - Significantly reduce and/or prevent hacking occurrences
 - Avoid and quickly mitigate a virus outbreak
 - HIPAA security compliance
 - Reduce overall security expenditure
 - Requirement for skilled security personnel
 - Improve security processes
 - Improve security posture
 - High Performing Vendor Support
 - Deploy security automation
 - Confidentiality, Integrity and Availability of Electronic Personal Health Information (ePHI)
- Who is existing Vendor and how contract was procured? McAfee, Bid
- When do contracts expire, what is contract term?
June 30 2019, July 1 2016 through June 30 2019
- Current/historical spend, cost structure, ancillary costs (e.g. interfaces, internal resources)?
\$17.14M for current ELA for products, support and services



Overview / Background / Current State

➤ History of Services: Layered Defense

■ Network Security

- Network Intrusion Prevention Devices (IPS) for all Health and Hospitals facilities
- **Intrusion Prevention System network refresh for all Health and Hospitals facilities for EPIC (new)**
- Network Data Loss Prevention Devices
- Active Response
- Advanced Threat Defense
- **Cloud Access Security Broker (new)**

■ Endpoint Protection

- Advanced Anti-Malware Technologies
- Application Control
- Hardware Assisted Security Technologies
- Advanced Remote Desktop Management
- Endpoint Security for Virtual Environments
- Real-time collection of Endpoint data
- Advanced Root-kit detection
- Threat Intelligence Exchange
- Antivirus for Virtual environment (Including Epic)
- **Mobile Threat Detection (new)**

Existing & **New** Capabilities

Data Protection

- Sharepoint Security
- Virtual Server Security
- Endpoint Encryption
- Host Data Loss Prevention

Risk & Compliance

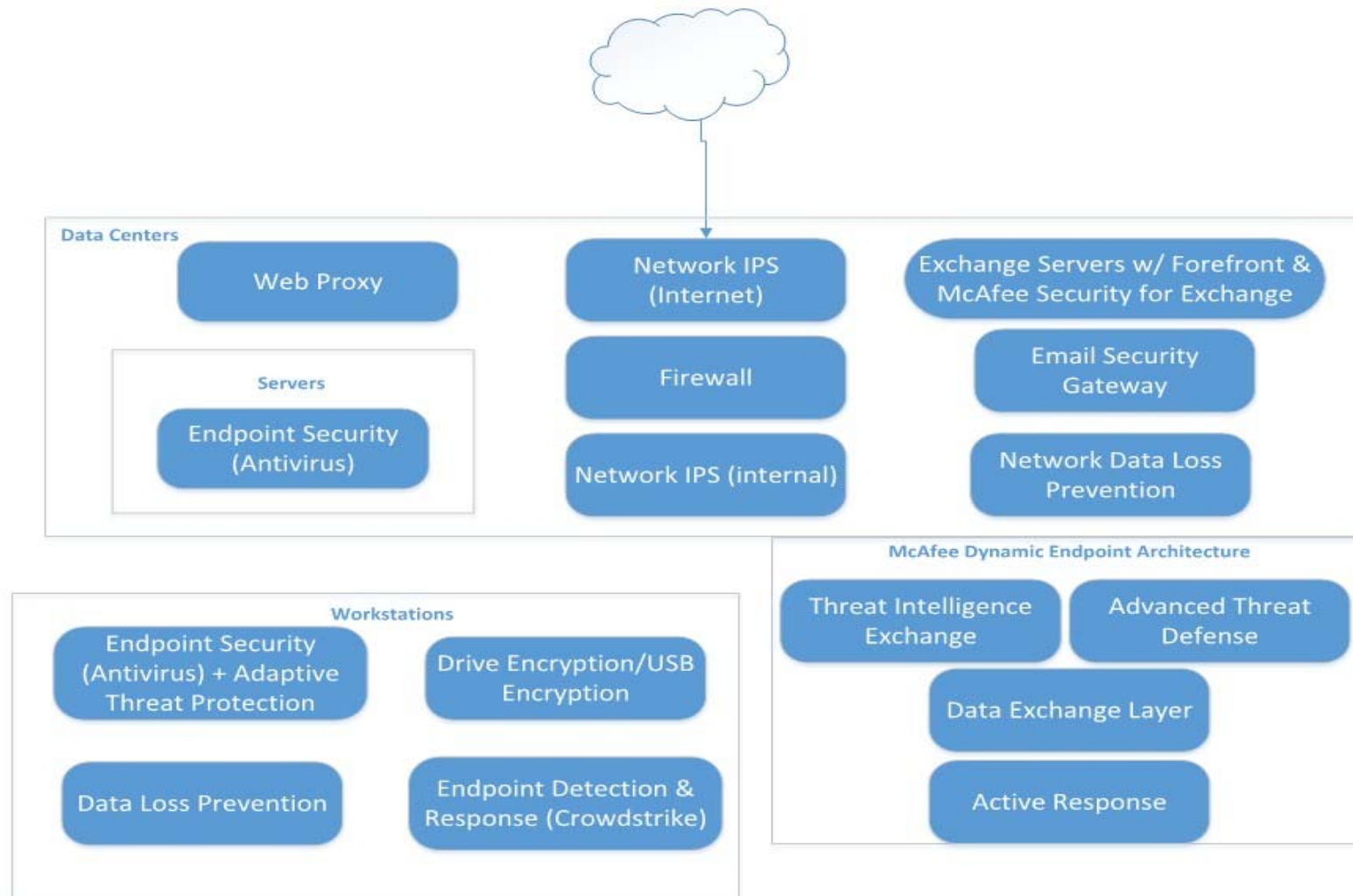
- Asset Discovery and monitoring
- Database monitoring and protection
- Network Policy and Configuration Auditing
- Risk Advisory Services

Services from ELA:

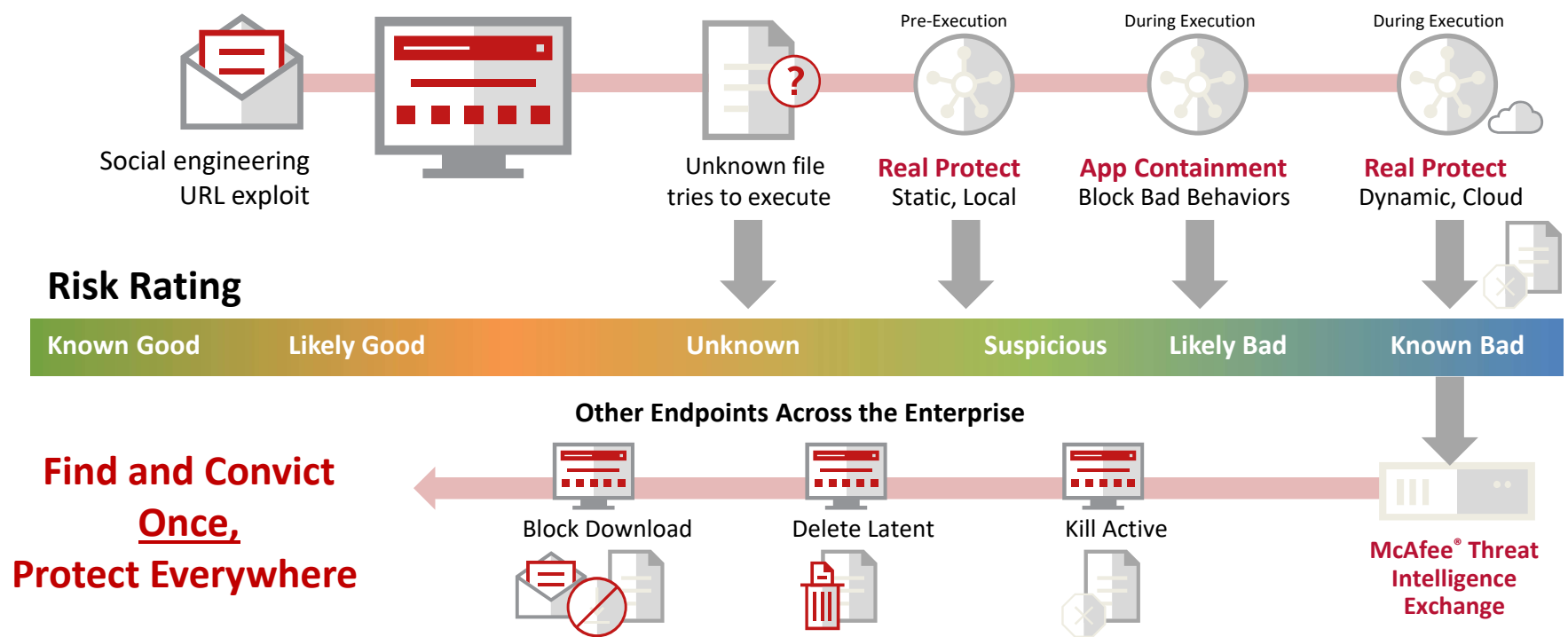
- Highest Level Premium support
- On-site Professional Services



Layered Defense











Behavioral Protection Techniques



Adaptive Threat Protection



Threat Landscape

	Viruses Blocked	~1K viruses blocked/week
	Web Exploits	~40M blocked requests to malicious websites/week
	ePHI Protected	~1TB data/week ~3.5M ePHI protected/week
	Internet Threats	~120K DoS attempts/week
	Ransomware	5 Ransomware incidents contained
	Phishing Attempts	>2M SPAM messages blocked/week
	Outside Threats	43 security incidents raised last month
	Malicious Macros Blocked	141 Malicious Macros blocked/month

6/5/2019



Overview of Procurement

- Procured through an open-market Request for Bid
- OP 100-05 basis
- NYC Health + Hospitals seeks to enter into contract with Dyntek Services, Inc to provide McAfee Enterprise Licensing Agreement enterprise wide:
 - Corporate Offices
 - 11 acute care hospitals and all associated clinics
 - 5 Diagnostic and Treatment centers and associated clinics
 - 6 Long Term Care centers and associated clinics
- Contract benefits include:
 - Improved security automation through behavioral analytics tools to prevent and contain malicious campaigns, including Ransomware
 - Reduce overall security expenditure
 - Skilled security personnel to augment employees in security department
 - High Performing Vendor Support
- M/WBE
 - The solicitation was posted in the City Record and sent to 8 certified McAfee re-sellers, including 3 M/WBE vendors
 - 1 M/WBE vendor submitted a “No Bid” response; we did not receive a response from the other 2 M/WBE vendors



Procurement

➤ Solicitation

- An Open Market Bid was released on March 22, 2019 to McAfee re-sellers and posted in the City Record

➤ Bid Process

- Received 4 responses:

Vendor	Bid
Dyntek	\$19.9M
Cipher Techs	\$23M
SHI	No Bid
PCMG	Non-Responsive

➤ Selection

- Dyntek was determined to be the winner based on the quote and pricing received. The pricing received by Dyntek for the McAfee ELA is less than the pricing made available on the Dyntek GSA Contract - GSA-35F-0025N. Therefore, the pricing is deemed to be fair and reasonable.



IT Committee Approval Request

- We are seeking approval to enter into contract with McAfee via Dyntek for McAfee Enterprise License Agreement:
 - For three years starting July 1, 2019 through June 30, 2022
 - Total cost with ELA to include support, new products and services is \$19.95M
 - Increase is due to \$3.5M (funded through City capital) for Intrusion Prevention System hardware required to support EPIC and the Network Refresh project
 - Due to advancements in security technology, purchase of IPS hardware reduces our footprint from 74 IPS to 38 throughout the entire enterprise over the next 3 years.
 - The operating maintenance costs of \$16M for renewal of products, services and support, is not an increased cost when compared to the prior ELA
- Benefits include:
 - Utilizing the latest security behavioral analytics tools, NYC H+H can Manage risks from advancement in cybercrime, including Ransomware
 - McAfee is used in NYC agencies as part of a layered defense approach including: DOITT and FDNY as well as the Washington DC federal government agencies
 - McAfee is also a competitive cybersecurity company used in other healthcare systems including : Community Health Systems, Trinity Health, Children's Hospital Of Philadelphia, Boston Medical Center
 - Unlike other cybersecurity companies, McAfee products allows us to integrate all of the tools already implemented to one reporting platform to properly analyze and automate in a customized fashion. This allows for reductions in infrastructure interruptions critical for patient care.
 - Regulatory compliance & enhanced security posture while reducing security expenditures.
 - Protection of sensitive corporate information, including ePHI



RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the “System”) to enter into an enterprise license agreement (“ELA”) with Microsoft Corporation (“Microsoft”) to renew existing software licenses, and associated maintenance and support services for a three-year term in an amount not to exceed \$41,554,873 including a 10% contingency.

WHEREAS, the System uses a wide array of Microsoft software products that require licenses, maintenance and support; and

WHEREAS, the ELA with Microsoft expired on March 31, 2019, and therefore renewals are required for the licenses, maintenance and support agreements to cover the Microsoft products currently in use across the System; and

WHEREAS, this is a sole source procurement as the licenses are for Microsoft proprietary software; and

WHEREAS, the proposed ELA will be financed entirely through the System’s operating budget; and

WHEREAS, the Senior Vice President/Chief Information Officer will be responsible for the supervision, management and reporting of the proposed ELA.

NOW THEREFOR, IT IS RESOLVED that New York City Health and Hospitals Corporation be and hereby is authorized to enter into an enterprise license agreement with Microsoft Corporation to renew existing software licenses, maintenance and support services for a three year term in an amount not to exceed \$41,554,873, including a 10% contingency.

EXECUTIVE SUMMARY
**PROPOSED RENEWAL OF MICROSOFT SOFTWARE LICENSES,
SERVICES AND MAINTENANCE AGREEMENT**

OVERVIEW: The System uses Microsoft software and services extensively. The System's most current agreement to license Microsoft software and obtain Microsoft support and maintenance services expired March 31, 2019, and thus a renewal is required.

NEED: The System currently has licensed the basic Microsoft package of software such as Microsoft Office, Windows, SharePoint, System Center, Exchange and SQL-Server. Because of the ubiquity of Microsoft software, it is virtually impossible to do business without Microsoft products; this renewal agreement will provide licensing rights and support for the Microsoft products currently in use across the enterprise.

PROPOSAL: Over the past 3 years, Microsoft has been steeply raising its rates by upwards of 10% to 33%, across all industries. The initial proposal received for the renewal from Microsoft was an average of 22.3% higher than the prior agreement, increasing the three-year price by \$8.4M, to a total cost of \$46,179,199.

After negotiations and by shifting the license model from device based to user based, the System obtained a proposal from Microsoft to renew the contract for a three year period without an increase in cost compared to the previous agreement. Changing the license model to user based, avoided a 22% pricing increase and will support the transition to a cloud based model enabling a cloud ready workforce.

The new license model increases functionality, including cloud, flexibility of deployment including mobile and option to seamlessly integrate with the future office application. The Agreement offers more availability of home user rights, mobile phones, iPads, and laptops for example. Reconfiguring the license model kept the renewal cost the same as the contract spend under the prior agreement.

PROCUREMENT: The proposed contract is procured as a sole source. There is no practical alternative to contracting with Microsoft.

FINANCING: The System will pay the entire cost of the proposed contract from its operating funds.

MWBE STATUS: Microsoft is not an MWBE firm. Because of the sole source nature of the procurement, the MWBE targets are waived for the proposed agreement.

31598

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

September 20, 2017

Kevin Turner, President
Microsoft Corporation
One Microsoft Way
Redmond, WA 98052-6339

RE: Conditional Approval for Microsoft Premier Support Services

Dear Mr. Turner:

NYC Health + Hospitals' has reviewed the Employment Report submitted pursuant to Mayor's Executive Order 50 of 1980 by Microsoft Corporation in connection with the above-referenced contract.

For Microsoft we have identified three underrepresented job groups: Professionals JG 1, Professionals JG 2, and Professionals JG 12 for women.

Underrepresentation means a deficit in minority and/or women in the job category of more than two standard deviations given the relevant labor market area.

Your contract has been approved on the condition that Microsoft demonstrates a good faith effort in correcting the underrepresentations and subject to the following terms.

Microsoft shall develop a correction plan that will be submitted to NYC Health + Hospitals due no later than Friday, October 13, 2017. The following information is intended to assist you in preparing an acceptable plan of correction. The purpose of the correction plan is to allow members of the Equal Employment Opportunity (EEO) Committee to ascertain your organization's active commitment to hiring additional minorities/women in the job groups cited. The correction plan should be no more than 3 pages and briefly respond to the following points in a narrative format:

- 1) Identification of Problem Areas - For each underutilized job group identify the specific job titles that are driving the underutilization and whether the focus is on females and /or total minorities.
- 2) Provide a brief explanation of the causes for the underutilization and highlight any challenges in your ability to correct underrepresentation.
- 3) If the underrepresentation is reflected in the same job categories as in prior year(s), please highlight and include an explanation of all actions taken in prior year(s), the year the action was taken, and its effectiveness in addressing the underrepresentation.

- 4) Include new actions to be taken to correct the underutilization as a separate item for each job category impacted.
- 5) Identify new strategies to expand the applicant pool that will result in increased opportunities for attracting minorities and women by broadening the recruitment search. Some of these efforts might include community outreach, participation in Job Fairs, targeted advertisements, etc.
- 6) Explain any modifications to your recruitment and hiring processes that may help you achieve your goal.
- 7) Highlight talent or career development opportunities to support advancement of minorities and/or women to achieve your goal (if position is not entry level).
- 8) Highlight any other approaches or initiatives that you believe will be successful to ensure better representation of minorities and/or women in the job groups.

The plan should be emailed on or before October 13, 2017 to Sharon Pringle at Sharon.foxx@nychhc.org.

In addition, such plan shall be presented by Microsoft Corporation before NYC Health + Hospital's Board of Directors EEO Committee on **Tuesday, November 14, 2017, at 3:30 P.M. at the office located at 125 Worth Street, Fifth Floor Board Room, New York, New York.** A corporate officer from your company is required to attend. The plan will also be published on-line as part of the EEO Committee Meeting package. Please note that any handouts and/or PowerPoint slides that you intend to present at the July 12 meeting must be submitted on or before June 2, 2017 as well and may also be published on line as part of the EEO Committee Meeting package.

Kindly contact Sharon Pringle at 212-788-3370 for general inquiries using the contact information referenced above. Thank you for your time and cooperation.

Sincerely,



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

cc: Paul Albertson, Vice President, Supply Chain Services
Matilde Roman, Esq., Senior Assistant Vice President/Chief Diversity and Inclusion Officer
Brenda Schultz, AVP EITS IT Financial Administration
June Kubo, Compliance Manager, Microsoft Corporation

Microsoft Contract

Application to Renew Maintenance and License Contract

Board of Directors
June 20, 2019

Jeff Lutz
AVP, EITS



Microsoft Proposal Overview

- Like most large organizations, NYC Health + Hospitals relies on a suite of Microsoft software products.
 - Office, Windows, Windows Server, Exchange (email), Microsoft SQL Server, and others
- The current contract has expired and we seek approval to renew the Microsoft agreement for a period of three years
- Following negotiations, and despite Microsoft generally increasing pricing 10%-33%, we have obtained a proposal from Microsoft to renew the contract for a three year period without any increase in costs.



Licensing Models

- Microsoft plans to stop supporting most device based software.
- The current model for Microsoft licensing ties the license to the device and the software is on the device itself.
- The future state of the industry ties the license to the user and the software is hosted in the cloud.
- The following organizations are currently using cloud based Microsoft solutions:
 - New York State – 120,000 State Employees
 - DoITT – 30,000 Users
 - MetroPlus – 1,300 Users
- NYC Health + Hospitals needs to prepare to transition to a cloud based model and the proposed agreement will be a bridge to the cloud based model.



Proposed Microsoft Renewal

- The proposed agreement ties the licenses to the users, not the device. The software, however, remains hosted on the device.
- Shifting our license types to user based, rather than device based, prepares us for the transition to cloud based licensing.
- By changing our licensing to this in-between “bridge model” we were able to avoid a 22% pricing increase.

Prior 3-year agreement cost	Old model proposed cost	Bridge model proposed cost
\$ 37,757,516	\$46,179,199	\$37,777,515

- EITS will work with Compliance and Legal on plan to migrate to the cloud solution
 - Areas of concern include:
 - Amount of archived data – 155 terabytes
 - Email storage policy archiving 25 years of emails



Other Benefits of Bridge Model

- Allows for no interest installment payments, a cost avoidance of ~\$500,000
- After three years, NYC Health + Hospitals would be able to evaluate other vendor options for email and office services (example Google) as these become more mature and more viable competitors enter the market.
- After three years, Microsoft will continue to mature their licensing options which will also allow NYC Health + Hospitals to explore other licensing options to reduce cost while providing the same service that our end users require.



IT Committee Approval Request

➤ We are seeking approval to enter into contract with Microsoft for enterprise-wide software licensing agreement:

- 3 Year term
- \$0 financing agreement
- 10% contingency of \$3,777,715
- Total cost \$41,554,873



RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute an agreement with seven vendors for the provision of Legal Services as requested by the System. The seven vendors are Crowell & Moring, LLP, Epstein Becker & Green, P.C, Fox Rothschild, LLP, Garfunkel Wild, PC, Katten Muchin Rosenman, LLP, Moses & Singer, LLP, and Shepard, Mullin, Richter & Hampton, LLP. Each agreement shall be for an initial term of three years with two one-year options to renew solely exercisable by the System and with a total amount over the combined five-year term not to exceed \$65,620,919.00 to the seven vendors.

WHEREAS, an application to issue a request for proposals was presented before the Contract Review Committee at its January 8, 2019 meeting and was approved by its approval letter dated January 8, 2019; and

WHEREAS, after the Office of Supply Chain Services issued a request for proposals, ten proposals were received, the seven highest-rated proposers presented before the Selection Committee and upon final evaluation by the Selection Committee, Crowell & Moring, LLP, Epstein Becker & Green, P.C, Fox Rothschild, LLP, Garfunkel Wild, PC, Katten Muchin Rosenman, LLP, Moses & Singer, LLP, and Shepard, Mullin, Richter & Hampton, LLP were selected; and

WHEREAS, during each evaluation process each vendor was evaluated based on each response to two areas: (1) General Legal services, and (2) False Claims Act services; and

WHEREAS, under the proposed agreements the System will partner with vendors to provide legal services in their areas of relative strength and where the System can realize the greatest financial benefits through alternative fee structures; and

WHEREAS, the proposed agreement for these services will be managed by the General Counsel of the Office of Legal Affairs.

NOW THEREFORE BE IT:

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized to execute agreements with seven vendors for the provision of Legal Services as requested by the System. The seven vendors are Crowell & Moring, LLP, Epstein Becker & Green, P.C, Fox Rothschild, LLP, Garfunkel Wild, PC, Katten Muchin Rosenman, LLP, Moses & Singer, LLP, and Shepard, Mullin, Richter & Hampton, LLP. Each agreement shall be for an initial term of three years with two one-year options to renew solely exercisable by the System and with total amount over the combined five-year term not to exceed \$65,620,919.00 to the seven vendors.

**EXECUTIVE SUMMARY
RESOLUTION TO AUTHORIZE CONTRACT
WITH SEVEN VENDORS
FOR THE PROVISION OF LEGAL SERVICES**

BACKGROUND: The purpose of the proposed agreements is for selected vendors to provide Legal Services in conjunction with the Office of Legal Affairs on topics such as investigations, audits and complaints, medical affiliations, False Claims Act claims, research and clinical trials, health information privacy and security, managed care contracting and disputes, DSH/UPL and 340B, on behalf of the System. Vendors will be assigned work by the General Counsel and managed by the Office of Legal Affairs.

Past spending on outside legal representation was approximately \$9.4M, \$10.3M, and \$11.9M in FY16, FY17, and FY18, respectively.

PROCUREMENT: The System issued a Request for Proposals on January 16, 2019. A mandatory pre-proposers conference was held on January 29, 2019, which fifteen prospective vendors attended. Ten proposals were received, evaluated and scored. The seven highest rated proposers were invited to present before the Selection Committee. Vendor presentations were held between March 27, 2019 and April 17, 2019, followed by a final evaluation and scoring. Through this process the Selection Committee evaluated the proposals and presentations on the basis of experience of attorneys, cost and billing and managerial practices, staff development & diversity, and “value-plus” services. Crowell & Moring, LLP, Epstein Becker & Green, P.C, Fox Rothschild, LLP, Garfunkel Wild, PC, Katten Muchin Rosenman, LLP, Moses & Singer, LLP, and Shepard, Mullin, Richter & Hampton, LLP were selected on these criteria.

BUDGET: The cost of the proposed agreements will not exceed \$65,620,919.00 over the full five year term.

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

CONTRACT TERMS: The proposed contracts will not commit the System to give any defined amount of work to any individual vendor and some vendors may not get any work at all..

Vendor name: Crowell & Moring, LLP
Contract Amount: \$100,000 approx.
Contract Number: TBD
Biddle Number: TBD
Contract Description: Legal Services
Submitted by: Paul Angeli
Date: 6/17/2019

The above referenced vendor provided an EEO questionnaire response and workbook data for a workforce analysis consistent with New York City Charter, Chapter 56.

Final review, analysis and determination of the vendor's response is not yet complete. The **vendor's EEO status is PENDING.**

KT/srp

Vendor name: Epstein Becker & Green, P.C.
Contract Amount: \$100,000 approx.
Contract Number: TBD
Biddle Number: TBD
Contract Description: Legal Services
Submitted by: Paul Angeli
Date: 6/17/2019

The above referenced vendor provided an EEO questionnaire response and workbook data for a workforce analysis consistent with New York City Charter, Chapter 56.

Final review, analysis and determination of the vendor's response is not yet complete. The **vendor's EEO status is PENDING.**

KT/srp

Vendor name:	Fox Rothschild, LLP
Contract Amount:	\$100,000 approx.
Contract Number:	TBD
Biddle Number:	TBD
Contract Description:	Legal Services
Submitted by:	Paul Angeli
Date:	6/17/2019

The above referenced vendor provided an EEO questionnaire response and workbook data for a workforce analysis consistent with New York City Charter, Chapter 56.

Final review, analysis and determination of the vendor's response is not yet complete. The **vendor's EEO status is PENDING.**

KT/srp

Vendor name: Garfunkel Wild, P.C.
Contract Amount: \$100,000 Approx.
Contract Number:
Biddle Number: 31821A
Contract Description: Legal Services
Submitted by: Paul Angeli
Date: 6/7/2019

The above referenced vendor provided an EEO questionnaire response and workbook data for a workforce analysis consistent with New York City Charter, Chapter 56.

After review of the questionnaire and data in comparison to the corresponding U.S. Census data, the following determination is hereby issued by the Office of Legal Affairs:

- ☒ Approved
- ☐ Approved with follow-up review and monitoring
- ☐ Approved Conditionally - Subject to Board of Director's EDI Committee Review

KT/srp

Vendor name:	Katten Muchin Rosenman, LLP
Contract Amount:	\$100,000 approx.
Contract Number:	TBD
Biddle Number:	TBD
Contract Description:	Legal Services
Submitted by:	Paul Angeli
Date:	6/17/2019

The above referenced vendor provided an EEO questionnaire response and workbook data for a workforce analysis consistent with New York City Charter, Chapter 56.

Final review, analysis and determination of the vendor's response is not yet complete. The **vendor's EEO status is PENDING.**

KT/srp

Vendor name: Moses & Singer, LLP
 Contract Amount: \$100,000 approx.
 Contract Number:
 Biddle Number: 30727B
 Contract Description: Legal Services
 Submitted by: Paul Angeli
 Date: 6/13/2019

The above referenced vendor provided an EEO questionnaire response and workbook data for a workforce analysis consistent with New York City Charter, Chapter 56.

The vendor's workforce is located in New York, New York. The vendor's recruitment area is the New York - New Jersey CMSA.

After review of the questionnaire and data in comparison to the corresponding U.S. Census data, the following determination is hereby issued by the Office of Legal Affairs:

- ☐ Approved
- ☒ Approved with follow-up review and monitoring
- ☐ Approved Conditionally - Subject to Board of Director's EDI Committee Review

KT/srp

Vendor name:	Shepard, Mullin, Richter & Hampton, LLP
Contract Amount:	\$100,000 approx.
Contract Number:	TBD
Biddle Number:	TBD
Contract Description:	Legal Services
Submitted by:	Paul Angeli
Date:	6/17/2019

The above referenced vendor provided an EEO questionnaire response and workbook data for a workforce analysis consistent with New York City Charter, Chapter 56.

Final review, analysis and determination of the vendor's response is not yet complete. The **vendor's EEO status is PENDING.**

KT/srp



**Outside Legal Services
Application to
Enter into Contract
Health + Hospitals Board of Directors
Meeting
June 20, 2019**

**Andrea Cohen
General Counsel & SVP Legal Affairs and Labor
Relations**

Office of Legal Affairs



Overview

- NYC H+H uses outside law firms with highly specialized legal expertise that would not be feasible or cost-effective to maintain in-house
 - GC staff provide advice; draft and negotiate contracts, bylaws, resolutions, policies; support litigation; and manage outside counsel
 - The City Law Department represents NYC H+H in court in most contract, tort, and employment matters
- This procurement is for general health care firms
 - we have some much smaller contracts for very specialized firms –immigration, guardianship and mental hygiene law proceedings – and medical malpractice is also procured separately
- Contract model is like a requirements contract – firms are pre-approved for work at default hourly rates but work is assigned on as-needed basis with no guarantees of work to any firm
- Firms sought in this RFP have expertise in health care related areas, including
 - EMTALA
 - Medical affiliations
 - False Claims Act claims
 - Research agreements and clinical trials
 - Health information privacy and security
 - Managed care contracting and disputes – can be used for provider side and Metroplus side support
 - Medicaid supplemental payments like DSH/UPL
- Fiscal Year 2018 spend was ~\$11.95M for combined services. Total NTE amount of ~\$65m based on 3% inflation each year (5% for rate growth -2% for cost containment initiatives)



Procurement Overview

- Existing contracts with 4 firms ended 12/31/18. Contract Review Committee approved 6 month extension to allow new team to evaluate current state before designing new RFP
- New RFP was posted to the City Record 1/16/19
- Proposals due 2/15/19 (10 proposals received; None were MWBE)
- Evaluation committee convened on 2/27/19 to assess written submissions
- 7 firms were invited in to present based on natural break of proposal-only scoring
 - Presentations occurred in March and April, 2019
 - Presentations included in-depth overviews of firm capabilities, experience, management processes, value-added services, and extensive Q&A



Evaluation

- Evaluation Criteria
 - Experience [50%]
 - Cost and Billing & Managerial Practices [30%]
 - Staff Development & Diversity [10%]
 - Value-Plus Services [10%]

- Evaluation Committee included Office of Legal Affairs attorneys and operations staff as well as key business “clients” from Compliance, Finance, and Medical and Professional Affairs



Contract Highlights

- 7 firms were selected because of their relative strengths in key subject areas
 - Work is assigned within the discretion of General Counsel - we select the firm used based on fit for project and cost-effectiveness
- All firms agreed to cap hourly rates at RFP-defined levels that represent, in most cases, very steep discounts off “rack rates” (e.g., \$540/hour for partners)
 - Higher defined rates were permitted for the highest-risk matters involving claims or potential claims under the False Claims Act (e.g., \$650/hour for partners)
- Contract facilitates improved utilization management
 - Stricter billing guidelines established
 - All firms will submit bills into a bill management system that allows transparency, tracking, and error identification in bills
- Contract encourages use of alternative fee structures for discrete matters
- Proposers offered new value-add services such as Document repositories, free Continuing Legal Education (CLE) courses on our request, inexpensive rates for large discovery projects



Finance Committee Approval Request

- We are seeking approval to enter into contracts for legal services with
 - Crowell & Moring, LLP
 - Epstein Becker & Green, P.C. (Incumbent vendor)
 - Fox Rothschild, LLP
 - Garfunkel Wild, PC (Incumbent vendor)
 - Katten Muchin Rosenman, LLP (Incumbent vendor)
 - Moses & Singer, LLP (Incumbent vendor)
 - Sheppard, Mullin, Richter & Hampton, LLP

- Contract term for
 - 3 years with two 1-year renewals effective 7/1/19
 - Collective contract value not-to-exceed \$65,620,919
 - This is a conservative contract value (i.e., upper range estimate) because a significant amount of the expense is driven by strategic business needs of various departments and by events that cannot be anticipated, like major litigation.

- OLA will report to the Board annually on actual spend under this contract.



RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute an agreement with Belfor Property Restoration (“Belfor”) to provide as needed emergency incident recovery services to the System’s facilities over a three-year term with two one-year renewal options exercisable solely by the System.

WHEREAS, disasters such as Superstorm Sandy require immediate disaster recovery services; and

WHEREAS, in the immediate aftermath of a major disaster there is not enough time to properly procure such recovery services and there is a risk that the services that can be engaged at the time will be overpriced; and

WHEREAS, it is better practice to competitively procure in advance standby disaster recovery services that will be available to the System if there is a major disaster at pre-determined rates; and

WHEREAS, after approvals by the Contract Review Committee, the System issued a request for proposals, evaluated three proposals and determined to award a contract to the highest-rated proposer; and

WHEREAS, no funds are allocated to the proposed contract because the amount of money needed cannot be predicted and will have to be provided based on the circumstances upon a declaration of emergency by the President of the System; and.

WHEREAS, the contract can be utilized only following a declaration of emergency by the President of the System; and

WHEREAS, the proposed agreement will be managed by the Senior Assistant Vice President for Emergency Management on behalf of the President of the System.

NOW THEREFORE BE IT:

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized to execute an agreement with Belfor Property Restoration to provide as needed emergency incident recovery services to the System’s facilities over a three-year term with two one-year renewal options exercisable solely by the System.

EXECUTIVE SUMMARY
RESOLUTION TO AUTHORIZE CONTRACT
WITH BELFOR PROPERTY RESTORATION
FOR AS NEEDED DISASTER RECOVERY SERVICES

- BACKGROUND:** Superstorm Sandy necessitated the System to retain a vendor to provide immediate disaster recovery services such as pumping out water, providing emergency generators, making emergency electrical repairs, etc. Under the pressure of the disaster, it was impossible to conduct a proper competitive procurement for such services. Signal Restoration, engaged as a subcontractor through Crothall for immediate service following Superstorm Sandy, was paid \$131.4M between October 2012 and November 2013. FEMA ultimately accepted the appropriateness of such arrangement but, from Sandy, the System learned the potential benefits of procuring such services in advance to be available if and as needed. Accordingly, in December 2013 the System awarded a 3 year contract with one 2-year renewals to LVI Services as a result of an RFP. LVI changed its name to Northstar Recovery Services following a merger. The current contract expired November 30, 2018 and was extended to August 30, 2019.
- PROCUREMENT:** The System issued a Request for Proposals on March 08, 2019. Walk-throughs of six facilities were conducted on March 25, 2019 and March 26, 2019. Three proposals were received, evaluated and scored. Through this process the Selection Committee evaluated the proposals on the basis of (1) resource mobilization and response time, (2) experience, (3) cost, (4) preventative recommendations and (5) MWBE utilization plan. Belfor Property Restoration was selected on these criteria.
- BUDGET:** Budget authorization is contingent on a declaration of emergency by the President of the System. The amount of money that would be needed to respond to an emergency cannot be estimated in advance and will have to be evaluated at the time.
- MWBE:** Belfor has committed to 20% utilization of MWBE services
- TERM:** The term of the proposed agreements is three years with two one-year options to renew solely exercisable by the System.
- CONTRACT TERMS:** As part of the RFP process, Belfor committed to prices for an extensive list of goods and services that might reasonably be expected to be needed following a disaster. In awarding the contract to Belfor, the cost component was based on these committed prices. The proposed contract does not commit the System to use Belfor but the firm is available to provide services if and when needed. The services to be provided would be defined in a work order issued following a Declaration of Emergency issued by the System's President. The proposed agreement with Belfor requires adherence to System policies for the procurement of any goods or services not already priced by the vendor in the contract and adherence to FEMA policies such that FEMA reimbursement is assured to the extent possible.

Vendor name: Belfor Property Restoration
Contract Amount: In Excess of \$100,000
Contract Number:
Biddle Number: 32231
Contract Description: Recovery Services
Submitted by: Paul Angeli
Date: 6/12/2019

The above referenced vendor provided an EEO questionnaire response and workbook data for a workforce analysis consistent with New York City Charter, Chapter 56.

After review of the questionnaire and data in comparison to the corresponding U.S. Census data, the following determination is hereby issued by the Office of Legal Affairs:

- ☒ Approved
- ☐ Approved with follow-up review and monitoring
- ☐ Approved Conditionally - Subject to Board of Director's EDI Committee Review

KT/srp

Emergency Incident Recovery Services

Application to Enter into Contract Board of Directors Meeting June 20, 2019

Nicholas V. Cagliuso, Sr., PhD, MPH
Senior AVP for Emergency Management



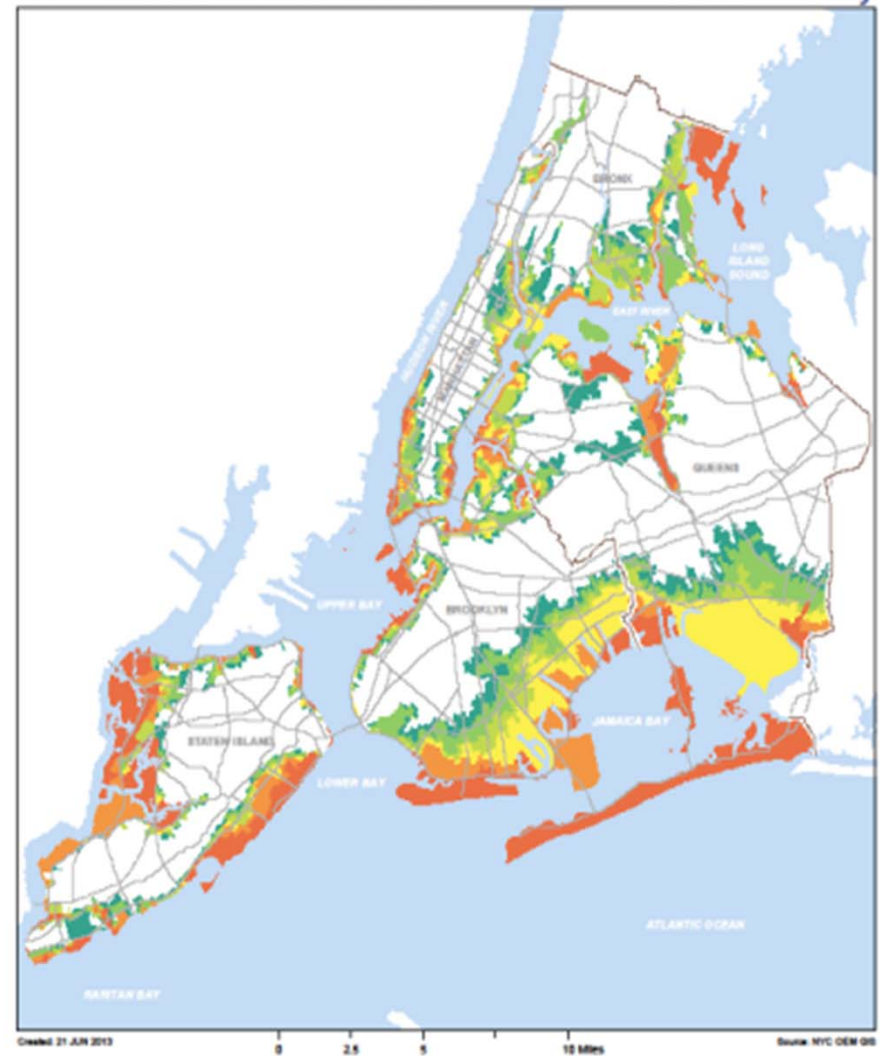
Background

- Central Office Emergency Management's (COEM) mission-centric goal:
 - To ensure the provision of safe, effective care to all, 24/7/365, without fail, via an all-hazards (natural, technological and intentional incidents) mitigation, preparedness, response and recovery approach.
- October 2012's Superstorm Sandy necessitated H+H to retain a vendor to recover from its severe impacts.
- Signal Restoration Services was engaged as a subcontractor, through Crothall, for immediate services following Superstorm Sandy and was paid \$131.4M between October 2012 and November 2013.
- In December 2013, LVI Services was awarded a 3-year contract with one, 2-year renewal via an RFP.
- LVI changed its name to Northstar Recovery Services following a merger.
- Cost of Northstar for 5 years (12/1/13 – 11/30/18) was \$2,501,061.
- Current contract expires 8/31/19.
- Application to issue RFP approved by CRC 3/5/19.



Evacuation Zone	Facility
1	Bellevue
1	50 Water Street
1	55 Water Street
1	160 Water Street
2	Metropolitan
2	Coney Island
2	Coler
3	None
4	Lincoln
4	Harlem
4	125 Worth Street
5	Woodhull
5	Gouverneur
5	Cumberland
6	Belvis
6	Carter

Hurricane Evacuation Zones New York City



NYC
Emergency
Management

Zone 1 Zone 3 Zone 5
Zone 2 Zone 4 Zone 6



RFP Criteria

➤ Minimum criteria:

- Minimum of 10 years in business
- Must have minimum of 1 response or distribution center in the New York City tri-state area
- Must have completed a minimum of \$50,000,000 in emergency restoration projects within the past five years
- Must have a minimum net equity level of \$10,000,000

➤ Substantive Criteria:

- | | |
|---|-----|
| ➤ Resource Mobilization/Response Time | 30% |
| ➤ Experience | 30% |
| ➤ Cost | 20% |
| ➤ Preventative Recommendations | 10% |
| ➤ MWBE Utilization Plan, or MWBE Status | 10% |

➤ Evaluation Committee:

- | | | |
|--------------------------|----------------------------|--|
| ➤ Cagliuso, Nick (chair) | Senior Asst Vice President | Office of the President |
| ➤ Wilson, Joe | Senior Asst Vice President | Supply Chain Services |
| ➤ Weinstein, Roslyn | Vice President | Office of Facilities Development |
| ➤ Marcellino, Joe | Associate Director | Emergency Management (Coney) |
| ➤ Meisels, Dan | Senior Associate Director | Safety, Security & Emergency Management (Gouverneur) |
| ➤ Rawlings, Michael | COO | Executive Administration (Bellevue) |
| ➤ Scott-McKenzie, Lisa | Deputy Executive Director | Executive Administration (Woodhull) |



Procurement Overview

- RFP issued 3/8/19 and published to City Record.
- Facility walk-throughs conducted 3/25 & 26/19; focused on evacuation zones 1-4:
 - Bellevue
 - Coler
 - Coney
 - Gouverneur
 - Lincoln
 - Metropolitan
- 4 vendors participated:
 - Led by facility Directors of Emergency Management and Engineering
- Proposals due 4/5/19; 3 responsive proposals received.
- Belfor Property Restoration was Evaluation Committee's highest scoring vendor.



Contract Highlights

- Received favorable references from:
 - Scott Strauss, Assistant Vice President, Northwell Health
 - Richard Cohen, Vice President of Operations, NYU Langone Medical Center
- Largest disaster recovery company in the world:
 - Founded 1946; >300 offices in 26 countries
 - ~2,700 U.S.-based staff
 - Not franchised; manager-owned
- Largest remediation equipment fleet in North America; over \$1B in assets:
 - 24/7/365 single-source recovery solutions (labor, tools, equipment (generators, pumps, dehumidifiers), material, permits & insurance to complete all tasks.)
 - 5 NY locations: Albany, Maspeth, Hudson Valley, Ronkonkoma, Westchester
 - 2 NJ Locations: Piscataway (North), Moorestown (South)
 - 1 Connecticut location: Wallingford
- Agreed to conduct Annual Readiness Assessments at no cost across H + H:
 - Supports CMS and TJC regulatory & accreditation requirements
- Significant cost savings compared to other proposals:
 - \$0 cost; includes negotiated cost schedule for all labor, equipment & consumables
- MWBE utilization plan of 30%:
 - 10% to 192 Branch Interior Services, Inc., MBE.
 - 10% to Coventina Construction Corp., WBE.
 - 10% agreed to; pending submission.



Contract Operations Overview

- Who: Contract can only be activated following a Declaration of Emergency by NYC Health + Hospitals' President & CEO
 - Managed by Central Office Emergency Management via established Incident Assessment & Activation Matrix
 - Assumes incident impacts have exhausted all internal and third party resources (e.g., current vendor contracts)
 - Contract does not commit System to use Belfor, but assures firm's availability on an as-needed basis
- When:
 - Forecasted Emergency Incident (e.g., weather event)
 - Belfor will provide pre-planning details to COEM at least 72 hours before forecasted incident onset & coordinate immediate pre-arrival and pre-positioning of resources.
 - Acute Emergency Incident (e.g., fire)
 - Within 1 hour of notification by COEM, Belfor will confirm receipt and provide on-site ETA.
 - Belfor will arrive at impacted sites within 12 hours of initial communication; average response time is <2hours.
 - Within 24 hours of initial response, COEM will provide Belfor with initial Task Order.
 - Exploring "Red Alert Premium Plus" prioritization service.
- Why: "Overpreparedness" fallacy
 - Mitigation and preparedness costs (life, property and reputation) are always significantly less than recovery costs.
 - Negotiating and securing competitive procurements during "blue skies" always more cost-effective.
 - Ensures, to extent possible, FEMA-compliant reimbursement documentation.



Central Office Emergency Management Incident Assessment & EOC Activation Matrix

Minimum CO EOC Activation Level

Severe

Incident Scope: > 1 Site
Duration: >24 hours
Severe Patient Surge
Impact/Intensity:
Staffing: Severe impact
Supplies: Severe shortage of essential items
Evacuation: >1 patient unit, ambulatory care site, or Central Office location
Infrastructure: Failure of >1 application or system for >2 hours

Full

Moderate

Incident Scope: 1 site
Duration: 12 -24 hours
Moderate Patient Surge
Impact/Intensity:
Staffing: Moderate impact
Supplies: Moderate shortage of essential items
Evacuation: 1 patient unit, ambulatory care site, or Central Office location
Infrastructure: Failure of 1 application or system for <1 hour

Partial

Minor

Incident Scope: 1 site
Duration: < 12 hours
Minor Patient Surge
Impact/Intensity:
Staffing: Minor impact
Supplies: Minor shortage of essential items
Evacuation: None anticipated
Infrastructure: Failure of 1 application or system for <1 hour

Virtual

Normal

Ongoing surveillance and monitoring activities for comprehensive situational awareness
Ongoing Training, Testing, & Exercising of protocols, equipment, applications, & systems

Operations



Approval Request

- We are seeking approval to enter into contract with Belfor Property Restoration for Emergency Incident Recovery Services:
 - 3-year contract with two, 1-year options to renew
 - \$0 cost; includes negotiated cost schedule for all labor, equipment & consumables



RESOLUTION

Adopting in the name of the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) Board of Directors its Community Health Needs Assessment (“CHNA”) for NYC Health + Hospitals’ eleven acute care hospitals and for the long-term acute care portion of NYC Health + Hospitals/Henry J. Carter Specialty Hospital and Rehabilitation Center.

WHEREAS, NYC Health + Hospitals operates eleven acute care hospitals and the long-term acute care hospital portion of NYC Health + Hospitals/Henry J. Carter Specialty Hospital and Rehabilitation Center; and

WHEREAS, NYC Health + Hospitals is recognized as tax exempt status under Section 501(c)(3) of the Internal Revenue Code (the “IRC”); and

WHEREAS, the Patient Protection and Affordable Care Act, signed into law in 2010 (the “Affordable Care Act”), added to the IRC Section 501(r)(3) which requires that hospital organizations recognized as tax exempt conduct a CHNA at least once every three years; and

WHEREAS, IRC 501(r)(3) requires that NYC Health + Hospitals engage community stakeholders at each of its hospitals to identify and prioritize their communities’ health needs; and

WHEREAS, NYC Health + Hospitals’ Medical & Professional Affairs division collaborated with OneCity Health in preparing a CHNA titled, 2019 NYC Health + Hospitals Community Health Needs Assessment the executive summary of which is attached; and

WHEREAS, a copy of the entire CHNA has been distributed to each member of the Board of Directors; and

WHEREAS, under the Affordable Care Act, a hospital organization’s governing body or an authorized committee must adopt the CHNA and

WHEREAS, the CHNA is subject to immaterial changes to correct spelling mistakes and improve formatting; and

WHEREAS, the CHNA will be made widely available to the public through NYC Health + Hospitals’ website and at NYC Health + Hospitals’ eleven acute care hospitals and at Henry J. Carter Specialty Hospital and Rehabilitation Center before June 30; and

NOW, THEREFORE, BE IT

RESOLVED, that the New York City Health and Hospitals Corporation Board of Directors hereby adopts the New York City Health and Hospitals Corporation’ Community Health Needs Assessment for NYC Health + Hospitals’ eleven acute care hospitals and for the long-term acute care portion of NYC Health + Hospitals/Henry J. Carter Specialty Hospital and Rehabilitation Center.

EXECUTIVE SUMMARY
ADOPTION OF
2019 NYC HEALTH + HOSPITALS
COMMUNITY HEALTH NEEDS ASSESSMENT

OVERVIEW: Through an amendment to the Internal Revenue Code (the “IRC”) the Patient Protection and Affordable Care Act (the “Affordable Care Act”) imposed on all tax exempt hospital organizations the obligation to conduct a Community Health Needs Assessment (a “CHNA”) not less often than every three years with respect to all acute care hospitals they operate. Regulations adopted under the IRC make clear that CHNA’s may properly be prepared for multiple acute care hospitals at one time provided that there is a separate analysis made for each facility. New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) has prepared a CHNA every three years since 2010 and its Board has duly adopted the same.

PROPOSAL: NYC Health + Hospitals’ Medical and Professional Affairs unit has collaborated with its OneCity Health unit to prepare the current CHNA. To prepare the proposed CHNA, the team made extensive efforts to engage the various communities through the hospitals’ Community Advisory Boards and in other ways. A copy of the full CHNA titled, 2019 NYC Health + Hospitals Community Health Needs Assessment has been distributed to every member of the NYC Health + Hospitals’ Board of Directors and upon its adoption by the Board of Directors, the CHNA will be posted on the NYC Health + Hospitals’ public website as required by IRC Section 501(r).

NYC HEALTH + HOSPITALS

COMMUNITY HEALTH NEEDS ASSESSMENT 2019

EXECUTIVE SUMMARY

A child born in East Harlem today has a life expectancy of 77 years. By comparison, a child born just 2 miles south (or 6 minutes by an express train) on the Upper East side has a life expectancy that is 9 years longer. The child born in East Harlem is twice as likely to develop diabetes and 1.5 times more likely to experience asthma. This is not surprising when a child in Harlem is 3.5 times more likely to experience housing instability, 14 times more likely to come from a low-income single-family home and has a meal gap of 34 meals per month. NYC Health + Hospitals believes that a person's neighborhood should not inhibit their ability to live their healthiest life.

This Community Health Needs Assessment (CHNA) takes a systematic approach to better understand, identify and prioritize the health needs of the community served by NYC Health + Hospitals. Under the Affordable Care Act, non-profit hospitals are required to periodically complete a CHNA, with input from its communities, to identify and prioritize their significant unmet health needs. Prioritized needs will be addressed in a future Implementation Strategy.

Health needs in the context of these regulations is understood to broadly include all issues that influence a person's overall physical, mental and emotional health and well-being. Examples of health needs include access to comprehensive health care, having proper nutrition, access to affordable and quality housing and having healthy living and working environments. Some of these issues are affected by health care directly or can be improved through social and environmental change.

This report will form the basis for the strategies that NYC Health + Hospitals and the community will undertake to solve these challenges.

NYC Health + Hospitals, the largest public health care system in the U.S., serves over 1 million people annually, and offers comprehensive, accessible and affordable health care to all, without exception. The system's 11 acute care hospitals and long-term acute care hospital, provide top-ranked trauma care, offer dozens of inpatient specialties and mental health services and keep communities healthy through a robust network of primary and specialty care for children and adults. NYC Health + Hospitals facilities have earned numerous special designations for quality and culturally responsive care and have received top ranks by U.S. News and World Report.

"NYC HEALTH AND HOSPITALS STANDS ON A FOUNDATION OF COMPASSION, HEALING AND ACCEPTANCE OF ALL. WE ARE STEADFAST IN OUR COMMITMENT TO PROVIDE HIGH-QUALITY CARE TO ALL OUR PATIENTS, REGARDLESS OF RACE, RELIGION, CULTURE, IMMIGRATION STATUS, GENDER IDENTIFICATION OR ECONOMIC STRATA."

- Dr. Machel Allen,
Senior Vice President/Chief Medical Officer
NYC Health + Hospitals

OUR APPROACH

On behalf of NYC Health + Hospitals, OneCity Health, the system's Performing Provider System (PPS) formed under the auspices of the Delivery System Reform Incentive Payment (DSRIP) program, conducted the 2019 NYC Health + Hospitals CHNA leveraging relationships with community partners, its robust data analytics capabilities and a platform for convening stakeholders.

To reduce inequities in health outcomes by addressing root causes of health problems, OneCity Health recognized the need to bring a diverse, multi-stakeholder group together to develop a collective agenda. Findings were driven by this inclusive community engagement process reflective of the communities served, summarized as follows:

- +60 one-on-one expert interviews conducted with community stakeholders including OneCity Health PPS governance members, NYC Health + Hospitals clinical service line leads, Central Office and facility leadership and MetroPlus
- 16 community forums hosted at NYC Health + Hospitals facilities between April 2019 and June 2019 attended by Community Advisory Board (CAB) members, Patient Family Advisory Council representatives, community agencies and hospital employees
- 12 NYC Health + Hospitals facilities provided responses to the specific needs of their populations served

To validate the qualitative findings, OneCity Health applied data analytics on top of community feedback to identify and prioritize community health needs and assess changes in population demographics. The following inputs were used:

- +450 CHNA surveys were administered and completed by NYC Health + Hospitals community members and leaders
- OneCity Health conducted demographic and utilization projections using NYC Health + Hospitals data
- Insights from IP3 Assess, a data analytics platform that standardizes and prioritizes indicators to identify health priorities and areas of opportunity
- Literature review of NYC DOHMH and NYSDOH findings from publications and data and analytics

PRIORITY HEALTH NEEDS

In many ways, the major themes from needs assessments conducted by the system in 2013, 2014 as part of the DSRIP program, and in 2016 are consistent in 2019 – the people served by NYC Health + Hospitals still experience a significant chronic and behavioral disease burden characterized by health conditions such as cancer, heart disease, diabetes, obesity, and hypertension, which are partly driven by lifestyle choices (e.g., healthy eating and regular physical activity). NYC Health + Hospitals has been very responsive to these issues – investing in more and easier access to primary and specialty care and being a leader in mental health and substance use disorder services. The system has improved community partnerships through DSRIP and has dedicated resources to account for social risk factors and health equity.

Two priority areas of need were identified in the 2019 CHNA: 1) reducing the burden of life cycle and lifestyle driven illnesses and 2) redesigning health care for communities. These findings were also reflected in the results of over 450 surveys completed by community members and clinical experts as outlined in Exhibits A and B.

REDUCING THE BURDEN OF LIFE CYCLE AND LIFESTYLE DRIVEN ILLNESSES

The lifestyle or environmental conditions into which someone is born, plays, lives, works and ages present social risk factors that impact health and life expectancy. These factors combined with the evolution of one's health throughout the life cycle can lead to poor long-term health outcomes. To ensure every New Yorker has the same opportunity to live a healthy life and achieve healthy equity, social risk factors must be reduced and life cycle illnesses addressed.

The populations that NYC Health + Hospitals serves are historically and continue to be the most marginalized populations in New York City. Marginalized groups are more likely to experience poverty and communities living in poverty face a disproportionate amount of harmful daily exposures which contribute to lifestyle driven disease across the life cycle, including poor birth outcomes, airway diseases, diabetes, hypertension and heart disease.

Children who grow up in poor housing conditions and with indoor and outdoor air pollution have greater risk of airway diseases like asthma. These individuals are more likely to experience housing instability and poor housing conditions, with pests, mold and crowding. Children and adults without access to affordable, quality, health foods and safe neighborhood spaces for physical activity are more likely to struggle with obesity, Type 2 diabetes, hypertension and heart disease.

Poverty is perpetuated as residents of poor neighborhoods experience structured lack of access to economic opportunity. The impact of chronic stress related to daily life experiences uniquely contributes to chronic and mental illness risk. Gang, gun and drug-related violence are more prevalent in low-income communities. Individuals in these communities regularly exposed to unhealthy marketing of tobacco products and are also have easy access to fast food and liquor stores.

Populations facing unique health equity challenges; individuals who are:*

- Adolescents and young adults
- Survivors of domestic violence
- Food insecure
- Homeless or individuals with housing instability
- Immigrant
- Incarcerated or previously incarcerated
- LGBTQ
- Pregnant women of color

Ultimately, living in poverty exposes individuals to factors across the lifecycle which impact their ability to get and stay healthy. These exposures lead to complex comorbidities as the population ages. Moreover, these factors have detrimental effects on mental health and well-being. Constant exposure can result in depression, feelings of hopelessness and poor overall quality of life.

NYC Health + Hospitals serves populations facing unique equity challenges including adolescents and young adults, domestic violence survivors, individuals that deal with food insecurity, the homeless or individuals with housing instability, immigrants, incarcerated or previously incarcerated individuals, LGBTQ communities and pregnant women of color. These populations – identified by community stakeholders during the CHNA process – historically and today have not had access to social, political and economic power due to institutionalized and societal discrimination, which leads to negative physical and mental health outcomes.

REDESIGNING HEALTH CARE FOR COMMUNITIES

Today patients go to one doctor for their left arm and another doctor for their right arm. By redesigning the health care system around communities and patients, providers can more easily treat patients, rather than diseases alone. An empowered patient experience is one where the patient and provider can build a long-term relationship and establish clear goals, resulting in a more meaningful, approachable and personable health care encounter. This requires rethinking systems of care especially as health care extends beyond the four-walls of the hospital and into the spaces people live, work and play.

To achieve full potential, a delivery-system must scale efforts around common goals while meeting the needs of local communities. An infrastructure for scaling is required, comprised of foundational strategic pillars, an engaged and flexible workforce, a common platform for communication and collaboration and the delivery of high-quality services in a financially sustainable way.

*Source: Based on the findings of over 60 community stakeholder interviews and 16 community forums conducted between April 2019 and June 2019.

Rethinking health care systems

Ease of access and navigation

Access to health care is critically important to advancing health equity, however, access alone is not enough. The populations that NYC Health + Hospitals serve face additional challenges that make engaging in care difficult. For example, language is a significant barrier given that 20% of New York City's population has limited English-speaking proficiency, which affects one's ability to access and navigate the health system.

Specific population groups face hassles that make it more difficult to access or engage in care because of where they live, stigma they face and whether they have access to health insurance.

Care should be provided in a way that is convenient and clinically appropriate, and the patient's care experience, education and engagement should be convenient and culturally competent.

**"WE NEED TO MAKE THE SYSTEM AS GOOD
AS THE PEOPLE IN IT."**

- Dr. Mitchell Katz,
President and CEO, NYC Health + Hospitals

Patient-provider relationship

Health care must preserve the true provider patient-relationship where the path to treatment starts with understanding. When providers and patients have the opportunity to develop a relationship through longitudinal care, better health care outcomes are achieved. Continuity of care enables providers to better understand their patients, their preferences and their social environment. A strong patient-provider relationship facilitates of continuity of information, shared decision making and patient empowerment.

Health care cost and transparency

High costs and lack of cost transparency also lead patients to forgo or delay care until their health needs are dire. Patients are then forced to seek care in the emergency room, which raises costs of care for both patients and the health system. Those with a fixed income, especially the aging, face additional challenges.

An infrastructure for scaling

Workforce

A well-equipped and engaged workforce is critical to the foundation of a health care delivery system. Today, the health care workforce is experiencing shortages of providers in critical fields such as primary care, mental health and nursing. To maximize existing resource, a highly engaged workforce that is empowered to work at the top of their licenses is required.

In addition, antiquated regulations around non-provider workforce creates challenges for the health system effectively deploying resources. New care models require a workforce that is

flexible in how care is rendered - from the hospital into the home - and leverages all levels of the workforce. As these changes are implemented, cultural competency including multilingual staff (clinical and non-clinical) must be a priority.

Information sharing

Community members may not know what services are available to them or when and how to access the appropriate care. Services have historically been defined by health care providers and systems, rather than by the community or consumer of care.

After a lifetime of calling 9-1-1 or using the emergency department for primary care or medication refills, a new approach is required to engage patients in their care and encourage them to use care differently. In the same way that we communicate to patients with different languages and modalities in the clinic setting, information about health care needs to be shared in the same ways people consume other information in their daily lives.

For patients to be partners in their own health, sharing information with a common vocabulary and in a way that matters to the patient is essential for shared decision making. Further, use of tools like MyChart can maintain a connection to patients when they are in the community.

Capturing and understanding information about the communities and patients NYC Health + Hospitals serve allows for a more proactive approach to population health. To breakdown silos across the system, a common fabric is required for clinical communication and collaboration.

Further, by empowering clinicians with the right information at the right time, the system can deliver higher-value care. Standardizing the communication of data between providers allows for a common system vocabulary. This requires a clinical communication and collaboration platform across providers.

Financial sustainability

The financial sustainability of NYC Health + Hospitals is critical to its future as the safety-net system for New York City. Current payment structures put safety-net hospitals at risk. Health systems face difficulty in designing new care models for value-based payment that are financially sustainable as they are primarily still paid using fee-for-service models.

As payment reform shifts to taking on increased risk for the cost and quality of care delivered, financial incentives should place greater emphasis on primary care and specialty access to ensure sufficient access to these services which are critical for population health. To be successful in new financial arrangements, the system will need to continue to enroll patients who are eligible into insurance, including enrollment into the NYC Health + Hospitals health plan, MetroPlus. Further, the system must operate in such a way that health plan members choose to stay in network and continue to see NYC Health + Hospitals as their provider of choice. While alternative payment model demonstrations have fostered some innovation, the gains will be difficult to sustain until financial models are also transformed.

System-complexity and scale

To truly leverage the full reach of NYC Health + Hospitals' resources the system must function as a cohesive unit rather than a sum of its parts. The development of a comprehensive system with sufficient and primary care specialty access requires coordination of providers, effective data sharing practices, connections across the community and integration with MetroPlus, the NYC Health + Hospitals health plan.

NYC Health + Hospitals must take advantage of its scale and size while still tailoring services to the diverse and varied needs of the populations served. Systems must be designed around the individual patient journey and information must flow seamlessly between a care team and as patients transition between care settings. If systems operate as a system in name-only, clinical staff have to spend more time navigating separate entities rather than focusing on patient care.

FINDING SOLUTIONS AND BUILDING HEALTHY COMMUNITIES

With the completion of the CHNA, NYC Health + Hospitals will work with system and community stakeholders (including other New York City agencies, community partners, providers and patients) to develop an implementation plan responsive to the identified priority needs. What became clear during the community engagement process was that the while each hospital and surrounding community have unique disease burdens and needs, major concerns are consistent across neighborhoods, health care, hospitals, patients and providers. These issues are structural and complex and will require a collective impact to achieve and hardwire positive, lasting change.

"WE COULD CREATE PROGRAMS THAT WOULD DISRUPT HEALTH CARE IN A MEANINGFUL AND EXCITING WAY – MAKE US A TRULY RESPONSIVE SYSTEM IN A WAY THAT NO ONE ELSE CAN."

- Israel Rocha,
Vice President, NYC Health + Hospitals
CEO, OneCity Health

Exhibit A.

Top 10 perceived risk factors for poor health and death by community stakeholders	Average ranking (Scale 1 to 5)
Poverty and low-income status	3.91
Obesity and high BMI	3.88
Housing access, affordability and quality	3.86
Stress and emotional well-being	3.71
Aging and frailty	3.69
Access to mental and behavioral health care	3.68
Hunger, food access and poor nutrition	3.67
Immigration and citizenship status	3.60
Health care literacy (understanding how to use health care & advice from caregivers)	3.59
Tobacco and e-cigarettes	3.58

Exhibit B.

Top 10 perceived causes of poor health and death by community stakeholders	Average ranking (Scale 1 to 5)
Diabetes	4.33
Heart Disease and high blood pressure	4.30
Mental health disorders, including depression	4.02
Drug use, including opioids	3.94
Asthma	3.72
Cancer	3.70
Stroke	3.68
Alcohol use	3.62
COPD and other lung diseases	3.60
Dementia and Alzheimer's Disease	3.51

1= not a significant problem
5 = significant problem

Exhibits A and B findings are based on the results of over 450 Community Health Needs Assessment surveys administered to community stakeholders and NYC Health + Hospitals clinical and operational leaders.

2019 Community Health Needs Assessment

NYC Board of Directors Board Meeting

June 20, 2019

Dr. Machel Allen, Chief Medical Director

Israel Rocha, CEO OneCity Health

NYC
HEALTH+
HOSPITALS

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HEALTH

New Business –Action Item

Resolution to adopt 2019 Community Health Needs Assessment

RESOLVED, that the New York City Health and Hospitals Corporation Board of Directors hereby adopts the New York City Health and Hospitals Corporation' Community Health Needs Assessment for NYC Health + Hospitals' eleven acute care hospitals and for the long-term acute care portion of NYC Health + Hospitals/Henry J. Carter Specialty Hospital and Rehabilitation Center.

Community Health Needs Assessment (CHNA) background

- Opportunity to understand prioritized community health needs and co-create solutions through an implementation strategy
- To be adopted by the NYC Health + Hospitals Board
- IRS requirement for non-profit provider systems
- 2016 CHNA was approved and made publicly available on the NYC Health + Hospitals website

FY19 CHNA

- Define the community served
- Assess the community's priority health needs from community input
- Identify assets to address priority needs
- Evaluate impact of actions taken in prior CHNA
- Made publicly available by June 30

FY20 – FY22

Implementation Strategy

- Actions the system will take to address identified needs
- Anticipated impact of these strategies
- Programs, partnerships and resources the system will commit
- Made publicly available by November 15

2016 CHNA findings focused on facilities and individual diseases

Health Need	Bellevue	Carter	Coney Island	Elmhurst	Harlem	Jacobi	Kings County	Lincoln	Metropolitan	NCB	Queens	Woodhull
Hypertension	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Diabetes	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Obesity	✓	✓		✓		✓			✓	✓	✓	✓
Heart Disease	✓	✓	✓	✓		✓	✓	✓	✓			✓
Mental Illness	✓			✓		✓	✓			✓	✓	
Substance Use					✓			✓				✓
Asthma					✓	✓		✓	✓	✓		
Cancer			✓	✓			✓					
Smoking			✓		✓						✓	
Violence												
HIV/AIDS												
Dementia		✓										
Perinatal												

 Indicates an identified priority health need

NYC Health + Hospitals has made significant progress since the 2016 CHNA through transformative efforts

Example initiatives

- Expanded primary and specialty care access (37 new primary care physicians, + 300 net new nurses)
- Implemented EPIC H2O
- Launched new care models including ExpressCare
- Partnered with Planned Parenthood to train school-based clinicians
- Increased number of e-Consult sites
- Introduced single call center
- Opened comprehensive Pride Health Centers for LGBTQ community
- Expanded legal services
- Expanded access to opioid addiction treatment
- Rolled out ICARE system-wide
- A commitment to a Culture of Safety
- Bolstered financial sustainability efforts
- Improved community partnerships through OneCity Health under DSRIP
- Created NYC Care membership program

NYC Health + Hospitals conducted a comprehensive and inclusive CHNA process, facilitated by OneCity Health

Qualitative analysis

+60 Expert interviews

- OneCity Health PPS governance members
- System clinical service line leads
- NYC Health + Hospitals Central Office and facility leadership
- MetroPlus

16 Community forums at each NYC Health + Hospitals facility

12 NYC Health + Hospitals facility responses

Quantitative analysis

+450 Surveys

- OneCity Health demographic projections and utilization analyses
- IP3 data analytics platform
- DOHMH and NYSDOH literature review and data sources

Stakeholder interviews

- Arthur Ashe Institute for Urban Health
- Brightpoint Health
- Fox Rothschild
- Healthfirst
- HealthPeople
- The Jewish Board
- Make the Road New York
- MetroPlus
- NADAP
- New York Immigration Coalition
- NYC Health + Hospitals
- NYLAG
- OneCity Health
- Planned Parenthood
- Riseboro Community Partnership
- Services for the UnderServed (SUS)
- SUNY Downstate Medical Center

Priority Area

Reducing the burden of life cycle and lifestyle driven illnesses

Identified challenges

- Complex and challenging community-level structural issues
- High chronic and mental illness

Populations facing unique health equity challenges

- Adolescents and young adults
- Domestic violence survivors
- Food insecure
- Homeless or individuals with housing instability
- Immigrant
- Incarcerated or previously incarcerated
- LGBTQ
- Pregnant women of color

Cyclic nature of poverty:

“There is a cycle starting with poverty and unemployment leading to mental health and drug activity.”

- Community forum participant, NYC Health + Hospitals/Harlem

Mental health epidemic

“Manifestation of all the social challenges in our communities.”

- Community forum participant, NYC Health + Hospitals/ Lincoln

“Stigma and lack of opportunity in our communities has resulted in drug and alcohol use, [which seems to be] the only readily available coping mechanism.”

- Community forum participant, NYC Health + Hospitals/ Harlem

Perceived and real risk for immigrant populations related to public charge:

“Immigrants don’t participate because they are afraid of being reported.”

- Community forum participant, NYC Health + Hospitals/Carter

Maternal health:

“Maternity rates among black and brown [women] along with the issues pre- and post- maternity are increasing [regardless of income]. We need to take advantage of the Serena and Beyoncé moment to get more women into preventative care and make sure they get genetic testing.”

- Community forum participant, NYC Health + Hospitals/ Metropolitan

Priority Area

Redesigning health care for communities

Identified challenges

Rethinking systems of care

- Ease of access and navigation
- Patient-provider relationship
- Health care cost and transparency

Infrastructure for scaling

- Workforce
- Information sharing
- Financial sustainability
- System-complexity and scale

Provider relationships, bias, and health outcomes:

“[Building] trust and having a longer relationship with your PCP is important for health outcomes because blacks and Hispanics have a long history of facing bias and discrimination from the medical community.”

— Community forum participant, NYC Health + Hospitals/Carter

Complexity of health care and systems carry a cost to communities:

“I think in this country it’s very difficult to navigate the health care system. It’s not design[ed] to be easy to use – even for a college educated person.”

— Community forum participant, NYC Health + Hospitals/Woodhull

Challenges accessing available programs and resources:

“The community at large doesn’t know about the existing services that are already in place.”

— Community forum participant, NYC Health + Hospitals/NCB/Jacobi

Patient-Centered system design

“We need to improve system-ness across the hospitals. Patients should be able to seek primary care and then have access to and be able to flow through the full continuum of care.”

— Expert interview, NYC Health + Hospitals

Top 10 identified risk factors for poor health and death

After surveying over 450 community members and stakeholders, the following risk factors for poor health and death ranked highest. These findings align with discussions with clinical experts and community members who agree that health equity cannot be achieved unless these risk factors are addressed.

Poverty and low-income status

Communities living in poverty face a disproportionate amount of harmful daily exposures which contribute to lifestyle-driven diseases including stress, anxiety, type 2 diabetes, hypertension and heart disease. Further, poor health outcomes, as a result of poverty, lead to other inequalities in life.

Obesity and high BMI

Obesity continues to be on the rise and comes from an increased intake of high calorie foods and/or an increase in physical inactivity due to sedentary lifestyle. Obesity is often associated with higher risk of cardiovascular disease, heart disease and stroke, musculoskeletal disorders, cancers and diabetes. 81% of NYC Health + Hospitals adults with diabetes and 72% of children with diabetes are overweight, obese or morbidly obese.

Housing access, affordability and quality

Children and adults living in poor housing conditions face greater risks of mental and physical health conditions including anxiety, depression and obesity. Further, unaffordable housing can impact mental and physical health and social well-being.

Stress and emotional well-being

Positive mental health and well-being allows people to realize their full potential, cope with the stresses of life, work productively and make meaningful contributions to their communities. Alternatively, high levels of stress throughout life can increase risk for long-term health problems such as diabetes, heart disease, high blood pressure and obesity. A person without access to stress management skills and/or a support system is at risk for poor mental health outcomes.

Aging and frailty

In New York City, the elderly population is growing at a rate that is three times faster than the rest of the population. Elderly that is three times faster than the rest of the population, age-related combined with increased sedentary lifestyle is leading to a larger and older population with mobility limitations. Community related illnesses and a wide range of comorbidities. Community members have raised concerns about age bias in health care services, specifically that providers may not have the time to address the complex issues that aging populations face.

Access to mental and behavioral health care

Half of all mental disorders begin by age 14 and three-quarters by age 24. Early interventions and closing barriers to treatment improves mental health equity, provides individuals with tools to cope with stress and offers New Yorkers a better chance to live productive lives. Currently, 60% of mental health services in the City are provided by NYC Health + Hospitals.

Hunger, food access and poor nutrition

Along with physical inactivity, poor diet is the second leading cause of preventable death, causing 17% of all deaths in New York. Maintaining a healthy diet of quality, nutritious food is critical to a person's overall health and well-being. The inability to access affordable healthy food options that meet one's cultural diet, too many New Yorkers are unable to maintain a healthy diet or are food insecure.

Immigration and citizenship status

Immigration status has historically impacted an individual's insurance eligibility, at the same time health care and medications are too expensive to pay for out-of-pocket. With no alternatives, the uninsured delay care until their conditions progress or they see care when they are sick in emergency departments. While New York is committed to making sure health care is a right, policy at a federal level is causing fear about accessing health care or other public benefits.

Health care literacy

Health literacy is an individual's ability to understand health information and services to make more informed decisions about their health or the health of a loved one. There are many barriers to good health literacy - differences in language or cultural interpretation, communication channels that do not meet their intended audience, not having a shared vocabulary to discuss medical conditions, focusing on information rather than actions and a complicated payment and delivery system. Barriers to health literacy span ages, incomes and languages and should not be misconstrued with literacy levels.

Tobacco and e-cigarettes

Tobacco is the leading cause of preventable death in New York, causing 18% of all deaths. Recent legislation has made it harder to obtain tobacco products, including e-cigarettes, still, people of color and youth face disproportionate respiratory morbidity of these products, contributing to disparities in health outcomes. Tobacco directly causes chronic diseases, such as cancer and heart disease, and many diseases, such as COPD and asthma. Smoking is twice as common among groups reporting poor mental health status.

Bronx

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62 county health ranking*
out of 62 counties in New York

78.3 years life expectancy*
compared to New York City average of 81.2 years

What is the community's perception?

Top 5 contributors to poor health and death in the Bronx**

Risk factors
Access to mental and behavioral health care
Stress and emotional well-being
Housing access, affordability and quality
Obesity and high BMI
Poverty and low-income status

Causes
Diabetes
Heart disease and high blood pressure
Drug use, including opioids
Asthma
Mental health disorders including depression

Leading causes of premature deaths in the Bronx***

Cancer
1,281 deaths
88.3 per 100,000

Heart Disease
1,081 deaths
78.4 per 100,000

Unintentional Injury
348 deaths
24.9 per 100,000

Diabetes
198 deaths
13.9 per 100,000

CLRD
165 deaths
11.6 per 100,000

AIDS
161 deaths
11.6 per 100,000

Health status in the Bronx****

39% have one or more chronic condition

*2019 County Health Rankings
**Community Health Needs Assessment Survey Results, 2019
***NYC Health Statistics Data, 2018
****NYC Health Statistics Data, 2018

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NYC HEALTH + HOSPITALS/ELMHURST

79-01 Broadway, Elmhurst, NY 11373

COMMUNITY SNAPSHOT

The "Crossroads of the World"—Elmhurst, Queens is perhaps the most ethnically diverse community on the planet, a melting pot of 112 countries speaking over 140 languages. The population is comprised of residents hailing from South and Central America, Asia, the Caribbean and Eastern Europe. The neighborhood is famous for its truly unique culinary experience that is home to restaurants that reflect the ethnicity of the people who live there and bring a piece of the world home to New York.

Elmhurst is dominated by a robust service industry of salons, landscapers, day cares and markets. Residents also enjoy easy access to suburban style malls. In the last decade, Queens at large, and Elmhurst specifically, is rapidly changing with the vast construction of new office towers at Queens Place and the rapid growth in Long Island City, and the production industry in Astoria. These factors make Long Island City/Elmhurst/Astoria the fastest growing neighborhood in New York City.

As rent prices continue to climb, community forum participants report that they are concerned with the impact of gentrification in some neighborhoods and being displaced. This community like many others in New York City, struggles with risk factors for chronic disease like alcohol and substance use, smoking, poor diet and lack of exercise and obesity. Despite an abundance of private gardens, the area lacks sufficient parks, green space and community centers to provide the need of its growing population. While close-knit communities have helped residents overcome socioeconomic challenges that lead to health disparities, vast inequalities in social and religious support networks in some neighborhoods have helped residents overcome socioeconomic challenges that lead to health disparities, vast inequalities in education levels and literacy and high concentrations of recent immigrants in smaller, concentrated neighborhoods continue to pose difficult challenges to health care access and to attaining positive health outcomes in the area. There are vast cultural and linguistic barriers as well as legal issues relating to immigration status that preclude easy access to health care services.

WHAT THE COMMUNITY SHARED

Assets

- Green markets
- Availability of gyms
- Access to parks for outdoor exercise
- Annual health fairs

- Access to health food stores
- New ExpressCare option at NYC Health + Hospitals/Elmhurst

Challenges

- Numerous fast food options
- Expensive healthy food
- Alcohol and substance abuse
- Climbing prices of rent

- Public charge and the impact on immigrants
- Language barriers when seeking health care services
- Long wait times for specialist appointments

"IF BOTH PARENTS ARE WORKING AND HAVE LONG HOURS IT MEANS THAT FAMILIES DON'T HAVE TIME TO COOK AND JUST EAT SALTY, PREPARED FAST FOODS"

Community forum participant, NYC Health + Hospitals/Elmhurst



Neighborhood health

82.6 Life expectancy from birth*
27% National Well-being Score**

* National Center for Health Statistics, 2018. ** Score was calculated by the CDC's Behavioral Risk Factor Surveillance System (BRFSS) survey. The score is based on the percentage of the population that is in good health. The score is based on the percentage of the population that is in good health. The score is based on the percentage of the population that is in good health.

THROUGH THE LENS OF A COMMUNITY ANCHOR INSTITUTION

Located in central Queens, NYC Health + Hospitals/Elmhurst is a major provider of hospital and ambulatory care services in the borough of Queens. The 540-bed hospital is a Level 1 Trauma Center, an Emergency Heart Care Station, and a 911 Receiving Hospital. Academically affiliated with Mount Sinai School of Medicine, it is a premier health care organization for key specialties including surgery, cardiology, women's health, pediatrics, rehabilitation medicine, mental services and dental health services. Elmhurst recently opened ExpressCare, a walk-in urgent care service for after-hour care.

Our impact

- \$1.198M Economic activity
- 6K Jobs generated
- 2.7K Babies delivered

134,155 Patients
444,931 Outpatient
23,068 Inpatient
127,742 Emergency department
8,180 Ambulatory surgery
604,146 Total visits

Who are our patients?

Patient race/ethnicity



Why are patients coming in?

- Routine well and prevention care
- Substance-related disorders
- Mental disorders
- Schizophrenia and other psychotic disorders
- Complications in pregnancy disorders
- Hypertension
- Diabetes without complications
- Natal pregnancy and delivery
- Follow-up visit (e.g. post-operative)
- Abdominal pain

Top languages requested

- Bengali
- Mandarin
- Korean
- Arabic
- Nepali
- Haitian Creole
- Cantonese

49% of patients' preferred language is not English

Age and sex distribution



Age was calculated at the time of the visit and therefore a small number of patients may be omitted in some age categories during the same year.

Source: NYC Health + Hospitals, Quarterly Health Characteristics Survey Data FY 2018

Next Steps

Finding solutions and building healthy communities

- Disseminate findings
- Identify and engage community and agency stakeholders for implementation planning
- August to October, OneCity Health will convene stakeholders to develop strategies and identify effective solutions to address the priority needs presented in the CHNA
- Present Implementation Plan to the NYC Health + Hospitals Board by November 15
- Monitor and evaluate progress 2019 to 2022

Appendix

Over 450 community stakeholders identified top risks and causes of poor health and death in their communities

Top 10 perceived risk factors for poor health and death by community stakeholders*

Risk factor	Average ranking (Scale of 1 to 5)
Poverty and low-income status	3.91
Obesity and high BMI	3.88
Housing access, affordability, and quality	3.86
Stress and emotional wellbeing	3.71
Aging and frailty	3.69
Access to mental and behavioral health care	3.68
Hunger, food access, and poor nutrition	3.67
Immigration and citizenship status	3.60
Health care literacy (understanding how to use health care & advice from caregivers)	3.59
Tobacco and e-cigarettes	3.58

Top 10 perceived causes of poor health and death by community stakeholders*

Cause	Average ranking (Scale of 1 to 5)
Diabetes	4.33
Heart Disease and high blood pressure	4.30
Mental health disorders, including depression	4.02
Drug use, including opioids	3.94
Asthma	3.72
Cancer	3.70
Stroke	3.68
Alcohol use	3.62
COPD and other lung diseases	3.60
Dementia and Alzheimer's Disease	3.51

1
 Not a significant problem

5
 significant problem

*Based on +450 CHNA surveys collected from community stakeholders and clinical and operational experts

NYC Health + Hospitals/BELLEVUE

Patients and visit types

167,908 Patients	27,713 Inpatient
592,995 Total visits	110,569 Emergency department
	454,786 Outpatient

Community stats



1,400
Babies
delivered



8,200
Jobs
generated



\$1.677M
Economic
activity

Why are patients coming in?

- Substance-related disorders
- Routine well and preventative visits
- Mood disorders
- Schizophrenia and other psychotic disorders
- Follow-up visit (e.g. post procedure)
- Alcohol-related disorders
- Skin disorders (e.g. rash, swelling)
- Other nutritional; Endocrine; and metabolic disorders
- Hypertension
- Anxiety disorders

Assets and challenges

Assets

- Cultural institutions and museums
- Access to a wide range of services
- High-quality care provided by staff at Bellevue
- Increasing real estate development and young families
- Some local parks
- Enhancements in cardiovascular disease, weight management and bariatric surgery at Bellevue Hospital

Challenges

- Noise and indoor and outdoor pollution
- Constant exposure to technology and media causes stress
- Limited real-estate for green space or school gyms
- Lack of affordable fitness facilities
- Public safety and crime
- Local economic disparities
- Resources for the homeless population
- Youth and adolescent depression and anxiety
- Health literacy
- Teen pregnancy
- Health care affordability and cost transparency
- Fear of seeking care for immigrant communities
- Lack of awareness: of health care benefits available
- Accessibility and resource concerns for aging and disabled populations

NYC Health + Hospitals/CONEY ISLAND

Patients and visit types

75,525 Patients	14,629 Inpatient
337,461 Total visits	85,788 Emergency department
	232,133 Outpatient

Community stats



1,100
Babies
delivered



5,100
Jobs
generated



\$927M
Economic
activity

Why are patients coming in?

- Routine well and preventative visits
- Hypertension
- Dental (e.g. cavities)
- Alcohol-related disorders
- Schizophrenia and other psychotic disorders
- Substance-related disorders
- Non-traumatic joint disorders (e.g. arthritis)
- Diabetes without complications
- Mood disorders
- Back pain and problems

Assets and challenges

Assets

- "Boardwalk on the Beach" is therapeutic
- Local entertainment
- Tourism
- NYC Health + Hospitals/Coney Island as the leading employer of South Brooklyn

Challenges

- Obesity
- Homelessness
- Poverty
- Housing affordability
- Public safety and crime
- Noise and indoor and outdoor pollution
- Lack of access to affordable, healthy food
- Accessibility and resource concerns for aging and disabled populations
- Poor access to primary care and mental health support
- Health care affordability and cost transparency
- Opioid overdoses and substance abuse disorder
- Trauma related to Superstorm Sandy

NYC Health + Hospitals/ELMHURST

Patients and visit types

135,155 Patients	21,068 Inpatient
604,146 Total visits	129,932 Emergency department
	444,931 Outpatient

Community stats



2,700

Babies delivered



6,000

Jobs generated



\$1.198M

Economic activity

Why are patients coming in?

- Routine well and preventative visits
- Substance-related disorders Schizophrenia and other psychotic disorders
- Complications in pregnancy
- Hypertension
- Diabetes without complications
- Normal pregnancy and delivery
- Follow-up visit (e.g. post procedure)
- Abdominal pain

Assets and challenges

Assets

- Green markets
- Availability of gyms
- Access to parks for outdoor exercise
- Annual health fairs
- Access to health food stores
- New ExpressCare option at NYC Health + Hospitals/Elmhurst

Challenges

- Numerous fast food options
- Expensive healthy food
- Alcohol and substance abuse
- Climbing prices of rent
- Public charge and the impact on immigrants
- Language barriers when seeking health care services
- Long wait times for specialist appointments

NYC Health + Hospitals/HARLEM

Patients and visit types

76,830 Patients	12,899 Inpatient
319,480 Total visits	90,646 Emergency department
	211,645 Outpatient

Community stats



1,000
Babies
delivered



4,200
Jobs
generated



\$799M
Economic
activity

Why are patients coming in?

- Dental (e.g. cavities)
- Routine well and preventative visits
- Mood disorders
- Schizophrenia and other psychotic disorders
- Chronic kidney disease
- Back pain and problems
- Hypertension
- Other nutritional; endocrine; and metabolic disorders
- Follow-up visit (e.g. post procedure)
- Non-traumatic joint disorders (e.g. arthritis)

Assets and challenges

Assets

- Seasonal farmers' markets
- Local recreational centers for physical activity
- Neighborhood parks
- Local wellness programs
- NYC Health + Hospitals/Harlem as a safe haven
- Arts and culture scene, including museums and galleries

Challenges

- Gentrification, displacement, and lack of affordable housing
- Poor housing conditions
- Noise and indoor and outdoor pollution
- Poverty
- Mental illness and drug use
- Homelessness
- Lack of access to affordable, healthy food options
- High density of liquor stores and fast food
- Health care affordability and cost transparency
- Behavioral health stigma
- Over-concentration of drug treatment sites
- Public safety and crime

NYC Health + Hospitals/HENRY J. CARTER

Patients and visit types

236 Patients
294 Total visits
294 Inpatient

Community stats


1,500
Jobs
generated


\$284M
Economic
activity

Why are patients coming in?

- Respiratory failure
- Null
- Paralysis
- Septicemia
- Hypertension with complications
- Complications of surgical procedures
- Heart failure

- Dementia and other cognitive disorders
- Joint and bone infection
- Sequelae of stroke

Assets

- Seasonal farmers' markets and food box programs
- Local fitness centers
- Walking sessions in public housing
- Arts and culture scene, including museums and galleries
- Preventative screening programs offered at NYC Health + Hospitals/Carter

Challenges

- Gentrification, displacement, and lack of affordable housing
- Poor housing conditions
- Noise and indoor and outdoor pollution
- Poverty
- Drug use and mental illness with little effective solutions
- Limited awareness of health and social services available
- Continuity and relationship building with providers
- Lack of access to affordable, healthy food options
- High density of liquor stores
- High density of fast food
- Health care affordability and cost transparency
- Public safety and crime
- Behavioral health stigma
- Teen pregnancy
- Domestic violence

NYC Health + Hospitals/JACOBI

Patients and visit types

106,445 Patients	20,276 Inpatient
424,466 Total visits	100,378 Emergency department
	297,088 Outpatient

Community stats



2,000

Babies delivered



6,400

Jobs generated



\$1.35B

Economic activity

Why are patients coming in?

- Routine well and preventative visits
- Dental (e.g. cavities)
- Hypertension
- Complications in pregnancy
- Normal pregnancy and delivery
- Diabetes with complications
- Schizophrenia and other psychotic disorders
- Mood disorders
- Back pain and problems
- Non-traumatic joint disorders (e.g. arthritis)

Assets and challenges

Assets

- Availability of numerous community gardens, parks space and schools
- Suburban ambience
- Senior and Aging-in-Place resources
- Presence of NYC Health and Hospitals/Jacobi to care for their needs in and beyond their four walls
- Senior resources related to aging-in – place population

Challenges

- Lack of safe, outdoor public spaces for adults to exercise and children to play
- Noise and air pollution
- Pest control
- Poor conditions of buildings
- Asthma
- Lack of places to purchase health and affordable foods
- Alcohol, tobacco, and drug abuse
- Sedentary lifestyle- especially for children
- Long ER wait times
- Diabetes
- Lead poisoning
- Mental health in general, but also in youth population
- Gentrification, displacement, and lack of affordable housing

NYC Health + Hospitals/KINGS COUNTY

Patients and visit types

139,269 Patients	21,541 Inpatient
694,630 Total visits	136,059 Emergency department
	527,560 Outpatient

Community stats



2,100

Babies delivered



8,600

Jobs generated



\$1.484B

Economic activity

Why are patients coming in?

- Medical examination /evaluation
- Teeth and jaw disorders
- Asthma
- Hypertension
- Back problems
- Complications in pregnancy
- Diabetes with complications
- Non-traumatic joint disorders
- Mood disorders
- Post-procedure follow up visits

Assets and challenges

Assets

- Wellness programs
NYC Health + Hospitals employees help with better care for patients
- Community gardens
- Community-based wellness programs, including free meditation and exercise
- NYC Health + Hospitals/Kings County as a safe haven for the community
- Presence of farmer's' markets

Challenges

- Gentrification, displacement and lack of affordable housing
- Neighborhood resiliency and support
- Poverty
- Unemployment
- Homelessness
- Education and lack of post-secondary attainment
- Lack of access to affordable, healthy food
- Lack of knowledge about nutrition, food labelling and selection
- Behavioral health stigma
- Public safety and crime
- Domestic violence
- Substance abuse
- Lack of communication and awareness about available health care and social services
- Fear of seeking services due to immigration status
- Health literacy

NYC Health + Hospitals/LINCOLN

Patients and visit types

132,513 Patients	21,893 Inpatient
554,396 Total visits	148,979 Emergency department
	374,659 Outpatient

Why are patients coming in?

- Medical examination /evaluation
- Teeth and jaw disorders
- Asthma
- Hypertension
- Back problems
- Complications in pregnancy
- Diabetes with complications
- Non-traumatic joint disorders
- Mood disorders
- Post procedure follow up visits

Community stats



2,100

Babies delivered



5,900

Jobs generated



\$1.12B

Economic activity

Assets and challenges

Assets

- A network of local communities agencies and places of worship
- New green space, including Crotona Park; Harlem waterfront walkway; Barreto Point Park
- Farmer's markets
- Food banks
- New commercial centers
- New educational opportunities through Hostos Community College
- Growing number of community gardens
- New small businesses and commercial centers
- New supportive housing developments
- Arts and theatre space
- Home of Yankee Stadium

Challenges

- Cleanliness and homelessness along major economic corridors
- Easy access to liquor stores, tobacco products, and dollar stores with lower-quality food products
- Gang violence
- Gentrification, displacement and lack of affordable housing
- Lack of quality, healthy food options and full-service restaurants
- Limited access to buildings for elderly and disabled populations
- Low health literacy levels
- Stigma around mental health and lifestyle-relates diseases
- Neighborhood separated by train tracks and major roads
- Public safety concerns prevent exercise and use of community assets
- Air and noise pollution from sanitation depot and highways
- Stigma of "The South Bronx"

NYC Health + Hospitals/METROPOLITAN

Patients and visit types

64,936 Patients	10,300 Inpatient
379,175 Total visits	64,287 Emergency department
	299,799 Outpatient

Community stats



900
Babies
delivered



3,600
Jobs
generated



\$660M
Economic
activity

Why are patients coming in?

- Substance-related disorders
- Routine well and preventative visits
- Schizophrenia and other psychotic disorders
- Dental (e.g. cavities)
- Mood Disorders
- Diabetes with complications
- Hypertension
- Chronic kidney disease
- Back pain and problems
- Skin Disorders (e.g. rash, swelling)

Assets and challenges

Assets

- Citi Bikes
- Exercise classes, especially for aging populations
- Services targeting aging populations like the Aging Well annual health festival hosted by NYC Health + Hospitals/Metropolitan
- "Community of advocates"
- Access to parks
- New community gardens and walking paths

Challenges

- Homelessness
- Drug abuse
- Gentrification, displacement, and lack of affordable housing
- Gang violence
- Poor access to primary care and mental health support
- Poor housing conditions
- Lack of access to affordable, healthy food options
- Domestic violence
- Maternal mortality rates among women of color
- Lack of affordable healthy food
- High costs of health insurance and prescriptions
- Litter in the streets

NYC Health + Hospitals/NORTH CENTRAL BRONX

Patients and visit types

52,938 Patients	7,997 Inpatient
214,938 Total visits	53,508 Emergency department
	150,565 Outpatient

Community stats



Babies
delivered



2,000
Jobs
generated



\$395M
Economic
activity

Why are patients coming in?

- Routine well and preventative visits
- Dental (e.g. cavities)
- Mood disorders
- Normal pregnancy and delivery
- Schizophrenia and other psychotic disorders
- Hypertension
- Diabetes with complications
- Diabetes without complications
- Complications in pregnancy
- Other nutritional; endocrine; and metabolic disorders

Assets and challenges

Assets

- Availability of numerous community gardens
- Presence of NYC Health + Hospitals/North Central Bronx as a safe haven
- Significant green space
- Affordable housing

Challenges

- Noise from airplanes
- Air pollution from dense traffic
- Lack of grocery stores selling healthy food
- Prevalence of asthma
- High rates of smoking
- Poverty
- Alcohol and drug use
- Lead poisoning
- Homelessness
- Long wait times and high cost of care
- Lack of safe, outdoor public spaces for children to play
- Mental health and suicide
- Diabetes
- Lack of educational and economic opportunities

NYC Health + Hospitals/QUEENS

Patients and visit types

94,659 Patients	14,847 Inpatient
419,475 Total visits	98,656 Emergency department
	301,395 Outpatient

Community stats



1,600

Babies delivered



3,900

Jobs generated



\$787M

Economic activity

Why are patients coming in?

- Routine well and preventative visits
- Hypertension
- Schizophrenia and other psychotic disorders
- Diabetes with complications
- Diabetes without complications
- Complications in pregnancy
- Mood disorders
- Dental (e.g. cavities)
- Follow-up visit (e.g. post procedure)
- Back pain and problems

Assets and challenges

Assets

- Space for exercise and community events
- Diabetes education classes at Queens Hospital
- Family-to-Family program support for family members affected by trauma

Challenges

- Child and adult obesity
- Lack of healthy food options and too many fast food options
- Hypertension and diabetes
- Alcoholism and drug addiction
- Transitional housing conditions that adversely affect health
- Stigma of mental health
- Cost of prescription medications
- Lack of support for people re-entering the community from prison
- Misinformation about the dangers of e-cigarettes and marijuana, especially for adolescents
- Low utilization of preventive care, especially for cancer screenings
- Families have to choose between going to work and childcare or getting medical treatment
- Parents struggle to get mental health care for children
- Queens is so diverse that it is hard to find a solution that will help everyone
- Unhealthy food options in public schools

NYC Health + Hospitals/WOODHULL

Patients and visit types

125,589 Patients	11,683 Inpatient
424,541 Total visits	102,361 Emergency department
	310,489 Outpatient

Community stats



1,500
Babies
delivered



4,400
Jobs
generated



\$850M
Economic
activity

Why are patients coming in?

- Dental (e.g. cavities)
- Mood disorders
- Routine well and preventative visits
- Schizophrenia and other psychotic disorders
- Hypertension

- Diabetes with complications
- Complications in pregnancy
- Alcohol-related disorders
- Pregnancy and delivery induction
- HIV infection

Assets and challenges

Assets

- Exercise programs in parks
- Successful smoking cessation programs
- Recent decline in teen pregnancy rates
- North Brooklyn Angels
- Quality care provided by Woodhull Hospital

Challenges

- Neighborhood safety concerns including gang and gun violence
- Lack of school programs for children
- Mental health problems and the associated stigma
- K2 and other substance abuse
- Lack of access to affordable, healthy food
- Lifestyle-driven conditions like asthma, diabetes, and hypertension
- Accessibility concerns for the elderly and disabled
- Few places to exercise or walk
- Lack of health insurance and the high cost of medications

NYC
HEALTH+
HOSPITALS

ONECITY
HEALTH

