

AGENDA

MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE

Date: November 7, 2019
Time: 11:00 AM
Location: 125 Worth Street, Rm. 532

BOARD OF DIRECTORS

CALL TO ORDER

DR. CALAMIA

ADOPTION OF MINUTES

CHIEF MEDICAL OFFICER REPORT

DR. ALLEN

CHIEF NURSE EXECUTIVE REPORT

DR. CINEAS

METROPLUS HEALTH PLAN

DR. SCHWARTZ

INFORMATION ITEMS:

- 1) Maternal Morbidity/Mortality
- 2) Radiology
- 3) Lab
- 4) CRFP Imaging Project – Gotham Health

DR. WILCOX
MR. SHI
MS. FORD
MR. ROCHA

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

NEW YORK CITY HEALTH AND HOSPITALS

MINUTES

MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE

Meeting Date: July 18th, 9:00 A.M.

BOARD OF DIRECTORS

ATTENDEES

COMMITTEE MEMBERS

Jose Pagan, Chairman of the Board
Mitchell Katz, MD, President
Barbara Lowe

HHC CENTRAL OFFICE STAFF:

Paul Albertson, Vice President, Supply Chain
Machelle Allen, MD, SVP, Chief Medical Officer, Medical & Professional Affairs
Janette Baxter, Senior Director, Risk Management
Donnie Bell, MD, Deputy Chief Medical Officer, Medical & Professionals
Victor Cohen, PharmD, Senior Assistant Vice President, Pharmacy
Nelson Conde, Senior Director, Office of Affiliation
Kenra Ford, Senior Assistant Vice President, Laboratory
Lou Hart, Fellow, Office of Quality
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
Jeannith, Michelen, Senior Assistant Vice President, Human Resources
Natalie Paik, Director, Supply Chain
Joseph Reyes, Senior Director, Medical & Professional Affairs
Joachim Wilson, Senior Assistant Vice President, Supply Chain

FACILITY STAFF:

Michael Ambrosino, MD Radiology Director, Bellevue Hospital
Terrance Brady, Chief Medical Officer, Coney Island Hospital
Dorren Collington, Chief Financial Officer, Coney Island Hospital
Anthony Saul, Chief Financial Officer, Kings County Hospital Center
Talya Schwartz, MD Executive Director, MetroPlus Health Plan

OTHERS PRESENT:

Leo Johnson, Administrator, Suny Downstate
Faith Leonard, OMB
Elizabeth Smith, Senior Associate Dean, Suny Downstate

**MEDICAL AND PROFESSIONAL AFFAIRS
COMMITTEE
July 18th, 2019**

Mr. Pagan, Chair of the Board, called the meeting to order at 9:07 AM. The minutes of the February 14th, 2019 Medical & Professional Affairs Committee meeting were adopted.

CHIEF MEDICAL OFFICER REPORT

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

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 on-going. 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 crises. In collaboration with Quality, Nursing, and Security, OBH is looking into providing additional support and training for the Emergency Departments staff. 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 the process of developing a system-wide environmental risk assessment.

PHARMACY SERVICES

Enterprise Antimicrobial Stewardship:

Assuring Antibiotic Time-Out: An Antibiotic time out best practice advisory (BPS) has been implemented during the GL4 to ensure 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. This BPS is a formalized process that ensures compliance with CDC and Joint Commission recommendation.

- 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 care 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

- 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 Gouverneur.

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

System Chief Nurse Executive Report

Dr. Natalia Cineas, System Chief Nurse Executive reported to 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 Gouverneur.

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.

Talya Schwartz, MD, Executive Director, MetroPlus Health Plan presented to the committee on the following:

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
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	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%

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 disenrollment.
 - In April, MetroPlus successfully retained 58% of members that were due to disenrollment 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

ACTION ITEMS:

Mrs. Alina Moran, Chief Executive Officer, Metropolitan Hospital, Michael Ambrosino, MD, Chair, Radiology Council and Chief Radiology, Bellevue Hospital, and Joe Wilson, Senior Assistant Vice President, Strategic Sourcing presented to the committee on the following:

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.

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

Mr. Paul Albertson, Vice President, Supply Chain Services, and Joe Wilson, Senior Assistant President, Strategic Sourcing, presented to the committee on the following:

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.

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

Machelle Allen, MD, System Chief Medical Officer, Elizabeth Smith, Senior Associate Dean for Administration, SUNY, Leo Johnson, Affiliation Administrator, SUNY presented to the committee on the following:

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;

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

Eric Wei, MD, Vice President and Chief Quality Officer, and Hillary Jalon, Assistant Vice President, Quality & Safety, presented to the committee on the following:

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.

There being no further business, the meeting was adjourned 10:35 AM.

CHIEF MEDICAL OFFICER REPORT
Medical & Professional Affairs Committee
November 7th, 2019

KEY ACCOMPLISHMENTS

- **LIS** Laboratory Information Systems (Cerner) system wide go lives in conjunction with the H₂O implementation at all acute care facilities and Gotham facilities
- **System wide standardization and implementation** of laboratory equipment (Hematology, Chemistry, Coagulation). 1st time the entire system has been on the same equipment. This includes the development of a point of care (POC) framework to support future growth.
- **System wide standardization and centralization** of invoicing for St. George's medical students; \$9.7m received in the past year.
- **System wide standardization** of a single PACS imaging platform
- **Selection of a single vendor, GE**, to provide imaging equipment and maintenance for the enterprise
- **Consolidation and regionalization** of Stroke services and Pediatric trauma services
- **2 New Pediatric Trauma Sites** certified by the American College of Surgeons—Bellevue and Jacobi
- **Implemented a regionalized** approach to bariatric services at Bellevue, Harlem, and Jacobi, with Kings County Hospital coming online in 2020.
- **Fully functional Family Justice Centers** (domestic violence mental health centers) in all 5 boroughs
- **Maternal Depression Screening** occurring in all maternal health and pediatric facilities
- **Implementation of behavioral health/primary care** presence in Meyer shelter
- **Expansion of primary care screening** for substance use disorders (SUD)
- **Establishment of CATCH teams** to identify SUD at risk in general care areas, especially for opiate use and potential overdose in six hospitals with high opioid use rates.
- **Establishment of ED Lead teams** in Emergency Department to screen, identify, and engage those at risk for Opiate overdose and other SUD.
- **Expansion of buprenorphine** prescription in EDs, Primary Care, and behavioral health, including establishment of Buprenorphine/Bridge clinic for buprenorphine prescription.
- **Use of ECHO project** to mentor primary care, ED, and behavioral health providers is use of buprenorphine.

BEHAVIORAL HEALTH

In addition to the key accomplishments previously listed, the Office of Behavioral Health is also focused on the development and implementation of two specialized inpatient units:

1. **OPWDD (Developmental Disabilities) unit at Kings County:** This unit will provide specialized services to this population with developmental disabilities and mental illness. Currently these patients are seen in all of our acute facilities, but this will focus specialized, expert treatment in one unit located at Kings County. H+H is partnering with OMH to develop and operate this unit.
2. **Extended Care unit for homeless individuals:** This unit will be located at Bellevue (changed from previous identified location at Woodhull) and will provide inpatient treatment on an extended basis to this population who often need a longer hospitalization to achieve the level of stability and recovery needed to live and participate in community living situations. Focus is on rehabilitation, recovery, and social support to find more stable housing for this special population.

The Office of Behavioral Health in collaboration with the Office of Population Health and Collaborative Care will assume the operation of the Mental Health Service Corp (Thrive) in January 2020. This program provides training and experience for recent social work, psychology graduates in order to achieve certification in the field of mental health. This is an excellent workforce development program important for H+H to develop and retain mental health clinicians.

2019-2020 FLU SEASON

NYC Health + Hospitals launched its annual Seasonal Influenza Campaign October 3, 2019. As part of the annual campaign, seasonal flu vaccines are administered, stockpiles of antiviral medications are procured and a robust communications and marketing campaign is launched to encourage vaccination of patients and H+H employees throughout the flu season. Employee vaccination rates as of October 31, 2019 across NYC Health + Hospitals is at 30.50%. The top five facility vaccination rates belong to Sea View, East New York, Lincoln, Queens, and Gouverneur, Gotham. As of October 12, 2019 influenza activity in NYC has been low with influenza-like illness (ILI) visits accounting for 1.6% of all weekly visits. Sporadic influenza activity is being reported by New York State, with a 3% increase over the last week in patients hospitalized with laboratory-confirmed influenza. Across the nation, the Centers for Disease Control and Prevention are reporting 1.5% of visits to healthcare providers were for ILI, below the national baseline of 2.4%. Influenza A(H3N2) viruses are the predominant virus at this point in the season. Once seasonal flu is declared prevalent in New York State by the Commissioner of Health, H+H Central Office Emergency Management will activate its emergency operations center on a protracted basis until the end of flu season to ensure all sites have the needed equipment, supplies, staffing and any additional needs as it relates to seasonal flu impact.

PHARMACY SERVICES

Antimicrobial Stewardship Pharmacist Clinical Service Line Initiative

- Established a business case for integration of clinical pharmacists with Infectious Diseases Providers to lead the antimicrobial stewardship with the goal to:
 - Improve education on prescribing of antimicrobials
 - Reduce spend associated with select antimicrobials
 - Improve dosing of antimicrobials such as Vancomycin
 - Reduce overall length of stay for select infectious diseases such as CAP, UTI and Bacteremia

Enterprise Pharmacy & Therapeutics Committee

- Approved the following formulary items:
 - SMOF LIPIDS – criteria for use is in development
- Items to be sent to Subject matter experts/councils
 - Multaq will manage as nonformulary for EP use only
 - Repatha referred and will meet with cardiology council
 - Pereris (Risperidone) referred and will meet with CNO council – Mixture at the bedside is burdensome
 - Duovisc referred and will meet with Ophthalmology
 - Ofirmev for PDA and Postop use in neonates
 - Referred and will meet with NICU council for criteria for use
 - Biosimilars initiative – not interchangeable – must review each – but able to purchase the brand and the biosimilar
- 2019 Clinical Initiatives Monitoring Dashboard:
 - All facilities in green are completely implemented and cost savings are confirmed (Able to provide costs savings if needed)

- Facilities in red or yellow are not implemented;
 - Barriers to implementation are identified

Pharmacy Internship Initiative:

- Established a Pharmacy internship corporate pharmacy rotation for pharmacy students with New York Colleges of Pharmacy
 - St. Johns University
 - Long Island University
 - Touro College of Pharmacy
- Students rotate at central office or at various facilities to support the pharmacy departments function while gaining essential training and education in pharmacy practiced

Medication Safety Council

- Committee approved Chair and Co-Chair Michael Inzerillo Director of Pharmacy of Coney Island and Zoraya Pod Director of Pharmacy at Kings County
- Reviewed Joint Commission Standards: Monitoring and reporting of DOAC related adverse events
- Establishing a guidance document on anticoagulation reversal
- Establishing a guidance document on Insulin pump therapy and transitions of care
- Establishing a mission, vision, and charter and goals 2020 for medication safety council

Mifeprex Initiative

- Working with Dr. Marisa Nadas Director of Women's Options, Dept of OBGYN, NYC Health + Hospitals/Jacobi; Goal – is to have Mifeprex available at all acute sites
- Assured that Harlem, Metropolitan and Queens makes available Mifeprex on formulary
- FDA REMS program requires providers to be certified –assured that providers documentation is submitted to the facility

RADIOLOGY SERVICES

Radiology Transformation Program: we have achieved significant progress towards establishing an Enterprise Radiology system where any images can be read at any site within NYC Health + Hospitals using a single platform and generating transparent performance metrics, in such a way that service quality and efficiency are improved.

- Single PACS and Enterprise Worklist solution implemented across Acute Care, Gotham, and Post-Acute facilities, with Elmhurst being the last facility pending system go-live
- Enterprise Radiology Nocturnist program ready for launch, with design and preparation work completed (e.g., program governance, workforce coverage schedule, cross-facility reading workflow)
- Enterprise Radiology Business Intelligence platform in place to report comprehensive and reliable performance metrics in real time (e.g., volume, patient access, operation turnaround time)
- Critical Results Alert Service standardized the critical Radiology finding communication workflow and achieved average communication turnaround time of 8 mins for all facilities
- Enterprise Radiologist Peer Review solution automated case selection and data tracking, to support peer learning and collaboration among all Radiologists
- Radimetrics implementation kicked off to enable automated Contrast and Radiation dose monitoring/ reporting enterprise-wide

Corporate Imaging Partnership: we have established a \$224 million agreement with GE Healthcare to replace imaging equipment across our entire system over the next 10 years. This provides us the modernized/ state-of-the-art technology that will produce faster and better image quality, expedite diagnoses and treatment for patients, and standardize radiology experience for patients citywide. Members of Enterprise Radiology Directors Council guided the program design, vendor selection, and implementation planning.

Radiology Clinical Decision Support: we have implemented CareSelect Imaging solution, a national standard imaging decision support system based on the American College of Radiology (ACR) Appropriateness Criteria, along with the Epic roll-out. This system provides guidance at the Point-of-Order, by identifying inappropriate or unnecessary Radiology procedures and encouraging delivery of high-value/ quality patient care. It also helps us meet the Protecting Access to Medicare Act (PAMA) regulation requirements (i.e., referring providers should consult appropriate use criteria (AUC) prior to ordering advanced diagnostic imaging services for Medicare patients). Members of Enterprise Radiology Directors Council are driving the adoption of CareSelect solution across the enterprise, by engaging various clinical councils/ stakeholders (e.g., ambulatory, ED).

Imaging Center of Excellence Program: we have worked with OneCity Health and Gotham Health teams to establish Imaging Center of Excellence planning for Gotham Outpatient Imaging and Hospital based Specialty Imaging services. A total of \$53M has been budgeted through Capital Restructuring Financing Program (CRFP) and NYC Health + Hospitals for the creation of an enhanced imaging program. It provides NYC Health + Hospitals and Performing Provider System (PPS) DSRIP partners access to state-of-the art imaging centers and equipment. The enterprise-wide program will enable better imaging service management and result in enhanced care, more timely access to diagnostic testing, and greater efficiency. Patient satisfaction should improve by enabling patients to schedule imaging services at the site of their choice with the assurance that their providers will receive prompt access to the results.

Report to M&PA - November 7, 2019
OPCC Operational Programs
Activities as September 19, 2019
Albert Belaro, Senior Director, Professional Practice
Care Experience Pillar Lead

Program:	Status:	Responsible:
<u>Care Experience Task Force:</u> a. Inpatient, Post-Acute, Gotham, Community Care, Corrections	a. Created team charter Aligned goals with Strategic Plan Current state assessment done (8/2019) Revised education curriculum for system Nursing Orientation. Created refresher curriculum b. Curriculum in build for Learning Management System in Peoplesoft. Crowd sourced ICARE videos in production by 10/30/19 and add to curriculum.	N. Cineas A. Belaro
<u>Nurse Residency Program:</u> a. Inpatient	a. 2 active cohorts. Gap analysis of curriculum. Revised curriculum Recruiting on 3 rd and 4 th cohorts Plan for CNO Reception to re-launch (9/27/2019) Hired coordinator start date 9/16/2019 b. 3 active cohorts as of 9/30/19 Revised curriculum implemented CNO reception completed Cohort 3 (n=63), Total (n=134)	N. Cineas A. Belaro E. Pierre D. Als
<u>Professional Practice Model / Shared Governance Structure</u> a. Inpatient, Post-Acute, Gotham, Community Care, Corrections	a. Need assessment (7/2019) CNO Council planning. Reviewed Governance history Current state assessment on 9/23/2019. Design Session on 9/24/2019 b. Pre-SG meeting done 9/23/19 Design session #1 done 9/24/19 PPM design #2 10/22/19	N. Cineas A. Belaro E. Pierre D. Als
<u>Nurse Mentorship:</u> b. Inpatient	a. Need assessment 8/2019 Hired coordinator start date 9/16/2019. b. Program goal, mission statement completed 9/30/19 Potential candidates identified. Pilot of 5 mentors in November	N. Cineas A. Belaro D. Als

<p><u>Specialty Training for NPs/PAs</u></p> <p>a. Inpatient</p>	<p>a. Core team created Current state assessment (8/2019). Reviewed existing programs in other systems (8/2019).</p> <p>b. Coordinator in OPCC assigned 9/16/19</p> <p>c. Follow-up to include Dr. Allen's representative and HR.</p>	<p>N. Cineas A. Belaro E. Wei D. Silvestri</p>
<p><u>Partnership with Schools of Nursing</u></p> <p>a. Inpatient, Post-Acute, Gotham, Community Care, Corrections</p>	<p>a. Core team created Plan for school fair in December</p> <p>b. Core team with Office of Workforce Development</p> <p>c. Education Fair planned for 11/14/19 in Bellevue</p>	<p>N. Cineas I. Mendez-Justiniano A. Belaro D. Als</p>
<p><u>Agency Nurses Orientation</u></p> <p>Develop a plan of orientation and onboarding for regular and out-of-turn agency nurses</p>	<ol style="list-style-type: none"> 1. Logistics presented at the OPCC meeting and emphasized opportunities to onboard agency nurses. 2. Recommend using the John's Hopkins Model to onboard agency nurses through use of blended learning and preceptor-guided unit-based orientation 	

Report to M&PA
OPCC Educational Programs
September 19, 2019
Medel S. Paguirigan, EdD, RN
Senior Director Nursing Education

Program	Status	Responsible
<p><u>Council of Nurse Educators (CONE)</u></p> <p>Facilitate and monitor charges for each 9 workgroups</p>	<ol style="list-style-type: none"> 1. Workgroups (8) convened on 8/15/19 -first meeting to define charges for each workgroup 2. orientation and fellowship group merged as 1 workgroup; # of workgroups = 7 3. M. Paguirigan appointed by Systems CNE to facilitate CONE activities – email sent by Dr. Cineas to all CNO's and Chairs of CONE 	<p>OPCC</p> <p>Orientation and Fellowship workgroup; approved by Dr. Cineas</p> <p>M. Paguirigan</p>
<p><u>Systems Nursing Orientation (SNO)</u></p> <p>Provide a general overview of the nursing department</p>	<ol style="list-style-type: none"> 1. Content identified, revised, developed and facilitated by nursing educators 2. Redesign delivery of SNO to reflect concept-based learning and to reduce orientation days from 2 to 1 day (will pilot redesigned 3. SNO plan and logistics (scheduling and EPIC component and how it will impact facility-based orientation) presented at the OPCC on 9/19/19 	<p>Members of the CONE</p> <p>M. Paguirigan and the CONE</p>
<p><u>Agency Nurses Orientation</u></p> <p>Develop a plan of orientation and onboarding for regular and out-of-turn agency nurses</p>	<ol style="list-style-type: none"> 1. Logistics presented at the OPCC meeting and emphasized opportunities to onboard agency nurses. 2. Recommend using the John's Hopkins Model to onboard agency nurses through use of blended learning and preceptor-guided unit-based orientation 	

Report to M&PA
OPCC Operational Programs
September 18, 2019
Grace-Ann Weick, Chief of Operations/ Sr.AVP
Financial Pilar Lead

Program:	Status:	Responsible:
<u>Staffing Models: status of implementation:</u> a. In-patient b. Emergency Department c. Peri-op d. Ambulatory e. Social Work	a. In-patient: glidepaths completed. CEO/CNO conf call pending for implementation week of 9/23/19 b. NASH preliminary data due 9/18 & ENA calculator completed 2 weeks ago. c. Peri-op: inventory tool completed. Premier initial call 9/16 completed. Expecting scope of work this week by 9/20/19 d. Ambulatory: reconcile Peoplesoft HR with Ambulatory current state by 9/25. Model assumptions sent by Ted Long team. e. ED Model complete	G.Weick
<u>Non-Vizient Contract Mgmt:</u> 5 contracts approved and implemented due to Vizient inability to meet staffing needs over time. 8 staff in credentialing for specialty areas. a. Favorite b. Reliable c. Onestaff d. Fusion e. Quest	4. Review resumes/interviews daily 5. Daily communication with vendors 6. Credentials 7. Developed PO with A/P 5. Hired 5 OR nurses (Jacobi) and 2 L/D Harlem to assist critical situation	G.Weick
<u>NYSNA Prep</u>	Binders: a. Completion of binders: (acute, PAC, Gotham) b. AWS draft schedule submitted c. Daily midnight census for 3months submitted	

<p><u>Vizient : Finance Management</u></p> <p>PO status /consolidated billing and past due dollar tracking</p>	<p>Past due dollars at \$1mill week of 9/18 down from 1.7 prior week.</p> <p>Developed standard work:</p> <ol style="list-style-type: none"> Weekly dashboard review of pending timesheets, GHX code balance, open consolidated bills by facility Weekly conf call with facility CNO: this week Jacobi and NCB Weekly Finance call on Fridays with F.Covino, Vizient, A/P 	
<p><u>Vizient Daily Operations</u></p> <ol style="list-style-type: none"> Acute Care- 11 sites Post acute: Program review completed with R.Agahi: G.Weick <p>Go-live: planned 10/7</p>	<ol style="list-style-type: none"> Approval of open orders: G.Weick Resume review: Monie Interviews: Valerie/Monie Medial review of Credentials: Lian Martel Non-medical review of documents and sign off of exhibit G: Silkia Carter Bi-weekly Vizient rounds: Monie Vasquez On-going credentialing: Silkia Carter monthly 	<p>M.Vasquez, Director of Operations</p> <p>3 FTEs support credentialing:</p> <ol style="list-style-type: none"> M.Dzalo, RN: effective 12/19 after clairvia waves completed B.Bacon- TBD RN vacancy <p>Roles are to credential, interview and support facility compliance with standard work</p>
<p><u>Position Control Development:</u></p> <ol style="list-style-type: none"> Acute Care In-patient mini version Acute care full version Post Acute TBD <p>On-going Maintenance</p>	<p>11 acute care RN mini position control completed. Relies on CNO completion of FTE/VCB report</p> <p>Agency VCB: M.Vasquez</p>	<p>M.Vasquez, Director of Operations</p> <p>Lian Martel: Support Position control central office program (TBD)</p>
<p><u>Clairvia Program Roll out:</u></p> <p>Successful Roll out of 4 waves. 5th wave: Harlem/Carter/Coler on 9/15</p> <p>Final wave: 11/30/19</p>	<ol style="list-style-type: none"> Coordinate all wave preparedness with EITS, Cerner and HR Coordinate all training modules with Cerner Oversee Temporary staff preparedness for training support and ticket mgmt. Report mgmt.: drafts in development 	<p>Hedy Wang, Sr. Director of Operations</p>

	5. Training support for all facilities and ticket mgmt.: Marcin Dzalo	
Business Plan Development: a. Leadership: Unit Base TO b. 1:1 (includes technology review)	Acute care BP TO submitted for review 9/10/19	V.Shaw, Sr. Director of Operations
<u>System Safe Patient Handling:</u> <u>Co-lead System Council with G.Weick</u>	1. In transition: GAW to provide policy/NYS state law 2. Work with materials mgmt.: status of equipment pilots	V.Shaw, Sr. Director of Operations
<u>System Care Management</u>	Align and partner with Population Health	Director CM: interview process under way
<u>Agency Management: Vizient transition to new vendor</u>	Transition will begin prior to 12/30/19 1. Establish workgroups to establish standard work 2. Over see 3 credentialling specialists (Marcin, Blair Bacon and TBD)	Hedy Wang, Sr. Director of operations
Clairvia On-going Daily Operations	1. Attend October 2019 five training modules with Cerner 2. Transition to begin with final wave 12/1/19	V.Shaw, Sr. Director of Operations
System Respiratory Therapist operations	Step 1: current state assessment in acute care	V. Shaw, Sr. Director of Operations

**Report to M&PA
OPCC
September 19, 2019
Beth Brooks
Senior Director, Nursing Administration**

Program:	Status:	Responsible:
<u>Metropolitan</u>	1 DCD Donor (Donation after circulatory death -Their 1 st) 9/6 Post Donor Rounds 9/6 ICU in-service to residents with Assist Nursing Director Mary Deady-Rooney	
<u>Harlem</u>	1 BD Donor (Brain dead) 9/13 Post Donor Rounds	
<u>Kings County</u>	2 organ donors in September 2019 Post Donor Rounds Q2 Donor Council Meeting System RN Orientation (9/13/19) Pediatric MD Grand Rounds (9/16/19) ECHO Clinic (9/20/19)	
<u>Upcoming</u>	Q3 Donor Council Meeting Medicine MD Education (to be scheduled) Hospital Wide RN Education (to be scheduled)	
<u>Bellevue</u>	2 organ donors in August 2019 SICU/Trauma MD education (8/1/19) Strategic Action Plan (SAP) meeting (8/14/19)	

	<p>Rounds (8/14/19)</p> <p>Post Donor Rounds 8/22/2019</p> <p>Meeting with Dr, Douglas Bails, Chief of Medicine (8/29/2019)</p> <p>SICU/Trauma MD Education (9/12/19)</p> <p>Neuro Unit (16 East) RN Education (9/12/19; 9/13/19; 9/18/19)</p> <p>Rounds (9/12/19)</p> <p>System RN Orientation (9/13/19)</p> <p>Critical Care Team & LiveOnNY meeting (9/18/19)</p> <p>ECHO Clinic (9/20/19)</p> <p>Spiritual Care Education (9/24/19)</p>	
<u>Upcoming</u>	<p>(1) Workplace Partnership for Life (WPFL)</p> <p>(2) LiveOnNY Recognition award presentation(s);</p> <p>(3) LiveOnNY <i>"Make A Difference"</i> award presentation to Robert Smeltz, NP, Asst Director of Palliative Care & Donor</p> <p>Council Co-Chair (9/30/19)</p>	
<u>Coney Island</u>	<p>Meeting with Roseanne Mottola, Asst Director of Public Relations (8/15/19)</p> <p>OR DCD Education – Day & Night Staff (9/9/19)</p> <p>System RN Orientation (9/13/19)</p> <p>OR DCD Education – Evening Staff (9/17/19)</p> <p>Senior Leadership Meeting (9/23/19)</p>	

<u>Upcoming</u>	<p>(1) Workplace Partnership for Life (WPFL)</p> <p>(2) LiveOnNY Recognition award presentation(s) (10/3/19)</p>	
<u>Woodhull</u>	<p>1 organ donor in September 2019</p> <p>RN Education (Critical Care & Units)-Q2</p> <p>Surgery Dept MD Education (8/8/19)</p> <p>Clinical Pathology Conference (8/13/19)</p> <p>Quality & Patient Safety Council Meeting (8/27/19)</p> <p>Rounds (9/11/19)</p> <p>System RN Orientation (9/13/19)</p>	
<u>Upcoming</u>	<p>Effective Communication & Breaking Bad News Workshop (10/4/19)</p> <p>System: RN Orientation at Harlem Hospital: approx. 160 RNs</p>	
<u>Lincoln</u>	<p>1 CNR (Organ Consent not Recovered)</p> <p>Quarterly Organ Donor Council</p> <p>9/20 ECHO Clinic September</p> <p>9/18 Emergency Department Leadership Rounds w/ Ms. Hyacinth Johnson</p>	
<u>Elmhurst</u>	<p>1 Tissue Donor</p> <p>9/20 ECHO Clinic September (presenter)</p>	

<u>Jacobi</u>	1 Organ Donor 9/11 Quarterly Organ Donor Council 9/20 ECHO Clinic September	
<u>Upcoming</u>	All HHC Sites participating in Donor Enrollment Day on 10/10. 10/18 ECHO Kings County to present 10/28 LON to present Queens Hospital Leadership Meeting	

MetroPlus Health Plan, Inc.
Report to the
Medical and Professional Affairs Committee
Thursday, November 7th, 2019

Finance

Through Q2 of 2019, MetroPlus has been performing well financially, although growth in expenses is outpacing growth in revenue. Revenue is up Q2 2019 over Q2 2018 by 1.9% as compared to medical expense increases of 3.7%, creating a 1.8% variance negatively effecting net income. Increase in medical expenses is driven by an increase in inpatient utilization, higher case mix index and an increase in contractual rates. Some of this increase in cost is expected as MetroPlus has also experienced an increase in our CRG acuity scores for the Medicaid line of business and a projected increase in Medicare HCC acuity scores based on current claims data. MetroPlus administrative expense remains under 8%, but is up 8.3% due to a one-time \$3 million prior year catch up payment related to employee fringe benefit health expenses, which affected current period net income.

Second quarter 2019 operating income is \$12.8 million. MetroPlus had a \$12.3 million negative adjustment from the prior year, driven by retroactive premium rate adjustment by NY State in the Medicaid line of business, resulting in net income of \$0.5 million. Additional \$2.2 million in net income not captured in the financial report due to reporting timing.

MetroPlus Health Plan – Performance through Q2

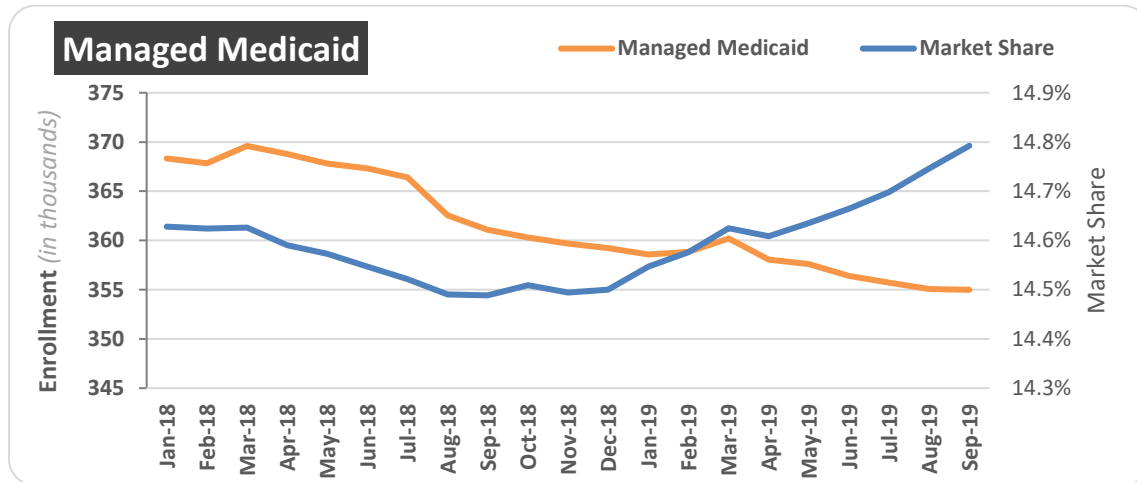
	<u>Q2 - 2019</u>		<u>Q2 - 2018</u>	
	<u>Total</u>	<u>PMPM</u>	<u>Total</u>	<u>PMPM</u>
Member Months	3,122,391		3,125,965	
Total Revenues with Interest	\$1,642,623,468	\$526.08	\$1,613,111,270	\$516.04
Medical Expenses	\$1,500,454,523	\$480.55	\$1,446,560,563	\$462.76
Administrative Expenses	\$129,332,963	\$41.42	\$118,682,987	\$37.97
Prior Year Adjustments	\$ (12,280,757)		\$(21,130,172)	
Net Income	\$555,225	\$.018	\$24,737,548	\$8.55
General Administrative Expense	\$129,332,963		\$118,682,987	

Membership

Total plan membership for September 2019 was 518,277, close to 4,000 members more than September of 2018. Additionally, MetroPlus' Medicaid market share continues to increase slowly.

Membership Summary		
2019	September	518,277
	August	517,761
	July	519,056
	June	518,851

2018	May	520,048
	April	520,522
	March	522,731
	February	518,376
	January	517,659
	December	514,940
	November	514,890
	October	514,318
	September	514,815



Membership by line of business

Medicaid	358,706
Child Health Plus	22,099
MetroPlus Gold	17,218
Partnership in Care	3,976
Medicare	7,707
MLTC	2,051
QHP	13,230
SHOP	822
HARP	12,707
Essential Plan	78,019
GoldCare I	1,167
GoldCare II	575

Open Enrollment Season

MetroPlus is in the midst of open enrollment season. While certain lines of business are open for enrollment year-round, some lines of business are limited to open enrollment period for Plan selection:

Medicare: October 15th- December 7th

Medicare Advantage Plan benefit offerings for 2020, will include telehealth benefits, an expanded podiatry benefit, and an OTC benefit of \$200 per quarter. In addition, members who meet specific criteria based on their health conditions may be eligible to receive an additional \$100 OTC benefit per quarter and non-emergent transportation. 2020 MetroPlus Platinum Plan offerings will include a significantly lower premium of \$141.00 and telehealth benefits.

QHP: November 1st – December 15th

MetroPlus has received approval of its annual bid rates, effective January 2020, that reflect increases in medical trend. The individual market rate increased 7.6% and Small Business Health Options Program (SHOP) increased 6%. MetroPlus keeps rate increases to a minimum and remains a less expensive offering on the New York State of Health Exchange. MetroPlus will have the lowest non-standard plan for the Platinum metal level in the individual market. Our non-standard plans offer additional benefits of adult dental and vision coverage, which is a draw for members. With the new rates, MetroPlus will be priced within 2% of the lowest price Gold plan and 5% of the lowest Silver in the individual market. For SHOP, MetroPlus will be the 2nd lowest priced plan for Platinum. For SHOP Gold MetroPlus will be within 5% of the lowest rate and the Silver metal level will be within 6% of the lowest rate.

To expand our QHP membership we are now offering an off-exchange product that targets populations with higher income who do not qualify for government subsidies. Off-exchange products enable individuals to purchase health insurance directly from MetroPlus, outside of the Affordable Care Act Marketplace. Since this product is purchased directly from the Plan and does not involve subsidies, the administrative burden and the documentation requirements are more limited and easier to complete.

New HRA Rule 2020: Individual Coverage HRAs can be used to reimburse premiums for individual health insurance selected by employees. Plan selected can be either on or off an exchange. In addition, this regulation provides employers the option to allow employees to pay for off-exchange health insurance by using a salary reduction arrangement under a cafeteria plan, to make up any portion of the individual health insurance premium not covered by the employee's Individual Coverage HRA. In general, the changes will increase worker options for health insurance coverage and increase coverage portability. Employers may start offering Individual Coverage HRAs on January 1, 2020.

Based on preliminary estimates from the Treasury Department, about 800,000 employers are expected to provide HRAs to over 10 million employees to pay for individual health insurance coverage.

MetroPlus Gold: November 1st- 30th

Since the change in health insurance offerings to new City employees as of June 2019, restricting selection to a HIP Plan only for the first 365 days of employment, we have seen stagnation in our Gold product growth compared to almost 30% increase in membership in the year leading to the change.

GoldCare I & II: October 14th-25th

MetroPlus is in its third and last year of offering a Large Group Commercial insurance product to the Welfare Fund and daycare workers. MetroPlus offers GoldCare I, a narrower network product centered around the NYC Health + Hospitals System plus most of our community-based network. GoldCare II offers the larger MetroPlus network, inclusive but not limited to NYC H+H. MetroPlus works to keep its premium rates actuarially sound while keeping a focus on affordability. In 2020, MetroPlus will offer a 7.3% reduction for GoldCare I and a 9.7% reduction for GoldCare II, as well as significant co-pay reductions (up to 50%) compared to previous year.

Insurance eligibility screening and enrollment at H+H

As of September 28th, 2019, approximately 78,000 people were referred to MetroPlus for insurance eligibility screening and enrollment at H+H facilities. Approximately 5,000 of the referrals were no-shows, 13% completed a MetroPlus application, 57% of applicants did not qualify for insurance, and 30% were enrolled by MetroPlus staff into Emergency Medicaid.

Website Redesign

Throughout Q2 and the first month of Q3, MetroPlus continued its reboot of the MetroPlus Health Plan website, successfully launching the new site on 7/31. Completely redesigned, the new MetroPlus website is now mobile-first, and its architecture, based upon Google analytics, allows users to readily locate what they most want to do, see or search on the site. The new website builds on existing strategies to strengthen customer service and communications. The new website supports the Plan's improved customer experience strategy by implementing new technologies to support members, providers, and the City's push to guarantee access to affordable, quality health care for all eligible residents of New York.

Ongoing Search Engine Optimization (SEO) strategies continue to be implemented to increase traffic to the site, and the site continues to be updated and improved to support multiple Fall Open Enrollment Periods.



Clinical Programs

Children's Special Services (CSS) Program

New York State is focused on improving health outcomes, managing costs, and providing care management services for Medicaid children and youth under 21 years with complex medical and/or behavioral issues. To achieve these goals, enhanced behavioral and medical services have been added to the benefit Plan for children in Medicaid and HIV SNP lines of business. Children's Behavioral health and Medical Home and Community Based Services went live on October 1st. The Plan is preparing for the foster children and voluntary foster care agencies to be carved in, effective February 1st, 2020.

The Children's Special Services unit was developed to manage this program. Approximately 170 existing MetroPlus members were assigned to the CSS Program.

Specialty Pharmacy In-House Implementation

MetroPlus implemented in-house (Non-Pharmacy Benefit Manager) prior authorization reviews for Specialty Medications as of August 2019. Implementation included leveraging Caremark's (current PBM) system, hiring and training staff and operationalizing a Pharmacy Call Center to handle all inquiries related to Specialty Prior Authorizations. For Q3, there have been immediate changes to the overall approval/denial rate for specialty medications. MetroPlus' internal review has increased appropriate denials by approximately 20% as these medications were previously auto-approved or inappropriately approved by Caremark.

Medicare Stars

CMS recently released the Second Plan Preview for the Medicare Star Ratings Program, which includes preliminary Star scores and benchmarks. MetroPlus reported an overall score of 3.70006, coming 0.05 points short of the 4 Star rating.

Maternal Mortality and Severe Maternal Morbidity Reduction Program UPDATE

Wendy Wilcox, MD
Clinical System Lead-Women's Health
Chief OB-GYN, Kings County
Katie Walker, MBA, RN
Director, Simulation Center
November 7, 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

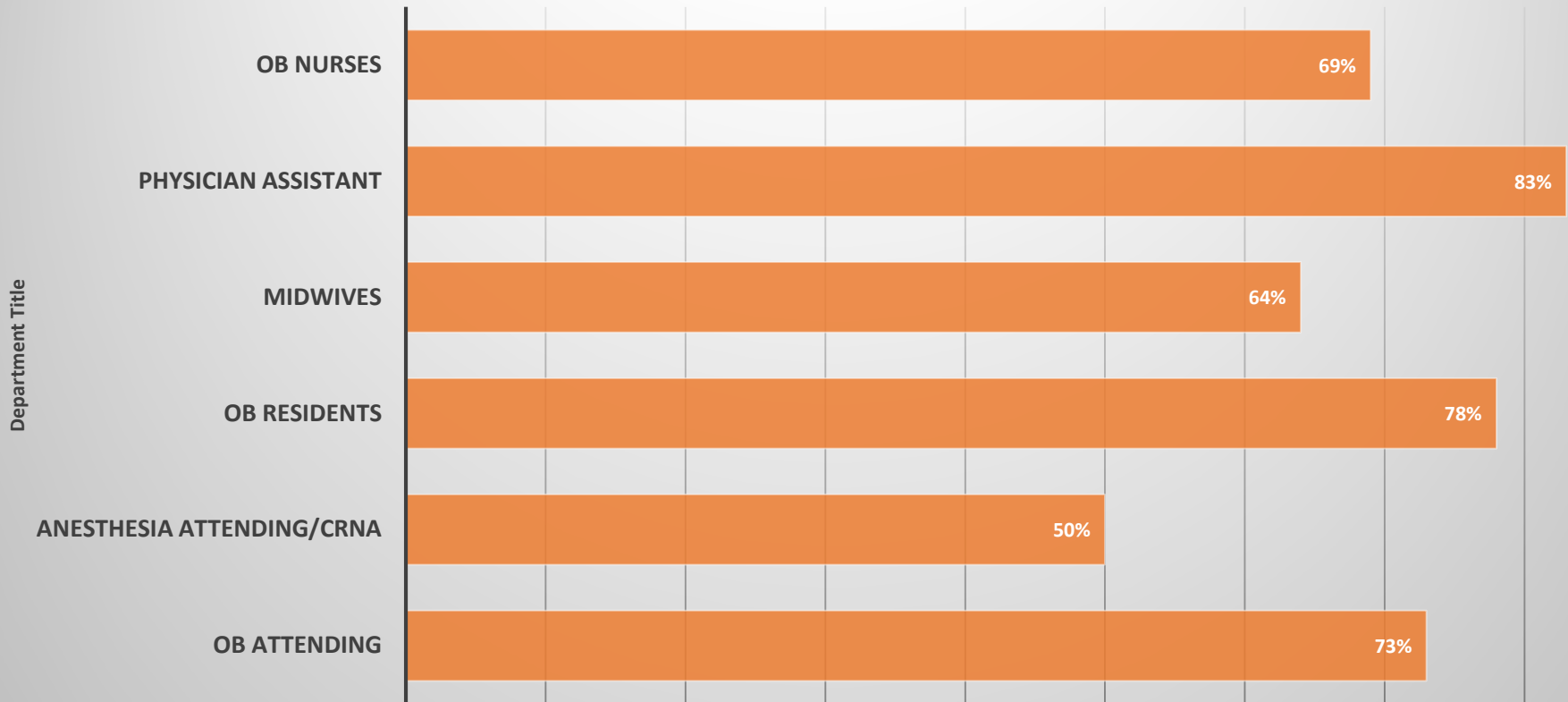
Designed to improve visit compliance.



OBLS Simulation Drills Update

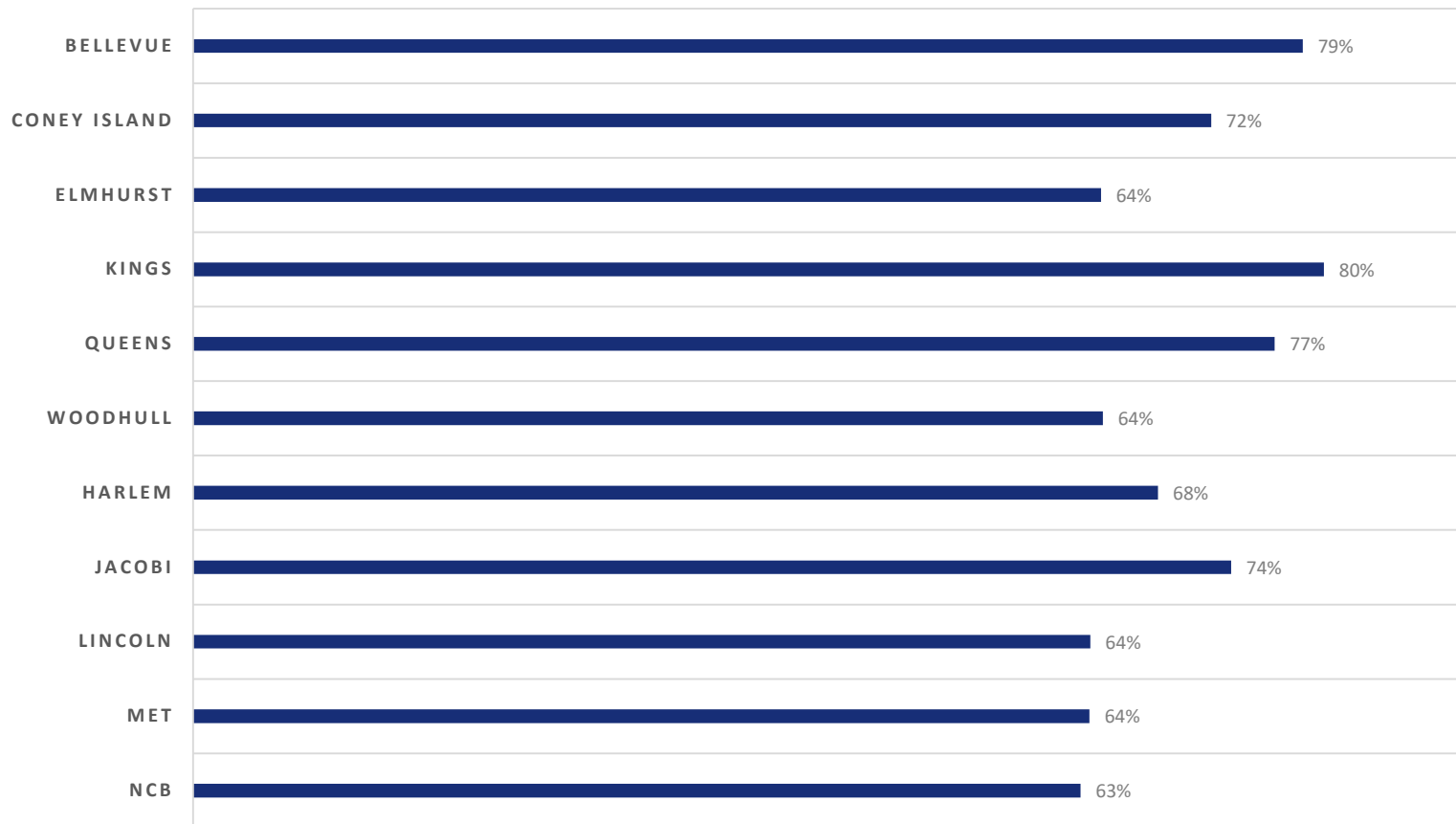
Obstetric Simulation Staff Participation

Total NYC Health + Hospital Staff Participated: n = 927



As of 09/30/19

OB SIMULATION DRILL STAFF SATURATION BY SITE



NOTE: Staff only includes Obstetrics + Anesthesia Providers (Attending, Midwives, PAs, Residents, Nurses)

As of 10/31/19



OB Hemorrhage--Update

- OB Hemorrhage In-situ Simulation Course—slated to begin **January 2020**
- **10/02/19**--Women's Health Council adopted the "**Work Plan for Obstetric Hemorrhage**" which provides specific steps for Facilities to optimally manage severe, life-threatening obstetric hemorrhage
- Developing business plan for Gauss Surgical Quantification of Blood Loss system
- IMSAL team is working on Updated OB Hemorrhage Simulation course

Quantification of Blood Loss

Gauss Surgical Triton Blood Loss System



	Visual Estimation (Control)	Triton (Intervention)
Time Period	Aug 2016 to Jan 2017	Aug 2017 to Jan 2018
Total Deliveries	3811	3807
Cesarean Deliveries (%)	1243 (32.6%)	1266 (33.2%)
Vaginal Deliveries (%)	2568 (67.3%)	2541 (66.7%)

FINDINGS:

1. Increased Hemorrhage Recognition

- Vaginal 2.2% vs. 0.5%, $P < 0.001$
- C-Sections 12.6% vs. 6.4%, $P < 0.001$

2. Impact to Patient Management

- Earlier transfusions and increased use of secondary uterotonics in vaginal deliveries
- Reduced transfusion dose in C-Sections

3. COST SAVINGS

- Decreased lab and blood bank costs drive estimated 152% ROI vs. acquisition cost

Maternal Medical Home--Update

About NYC H&H

What is the Maternal Medical Home (MMH)?

The purpose of the MMH is to provide enhanced, wrap-around services for women who are at higher risk of developing complications during or after pregnancy due to medical, behavioral, or other social health factors.

It is designed to provide pregnant patient with the additional support needed to decrease the risk of poor pregnancy outcomes and to achieve an optimal pregnancy experience.

The MMH experience delivers high-quality, coordinated and respectful care from the pregnancy to postpartum.

NYC HEALTH+HOSPITALS Maternal Medical Home

Guiding you through a safe, happy and healthy pregnancy.

What can I expect from the Maternal Medical Home?

You will be connected with the Maternal Care Coordinator (MCC) and/or Social Worker (SW) at the hospital where you receive prenatal and/or postnatal services. You and your coordinator will then complete a full assessment about your:

- medical history
- current pregnancy
- behavioral well-being, and
- other social factors such as nutrition, housing and financial information.

The assessment will give you and your coordinator a clear idea of what resources you currently have and what additional supports you may need moving forward to achieve a safe, happy and healthy pregnancy.

Once the assessment is complete, your coordinator will work with you and the rest of your care team to create a uniquely tailored care plan. You can expect to be the key goal setter and decision-maker in the creation of your care plan.

Am I eligible?

You may be eligible if you are currently pregnant, have ever had, or currently have:

- experienced a pregnancy complication: a gestational diabetes, preeclampsia, emergency cesarean, low-lying placenta, premature delivery
- a chronic condition (e.g. high blood pressure, heart disease, diabetes, asthma, anemia, an autoimmune disorder)
- a behavioral health diagnosis (e.g. Anxiety disorder, severe depression, anxiety, schizophrenia, substance use disorder)
- difficulty with substance or alcohol use
- unstable housing, unreliable transportation, nutritional concerns, safety concerns, legal concerns.

Ask your care provider to connect you with the Maternal Care Coordinator to check if you qualify.

Participating NYC H&H Facilities:

Brooklyn

- Coney Island
- Kings County
- Woodhull

Manhattan

- Bellevue
- Hefman
- Metropolitan

The Bronx

- Jacob
- Lincoln
- North Central Bronx

Queens

- Elmhurst
- Queens

- Launched in 2 facilities, third to launch early Nov.
- New Brochure
- Team training in Epic
- Working with Epic team to allow for:
 - improved documentation
 - creation of a dashboard
- Continued hiring
- Working with Community Care

Co-location/Coordination of Newborn and Postpartum Visits

MODEL:

- **NYC Health + Hospitals/Queens**
- Saturday afternoon in Pediatric Group Care where 1 month baby visit is paired with Mother's postpartum visit
- Underutilized evening hours are also an option



Perception Institute inspires people to live their values.

Our brains like to be right, our hearts strive to be good. The very experience of racial difference, however, can send these basic human impulses atwitter. Unless disrupted, stereotypes embedded in our brains can turn into implicit bias and lead to discrimination over time. And racial anxiety — the concern that we might confirm our own biases or experience bias from someone else — makes racial navigation even more challenging.

WHO WE ARE

WHAT WE BELIEVE

WHAT WE DO



PROUD MOMENTS in M&PA/Women's Health

- Women's Health Council unanimously voted to include Midwifery Directors
- Wendy Wilcox, MD was appointed to the NYS Maternal Mortality Review Board by Governor Cuomo.
- Dr. Camille Clare, a member of the executive committee of the NYS Maternal Mortality Review Board, presented 'Respectful Care at Metropolitan Hospital' at ACOG District II sponsored meeting with DOHMH
- Health + Hospitals recognized National Pregnancy and Infant Loss remembrance day

NYC Health + Hospitals is humbled to recognize National pregnancy and Infant Loss Remembrance Day. We know that every loss of a pregnancy is a tragedy for the patient and family. NYC Health + Hospitals adheres to evidence-based best practices for patients at risk for pregnancy complications and supports patients and families who have suffered a pregnancy loss. NYC Health + Hospitals is committed to ensuring access to the highest quality care for all of our patients.



Radiology Services Update

**NYC Health + Hospitals
Medical & Professional Affairs**

November 7th, 2019

David Shi, Senior Assistant Vice President, M&PA

H+H is achieving our vision of Enterprise Imaging through the Radiology Transformation Program

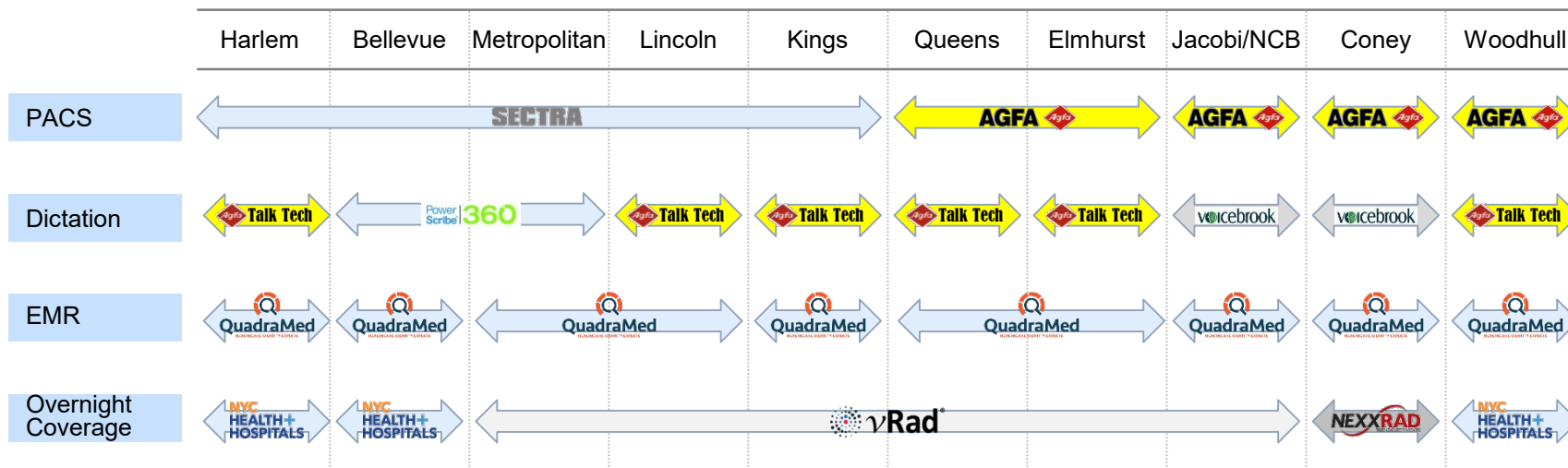
PROGRAM VISION

“A system where any image can be read at any site within NYC Health + Hospitals using a single platform and generating transparent performance metrics, in such a way that service quality and efficiency are improved.”

PROGRAM ACHIEVEMENTS

- **Single PACS and Enterprise Worklist solution** implemented across Acute Care/ Gotham/ Post-Acute facilities, with Elmhurst being the last facility pending system go-live
- **Enterprise Radiology Nocturnist program** ready for launch, with design and preparation work completed
- **Enterprise Radiology Business Intelligence platform** in place to report comprehensive and reliable performance metrics in real time
- **Critical Results Alert Service** standardized the critical Radiology finding communication workflow and achieved average communication turnaround time of 8 mins for all facilities
- **Enterprise Radiologist Peer Review solution** automated case selection and data tracking, to support peer learning and collaboration among all Radiologists
- **Enterprise Contrast and Radiation Dose Monitoring/ Reporting** through automated Radimetrics solution

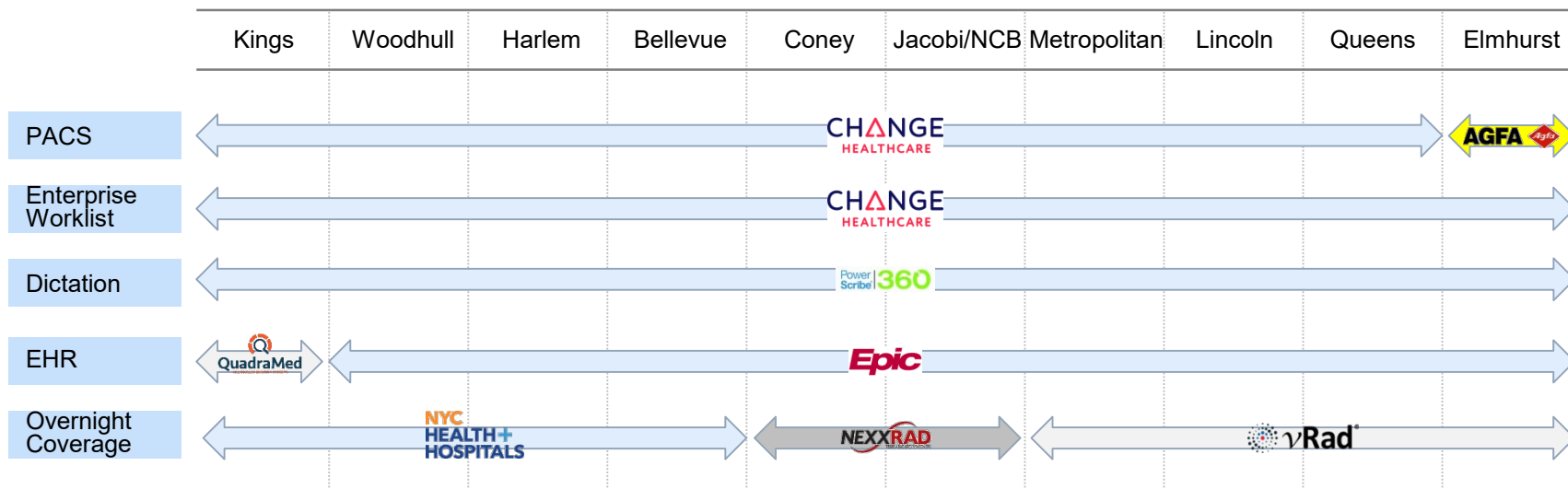
Legacy Radiology System Infrastructure in 2016



Challenges for Enterprise Radiology Coverage before Radiology Transformation Program

1. Different PACS systems (Sectra vs. Agfa) can't share images with each other
2. Existing dictation systems can't manage worklist/ distribute reports outside host facility
3. 8 instances of QuadraMed can't share images/ final reports across
4. Only three facilities have existing capability to provide in-house overnight coverage

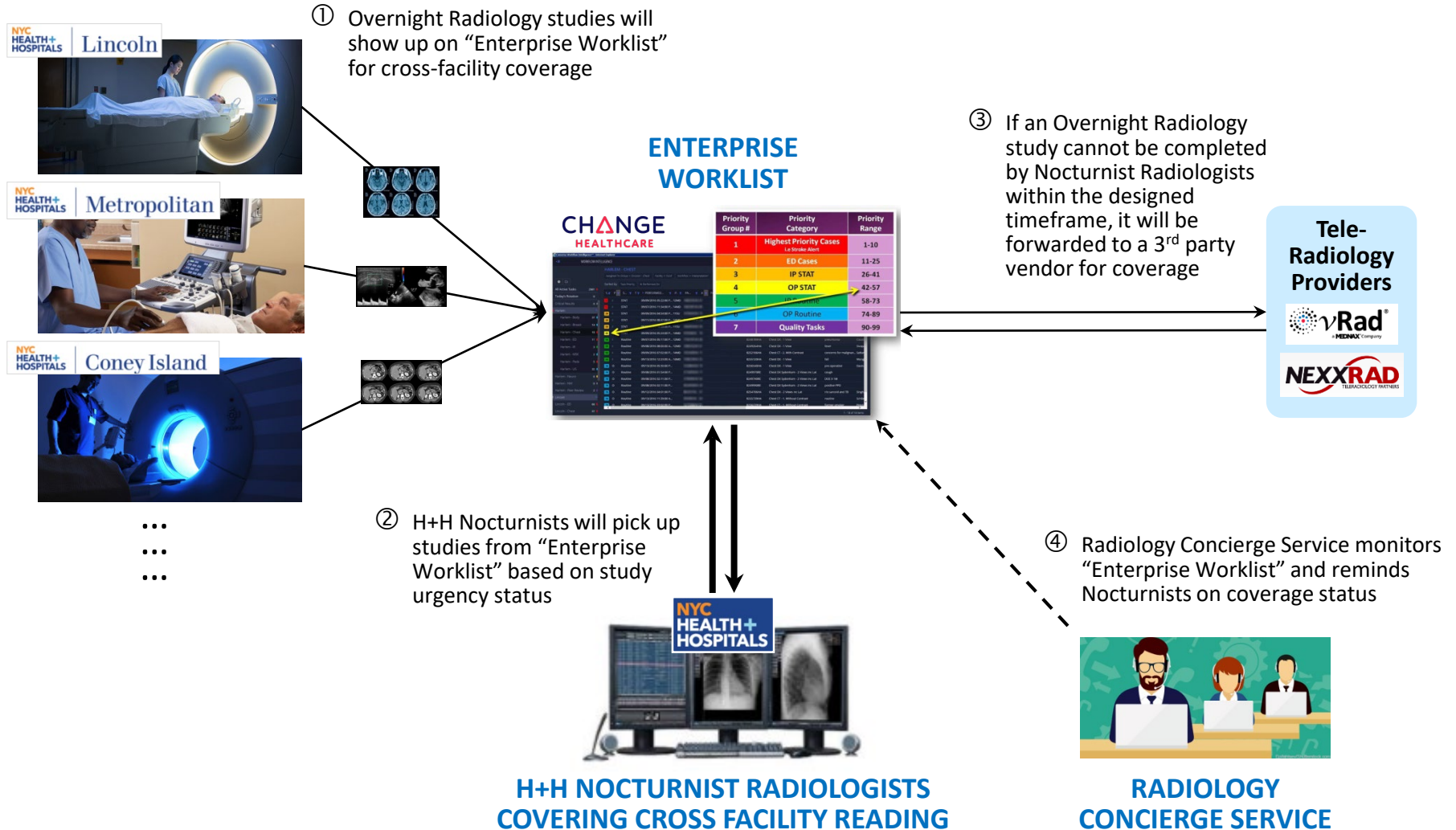
Latest Enterprise Imaging Implementation Progress



Radiology Transformation Future State Design Principles

- 100% final radiology interpretations 24/7/365
- Subspecialist read for identified specialties
- 30 minute turnaround time for STAT cases
- Robust Quality Assurance mechanism: real time Critical Results notification/ tracking/ communication, standardized peer review policy/ process
- Enterprise dashboard for transparent performance tracking, reporting, and continuous improvement
- Standardized policies, procedures, and workflow
- Single technology platform

Enterprise Radiology Nocturnist Reading Workflow



Enterprise Radiology Scorecard

Last Updated 10/24/2019 12:23:54 AM

Facility:

- ☐ All
- ☒ Bellevue
 - ☒ Belvis
 - ☒ Carter
 - ☒ Coler
 - ☒ Coney Island
 - ☒ Cumberland
 - ☒ Elmhurst
 - ☒ Gouverneur D&TC
 - ☒ Gouverneur Nursing
 - ☒ Harlem
 - ☒ Jacobi
 - ☒ Kings
 - ☒ Lincoln
 - ☒ Metropolitan
 - ☒ Morrisania
 - ☒ NCB
 - ☒ Queens
 - ☒ Renaissance
 - ☒ Woodhull
 - ☒ (Empty)

Reads:

- ☐ All
- ☒ Not Outsourced
 - ☒ Outsourced

GROWTH

Volume

Rolling 12 Months
vs Prior FY



0 %

CR	-1 %
CT	2 %
IR	-3 %
MG	-12 %
MR	-1 %
NM	-4 %
OT	5 %
PT	4 %
US	15 %

PATIENT ACCESS

OP Ordered to Arrived (Days)



Current Month Rolling 12 Months

CR	1	2
CT	3	11
IR	2	4
MG	2	20
MR	6	17
NM	3	10

PATIENT THROUGHPUT TAT

OP Arrived to Tech End (Minutes)



Current Month Rolling 12 Months

CR	66	73
CT	537	218
IR	253	434
MG	103	811
MR	262	194
NM	611	595

READING TAT

ED (Minutes)



Current Month Rolling 12 Months

CR	37	46
CT	47	52
IR	2,792	2,191
MR	209	200
OB	695	221
US	61	61
VAS	36	47

IP (Hours)



Current Month Rolling 12 Months

CR	8	6
CT	3	2
IR	41	41
MR	8	9
US	7	5
VAS	7	5

OP (Hours)



Current Month Rolling 12 Months

CR	9	24
CT	12	13
IR	45	31
MR	33	39
NM	8	15
PT	8	12
US	31	27
VAS	76	31

PEER REVIEW

% Reviewed



Current Month Rolling 12 Months
1.1 % 1.2 %

% Reviewed 2B+



Current Month Rolling 12 Months
0.6 % 0.7 %

CRITICAL RESULTS ALERT

Volume

Critical



Last Month Last Month vs Last Month Total Reported
565 0.48 %

Significant Abnormal



Last Month Last Month vs Last Month Total Reported
2,015 1.71 %

TAT (Minutes)

Critical



Current Month Rolling 12 Months
8 9

Laboratory Services Operational Update

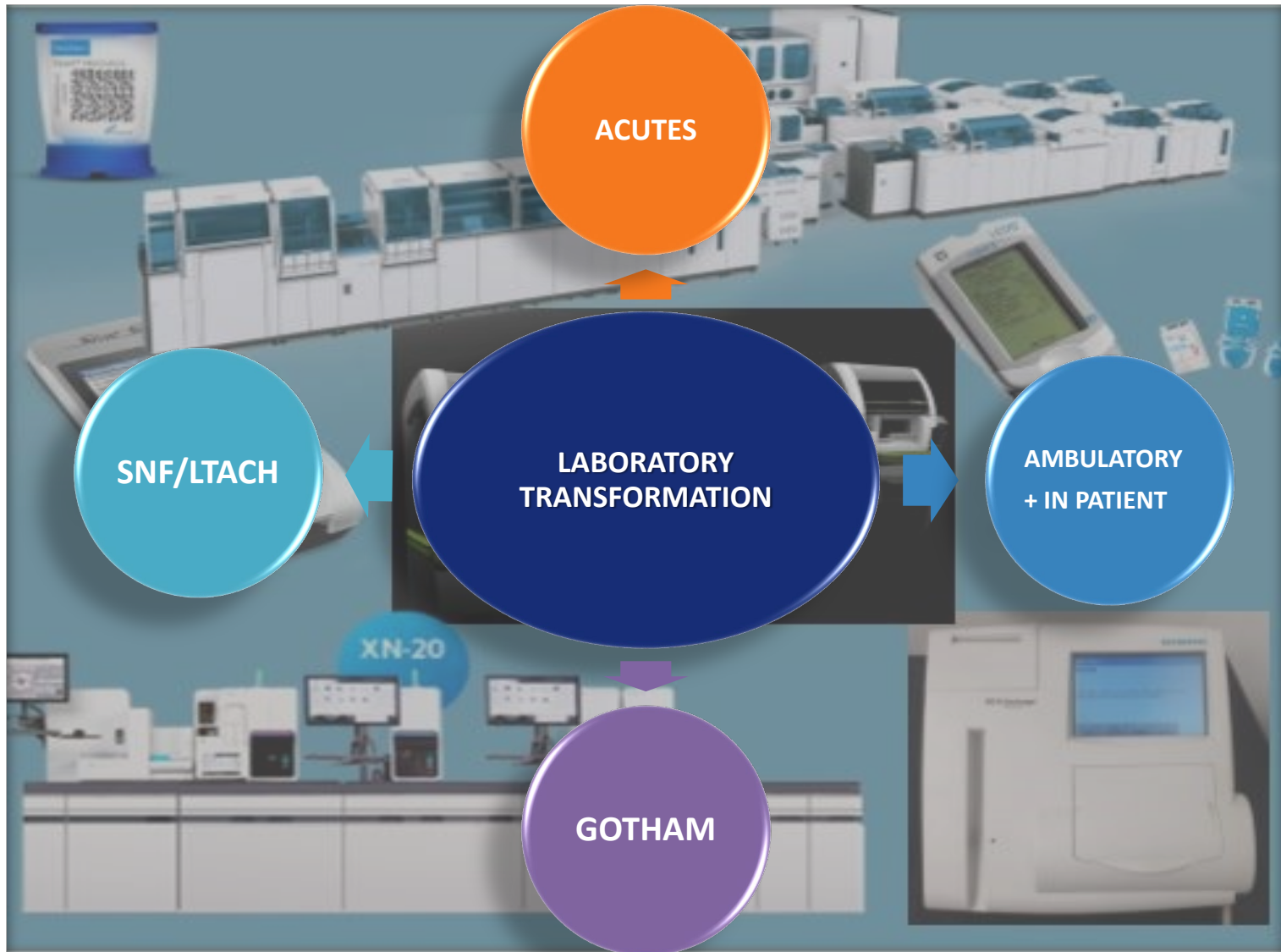
Medical and Professional Affairs Committee - November 7, 2019

Kenra Ford

Chief of Staff, System CMO SR.

AVP Laboratory Services





Cerner Laboratory Information System (LIS) Rollout

ACUTES

Cerner

ELMHURST
QUEENS
CONEY ISLAND
WOODHULL
BELLEVUE
METROPOLITAN
HARLEM
LINCOLN
JACOBI
NCB

KINGS-12/2019

GOTHAM

Cerner

CUMBERLAND
GOUVERNEUR
SYDENHAM
MORRISANIA
BELVIS

EAST NY-12/2019

LIS Workflow Standardization:

- 400+ Cerner build (global) issues to date encompassing
 - General Lab
 - Anatomic Pathology
 - Microbiology



Laboratory Standard Equipment Rollout

Chemistry

ROCHE

KINGS
JACOBI
ELMHURST
QUEENS
METROPOLITAN
HARLEM
LINCOLN
WOODHULL
CONEY
NCB

BELLEVUE-TBD

Hematology

SYSMEX

KINGS
JACOBI
CARTER
METROPOLITAN
BELLEVUE
NCB
CONEY
QUEENS
QUEENS CANCER CTR
LINCOLN
HARLEM

WOODHULL -1/2020
ELMHURST-2/2020

Coagulation

ACL

JACOBI
NCB
METROPOLITAN
KIINGS COUNTY
ELMHURST
HARLEM
WOODHULL
LINCOLN

CONEY-11/2019
BELLEVUE-1/2020
QUEENS-11/2019
CARTER (?)

Urinalysis

CLINITEK

JACOBI
BELLEVUE
WOODHULL
LINCOLN
BELLEVUE
QUEENS
ELMHURST
CONEY

METROPOLITAN-2020
NCB-2020
HARLEM-2020

Molecular

CEPHEID FLU

WOODHULL
LINCOLN
HARLEM
BELLEVUE
JACOBI
NCB
METROPOLITAN
WOODHULL
CONEY
QUEENS
ELMHURST



POINT OF CARE DEVICE DEPLOYMENT

Enterprise-wide Middleware: Total count to date

AMBULATORY + IN- PATIENT

1, 234-NOVA GLUCOMETER
163-ISTAT
92-CLINITEK UA
75-DCA A1C
13-COAGUCHECK PT/INR
11-HEMOCHRON
2-PICCOLO EXPRESS
1-AVOXIMETER

Total # of Certified Operators=

24,224

GOTHAM

158-NOVA GLUCOMETER
28-CLINITEK UA
27-DCA A1C
1-ISTAT (Gouv)

Total # of Certified Operators=

768

SNF

79-NOVA GLUCOMETER
1-ISTAT (Gouv)

Total # of Certified Operators=

1,484

DRAFT 2020-2021 Operational Goals

■ Clinical Laboratory

- Standardize Reference Ranges AND
- Critical values
- Developing a laboratory BI tool
- Test Utilization- collaboration with Chief Value Officer

■ Blood Bank

- Blood Bank automation
- Transfusion Service software
- Launching Blood Utilization Guidelines tool- Nov. 2019



Capital Restructuring Financing Program (CRFP) – Funded Imaging Program (Gotham Health)

Medical and Professional Affairs Committee
Presented by Israel Rocha, CEO OneCity Health

November 7, 2019

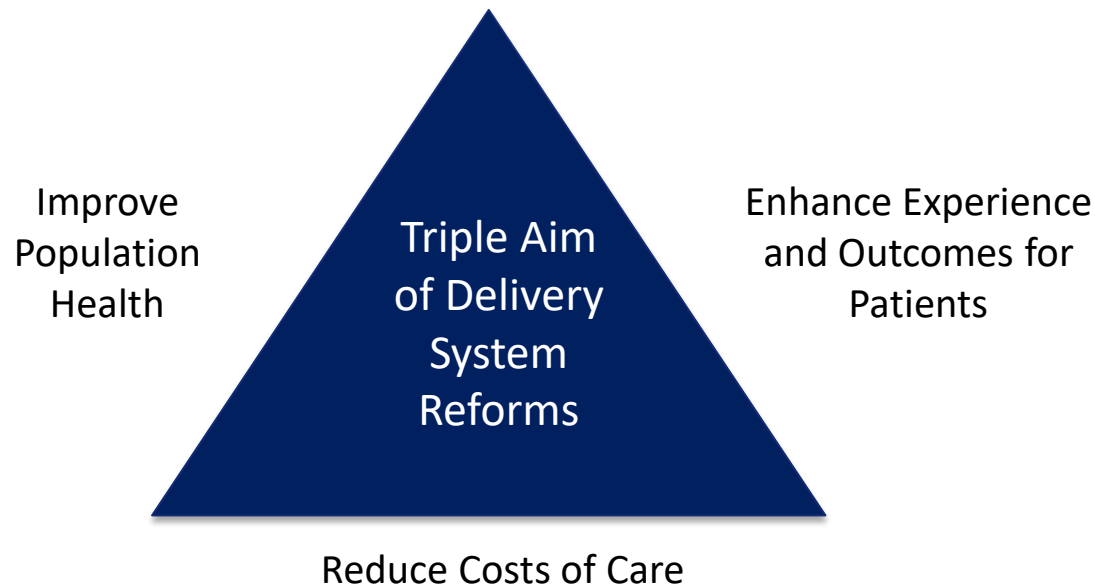
NYC
HEALTH+
HOSPITALS

ONECITY
HEALTH

A total of \$53M has been budgeted through the Capital Restructuring Financing Program (\$26.5M) and NYC Health + Hospitals (\$26.5M) for an enterprise-wide and Performing Provider System (PPS)-wide enhanced imaging program to support delivery system transformation

This program includes two sub-projects:

1. Primary Care Imaging Centers of Excellence at Gotham Health
2. Subspecialty Care Imaging Centers of Excellence at Acute Hospitals



The imaging program presents an opportunity for NYC Health + Hospitals to improve care quality and patient satisfaction while growing market share

Program goals:

- Increase access to state-of-the-art imaging centers and equipment
- Achieve Center of Excellence for imaging centers
- Enhance cross-facility diagnostic reading and coverage
- Enable system-wide and PPS network-wide imaging sharing
- Increase imaging capacity to meet growing demand
- Improve patient satisfaction with flexible scheduling at site of choice and prompt sharing of results to provider
- Recapture patient leakage by improving level of care and convenience offered

Primary Care Imaging Centers of Excellence At Gotham Health

- Three new sites are being planned for underserved communities in Brooklyn, the Bronx and Queens through Gotham Health Expansion
- Expected opening of sites: Q4 2020 – Q4 2021
- New sites will feature a one-stop-shop model with primary care imaging suite for convenient access to early diagnosis and screening
- Modalities include mammography, DEXA, ultrasound, x-ray, CT and MRI

Projected Imaging Volume by Modality by Site in Year 5 (ramp up)

Modality	Year 5 Volume 815 Broadway	Year 5 Volume 1910 Webster	Year 5 Volume 71-17 Roosevelt
Mammography	7,857	1,782	2,461
DEXA	1,786	405	559
X-Ray	4,166	756	1,044
Ultrasound	5,525	1,185	1,990
CT	2,207	N/A	N/A
MRI	1,050	N/A	N/A
Total	22,591	4,127	6,054

Subspecialty Imaging Centers of Excellence at Acute Hospitals

- Creation of new Gotham primary care imaging centers of excellence will provide additional referral volume to acute care and advanced imaging services
- Select hospitals will be paired with new Gotham sites in the same geographic area to support care continuity
- Advanced imaging centers at select hospitals will be created to broaden services, improve continuity of care and reduce patient leakage
- Imaging services will be aligned with need to handle additional referral volume from new primary care sites

Gotham Site and Acute Hospital Pairing

Gotham Site	Partnering Facility
815 Broadway, Brooklyn	Kings
1910 Webster, Bronx	Lincoln
71-17 Roosevelt, Queens	Elmhurst

NYC
HEALTH+
HOSPITALS

ONECITY
HEALTH