

AGENDA

MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE

Date: July 18th 2019
Time: 9:00 AM
Location: 125 Worth Street, Rm. 532

BOARD OF DIRECTORS

CALL TO ORDER

DR. CALAMIA

ADOPTION OF MINUTES

February 14th, 2019

CHIEF MEDICAL OFFICER REPORT

DR. ALLEN

CHIEF NURSE EXECUTIVE REPORT

DR. CINEAS

METROPLUS HEALTH PLAN

DR. SCHWARTZ

ACTION ITEMS:

- 1) Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with GE Precision Healthcare LLC ("GE") to supply the System's needs for medical imaging equipment and associated programmatic support (clinical, operational, biomedical, IT) over a ten year period commencing July 1, 2019 and ending June 30, 2029 at a total cost not to exceed \$224 Million subject to funding availability.

**DR. AMBROSINO/
MRS. MORAN/
MR. WILSON**

Vendex: Approved

EEO: Approved

- 2) Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with Crothall Facilities Management, Inc. ("Crothall") to manage the central sterile function performed by System employees at all of the System's facilities to continue the current contracts with Crothall that exist on an individual facility basis at six facilities and extend such services to the remaining System facilities at total cost not to exceed the amount of \$45.2M over a term of five years with two one-year options to renew exercisable solely by the System.

MR. WILSON

Vendex: Pending

EEO: N/A

3) Authorizing New York City Health and Hospitals Corporation (the "System") to negotiate and execute an extension of its affiliation agreement with the State University of New York/ Health Science Center at Brooklyn, a/k/a Downstate Health Sciences University ("SUNY") for services at NYC Health + Hospitals/ Kings County ("KCHC") and NYC Health + Hospitals/Coney Island ("CIH") (the "Affiliation Agreement") for two years, through June 30, 2022, for an amount not to exceed \$42,924,252;
Vendex: N/A
EEO: N/A

DR. ALLEN

4) Authorizing the amendment of the By-Laws of the New York City Health and Hospitals Corporation (the "System") to rename the Quality Assurance Committee as the Quality Assurance/ Performance Improvement Committee and to revise Article VI, Section 9 to state the duties and responsibilities of the Quality Assurance/Performance Improvement Committee to include "overseeing performance improvement activities to foster sharing of system-wide and facility-specific performance improvement priorities, identifying new areas of opportunity for performance improvement, and the spreading of performance improvement best practices."
Vendex: N/A
EEO: N/A

**DR. WEI/
MS. JALON**

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

MINUTES

MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE

Meeting Date: February 14th, 9:00 A.M.

BOARD OF DIRECTORS

ATTENDEES

COMMITTEE MEMBERS

Vincent Calamia, MD, Chair
Mitchell Katz, MD, President
Barbara Lowe
Helen Arteaga Landaverde

HHC CENTRAL OFFICE STAFF:

Paul Albertson, Vice President, Supply Chain
Machelle Allen, MD, SVP, Chief Medical Officer, Medical & Professional Affairs
Janette Baxter, Senior Director, Risk Management
Donnie Bell, MD, Deputy Chief Medical Officer, Medical & Professionals
Victor Cohen, PharmD, Senior Assistant Vice President, Pharmacy
Kenra Ford, Senior Assistant Vice President, Laboratory
Richard Freeman, Office of Behavioral Health
Colicia Hercules, Chief of Staff to the Board Chair
Bridgett Ingraham-Robert, Assistant Vice President, Government & Community Relations
Christina Pili, Senior Director, Office of Research
Ana Marengo, Senior Vice President, Marketing and Communications
Mary Anne Marra, RN, Interim, Chief Nursing Executive,
Jeannith, Michelen, Senior Assistant Vice President, Human Resources
Kim Mendez, EdD, ANP, RN, System Chief Nursing Executive
Joseph Reyes, Senior Director, Medical & Professional Affairs
Tarun Suri, Senior Director, Senior Director, Medical & Professional

FACILITY STAFF:

William Brown, CEO, Coney Island Hospital
Joseph Carter, Associate Medical Director, Bellevue Hospital
Arnold Saperstein, MD Executive Director, MetroPlus Health Plan

OTHERS PRESENT:

Morin Dolan, Senior Associate Director, DC37
Jessica Greta, OMB
Hillary Kunins, DOH Mental Hygiene
Faith Leonard, OMB

**MEDICAL AND PROFESSIONAL AFFAIRS
COMMITTEE
February 14th, 2019**

Dr. Calamia, Chair of the Committee, called the meeting to order at 9:03 AM.
The minutes of the November 8th, 2018 Medical & Professional Affairs Committee meeting were adopted.

CHIEF MEDICAL OFFICER REPORT

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

Behavioral Health

Integration Efforts:

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

Opioid Crisis:

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

Homeless mentally ill:

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

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

Patient/Staff safety:

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

Pharmacy Services

Retail Pharmacy

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

EPIC Cutover for the Bellevue / Harlem Go Live

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

USP 797/800 Standards for “clean rooms”

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

Ambulatory Care Diabetes Care

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

Ambulatory Care Pharmacist in Behavioral Health

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

The DSRIP metrics include the following:

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

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

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

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

Laboratory Services

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

Clinical Services Planning

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

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

Flu Update

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

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

Interim System Chief Nurse Executive Report

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

NYC Health + Hospitals 2018 Nurse of Excellence-

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

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

System Nurse Practice Council (SNPC)

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

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

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

Discussions explored:

- Identifying retention strategies
 - Career Ladder vs. Clinical Ladder
 - Tuition forgiveness/reimbursement
 - Any opportunity to have CUNY tuition decreased for NYC Health + Hospitals FT employees with 2 or more years of employment.
 - Preceptor program for new students & leadership; Educator pool
 - Behavioral interviewing skill development
 - Promoting NYC Health + Hospitals and what we offer
 - Increasing NYC Health + Hospitals image through advertisement, publication, etc.
 - Recognition
 - Annual performance award
 - Daisy Award seen as positive
 - Incentive bonus at years 3 & 6
 - Incentive for perfect attendance. Suggested sick time conversion; financial bonus.
 - Ability to buy-out annual leave
 - Specialty differential e.g. ICU, ED

Nurses4NYC

The office of Patient Centered Care is working with the departments of communications/marketing and human resources to develop the Nurses4NYC campaign. The new web page Nurses4NYC was launched on January 18, 2019. **NURSES4NYC page** - <https://www.nychealthandhospitals.org/nurses4nyc/>. The page includes links to employment opportunities, highlights of nursing recognition and benefits for employees of NYC Health + Hospitals and NYSNA members. Development of video testimonials from nurses working for NYC Health + Hospitals is still in development and will be added to the page.

Operational Updates

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

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

Implementation of the Nursing Model for staffing:

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

Safe Patient Handling System Program

- Joint Steering & Champion meeting held January 30, 2019
- Committee working to finalize the standardization of transfer devices.
- Patient mobility assessment tool – Bedside Mobility Assessment Tool (BMAT) – is to be used across the health system as agreed upon by the SPH Steering & Champion committee

New Post-Graduate Nurse Practitioner Fellowship

- Two Bellevue Nurse Practitioners (NPs) credentialed - awaiting start date from HR
- One Nurse Practitioner for Kings slated to start another three NPs are in credentialing process.

- Program is slated to begin February. All program schedules and logistics close to completion. The curriculum is based upon the Yale and John Hopkins clinical case curriculum.
- An interim Program Coordinator identified, to provide support for the program during the pending 6-month maternity leave of current Coordinator.
- Steering Council meeting held on January 29, 2019. Group discussed work to pursue funding opportunities and IRB approval, to allow for the data collection that will lead to submission for publication.

RN RESIDENCY PROGRAM

- NYC Health + Hospitals in a consortium of 24 health care facilities in NYC have worked to acquire premium pricing on a well-developed RN residency curriculum from vendor Vizient.
- The Mayor's office - New York Alliance for Careers in Healthcare (NYACH) has agreed to cover the cost of the Vizient contract/curriculum for the first year
- Office of Patient Centered Care meets regularly with the Mayor's office/SBS and consortium members on program components
- NYC H+H will be able to offer the program to all newly graduated nurses entering the health system beginning January 2019. Nurses will be entered into one of six cohorts based upon the date of hire, beginning with December 2018 and January 2019. The first cohort will meet beginning in April for nurses hired in these two months.
- An advisory board for the NYC Health + Hospitals residency program is developed. The first meeting is scheduled for February.
- Program logistics/curriculum being developed
- Monefa Anderson of the OPCC will attend the Vizient conference in March to represent the NYC consortium.

Nursing Education and Centralized NYC Health + Hospitals Nursing Orientation

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

Nursing Informatics

- **Clairvia Nurse Scheduling Application Implementation Project:**
 - Currently in the validation of people soft and cost center data and training phase for the first five facilities that will go live with Nurse Scheduling on March 31, 2019. The first five facilities are Kings County Hospital, Coney Island Hospital, Seaview Hospital, Susan B. McKinney and Gotham East New York DT&C.

LiveOnNY

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

NYC Health + Hospitals facilities status are as follows:

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

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

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

MetroPlus Health Plan, Inc.

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

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

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

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

Membership/Growth

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

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

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

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

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

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

Updates

- We are adding Telehealth (Telemedicine) services that will be available to all MetroPlus members. The availability of Telemedicine is expected to improve access to care, timeliness, patient satisfaction, quality metric rates as well as lowering the cost of care through Emergency Departments and Urgent Care centers. Telemedicine services will be available 24/7, 365 days a year. Patients will have the ability to contact a Telemedicine provider (i.e., adult primary care providers, ER physicians, pediatricians as well as behavioral health practitioners), licensed to practice medicine and prescribe non-controlled medications in NYS. The communications will be conducted via phone, smartphone video, PC or tablet from any location the member might be in, including the convenience of their home. The service will be available on demand for non-emergent medical care and by scheduled appointments for behavioral health needs. It will be offered free of charge to the membership.
- Starting March 1st, 2019, New York State will be requiring a Doula pilot that will require Plans to reimburse Doulas in certain zip codes (Brooklyn and Erie County) with high maternal morbidity and mortality rates. To be admitted into the pilot the Doulas have to submit an attestation that they have received training in pregnancy and delivery, breastfeeding, cultural competency and HIPAA and must enroll as a NYS Medicaid provider. Doulas will be eligible to bill for up to 3 prenatal visits, support during labor and delivery, and up to 4 postpartum visits. The state will perform an evaluation aimed to determine reach, effectiveness and satisfaction.. They will specifically be looking at breastfeeding rates, member attendance at postpartum visits and member experience. The Plans are expected to provide the State with a monthly roster of their members who are receiving Doula services along with their expected date of delivery. The Plans participating in the pilot in NYC include MetroPlus, Affinity, Empire, Fidelis, HIP, Health First PHSP, United Healthcare Community Plan, and WellCare of New York.
- New York City is planning to transition Medicaid membership from WMS to NYSoH beginning April 2019. The old process of recertification utilizing WMS was a paper based renewal application. The new process using the

NYS of Health requires our members to create online accounts and to recertify online to maintain benefits. We are outreaching to our members who may need assistance in this process

- MetroPlus is creating our own legal department with ongoing communication and supervision from H+H legal affairs. This will allow us to develop expertise on more areas specific to managed care business and will hopefully allow us to reduce our dependence on outside counsel.
- The state roll out of the new Children's Behavioral Health became effective as of January 1, 2019. The plan is now responsible to manage three new Children and Family Treatment Support Services (CFTSS). These include:
 - OLP – Other Licensed Psychoanalyst Services which includes therapy, individual counseling, family counseling and crisis intervention.
 - CPST – Community Psychiatric Supportive Treatment – provides an array of services delivered by community based, mobile individuals or multidisciplinary teams of professionals. Services address the individualized mental health needs.
 - PSR – Psychosocial Rehabilitation – designed to help children with psychiatric disabilities increase their functioning so they can be successful and satisfied in the environment of their choice with the least amount of ongoing professional intervention.
- Since August 7th, 2018, MetroPlus' Facilitated Enrollment staff (MFE) began screening H+H uninsured patients. Below is a summary production of the MetroPlus MFE Marketing efforts as of 1/5/2019:

ACTION ITEMS:

MS. Svetlana Lipyanskaya, Senior Assistant Vice President, of Manage Care Administration presented to the committee on the following:

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

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

Mrs. Andrea Cohen, General Counsel, Office of Legal Affairs present to the committee on the following:

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

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

There being no further business, the meeting was adjourned 10:07 AM.

CHIEF MEDICAL OFFICER REPORT

Medical & Professional Affairs Committee July 18th, 2019

Measles Update

As of 6/13/2019, there has been 1,044 cases of measles across the United States (U.S.), in 28 states with NYC accounting for more than half of these confirmed measles cases, 596 cases as of 6/17/2019. This is the greatest number of cases reported in the U.S. since 1992 and since measles was declared eliminated in 2000. NYC Health + Hospitals has seen 13 confirmed measles cases since March 2019. NYC H+H's measles response has included (1) developing, implementing and educating staff on the H+H measles guidance, (2) providing educational opportunities on measles via hosting a system-wide measles webinar with public health officials and continuously providing measles update on the city, state, national and international front on the monthly System-wide Special Pathogens Call, (3) maintaining the most up-to-date measles guidance based on public health advisories and having it available on the system intranet, (4) rolling out system-wide infection control and prevention strategies including point of entry respiratory stands with standardized basic infection prevention and universal travel screening signage, and (5) through activation of central office emergency management, maintain vigilance and collect weekly measles cases including any impact to facilities on an ongoing basis.

BEHAVIORAL HEALTH

Opioid Crisis:

OBH is a major part of the Mayor's initiative, *Healing NYC* – focused programs that address the current opioid crisis in NYC. Special substance use/opioid consultation teams (CATCH) are being established at 6 facilities: Bellevue; Metropolitan; Harlem; Lincoln; Woodhull; Coney Island; and Elmhurst. These teams treat and engage patients with opioid use disorders hospitalized on medical units in order to reduce the risk of overdose and death by opioids. Substance use specialist peers are being deployed to all emergency departments to identify and engage opioid users and other substance users and engage in treatment. H+H is increasing access to buprenorphine across all clinics with a focus on primary care and emergency departments. OBH has supported 390 clinicians in receiving their X-waiver license to prescribe buprenorphine and, through Project ECHO, offers ongoing clinical guidance on working with this vulnerable patient population.

Furthermore, with regards to prevention, OBH is increasing distribution of naloxone kits at all sites to reduce fatal overdose and have thus far handed out over 5400 since HealingNYC's induction. H+H is beginning a program at each facility to educate the community of resources available for opioid treatment.

Integration Efforts:

OBH supports several efforts to integrate behavioral health throughout the H+H system. Collaborative care has been implemented in all acute care primary care sites and several Gotham sites. OBH is also integrating primary care into behavioral health at five sites: Bellevue; Elmhurst; Lincoln; Kings; and Cumberland. OBH is working with Jacobi, Metropolitan, and other sites to develop integrated services there. OBH is expanding collaborative care to include substance use disorder screening and treatment in primary care sites. Maternal health also provides screening and referral for depression, and the addition of pediatric/well-baby sites is ongoing. These efforts ensure a wider range of patient settings screen patients and then refer to appropriate treatment within the H+H system.

Homeless Mentally Ill:

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

Patient/Staff Safety:

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

PHARMACY SERVICES

Enterprise Antimicrobial Stewardship:

Assuring Antibiotic Time-Out: To assuring compliance with CDC and Joint commission recommendations for formal process for assuring antibiotic time out is taking place. An Antibiotic time out best practice advisory (BPS) has been implemented during the GL4 to assure that providers take a time out and reassess if the antibiotic is still indicated, recording what the indication is, if de-escalation from IV to PO can occur, and the expected duration of therapy.

- 1196 antibiotic timeout best practice advisories(BPA) launched
- 724 BPAs were deferred; 438 were deferred for 1 hour; 286 were deferred to responsible provider

CREDENTIALING

- Medical Staff Office (MSO) staff centralization started in February, 2019. We are in the process of consolidating the credentialing effort for Acute, Gotham Health and Post-Acute facilities to maximize efficiency and flexibility.
- Credentialing just completed our peak cycle to reappoint over 4,000 practitioners across the system prior to August 31, 2019. We are utilizing paper applications due to technical difficulties encountered with current credentialing application.
- We have initiated the RFP process to seek a system-wide credentialing software solution with the following functionalities:
 - User-friendly, support multiple devices and platforms
 - Real-time interface with HR, EMR, GME, and Finance software applications
 - OPPE/FPPE Tracking Mechanism
 - Automation of Practitioner Managed Care Plan Enrollment

The credentialing contract has been approved by the contract review committee.

LABORATORY SERVICES

Successfully implemented the new laboratory information system (LIS) during the Bellevue and Harlem April, 2019 EPIC go-live including the implementation of a standard Point of Care (POC) test middleware enhancing the connectivity of POC devices enterprise wide as well as the standard flow of test results.

- Equipment Standardization-
 - Chemistry- 10 of 11 acute care labs have completed the implementation with focus on now preparing the Bellevue laboratory
 - Hematology- 7 of 11 acute care labs have completed the implementation, preparing for Queens and Coney lab to implement by June, 2019 and Elmhurst and Woodhull to implement by Jan. 2020.
 - Completed the enterprise-wide implementation of standard flu testing laboratory equipment
- Point of Care Test Services
 - Hgb A1C testing has now been deployed in all acute care sites with Kings County targeted for implementation in August 2019.
 - We continue to support Gotham programs as needed

CLINICAL SERVICE LINES

Goal – to bring the clinical voice to central office –to lead in the implementation of H+H’s strategic clinical vision.

The clinical service line leads are subject matter experts, who are passionate, creative, thoughtful leaders and agents of change which is based on evidence.

Examples:

- Test Utilization-clinical leads have been identified and are in the process of developing 6 month goals, strategies to reduce utilization in the areas of clinical lab tests, imaging, and pharmacy
- Patient Blood Management- - 6 months goals are in development to reduce unnecessary blood product wastage across enterprise-wide with implementation expected in the next 30- 45 days

Cardiology – CHF pathway

Critical Care - 24 hour patient visitation in the ICU’s

Women’s Health – Obstetric Life Support simulation training of 100% of the obstetric staff

Behavioral Health – Medication Assisted Treatment for substance use treatment

Pediatrics / Behavioral Health / Women’s Health – Robin Hood Funding for integrated care from in-utero to 36 months of age.

Internal Medicine – decrease test utilization

Reproductive Health – increase access to reproductive options

IMSAL

MM Simulation Center progress

Human Resources

- All 4 resources designated for Simulation related activities have been hired.
 - 2-Nurse educators, 2- Training/Data Managers

Simulation Mini-labs

- Construction at the first site is scheduled to begin shortly, with an estimated timeline for completion within 12-16 weeks.
- Completion for the second site is targeted for December 2019, with the remaining sites in 2020.

Insitu simulations

Goal: Embed simulation training in all hospital obstetric units to focus on identification and response to the top three (3) causes of maternal mortality and morbidity: 1) OB cardiac arrest; 2) OB Hemorrhage; 3) Severe hypertension in pregnancy.

- The SIM team has been very busy. Currently, 100% of facilities have received the didactic training for simulation. All facilities are concentrating on OBLS as a first simulation.
- Metrics will be 60% saturation of OB, nursing and Anesthesia providers by October 2019 and >80% by December 2019.

Logistics

- MM Site Core Team Leadership Committee meetings are in progress.
 - System guidelines for OB emergencies
 - Policy development
 - Curricula
 - Metrics
 - OB Simulation Champions
 - Simulation core teams in each OB department
 - Reporting

Coordination of Maternal Care from pre-natal care to postnatal care (High Risk Perinatal Medical Home)

Logistics

- Steering Committee meetings are in progress
- Risk screening/stratification tools – program guidelines and protocols have been drafted and is scheduled for further review by the committee in mid-June.

Pregnancy Intention among Primary Care Providers

Established primary care interventions to identify women who are planning to have a child within six to 12 months

- The intervention was to add the question of pregnancy intentionality to the history taken in primary care so that primary care physicians may refer patients who wish to become pregnant to OBGYN's for pre-conception counselling and optimize their health for pregnancy.
- This task was completed. Pregnancy intention screening questions were configured, tested and implemented with the Epic rollout on 3/30/19

Coordination of Postpartum visit with Newborn visit

Co-locate newborn and postpartum appointments to increase the number of women receiving postpartum care from 60 percent to 90 percent

This initiative has been implemented at Kings County and Gouveneur.

Hire maternal care coordinators to assist an estimated 2,000 high-risk women in the prenatal and postpartum periods to keep appointments, procure prescriptions, and connect women to eligible benefits.

6 candidates were identified for employment - 2 Social Workers, 4 Maternal Care Coordinators.

- 1 Coordinator has a start date of 6/10/19; 1 SW declined, the others are currently being on-boarded.
- Recruitment continues to fill the remaining positions.

Maternal Mortality and Severe Maternal Morbidity Reduction Program

*Wendy Wilcox, MD
Clinical Service Lead Women's Health
July 18, 2019*

The problem:

More than 3,000 women experience a life-threatening event during childbirth, and about 30 women die each year in New York City. Black, non-Hispanic women are 8 times more likely to die in childbirth than white women in NYC. Black, non-Hispanic women are 3 times more likely to suffer a life-threatening event in pregnancy than white women.

NYC H+H response:

Simulation Program **#safemomsnyc**

Trains the OB healthcare team to manage the top 3 causes of maternal mortality

- Cardiovascular collapse
- Acute life-threatening blood loss
- Severe hypertension

Maternal Medical Home

Provides support and “wrap-around” services for pregnant women who are at risk for a poor pregnancy outcome using licensed clinical social workers and maternal care coordinators.

Interval Pregnancy Optimization

Designed to improve health around pregnancy intention

Mother – Baby Coordinated Care

Designed to improve visit compliance.



Simulation Program

SUCCESSIONS

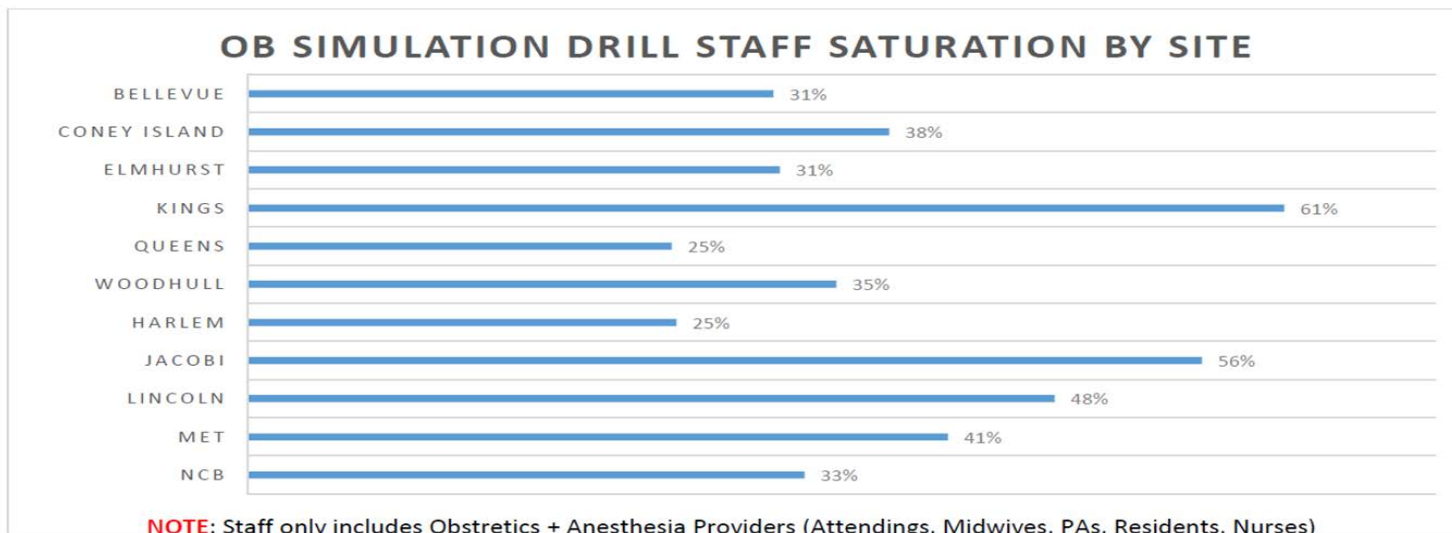
- 3 Cases of Maternal Codes in the system.
 - Staff reported that simulation drills a few days prior prepared them for these events
 - **In all 3 cases, Mother + Baby survived!!!**
- Engaged Inter-professional Core Teams at all 11 sites.
Staff report:
 - Enhanced communication
 - Migration of culture toward interdisciplinary coordination and away from silos

CHALLENGES

- Epic implementation across sites
- Data validity for metrics
- Navigating individual site policies and procedures



OBLS Simulation Drills Data



Overall: Of the 1,435 Obstetric and Anesthesia providers across all 11 Facilities, 40% (n = 569) have participated in an OBLS drill.

OB SIMULATION DRILL SATURATION BY STAFF TYPE & SITE (overview)

	Bellevue	Coney Island	Elmhurst	Kings	Queens	Woodhull	Harlem	Jacobi	Lincoln	Met	NCB	TOTAL
OB Attending	21%	44%	25%	59%	6%	30%	32%	82%	32%	86%	58%	44%
OB Residents	55%	75%	30%	76%	50%				74%	100%	100%	59%
OB Midwives	0%	22%	0%	50%		32%		81%		38%	36%	41%
OB PAs		0%			43%	0%	20%	79%			0%	30%
OB RNs	22%	41%	34%	54%	30%	45%	27%	49%	47%	19%	34%	39%
AN Att/CRNA	26%	19%	33%	100%	5%	15%	14%	41%	43%	11%	17%	27%
TOTAL	31%	38%	31%	61%	25%	35%	25%	56%	48%	41%	33%	40%

LESSONS LEARNED

- **Simulation is instrumental in patient outcome success!**

NEXT STEPS

- **In situ drills staff saturation goals**
 - **October 2019 (60%)**
 - **December 2019 (>80%)**
- **ACOG ECO Agreement Completed**
- **Mini Labs**
 - **Bellevue – planned to open Oct 1**

**System Chief Nurse Executive Report
Medical & Professional Affairs Committee
July 18th, 2019**

The following report will highlight the work and achievements since February 2019. Work continues to focus on both system transformation strategic goals as well as Nursing and Office of Patient Centered Care high priority initiatives.

Nurse Leader Retreat

On June 3rd, 2019 Nurse Leaders from across the health system gathered to develop our 5 year Nurse Strategic Plan.

Nurses4NYC

The office of Patient Centered launched Nurses4NYC campaign May 10th, 2019 with Senior Leadership, Nurses and NYSNA at Bellevue.

- **NURSES4NYC page** - <https://www.nychealthandhospitals.org/nurses4nyc/>. The page includes links to employment opportunities, highlights of nursing recognition and benefits for employees of NYC Health + Hospitals and NYSNA members.
 - Video testimonials from nurses working for NYC Health + Hospitals has been placed on this website.

Clairvia Nurse Scheduling Application Implementation Project:

- Successful 2nd wave go-live at Woodhull Hospital and (4) Cumberland sites in Queens and Brooklyn. Continued support for wave 1a sites. ANSOS moved to read only.
- 15 day GO/NO go vote for 3rd wave site on 6/23/19 at Queens and Elmhurst Hospital this week
- Activation schedules are continually reviewed to remain in collaboration with the NYC Health + Hospitals Time and Labor, Time Capture Devices and Absence Management Initiatives.
- Main Operational focus for future state design: standardize practices supported by Clairvia to support best practices for balancing schedules and optimization of the right staff at the right time in the right place.
- Training Strategy and Plan is being developed for inclusion in new hire orientation and new role orientation.

Legacy Nursing Applications

- Continue working with EITS and Change HealthCare (Ansos) to develop an archive plan to support method of archiving and accessing historical data from Ansos as we convert to Clairvia.
- Plan developed with NASH to develop and archive plan to support method to access historical data from NASH as we convert to Clairvia.

Vizient Nurse Agency central office Program:

- System wide task force assessed standard work flow to enhance timely recruitment of verified temporary staff for acute care
- RFP underway for Agency management firm. Vizient contract ends 12/19.
- Established 1st FY 2020, Open PO for 6 months.

Nursing Staffing Model Implementation Update:

- In-patient model for 11 acute care facilities finalized by OPCC and sign off by each site CEO/ CNO completed. Implementation glidepaths due back by 6/5/19. Monthly budget variances review to be done with Finance and Nursing Operations in FY 2020.
- Reviewed ENA staffing guidelines and NASH pilot work done at Jacobi, as we plan to design ED nursing staffing model. To be completed by June 2019.
- Partnering with Ambulatory service line to develop staffing model for nursing by June 2019.

Central Office Nursing Program:

- Daily staffing huddles have started as of May 2019 to identify areas under staff and to develop staffing plans.
- Vizient process is under review to ensure adequate agency staff coverage.

Care Management Collaboration:

- Partnering with CM and developing Social work staffing model that covers Ambulatory, In-patient and Emergency Department. Aligning staffing model assumptions across disciplines, i.e. replacement factor.
- Nursing representation on 4 CM subcommittees. Co-chair of Proactive Approach subcommittee, member of staffing model and longitudinal care plan teams.

RN Residency Program

- RN residents are newly hired staff nurses to NYC Health + Hospitals who enter the system with one year or less experience as a registered nurse.
- The second session for Cohort 1 was held on May 14, 2019 with 38 residents in attendance.
- The first session for Cohort 2 is scheduled to take place on June 24, 2019. Cohort 2 is comprised of 40 nurses from across the health system.
- As NYC H+H is part of a city-wide consortium of hospitals implementing a residency program, Monefa Anderson, SAVP, Nursing and Lori Puff, Senior Director participate in meetings held monthly with consortium members to discuss session development, review program data collected, to date, and share best practices.
- Dr. Natalia Cineas, System Chief Nursing Executive, attends a quarterly CNO consortium meeting to discuss the impact on internal recruitment and retention efforts as well as program sustainability.

System Nursing Orientation

- Office of Patient Centered Care continues to conduct a 2-day system level orientation program for all newly hired nursing staff.
- In April 2019 – a total of 50 nurses attended orientation. The projected number for June 2019 is 150. (This number includes staff who didn't attend May's orientation due to facility level onboarding or scheduling conflicts).

Nursing Quality

Office of Patient Centered Care continues to work collaboratively with the Quality and Safety Department on system wide initiatives to eliminate patient harm associated with:

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

NISA (Nursing Informatics System Advisory)

- NISA program nurses continued to be trained on Epic and will service as support for all upcoming activations across the enterprise as well as super users for their home facilities.
- Free HIMSS membership via NISA is available for all clinicians at H&H.
- Preparing for NY State Mini HIMSS conference as presenters and conference speakers in June.
- Annual NISA Educational Day which be conducted on May 31, 2019 at Gouveneur.

Honor Walk for Organ Donor

- NYC Health + Hospitals/Lincoln held its first HONOR WALK in April 2019 – “a powerful act of community to honor a great sacrifice” and a help to families in their loss. Nurses, PCAs, RTs, doctors, EVS and other health care workers stood in solemn silence to honor this patient’s sacrifice and gift. Lining the hallway on her way to the Operating Room, this was a gesture of the deep respect we have for what the patient is giving so that other patients may benefit.
- NYC Health + Hospitals/Jacobi held its first honor walk on May 28, 2019, the system’s 2nd.

MetroPlus Health Plan, Inc.
Report to the
Medical and Professional Affairs Committee
July 18th, 2019

2018 Year End Financials

MetroPlus ended the year with \$3.15 billion in revenue, breaking the three billion mark as expected in the budget. Medical Expenses were \$2.6 billion and adding the risk share provision of \$273.8 million; MetroPlus posted \$2.9 billion in total Medical Expense for a 92.2% Medical Loss Ratio, exceeding the State Department of Health's minimum requirement of 85%. MetroPlus' administrative expense ended the year at \$240.8 million closing in at 7.6% Administrative Loss Ratio; again, coming in lower than the Insurance Plan industry average. MetroPlus posted a \$15.1 million net income for the year through the combination of all its lines of business ending the year in a positive position.

MetroPlus Health Plan Year End 2018

Member Months 6,216,970

	Total	PMPM
Total Revenue	\$ 3,159,281,790	\$ 508.17
Medical & Hospital Expense	\$ 2,640,227,697	\$ 424.68
Risk Share Provision Expense	\$ 273,810,370	\$ 44.04
Total Medical Hospital Expense	\$ 2,914,038,067	\$ 468.72
General Administrative Expense	\$ 240,819,391	\$ 38.74
Net Investment Income	\$ 10,999,956	\$ 1.77
Net Income	\$ 15,424,288	\$ 2.48

Loss Ratios

Medical Loss Ratio	92.24%
Admin Loss Ratio	7.62%
Net Income	0.49%

Membership Growth

Total plan membership as of April 1, 2019 was 520,822. Breakdown of plan enrollment by line of business is as follows:

Medicaid	360,975
Child Health Plus	20,155
MetroPlus Gold	16,034
Partnership in Care (HIV/SNP)	4,123
Medicare	7,860
MLTC	1,951
QHP	13,447
SHOP	858
HARP	13,027
Essential Plan	80,556
GoldCare I	1,204
GoldCare II	632

The MetroPlus Gold, HARP, EP, and CHP lines of business have seen the greatest increase in membership from April 2018 to April 2019. MetroPlus Gold increased by 3,834 members (31%), HARP increased by 2,263 members (21%), EP increased by 3,670 members (5%), and CHP increased by 2,419 members (14%). It is important to note that HARP growth is largely due to a change of member assignment methodology at the State level.

The largest percent loss (although not in absolute numbers) was in the Small Business Health Options Program (SHOP) and amounted to 36%. Although the Medicaid line of business lost only 3% of the membership, due to the size of this LOB, it resulted in the highest decrease in the number of members. A contributing factor to the decline in the Medicaid LOB is members transitioning to the HARP and EP LOBs. From January 2019 to April 2019, 3,365 Medicaid members transitioned to EP and 1,408 transitioned from Medicaid to HARP. Due to the removal of the penalty associated with the Individual Mandate as part of the ACA, the industry is experiencing a decline in the number of insured members.

Month	CHP	EP	Medicaid	Medicare	MLTC	QHP	Gold	SNP	SHOP	HARP	Gold Care 1	Gold Care 2
18-Apr	17,736	76,886	373,410	7,987	1,840	13,989	12,200	4,258	1,339	10,764	1,162	685
19-Apr	20,155	80,556	360,975	7,860	1,951	13,447	16,034	4,123	858	13,027	1,204	632
Diference	2,419	3,670	-12,435	-127	111	-542	3,834	-135	-481	2,263	42	-53
Growth	14%	5%	-3%	-2%	6%	-4%	31%	-3%	-36%	21%	4%	-8%

Below are the top 5 City Agencies with the highest contribution to enrollment growth and represents 77% of the total:

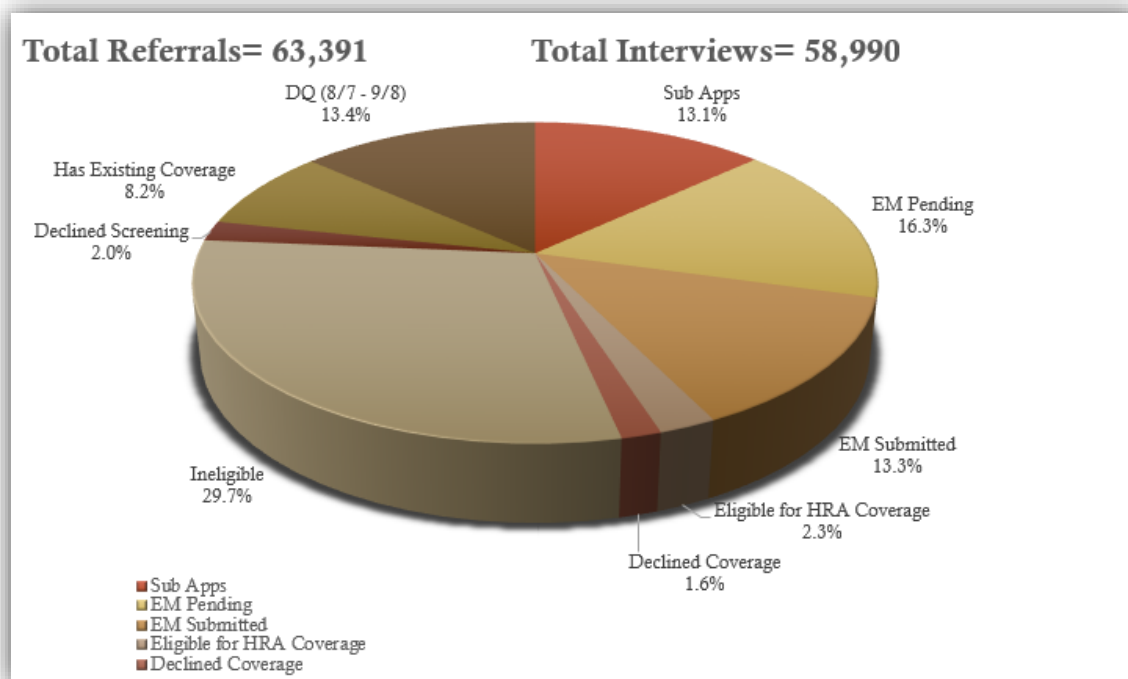
- H+H (7,085)
- NYPD (2,594)
- DOE (1,585)
- HRA/Dept. of Social Services (705)
- Dept. of Corrections (531)

Retention Activity

- In response to membership declines, counter measures have been put in place to offset losses. Specifically, areas of focus include address changes, missing documents, voluntary withdrawal, eligibility loss, and premium payments. Results noted below:
 - Address correction: 81 members retained
 - Outreached to members in a “clock down” for coverage loss: 353 retained
 - Outreach to voluntary disenrollment members: 296 (10%) retained
 - Transition of members into a newly eligible product: 196 retained
 - Since November 2018 an average of 63% of premium payments were collected from members that were due to disenroll.
 - In April, MetroPlus successfully retained 58% of members that were due to disenroll for non-payment by assisting members with payment submission/collection process.
- The overall membership retention rate for March 2019 was 81%.

Enrollment Activity

- As a part of the H+H Options rollout, effective August 7th, 2018, MetroPlus enrollers began screening H+H uninsured patients. Below is a summary of MetroPlus marketing efforts as of 5/25/2019:



- 63,391 people were referred to MetroPlus enrollers of which 58,990 were interviewed
- 4,401 potential applicants were no-shows or saw a provider to maintain H+H cycle times
- 13% resulted in an application for a product line MetroPlus offers
- 29% of enrollments contributed to H+H revenue stream (Emergency Medicaid)
- 58% of all patients interviewed did not qualify for insurance

The Public Option

As part of the Mayor's Guaranteed Health Care Initiative, MetroPlus has partnered with 28 city agencies. MetroPlus performs onsite marketing and enrollment, participates in educational sessions and public events organized by various agencies. Leading agencies include Department of Probation, Department of Small Businesses, CUNY and Taxi and Limousine Commission.

Change to City Employee Health Coverage

- As of July 1st, 2019, all new City employees who are electing City Health coverage will be able to choose only HIP coverage. New employees hired after July 1st, 2019 will not be able to participate in Open Enrollment until after they have completed 365 days of employment. Some exceptions apply.

Quality Improvement

- MetroPlus has achieved the highest tier (tier 3) for its 2018 Managed Long-Term Care (MLTC) Quality Incentive. MetroPlus has made massive improvements to its care management process and systems and leaped from the bottom tier to the top tier in three years. Total MLTC Quality Incentive award for New York State is \$147M and is disproportionately distributed to plans in the highest tier.
- In 2019, for the first time, Plan's P4P program will target CAHPS survey areas which require improvements. Traditionally, MetroPlus has done exceptionally well on the clinical measures (HEDIS) but was underperforming on survey-based measures assessing access to care and patient experience with the health system. To promote better experience, we are now incentivizing providers who perform well on the subpar measures in the survey. Total award amount available for the program is \$10M.
- Medicaid Quality Incentive Program results: MetroPlus received 100/100 normalized quality points, the highest in the State. Additionally, 10/30 points were earned in Satisfaction, 5/20 points from potentially avoidable hospitalization (PQI), the first time the plan has received points in this category. Additionally, we were awarded 6 bonus points for submitting the Telehealth Innovation Plan (TIP). Unfortunately, we lost -4 points for Statements of Deficiency in Access and Availability Surveys and Provider Directory Information.
- No plans were awarded Tier 1 status because no plans achieved 80% of the points available in the program. MetroPlus will be awarded a Tier 2 Quality Incentive and will continue to receive the quality preference in the auto-assignment algorithm.
- HARP Quality Incentive Program results: MetroPlus received a score of 99.97% scoring 119.96/120 points available. This score ranked the plan second behind Healthfirst.
- Since this was the first year that Plans were required to report, all Plans were awarded full points for reporting (P4R). Because this was the first report year and so many measures were P4R, the DOH determined that Plans would not be grouped into tiers and therefore no incentive premium would be administered.
- InquisitHealth: This is a Peer to Peer Education and Support Program for Diabetes Management. MetroPlus will enroll 300 members with Alc >9 for participation in the program. Members attributed to Kings County Hospital and Cumberland will be excluded and continue in the H+H arm of this program.

- Harlem Health Advocacy Partners (HHAP): MetroPlus is collaborating with the New York City Department of Health and Mental Hygiene (DOHMH) to introduce the Harlem Health Advocacy Partners (HHAP) to our members, partner providers and their patients.

HHAP is a program of DOHMH's Harlem Neighborhood Action Center that aims to improve the health and well-being of New York City Housing Authority (NYCHA) development residents. HHAP is a free program that utilizes a team of community health workers – that have been trained and are able to:

- provide peer support to residents living with asthma, diabetes, mood disorders or high blood pressure;
 - work closely with primary care providers and social services to improve access to care; and
 - help residents become involved in local community activities that unite them with other residents to ask questions about their health needs, and to create solutions together.
- As of May, 57,834 members have registered for the MetroPlus Healthy Rewards Program and 22,241 members have redeemed rewards. The Step-Up Challenge which encourages members to get moving using a pedometer, has had over 16K members participate with over 1.4M steps taken.

Clinical Service Utilization Highlights

- Almost 25% of members assigned to an H+H PCP have seen a community-based PCP. Of those, 4% exclusively saw a community-based provider. On average, only 66% of the members assigned to an H+H PCP have a visit within the year with their assigned PCP site. On the other hand, more than 90% of members assigned to a community-based PCP visit a community-based PCP. On average, 72% of members assigned to a community PCP visit their assigned provider.
- While the Urgent Care spend almost doubled in 2018, the emergency department rate remained essentially unchanged with approximately 3% decrease. Due to a significantly higher volume of visits to the ED, the total spend between ER and Urgent Care remained cost neutral.
 - MetroPlus has over 100 Urgent Care sites throughout the five boroughs. We have closed the network to new Urgent Care Center contracts, given this level of saturation, but will continue to add any of the NYC H+H Express Care Urgent Care locations. Lincoln and Elmhurst locations have already been added to our provider Network.
- Pharmacy cost per member per month, based on prescriptions written by H+H providers, is \$402 compared to \$261 for community-based written prescriptions. The main driver for cost differential is a higher utilization of HIV medications. Additional analysis is being completed to identify opportunities for formulary alignment, and H+H pharmacy utilization.
- As of March 2019, pharmacy has implemented a case management program to improve medication adherence and patient outcomes. After identifying members with a history of non-adherence, a MetroPlus pharmacist visits members' homes to promote intervention strategies. The two interventions are transitioning members' prescriptions to multi-dose packaging and utilizing a smart pillbox which delivers real time data to MetroPlus pharmacy staff when a member has not

taken their medication. Initial outcome data for the intervention group will be available in September of this year.

Housing Initiatives

- MetroPlus services between 8,000-10,000 homeless members at any given time (and cumulatively approximately 20,000 members annually). The Plan has invested in a housing specialist team to back up its efforts to support members who need permanent housing. This project required the training of more than 20 staff members to complete HRA applications for housing, relationship building with HRA, shelters and H+H facilities, as well as collaboration with the CBO Comunilife.
- As of this writing, more than 50 members of MetroPlus have moved into three different supportive housing options we are able to offer. In addition, MetroPlus received 30 Section 8 vouchers. We identify eligible members, assist members in identifying appropriate Section 8 housing units and assist in completing the process of attaining stable living.
- We are working with supportive housing and other NYC housing developers to increase our available resource of units for our members. It is expected that another supportive housing opportunity will be opening in June of 2019 for an additional 20-30 members.

Provider Contracting and Network Relations

- MetroPlus is finalizing implementation of the new Cactus credentialing system that will streamline the submission of delegated provider information, improve accuracy of data, and offer daily online screening of MetroPlus providers against State and Federal exclusion listings.
- MetroPlus is finalizing the selection of its telemedicine vendor, which will be offered to members via smartphone, tablet and computers. Members' non-emergent health issues will be addressed remotely by licensed providers. The primary utilization is anticipated to be nights and weekends, when most provider offices and clinics are closed, but service will be available 24/7. The program goal is to reduce unnecessary Emergency Room and Urgent Care visits and to improve member satisfaction and access. Telehealth providers will re-direct members back to their primary care physicians as appropriate and to specialists as needed for more serious conditions. The service will be available for all age categories, all lines of business, and will address both physical and behavioral health needs. While physical health will be addressed on demand, it is expected that behavioral health issues will be addressed on a pre-scheduled basis.
- Contracting staff is working with participating labs to encourage PCPs to direct lab services in network. Provider education and outreach is currently underway. Unnecessary out of network lab utilization has declined significantly due to MetroPlus Health Plan's change in toxicology screening coverage. As of September 1st, lab claims without referring physician information will be denied. This information is necessary to identify provider patterns and inappropriate out of network lab referrals.
- The 21st Century Cures Act requires that all Medicaid Managed Care and Children's Health Insurance Program providers enroll into Fee-for-Service Medicaid. On June 3rd, Plans received guidance from the State to comply with notice requirements and timeline for sending termination notices to providers and notices to members. Members in an ongoing course of treatment will be allowed to receive continuity of care. This Act impacts several hundred providers in the MetroPlus network including H+H providers.

Expansion of Field Presence for HIV Care

- MetroPlus' Special Needs Plan (SNP) deploys 22 Health and Wellness Advisors (care coordinators) across 13 HIV clinics in the Health + Hospital network from 2-5 days a week, dependent on clinics' operation. They collaborate with primary care physicians to improve gaps in members' care, management of co-morbidities, and service utilization. The Advisors also support End the Epidemic (EtE) grant activities, lost to care members, SNP benefits education and creative arts groups. MetroPlus SNP initiated its deployment to BrightPoint Health in late 2018 and plans to grow its deployment operations to 3-5 community-based providers with high membership in 2019.

RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute an agreement with GE Precision Healthcare LLC (“GE”) to supply the System’s needs for medical imaging equipment and associated programmatic support (clinical, operational, biomedical, IT) over a ten year period commencing July 1, 2019 and ending June 30, 2029 at a total cost not to exceed \$224 Million subject to funding availability.

WHEREAS, much of the System’s current imaging equipment is near or past end of life with over half of the 470 pieces of equipment across the facilities requiring replacement in the next few years; and

WHEREAS, The high cost to maintain these aging pieces of equipment, and using older technology poses a challenge to provide quality patient care; and

WHEREAS, capital funding requests have historically been initiated by the individual facilities as needs were identified, thus limiting the ability to standardize equipment and protocols by service lines for the System; and

WHEREAS, the System spends on average of \$14M annually on imaging equipment; and

WHEREAS, by establishing a master agreement with a single manufacturer for most of the System’s imaging needs, even beyond what is currently funded, it will be possible to obtain superior pricing, standardize across service lines and obtain substantial vendor programmatic support in clinical, operational, biomedical respects; and

WHEREAS, a request for proposals was issued in July 2018 to which four suppliers responded who met the minimum RFP requirements: Canon, GE, Philips, and Siemens; and

WHEREAS, after considering the proposals received and presentations made a Selection Committee with representation across clinical, IT, operations and finance units within the System selected GE based on cost, equipment suitability, IT functionality and commitments to vendor support; and

WHEREAS, the Contract Review Committee approved the issuance of the RFP and the selection of GE; and

WHEREAS, the Vice President of Supply Chain Services together with the System’s Radiology Council will be responsible for the administration of the proposed agreement.

NOW THEREFORE, BE IT:

RESOLVED, that the New York City Health and Hospitals Corporation be and hereby is authorized to execute an agreement with GE Precision Healthcare LLC (“GE”) to supply the System’s needs for medical imaging equipment and associated programmatic support (clinical, operational, biomedical, IT) over a ten year period commencing July 1, 2019 and ending June 30, 2029 at a total cost not to exceed \$224 Million subject to funding availability.

EXECUTIVE SUMMARY
Master Agreement with GE Healthcare
To Supply Most of the System's Imaging Needs

- BACKGROUND:** Historically, the System's purchases of imaging equipment have been driven by the individual facilities as needs are identified and funding secured. This approach has made it impossible to establish a System-wide program that drives standardization and uses the System's size to leverage better pricing and support. Although, the System spends approximately \$14M annually to purchase or upgrade imaging equipment, that substantial expenditure has not been made coherently or strategically.
- PROCUREMENT:** The System issued a Request for Proposal in July 2018 for a single imaging vendor. Four firms that met the minimum criteria responded: Canon, GE, Philips, and Siemens. A 14 person Selection Committee with representation across clinical, IT, operations and finance units within the System selected GE based on considerations of cost, equipment suitability, IT functionality and commitments to vendor support. The Contract Review Committee reviewed and approved the RFP that was issued and the selection of GE.
- FINANCING:** Previously, imaging equipment has been purchased only when funding – piece of equipment by piece of equipment – was secured. This inhibited implementation of a comprehensive, System-wide approach. Here, it is proposed to authorize the use of a master contract structure with GE that will be large enough to handle the anticipated, estimated imaging needs of the System over the next ten years of up to \$224 Million. Of this projected amount, \$20M is currently fully funded for the purchase of imaging equipment for the new Coney Island Hospital building using FEMA funds. Another \$154M, which will be subject to funding availability, represents the replacement estimate for end of life equipment. Of this \$154M, \$88M will be needed over the next four years to replace equipment that is beyond its useful life and \$66M is anticipated to be needed in years 5 – 10 of the contract. Finally, it is proposed that the contract with GE include an additional \$50M, also subject to funding availability, to accommodate needs for new purchases over the 10 year life of the contract. By adding the extra \$50M in capacity to the proposed contract, it can serve as the contractual vehicle for the purchase of necessary equipment for new initiatives that will be launched. All purchases made via this agreement will be approved by Corporate Finance to ensure availability of funding at the time of purchase.
- TERMS:** The System will commit to purchase 85% of all imaging equipment (excluding Mammography and Sonography) it requires over the next ten years. In exchange GE commits to charge the System 5% below the top eligible tier of its Group Purchasing Organization price. Additionally, GE will provide a dedicated account management team, operational workflow improvement, collaborative engagement with physicians for improved outcomes for specific disease states, training for physicians and technicians, assistance in charge capture and coding, equipment service level enhancement, and added performance uptime support to Crothall, the Systems equipment maintenance vendor.

Corporate Imaging Partnership

Application to Enter into Contract

Medical & Professional Affairs July 18, 2019

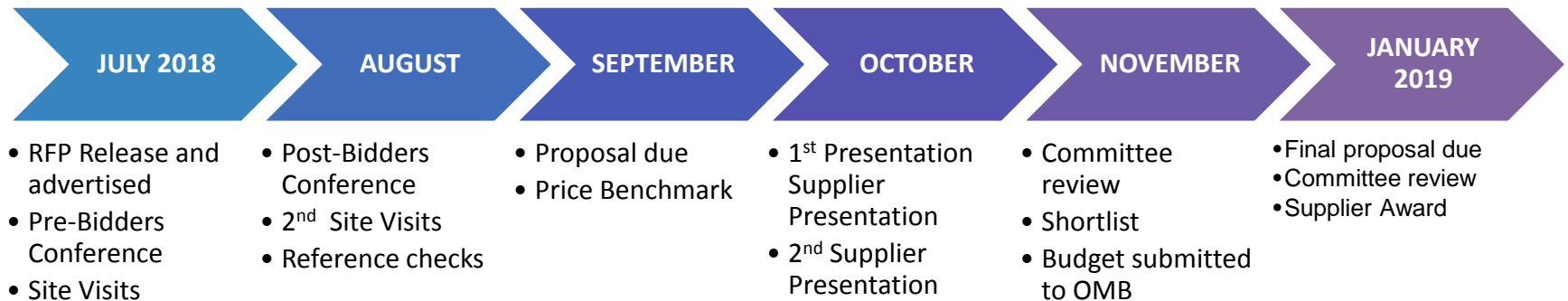
Michael Ambrosino MD – Chair, Radiology Council and
Chief of Radiology, Bellevue Hospital
Alina Moran – CEO, Metropolitan Hospital
Joe Wilson - Sr. AVP, Strategic Sourcing

Overview / Background / Current State

- Health + Hospitals has 80,000 pieces of medical equipment, ranging from low touch IV poles to sophisticated, complex imaging units.
- Equipment purchases have traditionally been transactional; we are transforming model to enterprise-vendor/partnership where appropriate for best quality and value
- Health + Hospitals has 470 imaging units from various vendors; 50%+ requires replacement in the next few years.
- Capital funding requests have historically been initiated by the individual facilities as needs were identified, going forward, a governance process will be implemented to manage imaging needs/financial resources to best meet the needs of the System and our patients.
- Health + Hospitals spends on average \$14M annually on imaging equipment.

Overview of Procurement

- Request For Proposals (RFP) was released in July 2018 for this agreement.
- Four suppliers responded who met the minimum requirements to the RFP: Canon, GE, Philips, and Siemens.



Overview of Procurement

- The RFP outlined the following partnership expectations to elicit high level Imaging modalities and programmatic support (clinical, operational, financial, biomedical, IT)
 - Single master agreement for Imaging equipment
 - Defined governance structure
 - Dedicated account management team
 - Capital roadmap for appropriately right sized modalities
 - Capital planning assistance
 - Operational workflow improvement
 - Equipment service level enhancement, and added performance uptime support to Crothall
 - Collaborative engagement with physicians for improved outcomes for specific disease states
 - Unlimited training for physicians and technicians
 - Assistance in charge capture, and coding

Procurement

Evaluation Committee:

Michael Ambrosino, MD (Co-Chair)

Alina Moran, CEO Metropolitan (Co-Chair)

Radiology

- Patrick Hamill, MD
- Alan Kantor, MD
- Roberta Locko, MD

Cardiology

- Norma Keller, MD
- Seth Sokol, MD

Administration

- David Baksh
- John Maharaj
- Peter Montanino
- Vascenio Rhoden
- Robert Zeuner

Executive

- Graham Gulian, COO Kings County

EIT

- Julio Santos

M&PA

- David Shi

Central Finance (*One vote)

- Brenda Schultz*
- Alice Berkowitz*

****Supply Chain-Strategic Sourcing facilitated the RFP**

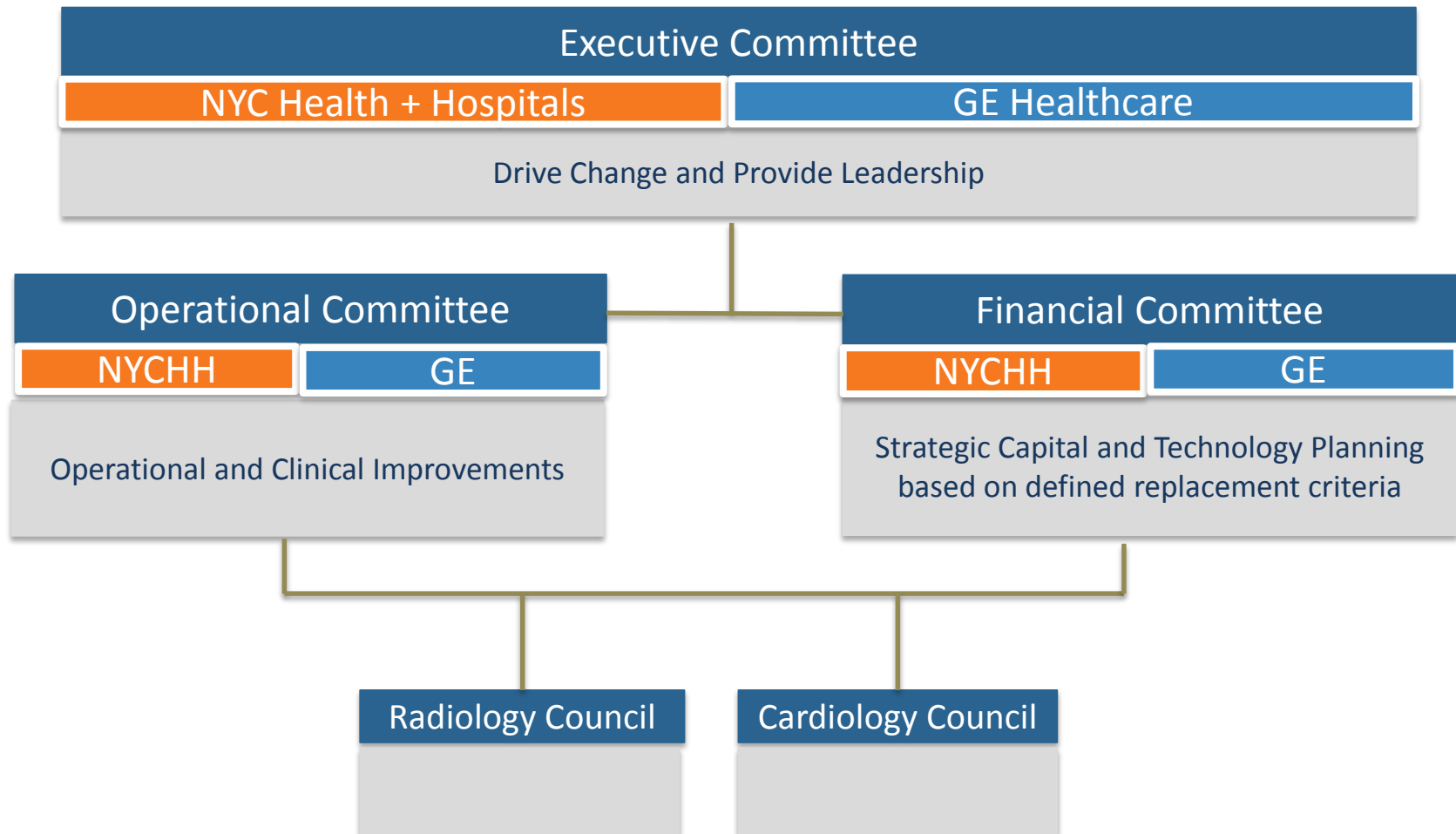
Procurement – Evaluation

Score Criteria	Weight
1) Supplier Relationship/Account Team	20%
2) Technology (Innovation, Scalability)	30%
3) Value Add Services (Training, Biomed support, Operational efficiencies, revenue support)	25%
4) Cost of Proposal (Equipment & Software) <i>** MD Buyline provided benchmark on price, market, technology and user satisfaction</i>	25%
Total	100%

GE Healthcare received the highest score






Mammography and Ultrasound will be out of scope

Governance



GE Healthcare Customers

Accelerating Together – GEHC Client Examples

	Client	Situation	GE program & Capabilities	Outcomes
	6 Hospital Regional System	<p>Seeking a vendor for optimizing operations and driving innovation</p> <ul style="list-style-type: none"> In support of growth and quality strategy, client needs to reduce operating costs, maintain high quality and create capacity for growth 	<p>Client requires market leading technology coupled with advisory and innovation expertise</p> <ul style="list-style-type: none"> Improved telemetry & monitoring, Radiology workflow consulting, technology planning and biomedical & radiology service outsourcing 	<p>10 year relationship</p> <ul style="list-style-type: none"> Guaranteed \$45M savings: Rad. optimization & system integration of monitoring Program to build appropriate use solution for Radiology
	5 Hospital Academic System	<p>Desire to replace aging equipment and reduce Radiology operating costs</p> <ul style="list-style-type: none"> Client needs access to capital and more efficient operations 	<p>Client requires cutting edge equipment with workflow optimization & financing model</p> <ul style="list-style-type: none"> Radiology products, services, HCIT, core consulting Improved asset utilization & efficiency 	<p>15 year relationship</p> <ul style="list-style-type: none"> Savings, free cash, and ability to modernize Radiology fleet \$32M savings commitment Shared savings over \$72M
	5 Hospital Academic System	<p>Seeking a vendor to improve capacity/ access while reducing the cost to care</p> <ul style="list-style-type: none"> Client needs to unlock capacity, expand access strategically, reduce the cost intensity of the workforce 	<p>Client requires a long-term vendor to implement sustainable changes across the healthcare system</p> <ul style="list-style-type: none"> Capacity optimization, advanced analytics and modeling, comprehensive human capital program development, imaging strategy development and activation 	<p>6 year relationship</p> <ul style="list-style-type: none"> Guaranteed \$182M savings Capacity optimization Human capital management Imaging strategic plan development
 	7 Hospital Regional System	<p>Seeks a Radiology technology market advantage with reduced and predictable operating costs</p> <ul style="list-style-type: none"> Client needs to increase access & smooth / reduce operating variability 	<p>Client requires market leading technology coupled with capacity management and service support</p> <ul style="list-style-type: none"> Radiology workflow advisory, technology planning, capacity management advisory services and radiology service outsourcing 	<p>7 year relationship</p> <ul style="list-style-type: none"> \$42M savings Fleet replacement and market technology advantage Patient transfer center and ability to accept more patients

Partnership Solutions

Operational Improvements

- Ability to standardize modalities (Capital Planning) and protocols
- Simplified and supported integration to PACS
- Dedicated project management for installations (New Coney Island Hospital)

Equipment Performance

- Extended warranty for all new purchases (33 months)
- Continuous Training for the life of the contract for technicians and Physicians
- Access to GE Biomed Labor to support Crothall for escalated/complex service issues

Contract Benefits

- 85% of market share commitment to GE Healthcare for capital imaging equipment.
- Equipment discount is 5% above highest qualified Premier Group Purchasing Organization contract
- No spend commitment in this contract, and there is a termination for convenience.

MWBE Program

- GE Healthcare turnkey services will be performed by an MWBE who is in the process of becoming an NYC certified MWBE
- MWBE turnkey spend will be approximately 20% of the total contract.

M&PA Approval Request

- Health + Hospitals is seeking approval to enter into contract with GE Healthcare to provide Imaging modalities.
- The proposed GE Healthcare agreement term will be July 1, 2019 to June 30, 2029.
- The term of the new contract is 10 years and not to exceed \$224M.
 - \$154M replacement estimate
 - \$88M replacement in years 1-4
 - \$66M replacement in years 5-10
 - \$20M Coney Island project already funded from OMB
 - \$50M new needs over 10 years

**Each transaction contingent upon funding availability

RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute an agreement with Crothall Facilities Management, Inc. (“Crothall”) to manage the central sterile function performed by System employees at all of the System’s facilities to continue the current contracts with Crothall that exist on an individual facility basis at six facilities and extend such services to the remaining System facilities at total cost not to exceed the amount of \$45.2M over a term of five years with two one-year options to renew exercisable solely by the System.

WHEREAS, starting in 2015 the System has contracted with Crothall on a facility-by-facility basis, to provide Central Sterile services at NYC Health + Hospitals/Queens, NYC Health + Hospitals/Metropolitan, NYC Health + Hospitals/Coney Island, NYC Health + Hospitals/North Central Bronx, NYC Health + Hospitals/ Woodhull and NYC Health + Hospitals/Elmhurst; and

WHEREAS, currently the central sterile function for NYC Health + Hospitals/Gouverneur is performed by the System’s staff under Crothall’s management at NYC Health + Hospitals/Metropolitan and central sterile function for NYC Health + Hospitals/Sydenham is performed by the System’s staff under Crothall’s management at NYC Health + Hospitals/Harlem; and

WHEREAS, both Crothall’s management of the listed central sterile functions and the use of certain “hub” System facilities to serve “spoke” System facilities has been successful in that all serviced facilities have passed Joint Commission and CMS surveys without adverse findings as to central sterile; and

WHEREAS, two of the contracts between the System and Crothall for central storage services are nearing their expiration; and

WHEREAS, it will be advantageous to continue the Crothall central sterile services under a single agreement that will cover all System facilities; and

WHEREAS, Crothall pricing was determined to be at or below the market price for the services provided; and

WHEREAS, by increasing the scope of the Crothall management of the sterile function, no System employees will be replaced or re-assigned; and

WHEREAS, the Crothall central sterile contract will be managed by the Vice President for Supply Chain Services.

NOW THEREFORE BE IT:

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized execute an agreement with Crothall Facilities Management, Inc. to manage the central sterile function performed by New York City Health and Hospitals Corporation employees at all of its facilities to continue the current contracts with Crothall Facilities Management, Inc. that exist on an individual facility basis at six facilities and extend such services to the remaining New York City Health and Hospitals Corporation facilities at total cost not to exceed the amount of \$45.2M over a term of five years with two one-year options to renew exercisable solely by New York City Health and Hospitals Corporation.

**EXECUTIVE SUMMARY
RESOLUTION TO AUTHORIZE CONTRACT
WITH CROTHALL FACILITIES MANAGEMENT, INC.**

- BACKGROUND:** All of the System's facilities must have access to sterile instruments. Sterilization is generally performed at the central sterile unit at each facility. Since 2015 certain of the System's facilities has had this critical function managed by Crothall. Crothall is very familiar to the System as Crothall also manages the System's cleaning services as well as its maintenance of its biomedical equipment. The current arrangements for Crothall's management of central sterile functions extends to six of the System's facilities under agreements that are facility-specific. Recently, the System and Crothall have developed a hub and spoke model whereby certain of the System's facilities act as "hubs" to perform their own central sterile functions as well as those for other "spoke" facilities. In these arrangements, Crothall manages the transportation of sterile instruments between the hubs and the spokes. Certain of the Crothall central sterile agreements are approaching their expiration.
- PROPOSAL:** The System seeks authorization to continue the existing Crothall arrangements under a new agreement that will substantially expand the scope of services to include all of the System's facilities and that will also expand on the hub and spoke model already tested at NYC Health + Hospitals/Gouverneur - NYC Health + Hospitals/Metropolitan and at NYC Health + Hospitals/Sydenham -- NYC Health + Hospitals/Harlem. The enlargement of the scope of Crothall's services under the proposed agreement will not cause any System employee to be displaced or reassigned.
- PROCUREMENT:** The proposed contract was procured as a Best Interests renewal and expansion of scope to the current central sterile management program that started in 2015. The pricing benchmark used was Press Ganey which showed that the Crothall the labor rate and the 2% annual increase is competitive if not below market rate. The salaries Crothall will pay to its managers is similar to what the System pays.
- BUDGET** The cost of the proposed agreement will not exceed \$45.2 M the potential seven-year term. It is projected that the use of the hub and spoke model to support the System's long term care facilities and its outpatient clinics will achieve approximately \$20.3M in cost avoidance.
- TERM:** As proposed, the agreement would run for five years with the System holding the right to renew the agreement twice for one year each.

Central Sterile Management Program

Application to Enter into Contract

**Medical & Professional Affairs
July 18, 2019**

**Paul A. Albertson, VP, Supply Chain Services
Joe Wilson - Senior AVP, Strategic Sourcing**

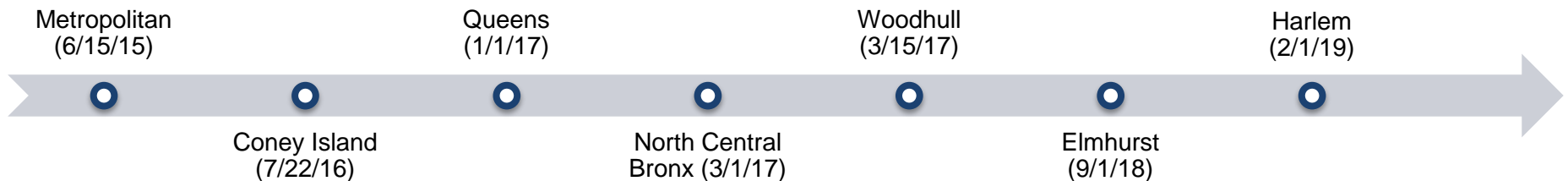
Background

- Central sterile services consists of cleaning, disinfection, and sterilization of reusable medical equipment/instruments, routinely used on patients in operating rooms and procedure areas.
- Nationally, these services have received significant scrutiny by The Joint Commission (TJC) and CMS given the high risk for patient safety.
- The services are one of the most-cited areas by TJC for non-compliance.
- Recruitment for skilled leaders is very competitive.
- Gotham and Post Acute Care sites have infrastructure, equipment and staffing challenges.

Current State

- Sterile processing services are currently decentralized, resulting in varied operating practices/procedures thus exposing the facilities to safety and compliance risk.
- LTC and D&TC's currently lack the infrastructure to perform compliant sterile processing.
- In 2015, Metropolitan retained a Crothall Manager for sterile processing. Coney Island, Queens, NCB, Woodhull, and Elmhurst brought in Crothall Managers to stabilize/manage their sterile processing department (SPD).
- All facilities with Crothall central sterile managers have successfully passed their Joint Commission and CMS surveys, utilizing standard procedures, policies, and tech education.

Crothall Central Sterile Management Timeline



Future State

- The proposed system-wide Central Sterile Management Agreement will be for all Acute Care Hospitals, Post-Acute Care Facilities, and Gotham Centers.
- Program will provide:
 - Centralized and standardized processing policies, procedures, and products
 - Regulatory compliance
 - Increased operational efficiencies
 - Improved quality control testing/documentation
 - System-wide performance, regulatory, and standardized QA reporting
 - Department of Transportation-compliant pick up/delivery of instruments
 - Enhanced and continuous training programs
 - Governance program with Infection Prevention, Nursing, and OR leaders
 - Direct and indirect savings/cost avoidance

Staffing/Resources

- Health + Hospitals staff will remain and perform the day-to-day functions of sterile processing. Staffing will not be reduced.
- Crothall will provide
 - Management staff
 - Transportation and its management
 - Program oversight
 - Continuous training
 - Process expertise
 - System quality metrics – clinical and operational
- This will not impact employees titled Motor Vehicles Operators.

Overview of Procurement

- The proposed contract is being procured as a negotiated acquisition with pricing due diligence, under OP 100-5.
- A negotiated acquisition is a procurement context where the pool of vendors is limited based on certain qualifying criteria.
- In the present matter, financial and operational costs that would result from switching vendors that are currently providing high quality services at a market competitive rate such that there would be no benefit to procuring competing proposals.
- Therefore, the system has no interest in seeking competitive proposals at this time and has conducted a negotiated acquisition to avoid transition costs while still obtaining quality market rate services.
- Pricing benchmark was reviewed by Soyryng Consulting, a division of Press Ganey. Results show the labor rate and the 2% annual increase are deemed competitive, if not below market rate.
- Health + Hospitals has a long standing partnership with Crothall Services since 2011.
- Crothall has been managing Biomedical Engineering Services, Environmental Services, Vending, and in 2015 began managing Central Sterile Services at Metropolitan.

Proposed Central Sterile Program

- Program has successfully improved productivity, QA, and regulatory compliance at the seven facilities managed by Crothall.
- The program will operate at all Acute Care Hospitals, and implement a hub and spoke model to support the LTC and D&TC's.
- Health + Hospitals leveraged existing business with Crothall to recognize \$20.3M in cost avoidance through the hub and spoke support for the LTC and D&TC's.
- There are added operational values through standardizing and centralizing processing procedures across the system.(Ease of equipment and disposables standardization, policy updates)

Unique Crothall Value

Tracking System - *Ability to standardize and maximize use of Abacus Instrument Tracking System.*

- All trays accounted for with usage, removing unused trays from inventory and utilizing those instruments elsewhere.
- Ensure all instruments are available to appropriately schedule cases. No cases rescheduled because instruments are unavailable due to repair or not reprocessed timely.
- Manage and document the repair and life cycle of each instrument tray. Ensuring most heavily used trays are serviced more often to always be “patient ready”.

Key Dot Inventory - *A system that adds individual barcodes to instrument so it may be tracked in all repair and reprocessing activities.*

- Ability to bar code individual instruments to track instrument usage to ensure instruments are not used past end of life.
- Ability to track repairs at individual instrument level and not just tray level.
- Creates the ability for multiple facilities to be reprocessed at one facility ensuring all instruments are returned to the correct facility.
- Avoid loss or incomplete sets by not having instruments comingled into incorrect trays

NYCH+H and Crothall Partnership

Biomedical Engineering

- Capitated costs for the maintenance of 89K assets
- Established single unified database for assets and service histories
- Standardized medical equipment management plan
- Reduced operating costs by 33%
- Added service for MRI chillers, hemodialysis, IT support, lab equipment
- H+H customer survey satisfaction at 94%

Environmental Services

- Exceeding financial savings expectations (9 year savings projection = \$305 million)
- OT costs reduced from \$14 million at contract inception to current guaranteed budget of \$5.6 million (these figures include Holiday OT)
- Improved overall system HCAHPS scores from a 62% Always to 69% Always (11.3% increase)
- Excellent performance with all regulatory surveys
- Assistance with Storm Sandy restoration and reconstruction of Bellevue and Coney Island. Both facilities opened well ahead of schedule (estimated revenue loss of \$15 million per week). Coler never closed.
- Ebola assistance at Bellevue

M&PA Approval Request

- Health + Hospitals is seeking approval to enter into contract with Crothall Healthcare for Central Sterile Management.
- The term of the new contract will be five years with two one-year options.
- The contract will effective August 1, 2019 to July 30, 2026.
- This contract has a “not to exceed” spend of \$45.2M.
 - This reflects the right-sized leadership staffing for each facility
 - Reduction in facility leadership staffing
 - The compliant transportation services between sites for dirty/clean instruments
 - Continuous education, training and program management
 - Standard, safe quality services across Health + Hospitals

RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the "System") to negotiate and execute an extension of its affiliation agreement with the State University of New York/ Health Science Center at Brooklyn, a/k/a Downstate Health Sciences University ("SUNY") for services at NYC Health + Hospitals/ Kings County ("KCHC") and NYC Health + Hospitals/Coney Island ("CIH") (the "Affiliation Agreement") for two years, through June 30, 2022, for an amount not to exceed \$42,924,252;

AND

Further authorizing the System to make adjustments to the contract amounts, providing such adjustments are consistent with the System's financial plan, professional standards of care and equal employment opportunity policy except that the System will seek approval from the System's Board of Directors for any increases in costs in any fiscal year exceeding 25% of the above not to exceed amount.

WHEREAS, the System has entered into agreements, including the Affiliation Agreement for various medical schools, voluntary hospitals and professional corporations to provide clinical and behavioral health services at the System's facilities; and

WHEREAS, the Affiliation Agreement will expire on June 30, 2020 but the System is working to renew and revise the Affiliation Agreement; and

WHEREAS, SUNY's collective bargaining agreement with its employees requires SUNY to provide its employees with one year's notice of termination of their employment; and

WHEREAS, to avoid SUNY sending a notice of termination to its employees and the potential workforce disruption that might ensue, the Affiliation Agreement must maintain a minimum term of two-years; and

WHEREAS, to provide sufficient time to negotiate revisions to the Affiliation Agreement, and to accommodate the notice requirement of SUNY's collective bargaining agreement, the System seeks to extend the current Affiliation Agreement through June 30, 2022; and

WHEREAS, the overall responsibility for administering the Affiliation Agreement shall reside with the System's Chief Medical Officer.

NOW, THEREFORE, BE IT

RESOLVED, that New York City Health and Hospitals Corporation (the "System") be and is hereby authorized to extend the affiliation agreement with the State University of New York/ Health Science Center at Brooklyn a/k/a Downstate Health Sciences University for the provision of services at NYC Health + Hospitals/ Kings County and NYC Health + Hospitals/ Coney Island for a period of two years, commencing July 1, 2020 and terminating on June 30, 2022, for an amount not to exceed \$42,924,252; and

BE IT FURTHER RESOLVED, that the System be and is hereby authorized to make adjustments to the contract amounts, providing such adjustments are consistent with the System's financial plan, professional standards of care and equal employment opportunity policy except that the System will seek approval from the

System's Board of Directors for any increases in costs in any fiscal year exceeding twenty-five percent (25%) of the not to exceed amount identified in this resolution.

EXECUTIVE SUMMARY
Contract Extension
State University of New York/ Health Science Center at Brooklyn
a/k/a Downstate Health Sciences University

- BACKGROUND:** The SUNY Affiliation Agreement is scheduled to expire on June 30, 2020. The System is working to negotiate a new Affiliation Agreement, however, because SUNY's collective bargaining agreement requires SUNY to provide its employees with one-year's notice of termination to its employees, and to avoid SUNY sending such a notice with the potential workforce disruption that might ensue, the Affiliation Agreement must maintain a minimum term of two-years.
- PROPOSAL:** In view of the requirement that the SUNY Affiliation Agreement have two years before expiration, the System seeks authority to extend the term of the Agreement to June 20, 2022 to provide sufficient time to negotiate a new affiliation agreement with SUNY. This negotiation with SUNY will take place in the context of the System's negotiation of its agreements with its other major clinical affiliates. The Agreement will cover the provision of services at NYC Health + Hospitals/ Kings County and NYC Health + Hospitals/ Coney Island for a period of two years, commencing July 1, 2020 and terminating on June 30, 2022, for an amount not to exceed \$42,924,252. The System will seek Board approval for increases in cost of over 25% in any fiscal year.
- PROCUREMENT:** The proposed contract extension is being signed with SUNY as a negotiated acquisition in that SUNY is especially well positioned to continue the provision of the subject specialty services. Given that it is anticipated that the System will negotiate an entirely new agreement for such services during the coming year it is in the best interest of the System to continue the contract with SUNY without changes in its terms.

***Physician Services Contract Extension
Through FY 2022***

**State University of New York/ Health Science
Center at Brooklyn
a/k/a Downstate Health Sciences University**

**NYC Health + Hospitals/ Kings County
NYC Health + Hospitals/ Coney Island**

Machelle Allen M.D., System Chief Medical Officer
Andrea G. Cohen, General Counsel, Chief Legal Officer

Medical and Professional Affairs
July 18, 2019



NYC Health + Hospitals - Current Affiliation Agreements

AFFILIATE	CONTRACT START DATE	CONTRACT END DATE	LENGTH OF CONTRACT
SUNY Health Science Center at Brooklyn (aka Downstate Health Sciences University) – 2 sites	July 1, 2016	June 30, 2020	48 Months
Physician Affiliate Group of New York, P.C. (PAGNY) – 10 sites	July 1, 2015	July 1, 2020	60 Months
New York University School of Medicine – 6 sites	July 1, 2015	June 30, 2020	60 Months
Icahn School of Medicine at Mount Sinai – 2 sites	July 1, 2015	June 30, 2020	60 Months

NYC Health + Hospitals - Affiliation Contract Costs FY 2016 to FY 2019

AFFILIATE	FY 2016	FY 2017	FY 2018	FY 2019
SUNY Health Science Center at Brooklyn (aka Downstate Health Sciences University)	\$13,878,682	\$17,262,441	\$20,423,406	\$19,496,698
Physician Affiliate Group of New York, P.C. (PAGNY)	\$498,508,599	\$519,598,701	\$540,020,439	\$567,819,627
New York University School of Medicine	\$312,855,320	\$322,038,702	\$318,247,112	\$329,147,322
Icahn School of Medicine at Mount Sinai	\$222,614,553	\$220,224,517	\$227,392,545	\$234,052,711
Total (Excludes Seaview)	\$1,047,857,154	\$1,079,124,361	\$1,106,083,502	\$1,150,516,358

AFFILIATE RELATIONSHIPS

Affiliate	NYC Health + Hospitals Facility
SUNY Health Science Center at Brooklyn (aka Downstate Health Sciences University)	Kings County Hospital Center, Coney Island Hospital
Physician Affiliate Group of New York, P.C. (PAGNY)	Metropolitan Hospital Center, Harlem Hospital Center, Renaissance Diagnostic & Treatment Center, Kings County Hospital Center, Coney Island Hospital, Lincoln Medical & Mental Health Center, Morrisania Diagnostic & Treatment Center, Segundo Belvis Ruiz, Diagnostic & Treatment Center, Jacobi Medical Center, North Central Bronx Hospital
New York University School of Medicine	Woodhull Medical and Mental Health Center, Cumberland Diagnostic & Treatment Center, Bellevue Hospital Center, Gouverneur Healthcare Services, Carter Specialty Hospital and Nursing Facility, Coler Rehabilitation and Nursing Care Center
Icahn School of Medicine at Mount Sinai	Elmhurst Hospital Center, Queens Hospital Center



Reason for Extension

- ❖ Approval is sought to extend the agreement by two years to FY 2022 with Downstate Health Sciences University (formerly known as State University of New York/ Health Science Center at Brooklyn)
- ❖ Proposed costs total \$42.9 million
- ❖ Before a contract ends the Affiliate is required by the union contract with its employees to provide one years' notice of termination
- ❖ The extension is requested so that services can continue without disruption and allow time for the parties to negotiate a contract renewal

Other Details

- ❖ The extension allows for the uninterrupted provision of some services at Kings County Hospital Center (KCHC), notably in Emergency Medicine, Psychiatry, and Radiology
- ❖ The extension also allows for the uninterrupted provision of surgery services at Coney Island Hospital
- ❖ The Affiliate will continue to comply with state regulations, national accreditation standards and facility bylaws, including appropriate resident program supervision

Proposed Contract Costs

Facility	FY 2020	FY 2021	Total
KCHC	\$20,503,686	\$20,232,948	\$40,736,634
CIH	\$1,093,809	\$1,093,809	\$2,187,618
Total	\$21,597,495	\$21,326,757	\$42,924,252

- Proposed payment to the Affiliate is based on costs.
- The costs reported assume no material change in patient volume or services provided and no additional impact from managed care programs or other third-payer developments.
- Any change to the budget must be approved by the parties and the System as per policy.
- Payments are subject to adjustment due to new initiatives, expanded programs or services, elimination or downsizing of programs or services, COLA adjustments, market recruitment, retention-based salary adjustments, service grants or other designated programs consistent with the terms of the agreement.

RESOLUTION

Authorizing the amendment of the By-Laws of the New York City Health and Hospitals Corporation (the “System”) to rename the Quality Assurance Committee as the Quality Assurance/ Performance Improvement Committee and to revise Article VI, Section 9 to state the duties and responsibilities of the Quality Assurance/Performance Improvement Committee to include “overseeing performance improvement activities to foster sharing of system-wide and facility-specific performance improvement priorities, identifying new areas of opportunity for performance improvement, and the spreading of performance improvement best practices.”

WHEREAS, the System’s By-Laws make the Quality Assurance Committee a standing committee and Article VI, Section 9 states its scope as “assuring that each facility is fulfilling its mandate in the areas of quality assurance, credentialing of physicians and dentists, overall operations and responsiveness to Federal, State and other regulatory surveillance and enforcement activities . . .;” and

WHEREAS, an expansion of the scope of the Quality Assurance Committee would align with current best practices that view performance improvement as a key driver in improving processes and outcomes of care, and engaging clinical and non-clinical staff in sustainable, positive change; and

WHEREAS, the Quality Assurance/Performance Improvement Committee would continue Quality Assurance related activities, but expand the Committee’s scope to include oversight and integration of performance improvement best practices into all of the System’s quality activities; and

WHEREAS, the Quality Assurance/Performance Improvement Committee’s areas of responsibilities would include: (1) presenting System performance improvement prioritized projects; (2) sharing facility-specific performance improvement priorities; (3) identifying new areas for performance improvement; and (4) spreading performance improvement best practices.

NOW THEREFORE, BE IT:

RESOLVED, that the By-Laws of New York City Health and Hospitals Corporation be and hereby are amended to rename the Quality Assurance Committee as the Quality Assurance/Performance Improvement Committee and to revise Article VI, Section 9 to state the duties and responsibilities of the Quality Assurance/Performance Improvement Committee to include “overseeing performance improvement activities to foster sharing of system-wide and facility-specific performance improvement priorities, identifying new areas of opportunity for performance improvement, and the spreading of performance improvement best practices.”

EXECUTIVE SUMMARY

Rename the Quality Assurance Committee as the Quality Assurance/Performance Improvement Committee

Goal: To amend Article VI of the By-Laws to rename the Quality Assurance Committee as the Quality Assurance/Performance Improvement Committee, with oversight over the System's quality assurance activities and performance improvement efforts.

Rationale: From the 1970s through 1990s, most of the System's focus of quality activities across the continuum of healthcare services had been reactive in nature in an attempt to meet regulatory requirements. While, quality assurance should inform performance improvement activities, it should not be the sole focus of a quality program. Over the years, there has been much more emphasis placed on performance improvement. While quality assurance is critical to ensure that regulations are adhered to and metrics are monitored, performance improvement is the key driver in improving processes and outcomes of care, and engaging clinical and non-clinical staff in sustainable, positive change.

Furthermore, the CMS Conditions of Participation state that hospitals and other healthcare institutions must develop, implement, and maintain an effective, ongoing, data-driven quality assessment and performance improvement program¹, articulating the need for broader focus on efforts to engage in proactive improvement.

Purpose: The Quality Assurance/Performance Improvement Committee would expand the current Quality Assurance Committee's duties and responsibilities by overseeing facility- and system-wide strategies in the following key areas:

- Present system performance improvement prioritized projects;
- Share other facility-specific performance improvement priorities;
- Identify new areas of opportunity for performance improvement; and
- Spread performance improvement best practices.

¹ § 482.21 - Condition of participation: Quality assessment and performance improvement program:
https://www.govregs.com/regulations/expand/title42_chapterIV_part482_subpartC_section482.21#title42_chapterIV_part482_subpartC_section482.21

Action Item

Board of Directors By-Laws Amendment

Creating the Quality Assurance/Performance Improvement Committee of the Board, rather than the former Quality Assurance Committee of the Board

Eric Wei, MD, Vice President and Chief Quality Officer

Hillary Jalon, Assistant Vice President, Quality & Safety

July 18, 2019

Medical and Professional Affairs Committee



Agenda

- Fundamental Differences Between Quality Assurance and Performance Improvement
- Current State: Quality Assurance Committee to the Board
- Proposed Future State: Quality Assurance/Performance Improvement Committee to the Board
- Request to Amend By-Laws



Quality Terms



- Quality Control (QC)
- Quality Assurance (QA)

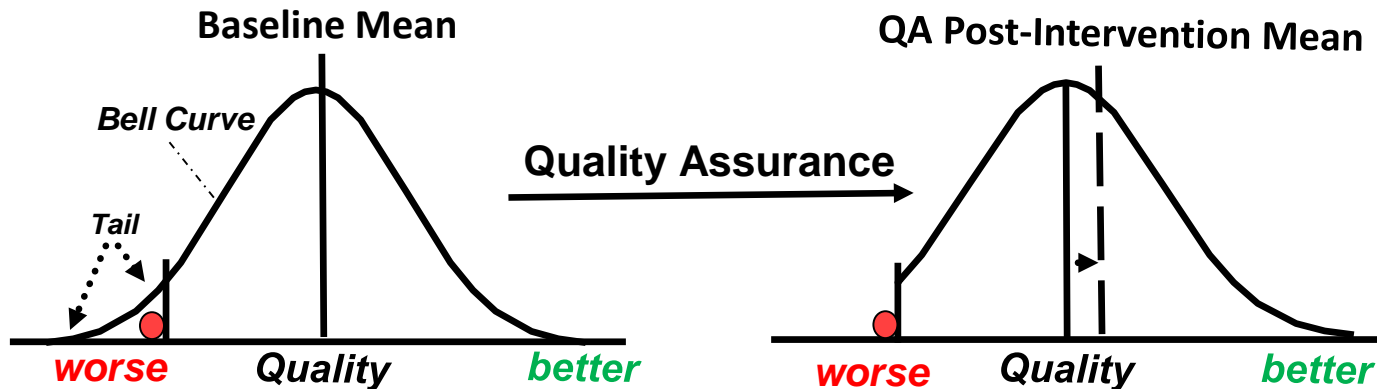


- Performance Improvement (PI)
- Quality Improvement (QI)



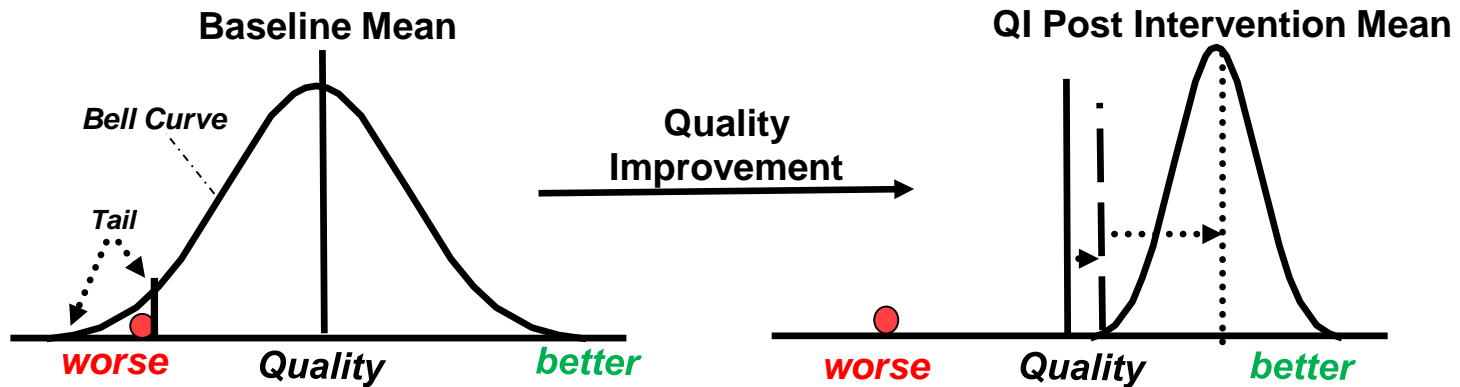
Quality Control/Assurance

- **Quality Control:** monitor and maintain performance
- **Quality Assurance:** eliminate defects, maintain constant performance – not seeking to improve



Performance Improvement

- Synonymous with Quality Improvement (QI)
- The goal is to **transform the delivery of care**, not just eliminate defects



QA versus PI

- **QA Example:** suspension of providers who do not sign their medical records – identify and force the low performing outliers to comply with this regulatory standard
- **QI Example:** conduct a multi-disciplinary project to improve the on-time starts for OR first cases of the day from 30% to 80% within 6 months



Current State

- Article VI, Section 2 designates the Quality Assurance Committee as a standing committee of the Board.
- Article VI, Section 9 sets forth the scope of this Committee as follows:
 - Assuring that each facility is fulfilling mandates in the areas of quality assurance, credentialing of physicians and dentists, overall operations and responsiveness to Federal, State and other regulatory surveillance and enforcement activities;
 - Assuring that there is a systematic and effective mechanism for communication among members of the Board of Directors in their role as members of the governing body, and the administration and medical staff of each HHC facility. This communication should facilitate direct participation by the governing body in quality assurance activities and other issues of importance as set forth above;
 - Monitoring the progress at Corporation facilities towards meeting appropriate HHC goals and objectives related to its health care programs;
 - Reviewing quality assurance activities of each of the Corporation's facilities on at least a quarterly basis.



Proposed Expansion and Rationale

Proposed Expansion

- Expand the Committee's scope to include oversight and integration of performance improvement best practices into all of the organization's quality activities.

Rationale

- Focus of quality activities in healthcare historically has been reactive in nature, predominantly on quality assurance.
- Quality assurance is important to inform performance improvement activities.
- Performance improvement is the key driver in improving processes and outcomes of care, and engaging clinical and non-clinical staff in sustainable, positive change.
- The CMS Conditions of Participation state that hospitals [and other healthcare institutions] must develop, implement, and maintain an effective, ongoing, data-driven quality assessment and performance improvement program.*

* § 482.21 - Condition of participation: Quality assessment and performance improvement program:

https://www.govregs.com/regulations/expand/title42_chapterIV_part482_subpartC_section482.21#title42_chapterIV_part482_subpartC_section482.21



Role of Quality Assurance/ Performance Improvement Committee

- Continue the Quality Assurance Committee-related activities, but expand them to oversee and integrate performance improvement activities and best practices within the structure. The following sets forth areas of focus related to performance improvement:
 - **Present system performance improvement prioritized projects:**
Present quarterly performance improvement projects from a prioritized pick list.
 - **Share other facility-specific performance improvement priorities:**
Encourage discussion of performance improvement priorities and projects presented at facility-specific quality assurance/performance improvement committees.
 - **Identify new areas of opportunity for performance improvement:**
Promote and discuss ideas and change strategies that can lead to improvements.
 - **Spread performance improvement best practices:** Support the sharing and dissemination of best practices related to performance improvement activities across facilities and services.



Request to Amend By-Laws

RESOLVED, that the By-Laws of New York City Health and Hospitals Corporation be and hereby amended to rename the Quality Assurance Committee as the Quality Assurance/Performance Improvement Committee and to revise Article VI, Section 9 to state the duties and responsibilities of the Quality Assurance/Performance Improvement Committee to include this statement related to performance improvement:

- “overseeing performance improvement activities to foster sharing of system-wide and facility-specific performance improvement priorities, identifying new areas of opportunity for performance improvement, and spreading performance improvement best practices.”

