

AGENDA

MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE

Date: January 9, 2020
Time: 9:00 AM
Location: 125 Worth Street, Rm. 532

BOARD OF DIRECTORS

CALL TO ORDER

DR. CALAMIA

ADOPTION OF MINUTES - November 7TH, 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 Draeger, Inc. ("Draeger") to supply the System's needs for medical anesthesia equipment and associated programmatic support (clinical, operational, biomedical, IT) over a ten year period commencing March 1, 2020 and ending February 28, 2030 at a total cost not to exceed \$18.6 Million subject to funding availability

MR. WILSON

Vendex: Approved

EEO: Approved

2) Authorizing New York City Health and Hospitals Corporation (the "System") to establish an Independent Practice Association (an "IPA") through the formation of a subsidiary New York not-for-profit corporation, currently anticipated to be named NYC Health + Hospitals IPA, Inc. (hereinafter referred to as "NYC IPA"), consistent with applicable regulations, which will be controlled by the System in its capacity as the sole member of NYC IPA. NYC IPA shall enter into agreements with various providers ("Participating Providers") pursuant to which NYC IPA will (a) seek to negotiate favorable reimbursement rates from third party payors for services to be performed by such Participating Providers, (b) facilitate and promote the coordination of care where appropriate, (c) engage in shared savings programs and (d) structure value-based payment and/or risk sharing arrangements approved by the Boards of Directors of NYC IPA and the System according to the general rules established by each of such boards of directors for the review and approval of contracts. Should there be any conflict, restriction or other issue that prevents the formation of NYC IPA under such name, the System may select another name at the discretion of the System's management.

MR. ROCHA

Vendex:N/A

EEO:N/A

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

NEW YORK CITY HEALTH AND HOSPITALS

MINUTES

MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE

Meeting Date: November 7th, 9:00 A.M.

BOARD OF DIRECTORS

ATTENDEES

COMMITTEE MEMBERS

Jose Pagan, Chairman of the Board
Vincent Calamia, MD, Chair
Mitchell Katz, MD, President
Barbara Lowe
Hilliary Kunins (represented by Gerald Cohen)

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
Natalia Cines, DNP, Chief Nurse Executive, Office of Patient Center Care
Victor Cohen, PharmD, Senior Assistant Vice President, Pharmacy
Nelson Conde, Senior Director, Office of Affiliation
Kenra Ford, Senior Assistant Vice President, Laboratory
Colicia Hercules, Chief of Staff to the Board Chair
Ana Marengo, Senior Vice President, Communication and Marketing
Abdul Olusekan, Assistant, Research Office
Christina Pili, Director, Research Office
Joseph Reyes, Assistant Vice President, Medical & Professional Affairs
Israel Rocha, Chief Executive Office, OneCity Health
David Shi, Senior Assistant Vice President, Medical and Professional Affairs

FACILITY STAFF:

Talya Schwartz, MD Executive Director, MetroPlus Health Plan
Wendy Wilcox, Clinical System Lead-Women's Health-Chief OB-GYN Kings County Hospital

OTHERS PRESENT:

Mark Herion, DC37
Jorge Montalvo, PAGNY

**MEDICAL AND PROFESSIONAL AFFAIRS
COMMITTEE
November 7th, 2019**

Dr. Calamia, Chair of the committee, called the meeting to order at 11:06 AM. Gerald Cohen represented Ms. Kunins, in a voting capacity. The Committee voted to adopt the minutes of the July 14th, 2019 Medical & Professional Affairs Committee.

CHIEF MEDICAL OFFICER REPORT

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

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:

- I. **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.

System Chief Nurse Executive Report

Dr. Natalia Cineas, System Chief Nurse Executive reported to the committee, OPCC Operational Programs activities as of September 19, 2019.

Care Experience Task Force:

a. Inpatient, Post-Acute, Gotham, Community Care, Corrections

Status: Created team charter, aligned goals with Strategic Plan, current state assessment done (8/2019); revised education curriculum for system Nursing Orientation. Created refresher curriculum; curriculum in build for Learning Management System in Peoplesoft; crowd sourced ICARE videos in production by 10/30/19 and add to curriculum.

Nurse Residency Program: - Inpatient

Status: 2 active cohorts; gap analysis of curriculum; revised curriculum; recruiting on 3rd and 4th cohorts

Plan for CNO Reception to re-launch (9/27/2019); hired coordinator start date 9/16/2019; 3 active cohorts as of 9/30/19; revised curriculum implemented, CNO reception completed; cohort 3 (n=63), Total (n=134)

Professional Practice Model/Shared Governance Structure:

Inpatient, Post-Acute, Gotham, Community Care, Corrections

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Medical and Professional Affairs Committee

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Status: Need assessment (7/2019); CNO Council planning; reviewed governance history; current state assessment on 9/23/2019; design session on 9/24/2019; Pre-SG meeting done 9/23/19; design session #1 done 9/24/19; PPM design #2 10/22/19

Nurse Mentorship: Inpatient

Status: Need assessment 8/2019; hired coordinator start date 9/16/2019; program goal, mission statement completed 9/30/19; potential candidates identified; pilot of 5 mentors in November.

Specialty Training for NPs/Pas – Inpatient

Status: Core team created; current state assessment (8/2019); reviewed existing programs in other systems (8/2019); coordinator in OPCC assigned 9/16/19; follow-up to include Dr. Allen's representative and HR.

Partnership with Schools of Nursing-Inpatient, Post-Acute, Gotham, Community Care, Corrections.

Core team created; plan for school fair in December; core team with Office of Workforce Development Education Fair planned for 11/14/19 in Bellevue.

Agency Nurses Orientation: Develop a plan of orientation and onboarding for regular and out-of-turn agency nurses.

Status: Logistics presented at the OPCC meeting and emphasized opportunities to onboard agency nurses.

Recommend using the John's Hopkins Model to onboard agency nurses through use of blended learning and preceptor-guided unit-based orientation.

Council of Nurse Educators (CONE): Facilitate and monitor charges for each 9 workgroups

Status: Workgroups (8) convened on 8/15/19 -first meeting to define charges for each workgroup; orientation and fellowship group merged as 1 workgroup; # of workgroups = 7; M. Paguirigan appointed by Systems CNE to facilitate CONE activities – email sent by Dr. Cineas to all CNO's and Chairs of CONE

Systems Nursing Orientation (SNO): Provide a general overview of the nursing department

Status: Content identified, revised, developed and facilitated by nursing educators; redesigned delivery of SNO to

reflect concept-based learning and to reduce orientation days from 2 to 1 day (will pilot redesigned

SNO plan and logistics (scheduling and EPIC component and how it will impact facility-based orientation) presented at the OPCC on 9/19/19

Agency Nurses Orientation: Develop a plan of orientation and onboarding for regular and out-of-turn agency nurses

Status: Logistics presented at the OPCC meeting and emphasized opportunities to onboard agency nurses;

recommend using the John's Hopkins Model to onboard agency nurses through use of blended learning and preceptor-guided unit-based orientation.

Staffing Models: status of implementation:In-patient; Emergency Department; Peri-op; Ambulatory; Social Work

Status: n-patient: glidepaths completed. CEO/CNO conference call pending for implementation week of 9/23/19.

NASH preliminary data due 9/18 & ENA calculator completed 2 weeks ago.

Peri-op: inventory tool completed. Premier initial call 9/16 completed. Expecting scope of work this week by 9/20/19;

Ambulatory: reconcile Peoplesoft HR with Ambulatory current state by 9/25. Model assumptions sent by Ted Long team. ED model completed.

Non-Vizient Contract Mgmt: 5 contracts approved and implemented due to Vizient inability to meet staffing needs over time. 8 staff in credentialing for specialty areas. Favorite;Reliable;Onestaff;Fusion;Quest

NYSNA Prep- Binders: Completion of binders (acute, PAC, Gotham); AWS draft schedule submitted; Daily midnight census for 3months submitted. Training support for all facilities and ticket mgmt.: Marcin Dzalo

Vizient: Finance Management: PO status /consolidated billing and past due dollar tracking

Past due dollars at \$1mill week of 9/18 down from 1.7 prior week.

Developed standard work: 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.

Vizient Daily Operations

Acute Care-11 sites; post acute:Program review completed with R.Agahi: G.Weick. Go-live: planned 10/7

Clairvia Program Roll out: Successful Roll out of 4 waves. 5th wave: Harlem/Carter/Coler on 9/15, Final wave 11/30/19; Training support for all facilities and ticket mgmt.: Marcin Dzalo.

MetroPlus Health Plan, Inc.

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

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

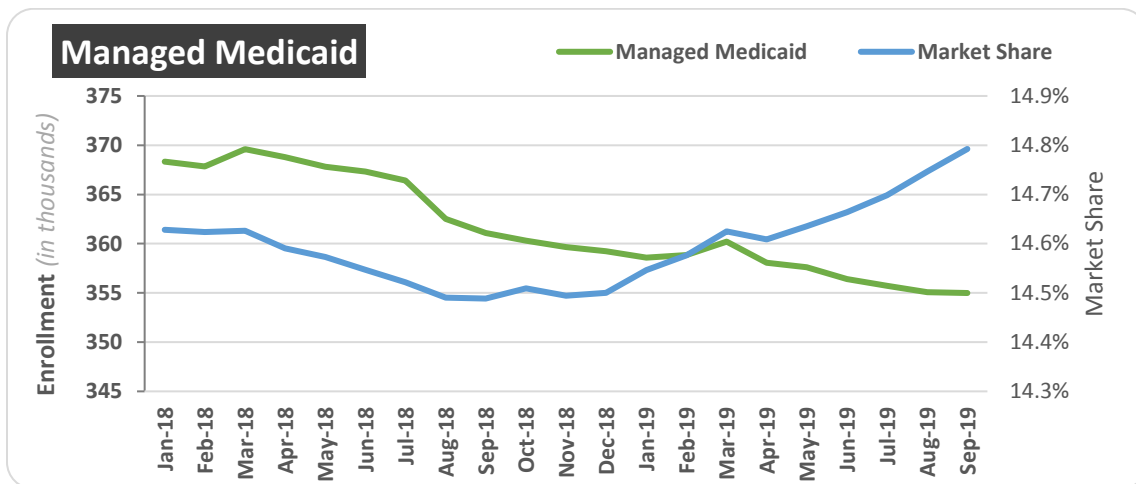
MetroPlus Health Plan – Performance through Q2

	<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
	May	520,048
	April	520,522
	March	522,731
	February	518,376
	January	517,659
2018	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.

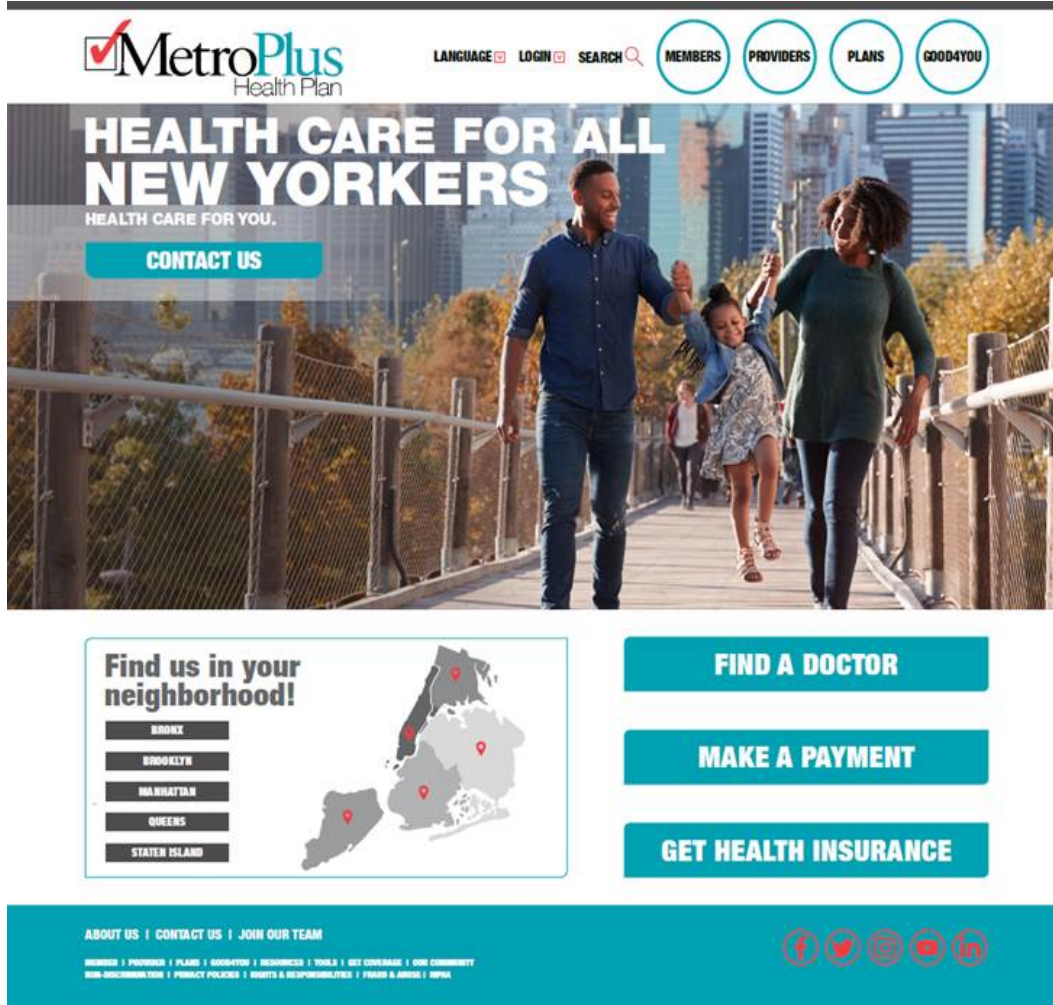
Insurance eligibility screening and enrollment at H+H

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

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Medical and Professional Affairs Committee

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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.

INFORMATION ITEMS:

Wendy Wilcox, MD Clinical System Lead-Women Health, Chief OB-GYN, Kings County Hospital presented to the committee, on Maternal Mortality and Severe Maternal Morbidity Reduction Program Update.

David Shi, Senior Assistant Vice President, Medical and Professional Affairs, presented to the committee on Radiology Services Update.

Kenra Ford, Chief of Staff, System CMO Senior Assistant Vice President, Laboratory Services, presented to the committee an update on Laboratory Services Operational.

Israel Rocha, Chief Executive Officer, OneCity Health presented to the committee on Capital Restructuring Financing Program (CRFP) – Funded Imaging Program (Gotham Health)

There being no further business, the meeting was adjourned 12:21 PM

CHIEF MEDICAL OFFICER REPORT
Medical & Professional Affairs Committee
January 9th, 2020

FLU

Seasonal Influenza has been declared prevalent in NY State by State Health Commissioner on 12/5/2019. This puts into effect a regulation requiring that healthcare workers who are not vaccinated against influenza wear surgical or procedure masks in areas where patients are typically present. A system-wide notification was released on 12/6 to ensure the systems vax or mask policy is adhered to. In addition, on 12/9/2019 Central Office Emergency Management began its System Seasonal Influenza Activation to maintain appropriate level of vigilance on a system-level to manage any flu related impacts across the enterprise. Employee vaccination rates as of November 12 across NYC Health + Hospitals is at 61.9% with 23,744 NYC H+H employees with seasonal flu vaccination. As of November 30, 2019, influenza activity in NYC has been increasing with influenza-like illness (ILI) visits accounting for 3.2% of all weekly visits. Widespread influenza activity is being reported by New York State, with a 73% increase over the last week in patients hospitalized with laboratory-confirmed influenza. Across a nation, the Centers for Disease Control and Prevention is reporting 3.5% of visits to healthcare providers were for ILI, above the national baseline of 2.4%. Flu activity in the U.S. is continuing to increase and expected to pick up in the coming weeks. Activity is being caused mostly by influenza B/Victoria viruses, which is unusual for this time of year. H1N1 viruses are the next most common, followed by H3N2 viruses, which are decreasing in proportion. Influenza activity is likely to increase and remain above baseline over the next few weeks. Per the CDC, influenza activity will likely peak between December and February.

BEHAVIORAL HEALTH

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1. Family Justice Centers (domestic violence mental health centers) in all 5 boroughs
2. Maternal Depression Screening occurring in all maternal health and pediatric facilities
3. Behavioral health/primary care presence in Meyer shelter
4. Expansion of primary care screening for substance use disorders (SUD)

5. 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.
6. Establishment of ED Leads teams in Emergency Department to screen, identify, and engage those at risk for Opiate overdose and other SUD.
7. Expansion of buprenorphine prescription in EDs, Primary Care, and behavioral health, including establishment of Buprenorphine/Bridge clinic for buprenorphine prescription.
8. Use of ECHO project to mentor primary care, ED, and behavioral health providers is use of buprenorphine.

**System Chief Nurse Executive Report
Medical & Professional Affairs Committee
January 9th, 2020**

Reached tentative NYSNA agreement on 12/4/19.

Care Experience

- A Care Experience Task Force was convened in July 2019 with Dr. Natalia Cineas as Executive Sponsor and Dr. Albert Belaro as project director. Membership included Care Experience leaders from all hospitals and sites, including Post Acute, Ambulatory Care (Gotham), Community Care and Correctional. A charter and current state assessment was completed, and opportunities for gap reduction identified to collectively meet or exceed the system goal of 73.7% in Nurse Communication.
- ICARE Values Education and Socialization learning module that includes a crowd sourced video of staff across the system is in review and ready to launch in January 2020.
- Design of Professional Practice Model and Care Delivery Model was completed in October 2019. Implementation planned to begin in January 2020. Design of Shared Governance structure completed in November and in continued discussion with senior nurse leadership and NYSNA. Implementation planned to begin in January 2020.

RN Residency Program

- RN residents are newly hired staff nurses to NYC Health + Hospitals who enter the system with one year or less in-hospital experience as a registered nurse. The goal of the residency program is to help the new nurse in transitioning from academic to professional role, increase skill and confidence, organize and prioritize work, and demonstrate strong unit leadership and ultimate decide to stay in the system beyond 1 year from date of hire.
- There are three (3) active cohorts, total of 119 residents (35,36,48). Current retention rate is above 90%. (113/119).
- A fourth cohort is planned to begin in December. There are 140 residents in this cohort.

NP Mentorship

- The Mentorship program is aimed at supporting newly hired nurses in their professional development by matching them with experienced nurses who recently retired from NYCHH. The goal is to support the newly hired nurses in a mentorship, coaching or preceptorship role to meet the needs of professional development and transition from academia to the work environment and help them stay beyond 1 year from the date of hire.
- A total of 70+ potential mentors were identified and vetted in partnership with Human Resources and the Chief Nursing Officers from each site. A process for interviewing, matching, mutual goal-setting and regular periodic check-ins with both the mentor and mentee and their progress towards goals is in review.
- A pilot group of mentors will be matched with mentees in December 2017.

NP Fellowship

- A fellowship program for incumbent and newly hired Nurse Practitioners is in the design phase to support nurse practitioners in their new roles or to transition into a different role. The goal is to support the nurse practitioners' transition from the academic to professional role to better actualize their scope of practice.
- A team was formed with Dr. Natalia Cineas as Executive Sponsor and include Dr. Eric Wei (CQO), Dr. Ted Long, Dr. Andrew Wallach, Dr. Melanie Applegate, FNP (NP Fellowship faculty), Dr. Albert Belaro (OPCC Sr. Director, Professional Practice) and Ms. Deborah Als (Program Coordinator, OPCC).
- A recurrent meeting has been set to discuss and strategize on program development

Clairvia

- The implementation has completed for all site – 11 Acute Care Hospitals, 5 Post Acute Hospitals and 6 Gotham sites.
- End users training will be completed by facilities by March 2020; Employee Self-Scheduling process will start in April 2020.
- PeopleSoft Absence Management/Time & Labor will go live in September 2020 – Replacing SR70. Time Capture Device will go live from September 2020 to February 2021 – Replacing paper timesheet.

Nursing Education

- The nursing education program currently builds on the OPCC's Professional Practice and Care Delivery Models and Shared Governance.
- There are currently 8 workgroups under the Council of Nurse Educators that are developing standardized structures and processes on orientation, preceptor, competency, mandatory skills, professional development, stroke education, fellowship and affiliations and critical care – workgroups scheduled to report out current state in December, 2019.
- A total of 200+ new hires attended the pilot redesigned nursing systems orientation model (Concept-Based Learning and Flipped Classroom) in October and November, 2019. The new model will be implemented on January 2020. Integrated Just Culture and Care of the LGBT population in the new model.

Finance

- RFP for Agency Staff – in progress
- Work has begun to implement and assess Inpatient and ED staffing
- Systemwide Nursing Recruitment Event: was held on 10/29/19 – 249 nurses were interviewed for site specific roles; 215 nurses disseminated to sites for follow up.
- Dr. Cineas has asked Dr. Shaw to look at 1:1 practice among the 11 Acute Care Hospital. After review of the policies and creating of a tracking tool, it was discovered that there was no standard process for monitoring of the One-to-One patients. All acute care site policies were reviewed and many differences were found. The leadership Senior Leadership team of the Health System, Dr. Cineas, Dr. Allen, Dr. Shaw, Matt Fay, Dr. Ted Long, and Dr. Charles Barron convened a meeting and discussed standardization of the policies and practice. One recommendation from the committee by Dr. Cineas is for the team to begin looking at Monitoring companies and type of equipment being used to ensure patient safety. Ava Sure presented on December 2, 2019, their monitoring monitoring system. Our team is in the process of engaging EPIC to present their program.

Culture of Safety

Managing the Agitated Patient

- In collaboration with Jeremy Segall, Dr. Cineas, Dr. Shaw, Regina Wallace, and the response team a new Protocol and Policy has been designed and has been shared with HP, Dr. Wei, and members of the Steering Committee.
- A review of HHC department websites revealed that inconsistent publishing of the current policy exists across the system. Ensuring consistent system-wide publishing of the approved policy is also planned.
- Next steps: 1) Share the protocol and policy at the CNO, and ED Councils and 2) ensure consistent system-wide publishing of the approved policy.

Safe Patient Handling

- Dr. Cineas and the OPCC Leadership team held their first meeting on October 29, 2019. Regina Wallace and Dr. Shaw will be working collaboratively on this committee.
- Completed action items: 1) An assessment tool has been developed and to be sent distributed to the facilities to identify current state practice; 2) SPH policy has been revised to include all key criteria of NYS Law to ensure compliance and 3) a value analysis was conducted by calculating HHC's SPH injury rates based on industry data.
- Next steps include: 1) analyzing current state data to identify opportunities; and 2) reconvening the system SPH Committee to establish and work on 2020 goals for improvement.

Adverse Safety Event Reporting

- In 2020, HHC will implement a new electronic reporting system called Datix/RL which will streamline how Nursing and all departments report, manage, track and trend adverse safety events.
- Dr. Cineas and Regina Wallace are partnering with the Risk Management Department, to ensure that ensure Nursing participates in the development process to make sure RL/Datix meets the needs of our leaders and front line staff.
- Completed action items: six (6) multidiscipline workgroups have been identified to customize the system (including Workplace Violence, Behavioral Health, Correctional Health, Education Workgroups, Risk Scoring etc). Next steps: establish regular meetings all workgroup to build a standard event reporting, analysis, management, training processes in HHC's Datix/RL system.

MetroPlus Health Plan, Inc.
Report to the
Medical and Professional Affairs Committee
Thursday, January 9th, 2020

New Plan Services in 2020:

There is a variety of new services that will be administered by the Plan in the coming year:

- Children and Family Treatment and Support Services (CFTSS)
 - Implementation: January 1st, 2020
 - Addition of new services including crisis intervention and youth peer support and training
- National Diabetes Prevention Program (NDPP)
 - Implementation: February 1st, 2020
 - Educational and support program designed to assist at risk people from developing diabetes
 - Includes group training sessions with a lifestyle coach that focuses on long term, positive effects of healthy eating and exercise

EpicCare Link:

MetroPlus Health Plan has partnered with H+H to ensure participating providers obtain access to the EpicCare Link web portal for improved care coordination as well as for specialty referral needs. To-date MetroPlus has over 1,000 participating Primary Care Providers enrolled in EpicCare, which includes individual providers and group practices. The goal is to outreach, educate and enroll the Plan's Primary Care Network in 2020.

Urgent Care Utilization:

The Plan is seeing consistent increase in use of urgent care in the past 18 months. Approximately 10% of the membership has utilized urgent care at least once in 2019. Members had a PCP visit within 2 weeks of an urgent care visit in 12% of the time when attributed to H+H PCP and 19% when attributed to non-H+H PCP. Of particular note is the use of urgent care 5 or more times by close to 2,000 members. Of those, 40% had a PCP visit within two weeks prior to their urgent care visit.

In analyzing diagnosis codes for the visits, we have identified non-urgent care reasons the members are utilizing urgent care for, including immunizations and pre-employment screenings, to name a few. Increase in urgent care services is occurring in addition to a concomitant increase in emergency room utilization.

The Plan has developed educational materials on appropriate use of urgent care, deployed care management for members with over utilization and is re-negotiating its terms with urgent care vendors to drive more appropriate utilization to urgent care centers.

MetroPlus Flu Immunization Campaign:

The Plan initiated an aggressive 2019-2020 campaign to ensure members receive their flu vaccine. Members vaccinated last year received a letter thanking them and requesting their assistance as community champions, to help their friends and neighbors get immunized. A variety of member reminders were placed in the Plan's newsletter, social media sites, text messages, post cards and the MetroPlus website. Flu shot collaborations with H+H, CVS, the YMCA and community-based organizations are ongoing. Lastly, for members who experience a significant and taxing effort to leave their home, we offer in-home immunization.

RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with Draeger, Inc. ("Draeger") to supply the System's needs for medical anesthesia equipment and associated programmatic support (clinical, operational, biomedical, IT) over a ten year period commencing March 1, 2020 and ending February 28, 2030 at a total cost not to exceed \$18.6 Million subject to funding availability.

WHEREAS, much of the System's anesthesia equipment is near or past its end of life with over 60% of the 160 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 the System's ability to provide quality patient care; and

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

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

WHEREAS, a request for proposals was issued in June 2019 to which three suppliers responded who met the minimum RFP requirements: Draeger, GE Healthcare, and Mindray; 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 Draeger 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 Draeger; and

WHEREAS, the Vice President of Supply Chain Services together with the System's Anesthesia 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 Draeger, Inc. to supply the System's needs for anesthesia equipment and associated programmatic support (clinical, operational, biomedical, IT) over a ten year period commencing March 1, 2020 and ending February 28, 2030 at a total cost not to exceed \$18.6 Million subject to funding availability.

EXECUTIVE SUMMARY
Master Agreement with Draeger, Inc.
To Supply the System's Anesthesia Needs


BACKGROUND: Historically, the System's purchases of anesthesia equipment have been initiated 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 \$375,000 annually to purchase or upgrade anesthesia equipment, that substantial expenditure has not been made coherently or strategically.

PROCUREMENT: The System issued a Request for Proposal in June 2019 for a single anesthesia vendor. Three firms that met the minimum criteria responded: Draeger, GE Healthcare, and Mindray. A 12-person Selection Committee with representation across clinical, IT, operations and finance units within the System selected Draeger based on 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 Draeger.

FINANCING: Previously, anesthesia 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 execution of a master contract with Draeger that will be large enough to handle the System's anticipated, estimated imaging needs over the next ten years at a cost up to \$18.6 Million. Of this projected amount, \$1M is currently funded for the purchase of anesthesia equipment for the new Coney Island Hospital building using FEMA funds. Another \$17.6M, which will be subject to funding availability, represents the replacement cost estimated for the end of life equipment. Of this \$17.6M, \$9M will be needed over the next three years to replace equipment that is beyond its useful life and \$7.6M is anticipated to be needed in years 7 to 10 of the contract. Finally, it is proposed that the contract with Draeger include an additional \$1M, also subject to funding availability, to accommodate needs for new purchases over the 10 year life of the contract. By adding the extra \$1M 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 under the proposed agreement will be approved by Corporate Finance to ensure the availability of funding at the time of purchase.

TERMS: The System will commit to purchase 90% of all anesthesia equipment it requires over the next ten years. In exchange, Draeger will commit to charge the System 6% below the top eligible tier of its Group Purchasing Organization price. Additionally, Draeger will provide dedicated account support, training for physicians and technicians, equipment service level enhancement, and added performance uptime support to Crothall, the Systems equipment maintenance vendor. The 16.8% MWBE spend represents 100% of all non-manufactured equipment spend.

To: Colicia Hercules
Chief of Staff, Office of the Chair

From: Keith Tallbe 
Senior Counsel
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Draeger, Inc.

Date: December 24, 2019

The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

Vendor Responsibility

Approved

EEO

Approved

MWBE

16.8% Utilization Plan

Draeger was the only proposer who submitted an MWBE plan. The other two proposers did not submit an MWBE plan after several requests. The Office of Legal Affairs has reviewed and approved the partial MWBE waiver and identified that all of the spend that is not proprietary has been afforded to MWBE subcontractors.

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.

Anesthesia Equipment Standardization

Request to Enter into Contract

Medical and Professional Affairs Committee

January 9, 2020

Gregory Girshin, MD - Chair of Anesthesia Sub-Committee
Mei Kong – COO & CNO Coney Island Hospital
Joe Wilson - Senior AVP Strategic Sourcing

Overview

- 64% of Health + Hospitals' Anesthesia equipment is at or past end of life – 107 of the 167 units, and will require replacement in the next few years. Aging equipment has a higher cost to maintain, and use of older technology poses challenges.
- Capital funding requests historically have been initiated by the individual facilities as needs were identified which limits the ability to standardize equipment and protocols from a system perspective.
- This procurement affects all acute care hospitals and is only for Anesthesia equipment; the intent is to standardize vendor of choice going forward to:
 - Optimize patient safety
 - Utilize one Epic integration
 - Enhance training and education for staff
 - Obtain “best in class” pricing and service

Overview of Procurement

- May 14, 2019: CRC approved an application to issue solicitation.
- June 7, 2019: Request For Proposals (RFP) was posted publically to City Record and sent directly to four vendors.
- July 19, 2019: Three vendors attended the mandatory pre-proposers conference.
- July 30, 2019 - August 1, 2019: Vendor technology review and demonstrations at Jacobi Medical Center's Simulation Center.
- August 28, 2019: Proposal deadline, three proposals received.
- September 27, 2019: Three vendors presented to Evaluation Committee who scored the presentations.

Current State

- There are a total of 167 Anesthesia machines in use across the corporation.
 - 83 Draeger
 - 76 GE
 - 8 Penlon

Age of Anesthesia Equipment	Number of Machines
Less than 8 years old	60
Greater than 8 years old	107

Age of Anesthesia Equipment	Number of Machines
0-4 Years	42
5-8 Years	18
9-13 Years	71
14+ years	36

Manufacturer Name	Average Age of Equipment (Years)
Penlon, Inc.	7
Draeger Medical	9.4
General Electric	9.9

- Average age of equipment is 8.5 years. The American Hospital Association determined seven years is the useful life for Anesthesia equipment.
- NYC Health and Hospitals currently has five facilities where the average age of equipment is greater than 10 years old.

➤ Evaluation Criteria

- Technology 39%
- Cost 28%
- Approach & Support 18%
- MWBE 10%
- References 5%

➤ Evaluation Committee:

- Facility-based Anesthesia Chief and Chair of the Anesthesia Clinical Subcommittee – Evaluation Chair
- System Facility COO/CNO – Co Chair
- Several Facility-based Anesthesia Chiefs
- Finance representative
- EITS representative

Draeger was the vendor of choice of the Evaluation Committee

References:

- NYU Health System
- Northwell Health
- Kaleida Health System

MWBE Plan

Description	Value	% of Total	MWBE Identified Supplier	MWBE Categorization
Direct Spend				
Apollo Equipment	\$14,412,378.05	83.2%		
Subtotal	\$14,412,378.05	83.2%		
Indirect Spend				
Extended Warranty	\$937,535.74	5.4%	Mediquip, Inc.	Minority Owned Business Enterprise
Clinical Apps Support	\$1,752,141.25	10.1%	Metropolitan Medical Staffing, Medical Staffing Innovations Inc.	Women Owned Business Enterprise
Freight Charges	\$93,213.91	0.5%	A1 Transport	Minority Owned Business Enterprise
Installation (1% of Apollo Price)	\$119,204.64	0.7%	Mediquip, Inc.	Minority Owned Business Enterprise
Subtotal	\$2,902,095.55	16.8%		
Total Value	\$17,314,473.60	100.0%		

*Draeger was the only proposer who submitted an MWBE plan. The other two proposers did not submit an MWBE plan after several requests.

*Office of Legal Affairs has reviewed and approved the MWBE % and identified that all of the spend that is not proprietary has been afforded to MWBE subcontractors.

M&PA Committee Approval Request

- The system is seeking approval to enter into contract with Draeger for Anesthesia Equipment:
 - Ten year agreement effective March 2020-February 2030
 - NYC Health + Hospitals will commit 90% Anesthesia Equipment market share to Draeger, NYCH+H will maintain the right to terminate for convenience.
 - Three year manufacturers' warranty on all Anesthesia Equipment.
 - Enhanced programmatic support consisting of continuing education for the Physician, Technician, and Biomedical engineer. Strategic partnership with Health + Hospitals third-party biomedical service provider.
 - Draeger proposed discount is 6% greater than the highest tier of the Premier GPO contract.
 - Total contract value is not to exceed \$18.6 Million for the contract term.
 - Draeger has submitted a 16.8% MWBE utilization plan.
 - The 16.8% Draeger MWBE spend commitment represents 100% of all non manufactured equipment spend.

Vendor Performance

DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extent applicable?	Yes
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	N/A
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	N/A
Did the vendor pay its suppliers and subcontractors, if any, promptly?	N/A
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	N/A
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work	Yes
Did the vendor adequately staff the contract?	Yes
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	Yes
Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assisting the agency in addressing complaints from the community during the construction as applicable?	Yes
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes
Performance and Overall Quality Rating	Satisfactory

Anesthesia Equipment Replacement Timeline

	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29	FY30
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Phase 1 Replacement	\$ 3,841,926.39									
Phase 2 Replacement		\$ 3,563,089.10								
*Coney New Hospital		\$ 1,000,000.00								
Phase 3 Replacement			\$ 1,723,370.00							
Phase 4 Replacement								\$ 3,841,926.39		
Phase 5 Replacement										\$ 3,563,089.10
Contingency /New Need	\$ 100,000.00	\$ 100,000.00	\$ 100,000.00	\$ 100,000.00	\$ 100,000.00	\$ 100,000.00	\$ 100,000.00	\$ 100,000.00	\$ 100,000.00	\$ 100,000.00
	\$ 3,941,926.39	\$ 4,663,089.10	\$ 1,823,370.00	\$ 100,000.00	\$ 100,000.00	\$ 100,000.00	\$ 100,000.00	\$ 100,000.00	\$ 3,941,926.39	\$ 3,663,089.10

\$ 18,533,400.98

Phase 1 (Bellevue, Kings, Met, NCB)

Phase 3 (Jacobi, Woodhull)

Phase 2 (Elmhurst, Harlem, Lincoln, Queens)

Phase 4 (Bellevue, Kings, Met, NCB)

*Coney New Hospital (FEMA funded)

Phase 5 (Elmhurst, Harlem, Lincoln, Queens)

Authorizing New York City Health and Hospitals Corporation (the “System”) to establish an Independent Practice Association (an “IPA”) through the formation of a subsidiary New York not-for-profit corporation, currently anticipated to be named NYC Health + Hospitals IPA, Inc. (hereinafter referred to as “NYC IPA”), consistent with applicable regulations, which will be controlled by the System in its capacity as the sole member of NYC IPA. NYC IPA shall enter into agreements with various providers (“Participating Providers”) pursuant to which NYC IPA will (a) seek to negotiate favorable reimbursement rates from third party payors for services to be performed by such Participating Providers, (b) facilitate and promote the coordination of care where appropriate, (c) engage in shared savings programs and (d) structure value-based payment and/or risk sharing arrangements approved by the Boards of Directors of NYC IPA and the System according to the general rules established by each of such boards of directors for the review and approval of contracts. Should there be any conflict, restriction or other issue that prevents the formation of NYC IPA under such name, the System may select another name at the discretion of the System’s management.

WHEREAS, pursuant to a waiver issued by the Centers for Medicaid and Medicare Services to the State of New York, the New York State Department of Health designed its Delivery System Reform Incentive Payment Program (the “DSRIP Program”) to reduce preventable hospital admissions by implementing various health care reform projects; and

WHEREAS, under the DSRIP Program, the System and its subsidiary, HHC Assistance Corporation d/b/a OneCity Health Services (“OneCity Health”) developed a Participating Provider System or “PPS” operating under the name, “OneCity,” consisting of an integrated network of various clinical and social service providers to improve health outcomes for 750,000 lives; and

WHEREAS, the DSRIP Program is scheduled to end on March 31, 2020; and

WHEREAS, in furtherance of continuing the efforts of OneCity Health to sustain and enhance the ability of the System and its PPS network of providers to continue to achieve the goals and build upon the successes of OneCity Health after the expiration of the DSRIP Program, the System and OneCity desire to establish an IPA to (a) contract with third party payors on behalf of Participating Providers to negotiate favorable reimbursement rates, (b) facilitate and promote the coordination of care where appropriate, (c) engage in a shared savings program, (d) develop value-based payment structures with third party payors and/or risk sharing arrangements, and (e) engage with community partners including primary care, behavioral health, specialty, post-acute care providers and other IPAs; and

WHEREAS, OneCity, as the largest PPS in New York State, is required to provide the New York State Department of Health with a sustainability plan that demonstrates how it will maintain and expand the network integration generated through its participation in DSRIP; and

WHEREAS, the OneCity Health Board of Directors resolved on November 8, 2019 to encourage the System to form NYC IPA.

NOW THEREFORE IT IS RESOLVED, that New York City Health and Hospitals Corporation (the “System”) is hereby authorized and directed to form an Independent Practice Association (an “IPA”) through the formation of a subsidiary New York not-for-profit corporation to be named NYC Health + Hospitals IPA, Inc. (“NYC IPA”) consistent with applicable regulations, which will be controlled by the System in its capacity as the sole member of NYC IPA. NYC IPA shall enter into agreements with various providers (“Participating Providers”) pursuant to which NYC IPA will (a) seek to negotiate favorable reimbursement rates from third party payors for services to be performed by such Participating Providers, (b) facilitate and promote the coordination of care where appropriate, (c) engage in shared savings programs, and (d) structure value-based payment and/or risk sharing arrangements subject to the approval of the Boards of Directors of NYC IPA and the System according to the general rules established by each of such Board of Directors for the review and approval of contracts. Should there be any conflict, restriction or other issue that prevents the formation of NYC IPA under such name, the System may select another name at the discretion of the System’s management.

EXECUTIVE SUMMARY AUTHORIZATION TO FORM AN IPA SUBSIDIARY

BACKGROUND: To capitalize on the successes of the System's DSRIP PPS, it is necessary to plan for the next iteration of the PPS. Most PPSs are addressing this need through the creation of an IPA. An IPA creates the possibility to build on the relationships and infrastructure created through the PPS to capture the benefits of enhanced scale in negotiating Value Based Payments with payors, shared savings programs and coordination of care.

PROPOSAL: The proposal is to form a new System not-for-profit subsidiary to secure authorization from the State to function as an IPA.

The System has the power under its enabling act to create subsidiaries. This has been done in the past by creating not-for-profit corporations subject to both the NY Not-for-Profit Law and the System's enabling act. Each of these have been membership not-for-profits with the System as the sole member. That model will be followed with the new IPA. The System will control the composition of the Board of Directors of the new IPA entity through its authority as sole member, but may elect to have some minority portion of Board of Directors be individuals who are independent of the System – likely representatives of other Participating Providers that join in the IPA. The new IPA will negotiate contracts among providers and payors. If any such contracts are of such size and nature that they would require the approval of the System's Board of Directors, then such contracts will be presented to the System's Board of Directors for approval.

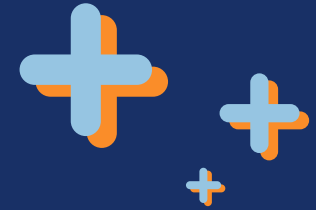
The proposed name of the IPA is NYC IPA, Inc. Such name has, however, not yet been cleared with the New York State Department of State to confirm its availability. If such name is found not to be available due to a conflict with another entity in the State or any other reason, the System's management shall select another name at its discretion.

Independent Practice Association (IPA) Formation

NYC Health + Hospitals Board
Medical & Professional Affairs Committee
January 9th, 2020

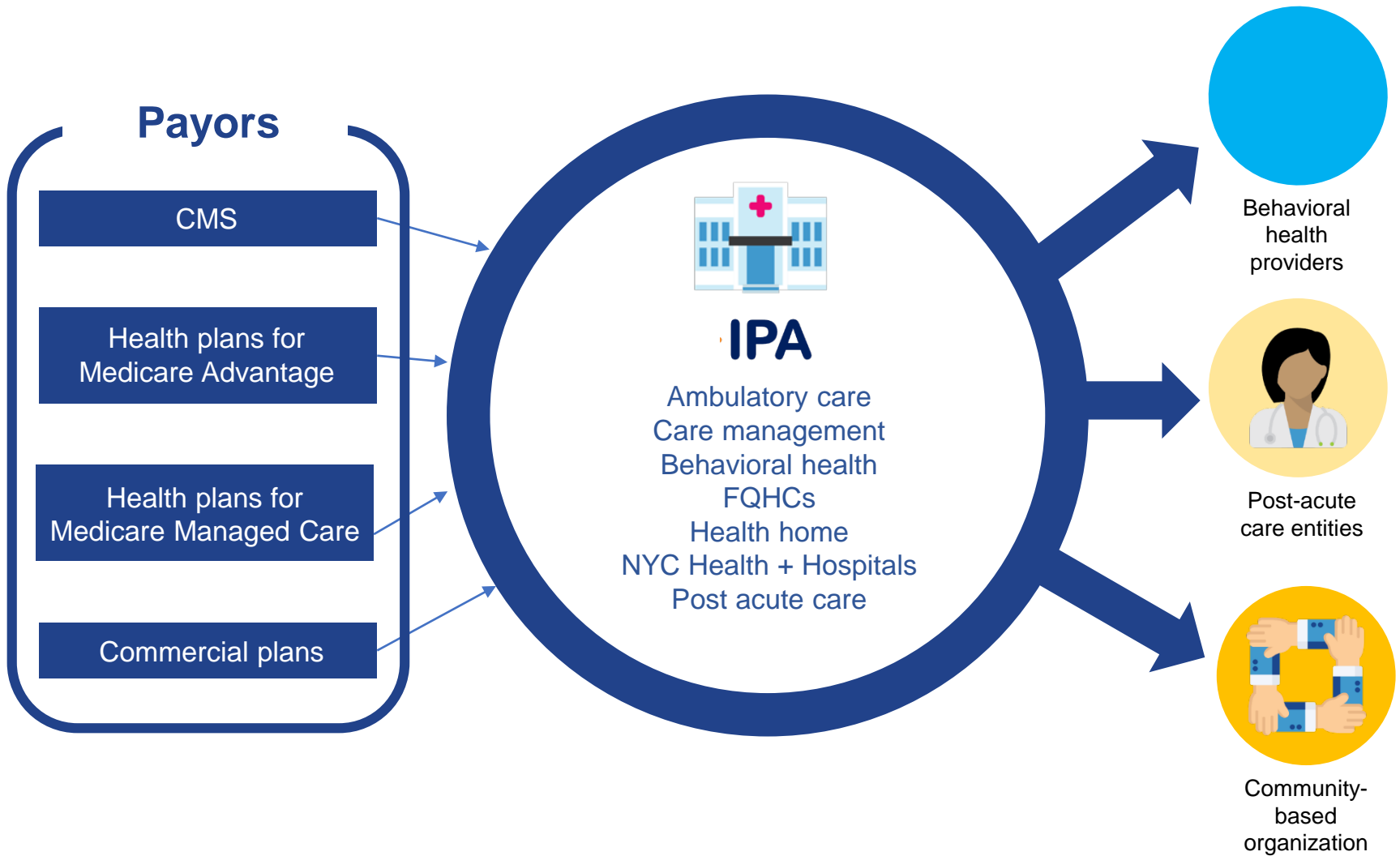
Israel Rocha, Jr.
Vice President, NYC Health + Hospitals
CEO, NYC Health + Hospitals/Elmhurst
CEO, OneCity Health

What is an Independent Practice Association (IPA)?

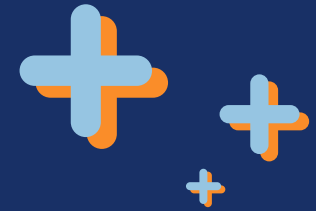


- + The NYC Health + Hospitals Independent Practice Association (the IPA) will be a network of independent physicians, medical groups and other organizations.
- + In partnership with health plan partners and affiliated organizations, the IPA will offer members preferred rates and a premiere quality incentive program that will foster the triple aim of enhanced quality, greater patient satisfaction and reduced health care costs.

NYC Health + Hospitals IPA

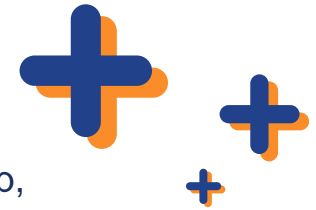


What advantages will be achieved through an IPA?



- + The development of an IPA, a wholly owned subsidiary of NYC Health + Hospitals, will enable the system to nurture relationships with community providers and partners to improve care coordination and quality, grow the patient base and support long-term financial stability.
- + Through the formation of an IPA, these individual entities will have the potential to be stronger together and to achieve the following:
 - Align physician incentives to improve outcomes at a lower cost;
 - Realize efficiencies in physician practice administration and management;
 - Gain buy-in with the medical and broader provider community;
 - Secure peer support;
 - Negotiate more favorable contracts with entities such as Managed Care Organizations (MCOs), Accountable Care Organizations (ACOs), radiology, laboratory and hospital systems;
 - Permit providers to remain independent and locally manage financials and care management, while benefiting from the IPA
 - Improve services including, extended hours, urgent care, outreach services for prevention, telephone triage and follow-up expertise; and
 - Coordinate programs with community-based organizations (both provider and non-provider of billable health services)

Current state: New York City service market

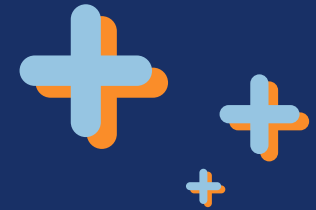


- + As envisioned in the New York State Value-Based Payment (VBP) Roadmap, Medicaid MCOs and providers will move away from fee-for-service payments and into an environment where MCOs and providers negotiate with each other to develop VBP arrangements
- + To contract at a Performing Provider System (PPS) system level, a PPS must first become an eligible VBP contractor
- + In the downstate region, all DSRIP PPSs* have formed IPAs to establish their eligibility as a VBP contractor and sustain the DSRIP infrastructure and successes beyond March 2020 when the program is set to sunset, absent an extension



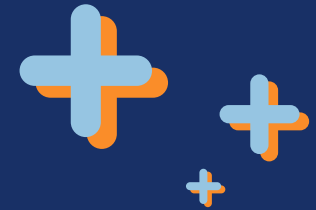
*Staten Island PPS is an exception which is building an MSO

Which services will be offered to IPA members?



- + Access to one of the most diverse and robust networks in the country through membership in NYC Health + Hospitals' network
- + Opportunity to enhance the quality of care for all New Yorkers through integrated services and shared management of patients
- + Technical assistance and support for:
 - Data analytics
 - Managed care contracting negotiations, with special attention to VBP arrangements
 - Clinical integration
 - Understanding and calculating risk
 - Performance improvement
- + Regional learning collaboratives and conferences
- + A full suite of Electronic health record connectivity options including OneConnect (a full instance of Epic); Epic Care Link (referral platform) and the Regional Health Information Organization (RHIO)

Resolution



NOW THEREFORE IT IS RESOLVED, that New York City Health and Hospitals Corporation (the “System”) is hereby authorized and directed to form an Independent Practice Association (an “IPA”) through the formation of a New York not-for-profit corporation to be named NYC Health + Hospitals IPA, Inc. (“NYC IPA”) consistent with applicable regulations, which will be controlled by the System in its capacity as the sole member of NYC IPA. NYC IPA shall enter into agreements with various providers (“Participating Providers”) pursuant to which NYC IPA will (a) seek to negotiate favorable reimbursement rates from third party payors for services to be performed by such Participating Providers, (b) facilitate and promote the coordination of care where appropriate, (c) engage in shared savings programs, and (d) structure value-based payment and/or risk sharing arrangements subject to the approval of the Boards of Directors of NYC IPA and the System according to the general rules established by each of such Board of Directors for the review and approval of contracts. Should there be any conflict, restriction or other issue that prevents the formation of NYC IPA under such name, the System may select another name at the discretion of the System’s management.

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