AGENDA

MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE

Date: **March 12th, 2020**
Time: **9:00 AM**
Location: **125 Worth Street, Rm. 532**

BOARD OF DIRECTORS

CALL TO ORDER — **DR. CALAMIA**

ADOPTION OF MINUTES – January 9TH, 2020

CHIEF MEDICAL OFFICER REPORT — **DR. ALLEN**

CHIEF NURSE EXECUTIVE REPORT — **DR. CINEAS**

METROPLUS HEALTH PLAN — **DR. SCHWARTZ**

INFORMATION ITEM:

1) **ET3** — **DR. WEI**

OLD BUSINESS

NEW BUSINESS

ADJOURMENT

MINUTES

MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE

Meeting Date: January 9th, 2020 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
Sally Hernandez-Pinero

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
Nelson Conde, Senior Director, Office of Affiliation
Jose Dorvil, Associate Director, OneCity Health
Kenra Ford, Senior Assistant Vice President, Laboratory
Colicia Hercules, Chief of Staff to the Board Chair
Mei Kong, Chief Nurse Executive, Coney Island Hospital
Ana Marengo, Senior Vice President, Communication and Marketing
Kim Mendez, Chief Health Information Officer, EITS
Christopher Miller, Senior Director, Communication and Marketing
Christina Pili, Director, Research Office
Joseph Reyes, Assistant Vice President, Medical & Professional Affairs
Israel Rocha, Chief Executive Office, OneCity Health
Katie Walker, Assistant Vice President, IMSAL

FACILITY STAFF:
J. Cater, MD, Associate Medical Director, Bellevue Hospital
Talya Schwartz, MD Executive Director, MetroPlus Health Plan

OTHERS PRESENT:
Justine DeGeorge, Office of the State Comptroller
Moirn Dolan, DC37
Faith Leonard, OMB

MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE
January 9th, 2020

Dr. Calamia, Chair of the committee, called the meeting to order at 9:01 AM. The Committee voted to adopt the minutes of the November 7th, 2019 Medical & Professional Affairs Committee.

CHIEF MEDICAL OFFICER REPORT

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

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. The employee flu campaign continues the competition is moving forward with Queens in the lead with above 80 percent of the staff vaccinated.

BEHAVIORAL HEALTH

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. This unit is scheduled to open the first week of January 2020.
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 goal is to have this unit open during January 2020.

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.

The Office of Behavioral Health continues to operate the following programs:

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

Dr. Natalia Cineas, System Chief Nurse Executive reported to the committee, the System's initiatives to improve nurse retention, such as Increased the Nurse Practitioner Base Salary; Provided an Early Year Retention Bonus; Provided Educational Differentials ranging from Baccalaureate; Masters, Doctors and PHD in Nursing; Established Clinical Ladder Programs to foster retention and Professional Development; Increased Certification Differentials in key areas with high turnover such as Emergency Department; Critical Care, Surgical Services, Med-Surgical/Dialysis and Correctional Health

She also informed the Committee that the System has reached tentative NYSNA agreement.

MetroPlus Health Plan, Inc.

Talya Schwartz, MD**,** Executive Director, MetroPlus Health Plan presented to the committee on the full report included in the materials and highlighted:

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 uregent 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 occuring 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.

ACTION ITEMS:

Joachim Wilson, Senior Assistant Vice President, Supply Chain, Gregory Girshin, MD, Chairman of Anesthesiology, Mei Kong, Chief Nurse Office/Executive Administration, Coney Island Hospital, present to the committee on the following:

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

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

Israel Rocha, Vice President, OneCity Health, present to the committee on the following:

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.

The resolution was duly seconded, discussed and unanimously adopted with an amendment of the IPA name to NYC Health + Hospitals IPA referred to as NYC H+H IPA by the Committee for consideration by the full board.

There being no further business, the meeting was adjourned 9:53 AM.

CHIEF MEDICAL OFFICER REPORT
Medical & Professional Affairs Committee
March 12th, 2020

CORONA VIRUS UPDATE

1. NYC H+H Updates

- Central Office Emergency Management virtually activated its EOC starting on 1/21/2020 at 1700 to monitor the ongoing outbreak on the 2019 Novel Coronavirus (COVID-19) originating in Wuhan, Hubei Province, China and maintain an appropriate level of vigilance on a system-level to manage preparedness and response efforts. High level information on local, state, and national updates is discussed. This activation is combined with the weekly Seasonal Influenza Activation.

- Novel Coronavirus Outbreak "Tiger Team" was established on 2/3/2020 and includes subject matter experts (SME) from various departments. The team meets weekly, at which time each SME reports on current situational facts, activities to date, accomplishments, and barriers related to COVID-19. The system wide preparedness occurs here as well as decisions pertaining to system wide communication and messaging to the unions and other stakeholders.

- The Special Pathogens Program and the Institute for Medical Simulation and Advanced Learning (IMSAL) have conducted Mystery Patient Drills at all 11 acute cate facilities. Mystery patient drills at Gotham Health sites are planned to start the beginning of March.

- The Special Pathogens Program provides brief in-service trainings on screening, isolation, and notification of infectious diseases to the DOHMH ("Identify, Isolate and Inform") to staff upon request.

- All sites to will conduct a tabletop exercise in relation to COVID19 surge management (scenario: 50 respiratory distress patients and 6" snow). A system-wide table top exercise will occur in mid-March.

- Continued collaboration with multiple city and state partners to ensure H+H guidance aligns with public health recommendations.

2. NYC Updates

- Staff should conduct routine travel screening to identify, isolate, and inform appropriate partners. Please refer to system-wide guidance for COVID-19 found on the Infectious Disease Dashboard on the Insider page.

- Mystery patient drills have been conducted at all 11 acute cate facilities.

- Mystery patient drills at Gotham Health sites will commence the beginning of March.

- Facility

  Please note, this is a rapidly evolving situation. All guidance is subject to change as additional information becomes available

3. CDC/National Updates

- Although categorized as a serious public health threat**,** at the present moment, the overall risk to the American public is low.

- Person-to-person spread of COVID-19 also has been seen among close contacts of returned travelers from Wuhan. And the epidemiology of this virus in the United States is evolving.

- CDC has issued the following travel guidance for the following countries related to COVID-19: China, South Korea, Japan, Iran, Italy.

4. International Update - numbers of infected and numbers of deaths change daily.

BEHAVIORAL HEALTH

The Office of Behavioral Health has opened specialized inpatient units:

1. OPWDD (Developmental Disabilities) unit at Kings County: This unit provides 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 (New York State Department of Health and Mental Hygiene) to develop and operate this unit.

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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.
9. Transition of Mobile Crisis Teams response time to 2 hours.

PHARMACY

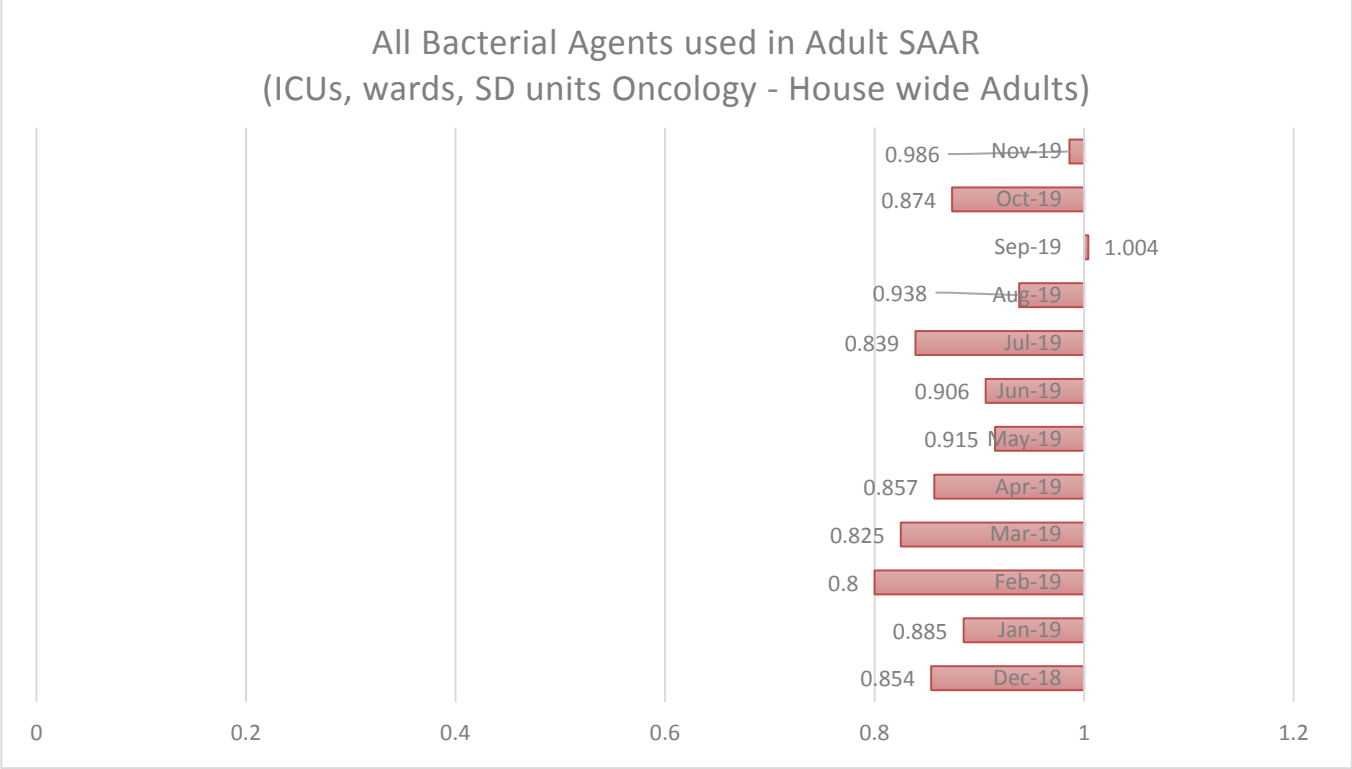
<u>Antimicrobial Stewardship</u>

- The National Healthcare Security Network (NHSN) infection tracking system provides facilities, states, regions, and the nation with data needed to identify problem areas, measure progress of prevention efforts, and ultimately eliminate healthcare-associated infections.

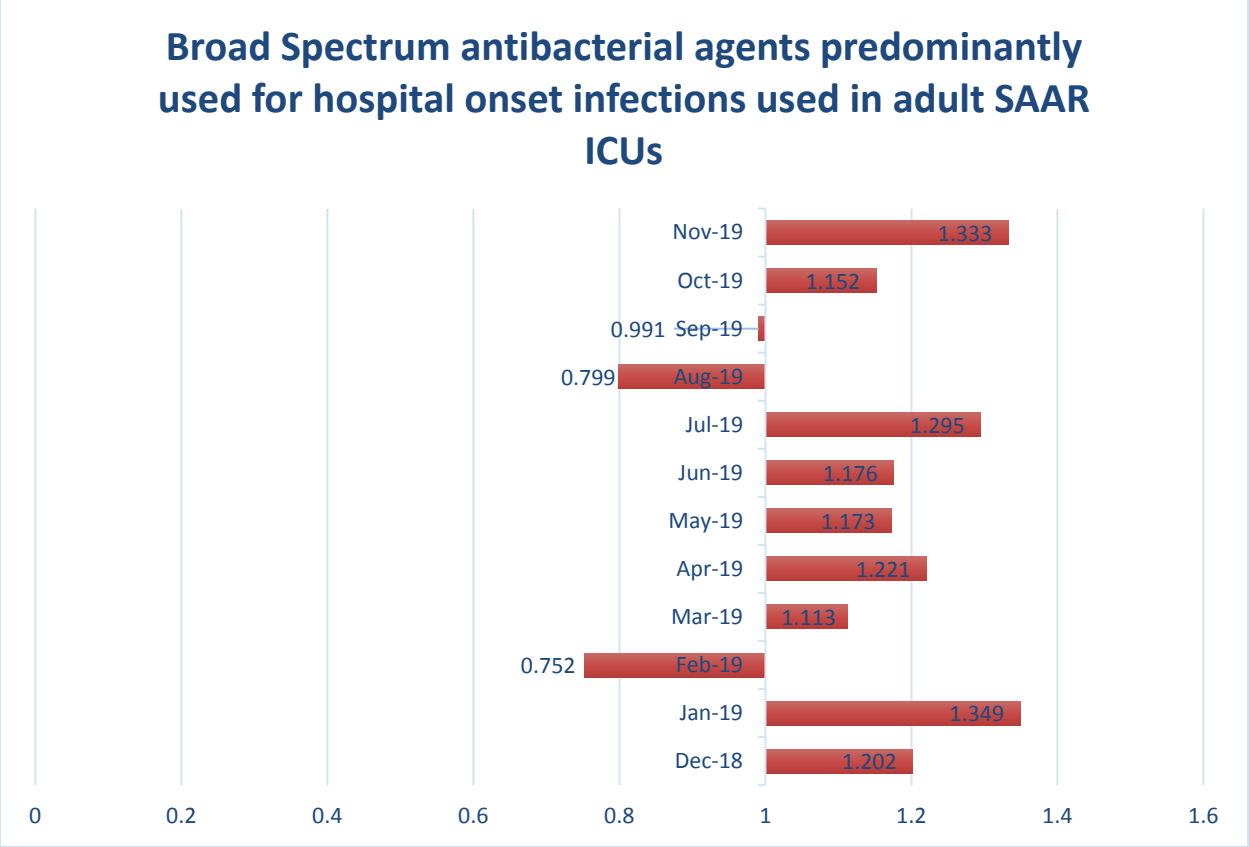
- In collaboration amongst central office pharmacy services, Infectious Diseases pharmacist in conjunction with infection prevention we have successfully submitted antimicrobial utilization data to NHSN

- NHSN provides a Standardized Antimicrobial Administration Ratio (SAAR) a metric to determine if observed antimicrobial usage is different from expected. It is constructed using indirect standardization where predicted antimicrobial use days are based on nationally aggregated antimicrobial use data. The SAAR of <1 is considered underutilization compared to similar units across the country and SAAR >1 is considered overutilization compared to similar units across the country. Of note over 1400 facilities contribute to this NHSN module.

- As an example from one facility seen in the figure 1 below; NHSN SAAR data demonstrates all antimicrobial usage in ICUs, Wards, and Oncology units house wide for Adults are less than what would be expected nationally.



- The SAAR data as seen in figure 2 below represents broad spectrum antimicrobial use for hospital onset infections used in Adult ICUs and demonstrate over usage monthly In 9 of the 12 months than what would be expected nationally in ICUs. This data provides insight into opportunities for continuous quality improvement initiatives toward more judicious use of broad spectrum antimicrobial agents in ICUs.



- A standard comparative dashboard of facilities will be available in April, 2020 as more data is made available and analyzed.

The NHSN SAAR data has provided invaluable actionable data that will be used to improve antimicrobial prescribing; and will enable the facilities to prepare needed reports for the Joint commission visits. This data will be utilized by antimicrobial stewardships at each facility toward improving quality and safety of prescribing of antimicrobial agents across the enterprise.

EPIC Go Live:

- Over 75 pharmacists volunteered to support the Kings County Go live.
- Pharmacist entered all orders from quadramed into EPIC and then verified these orders
- Kings County "Go Live" was successful with strong support from the enterprise pharmacists.

Enterprise Pharmacy & Therapeutic Committee

- Approved the following formulary requests listed below at the request of providers across the organization. Each medication added has undergone a rigor of evidence based assessment including comparative effectiveness, safety, unique justification and value analysis. Each formulary request is presented at the P&T committee meeting and approved by the consensus of P&T chairs and Directors of Pharmacy.

New Formulary Additions	Indications	Comments
Droperidol	indicated for agitation, benign headaches, nausea and vomiting	Currently in shortage and not available
Temozolomide (Temodar)	Pancreatic endocrine tumor and Anaplastic Astrocytoma and Metastatic Melanoma	Oral Use - Oncology

- Approved High Value Council Initiatives:

High value Initiative	Medications
Approved EPIC Low Dose Defaults for High Risk Medications for Older Adults	Trazadone Benadryl

- Collaborated with the "**Managing the Agitated Patients Steering team"** to assure availability of medications for the behavioral response treatment protocol in all units as requested.
    - Lorazepam and Haloperidol is available in all Pyxis machines in specified units for use as needed.

- Collaborating with Dr. Marisa Nadas, Director of Women's Options, Dept of OBGYN, NYC Health + Hospitals/Jacobi, **Reproductive Health Clinical Lead, NYC Health + Hospitals**
    - The P&T committee approved the Medical abortion guidance document
    - The Directors of Pharmacy are in process of developing workflows in epic to assure all treatments such as Mifeprex and misoprostol for medical abortion are available and properly charted.
- Pre-booking of Influenza vaccines for 2021 season has been initiated

Ambulatory Care Clinical Pharmacy Diabetes Primary Care Project

- 10 collaborative drug therapy management pharmacists have been deployed across 5 facilities to improve diabetes medication management with the goal of improving outcomes
- The following performance metrics have been collected thus far.

Ambulatory Care Pharmacy	
Feb 2019– January 2020	**Total**
# of unique patients	**1173**
# of successful encounters	**2920**
Average time to complete visit/outreach	**30 min**

Per cent reduction (or improvement) in HbAIc levels

372 patients with repeat HbA1c from baseline (first visit)

- Average: **-1.28** reduction in HbA1c value
- **279/372** or **75%** had a reduction in HbA1c
- Largest reduction: **-9.3**
- **107/372** or **28.7%** are at goal of <8

RESEARCH

1. Active Studies by Facility (as of Feb. 24, 2020):

Facility	No. of Active Studies
Bellevue	328
Central Office	1
Coney Island	5
Correctional Health	6
Elmhurst	70
Gouverneur	3
Harlem	20
Jacobi	139
Kings County	69
Lincoln	74
Metropolitan	48
NCB	13
Queens	58
Woodhull	38
Total	**872**

2. EPIC Implementation:
    - Roll out of the research billing module is complete (standard of care charges can be segregated from research procedures)
    - Holding rounding sessions at each facility to 1) identify gaps in user compliance; 2) offer additional training for problematic areas; 3) assist in clearing charges in a timely fashion for maximum reimbursement
    - Next steps:
        - Continue training team members and administrators on research billing
        - Establish process for reconciling research charges after segregation

3. Workflow Assessment by Facility- Research Implementation Process
    - Request facility research personnel assess all aspects of the implementation process- finance, operations, pharmacy, IRB, EPIC, contract negotiation, communication with Central Office
    - Review research staffing – quantity and quality
    - Establish a work/communication plan for addressing the gaps and delays

4. Applied for the System-wide Sickle Cell Disease Initiative (American Society of Hematology Research Collaboration)
    - Lead by Kenneth Rivlin M.D. (Jacobi), H+H applied to participate in the Sickle Cell Disease Clinical Trials Network ("SCDCTN")
    - The purpose is to collaborate with other research sites to leverage the power of big data sets to enhance the understanding of hematologic diseases

System Chief Nurse Executive Report
Medical & Professional Affairs Committee
March 12th, 2020

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 March 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. System wide Shared Governance Retreat on February 19, 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 four (4) active cohorts, total of 199 residents (35,36,48,83). Current retention rate is above 95%.
- Gap analysis completed to expand in 2020 to 1200 eligible residents (6x expansion). Plan to have bigger cohorts running 8 seminars every month starting in June 2020. Added resources to run the 6x expansion.
- First graduation (n=21) on March 10, 2020 producing 8 EBP posters.

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 March 2020.

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.
- Data analytics on volume of specialty consults, time to be seen, time to fill vacancies in progress. To include other data points for comprehensive review.

Clairvia

- Implementation was completed for all sites in November 2019– 11 Acute Care Hospitals, 5 Post Acute Hospitals and 6 Gotham sites.
- End user Web Self-Scheduling training is in progress at all sites with a target completion date of March 2020.
- PeopleSoft Absence Management/Time & Labor will go-live in September 2020, and will replace SR70's. Time Capture Device implementation will be a rolling go-live from September 2020 to February 2021, and will replace the paper timesheet. Interface testing of the systems is in progress.

Nursing Education

- Standardized the Systems Nursing Orientation (SNO) adapting the teaching philosophy of concept-based learning. Titled, "Why we do what we do," the emphasis placed on integrating safety, quality and patient experience using case-based scenarios. Integrated the Office of Patient-Centered Care Model for professional practice and Care Delivery. SNO orientation reduced from 2 days to 1 day. Evaluation is favorable for content, teaching team, methodology and increased in knowledge (>95% favorable).
- Standardized facility-based core orientation to integrate 1-day local HR (eliminate duplicity) , and EPIC classes in the new nursing mode for orientation.
- Piloted the universal agency orientation on February 10, 2020 . Agency nurses will now have a seamless onboarding process in orientation, EPIC, and unit-based training. Evaluation is favorable for content, teaching team, methodology and increased in knowledge (>95% favorable).
- Developed a Preceptor-Mentor-Coach Model – that will utilize retired nurses and Masters students in Nursing Education (in collaboration with CUNY) will be piloted on February 24, 2020. The academic model of clinical instruction will be adapted as a model. The Preceptor-Mentor-Coach will precept a maximum of 4 new hires per shift for a 4-week cycle until they are released from orientation.
- Revitalized the collaboration with NUCHE (Nurses Improving Care of Healthcare Elders) to increase utilization of evidence-based resources in the care of the elderly population.
- Conducted facility visits to disseminate innovations and development in nursing education including activities of the Council of Nurse Educators Workgroup projects.

Finance

- Right Source a New Vendor Manager group will be our vendor for temporary staff beginning June 2020.
- Document requests and meeting with key stakeholders have started. H and H Project Manager and OPCC Implementation team has been identified.
- Inpatient Staffing Model Implemented and trending with monthly meeting with CNO and Dr. Cineas and the Financial Sustainability Pillar team; In addition to the ED staffing Model, final meeting was held with NASH, ED Model is now live at the facilities.
- Systemwide Nursing Recruitment Event: was held on 1/20/2020, with over 300 nurses interviewed for site specific roles; 250 nurses disseminated to sites for follow up, in collaboration with System HR, ongoing follow-up with site of prospective candidates with tracking tool in place.
- Dr. Cineas presented to the CEO the 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 monitoring1:1 utilization within the inpatient acute care facilities; the CEO group and Dr. Cineas have asked that a work-group commence to look at current practice. That meeting has been scheduled for Tuesday, March 3, 2020 with key stakeholders. The goal of this work group is to standardized practice across the 11 acute care sites.

Quality and Outcomes

Nursing Clinical Ladder Program – Go Live 3/1/20

- The Nursing Clinical Ladder is a structured program to provide clinical staff nurses with an opportunity for career advancement while remaining in the clinical setting, providing direct patient care. It is used to recognize advanced performance and professional development. The Clinical Ladder differentiates levels of nursing expertise and contributions in three progressive tiers.
- Staff nurse titles from all 11 acute care facilities, Post-Acute, Gotham, Corrections, Community Care, Ambulatory Care, and ACMs are eligible to apply
- Clinical Ladder nurses will be involved in quality and professional development activities such as committee/council membership, nursing orientation curriculum development, the nursing quality/nursing excellence champion program and the Nurse Residency Program

Nursing Quality/EBP/Research and Innovation Council

- System level shared governance council focusing on nursing professional practice as it relates to quality, safety, EBP, research and innovation.
- The purpose of the council is to provide system wide oversight of nursing care delivery and clinical quality outcomes; and ensure the use of shared governance and EBP at all applicable levels
- In collaboration with Office of Quality and Safety, this council will work to identify gaps in practice and areas for improvement as it relates to nursing sensitive indicators (NSIs) and overall system quality targets and initiatives

Nursing Excellence Recognition

- Dr. Cineas and Shakira Daley are partnering (or consulting) with the American Nurses Credentialing Center (ANCC) a component of the American Nurses Association (ANA) to develop a system wide strategic plan for our journey to national nursing excellence recognition
- The Nursing Leadership retreat scheduled for June 24th will have the theme "Journey to Nursing Excellence" and will feature keynote speakers from ANCC and information on nursing excellence

designations such as Beacon, Pathway to Excellence and Magnet. The retreat will also contain workshops and breakout sessions on RN engagement and transformational leadership

Culture of Safety

Just Culture

- HHC's 2019 AHRQ Culture of Safety Survey results revealed that staff perceive there is a punitive response to error system-wide
- An initial assessment revealed: a) variable application of the Just Culture Algorithm (by Outcome Engenuity/David Marx), b) inconsistent and lack of training for leaders and staff, c) homegrown facility resources to facilitate the management of adverse events, etc.
- Comprehensive assessment of the current state is currently underway by OPCC with the Nursing Leadership, to identify opportunities and gain consensus on a standard evidence-based model, aligned with Department of Quality and Safety
- Next steps:
  1) Complete the comprehensive system-wide Nursing assessment
  2) Develop standard and evidence-based education and continuous learning opportunities
  3) Implement system-wide Just Culture training and continuous learning for all Nursing Leaders
  4) Implement system-wide Just Culture training and continuous learning for all Nursing Staff

Safe Patient Handling

- A system-wide assessment of the current state identified variability in: a) availability of facility equipment, b) equipment use, c) training, d) SPH-related injuries, e) facility committee meetings, etc. NYSNA reps reviewed OPCC's proposed SPH policy revisions and provided feedback, to ensure alignment with NYSNA/HHC 2019 – 2023 Contract and compliance with NYS Law. A value analysis based on industry data (injury and malpractice costs) revealed that, HHC spends approx. $6.25 million system-wide annually to address SPH-related injuries, which is more than twice the cost ($2.5 million) to correct system gaps.
- Next steps:
  1) Targeted analysis and on-site facility observations to identify system-wide opportunities
  2) Dr. Cineas and Regina Wallace will meet with each facility's Executive Sponsor on Feb. 25, 2020, to identify 2020 goals and high-level strategic plan
  3) Reconvene the system-wide SPH Committee to work on 2020 goals for improvement

Adverse Safety Event Reporting

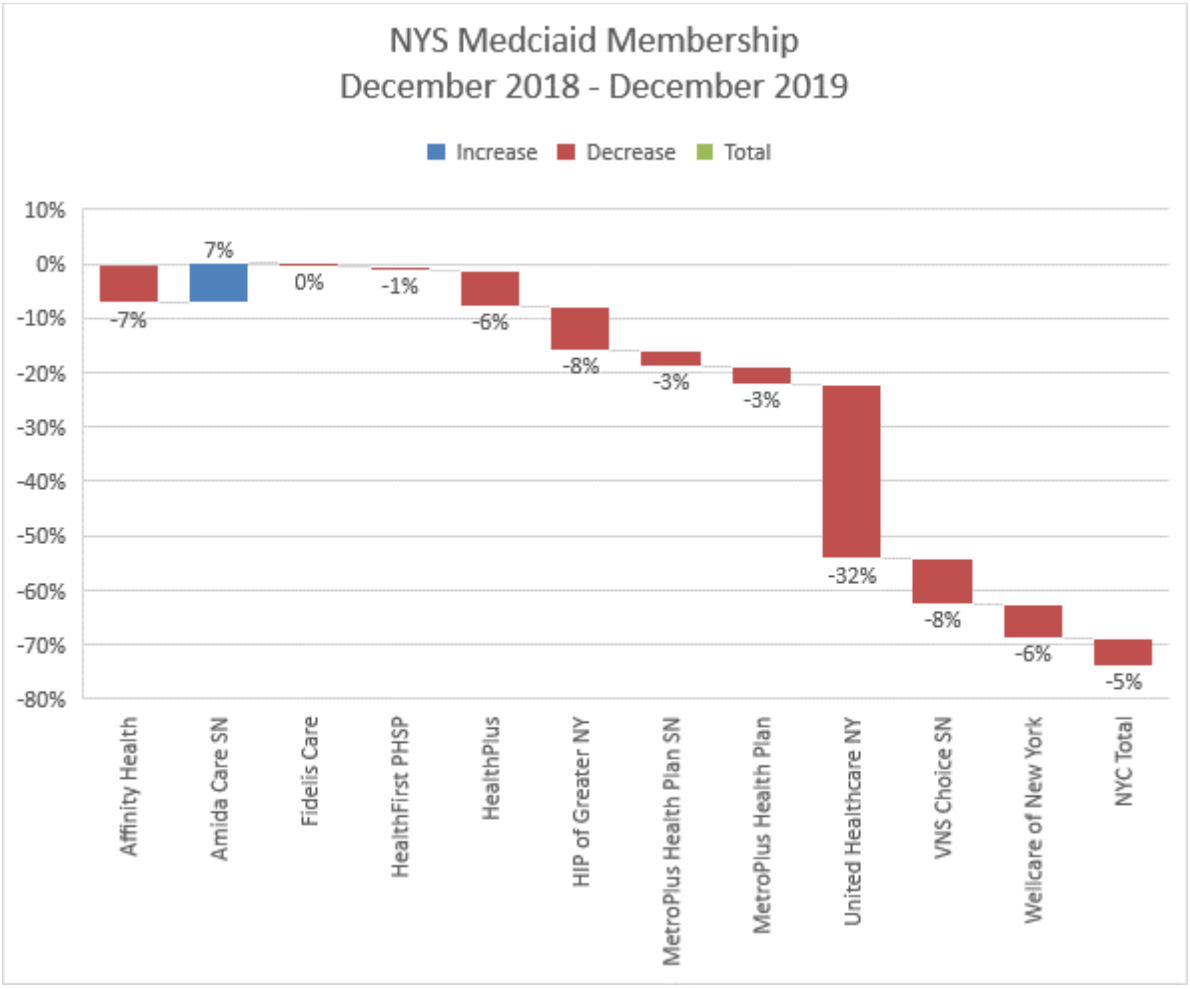
- In July 2020, HHC will implement a new electronic reporting system called RL Solutions/Datix which will streamline how Nursing and all departments report, manage, track and trend adverse safety events
- The new wed-based system with replace the current paper reports created system-wide and establish timely reporting of adverse, and near miss events
- In partnership with the Department of Risk, OPCC will Co-Chair the 1) Workflow, and 2) Evaluation Committees for this initiative - convened to ensure that the system meet the needs of Leaders and Staff
- OPCC also sits on the steering committee, in partnership with the Departments of Quality, Risk and Patient Safety

MetroPlusHealth Plan, Inc.
Report to the
Medical and Professional Affairs Committee
Thursday, March 12th, 2020

Membership

MetroPlusHealth has ended the 2019 year with a total of 514,436 members, essentially unchanged compared to year end of 2018. Medicaid Membership in NYS is trending down, NYC Metro region saw an overall reduction of 5%, or 126,378 members in 2019. MetroPlusHealth experienced a -3% overall reduction to Medicaid membership from December 2018. Growth was documented in Essential Plan (5%) and Child Health Plus (6%). MetroPlusHealth Medicaid represents 68% of our overall population, with Essential plan at 16% and Child Health Plus at 5%, hence the net flat trend in membership.

Line of Business	Dec-18	Dec-19
Medicaid	362,468	351,245
Essential Plans	76,817	81,113
Child Health Plus	18,913	23,170
MetroPlus Gold	13,981	17,290
HARP	12,542	12,520
MarketPlace	13,390	12,520
Medicare	7,835	7,825
Partnership In Care	4,091	3,970
Managed Long Term Care	1,896	2,081
Gold Care 1	1,186	1,250
MarketPlace SHOP	1,087	827
GoldCare 2	652	625
FIDA	121	
Grand Total	514,979	**514,436**



New York State $4 billion Medicaid Shortfall and Across the Board (ATB) Cuts

Due to the NYS's large Medicaid shortfall, Medicaid payments are being reduced across the board (ATB) by 1%. The Medicaid Redesign Team (MRT II) is convening to find additional savings of $2.5 billion by March 31st.

The ATB reduction has a projected $24.5 million annual impact to the Plan, of which $22.5 million will fall to medical expenses. $21.4 million of the $22.5 million are in the Medicaid, HARP and SNP, which are lines of business covered in the Value Based (VBP) contract. The impact to the MLTC, which is not part of the VBP contract, is $1.1 million (after admin) resulting in a net loss of $1.0 million. NYS has advised that the Medicaid fee schedules will not be updated to reflect this 1% reduction.

Although a formal announcement has not been made yet, there is discussion that the State quality pools might be defunded for State fiscal year 2020, starting April 2020. Quality pool has been reduced by 25% for State fiscal year 2019, impacting the Plan's budget. Through the NYS Medicaid Managed Care Quality Incentive Program, MetroPlusHealth received an additional $24 million dollars in 2019. $10 million is passed through to our providers in the form of quality awards.

MetroPlusHealth is preparing contingency administrative budget reductions to offset these reductions through administrative underspending.

MLTC Nursing Home Carve Out

CMS recently approved the MLTC three-month nursing home benefit limit. The State anticipates savings of $175 million. Approximately 400 MetroPlusHealth MLTC members who have been in a nursing home for three months or more will be disenrolled from the MLTC line of business, transitioning to Fee-For-Service Medicaid on April 1st, 2020. MetroPlusHealth anticipates a rate adjustment in a future rate package. Since the MetroPlusHealth spend for this cohort of individuals is higher than the reimbursement, we anticipate a positive net financial impact on our bottom line with this shift.

New Benefits

Medicaid Coverage of Limited Infertility Benefit

Effective October 1st, 2019, Medicaid Managed Care (MMC) benefits include medically necessary ovulation enhancing drugs and medical services related to prescribing and monitoring the use of such drugs for individuals 21 through 44 years of age experiencing infertility. This applies to MMC plans, including mainstream MMC plans, HIV Special Needs Plans (HIV SNPs), and Health and Recovery Plans (HARPs). MMC infertility benefits include office visits, hysterosalpingograms, pelvic ultrasounds, blood testing, and ovulation enhancing drugs included in the Medicaid formulary. MMC infertility benefits is limited to coverage for three (3) cycles of treatment per lifetime. Consistent with the NYS's limited infertility benefit for Medicaid enrollees, other procedures used for the treatment of infertility such as intrauterine insemination (IUI) and in-vitro fertilization (IVF) are not covered.

Infertility Coverage for Gold and GoldCare members

Coverage of diagnostic and treatment procedures, including prescription drugs, used in the diagnosis and treatment of infertility are provided for persons whose ages range from 21 – 44 years. However, the regulation as outlined by DFS does not permit the total exclusion of individuals whose age is below or above such range. Coverage is subject to co-payments, coinsurance and deductibles consistent with other Gold and GoldCare benefits. Unlike the limited benefit for Medicaid enrollees, the infertility benefit is broader and as such the Plan has established a utilization management policy and prior authorization requirements. The benefit permits coverage for three (3) cycles of in-vitro fertilization used in the treatment of infertility.

New Medicare Benefit: Acupuncture

Medicare patients with chronic low back pain will have acupuncture as a covered benefit beginning in 2020. The Center for Medicaid and Medicare Services (CMS) will cover up to 12 visits in 90 days for Medicare beneficiaries under certain conditions. This change requires the Plan to contract with providers, update system configuration, member materials, and develop UM policies. This benefit is an attractive offering to many Medicare beneficiaries and is particularly helpful in attracting Asian members to enroll in the Plan.

New Provider and Member Portal

Provider Portal

MetroPlusHealth's beta launch for our new Provider Portal occurred on January 16th, 2020. During the beta period, both current and new provider portals are available for use. The goal of the beta launch is to obtain provider feedback to ensure the new portal meets our provider community needs and is user friendly. In the first 3 days, we had 120 providers login to the new portal and received feedback from 30%. In addition, the MetroPlusHealth Network Relations team is providing 1:1 training and feedback sessions with 40 of our top providers and facilities. In March, after the provider feedback has been received and developed in the portal,

MetroPlusHealth will send an official announcement to all providers to register for the new portal and sunset the current portal. New Provider Portal functionality includes:

- Direct access to P4P dashboards, gaps in care, utilization reports
- Online authorization requests with built in diagnosis/service code lookups and clinical criteria check (InterQual)
- Secure messaging
- Online claim submission (alternative to paper claim submission)
- Plus, all current portal functions (claim status, authorization status, etc.)

Next up for development in the Provider Portal are live chat and real-time clinical determinations for authorizations slated for the summer of 2020.

Member Portal

MetroPlusHealth is also launching our new Member portal in March 2020. The new member portal will provide tailored health information and resources as well as self-service tools that will improve member satisfaction and increase MetroPlusHealth efficiency. Members will be able to:

- View gaps in care
- Complete health risk assessments online
- View, print, and order insurance cards
- View and pay invoices
- Request PCP changes
- Single-sign-on to CVS, Healthplex and Finity Rewards
- Secure messaging
- Plus, all current portal functions like checking claim and authorization status

Our Phase 2, summer 2020, rollout for the member portal includes live chat, a mobile app and the ability to view and download explanation of benefits.

MetroPlusHealth Plan Provider Gala

MetroPlusHealth held its 4th Annual MetroPlusHealth Plan Provider Appreciation/QARR HEDIS Awards Gala on January 21st, 2020. The Plan honored top performing individual providers, practice groups and H+H facilities, whose performance in each of the pay for performance (P4P) measures was the "best in class." There were fifteen quality awards given to Community and H+H providers during the 2019 MetroPlusHealth Provider Gala. Five awards went to H+H facilities, including Overall Top Performer going to Lincoln and 3 awards going to Gouverneur. Moreover, H+H facilities made up the top three overall performers in the 2019 P4P program, including Lincoln, Elmhurst and Metropolitan Hospitals.

ET3 Telemedicine
American Well

Medical and Professional Affairs Committee

3/12/2020

Eric K. Wei, MD, MBA
Vice President
Chief Quality Officer

NYC HEALTH+ HOSPITALS

ET3 (Emergency Triage, Treat, and Transport)

A voluntary five-year CMS payment model that partners EMS systems with health systems to provide alternative care pathways for low acuity patients

Start from anywhere and connect to…

A network of urgent care, primary care, and behavioral health providers

Live, on-demand virtual care

Nurse health line to guide patients

Convenient, reliable rides

Opportunity to…

- Provide the right level of care for patients at the right time & place
- Shift the front door of access from the ED to ExpressCare and primary care
- Improve efficiency in EMS & EDs and reduce delays in evaluation & treatment
- Grow as a system in primary care reach and in telemedicine as a modality

Telemedicine platform procurement

- CMS CMMI award announcement expected in Spring with some regions prepared to launch immediately
- H+H required to have either ExpressCare or telemedicine available 24/7/365
- **Two Phases:**
  - Phase One: EMS teams dispatched and care options offered alongside EMS team (June launch)
  - Phase Two: calls are diverted from 911 to H+H call center to offer care options directly to low-acuity patients (Summer launch)

American Well is a leading national telemedicine company with significant scale and experience

- 150+ health system partners with 2000+ hospitals
- Market leader along with Intouch Health based on Gartner expert advice
- Offers urgent care, behavioral health, and medicine sub-specialty modules
- Offers telemedicine provider training
- Supports provider logistics management including load balancing and Uber-like queuing
- Unique, varied hardware selection ranging from consumer kiosks to provider tabletops and carts

American Well Scope of Work

H+H acquiring American Well core product/system*, which includes:

- Setup of personalized, branded telemedicine platform with defined clinical services
- Virtual patient access point on any device, anywhere, anytime
- Supports on-demand and scheduled visit types and logistics management including load balancing and Uber-like provider queuing
- Performance marketing and branding support
- Telemedicine training support for H+H providers
- Customer support services to facilitate user access to the platform

ET3 scenarios and model interventions

Not eligible for ET3

Suspected or Potentially Life-Threatening (High Acuity)

911 dispatches EMS team who arrives on-scene.
EMS provider impression matches call impression, patient is:

transported to emergency department

ET3 Phase One

Non-Life Threatening & Behavioral health Emergencies (Medium Acuity)

911 dispatches EMS team who arrives on-scene.
Based on clinical protocols and patient consent, patient is ET3-eligible and is:

transported to ED

transported to ExpressCare or other alternative destination

treated in place via telehealth

ET3 Phase Two

Non-Life Threatening & Behavioral health Emergencies (Low Acuity)

911 dispatcher sorts patient to ET3-eligible and diverts patient to their medical network or NYC Health + Hospitals.
Once provider phone triage determines acuity and patient service need, patient is:

primary care

- scheduled primary care appointment
- given ride to same day primary care appointment

urgent care

- given ride to ExpressCare or behavioral health center
- connected to telemedicine provider

ET3 Phase One clinical governance

- Regional Emergency Medical Services Council of New York City (REMAC) approved ET3 changes to general operating procedures and eligibility criteria that govern all prehospital treatment protocols, subject to periodic review
- Standard set of participating alternative destinations and telehealth are approved for ET3 and can be added by FDNY/REMAC on a rolling basis
- If patient consents to ET3, they will receive treat-in-place or transport to the nearest alternative destination intervention, otherwise will be transported to emergency department
- H+H and FDNY participated in REMAC process, which included representation from institutions across the city through multiple ET3 subgroups (protocols, alternative destinations, QA/monitoring, telehealth, mental health/EDP, legal)

ET3 Phase One medical inclusion criteria

Complaints:

- Asymptomatic hypertension
- Skin rash without respiratory distress or fever
- Joint pain without fever
- Injuries to the elbow and below (e.g. sprains, contusions)
- Injuries to the knee and below (e.g. sprains, contusions)
- Superficial/First degree thermal burns < 5%
- Minor wounds/lacerations (including needing sutures)
- Suture or staple removal
- Needlestick injury
- Medication refills
- Upper respiratory symptoms without dyspnea and no known cardiac history
- Dysuria without fever and age < 65
- Resolved epistaxis without anticoagulants
- Toothache/dental pain
- Ear pain, difficulty hearing, tinnitus
- Eye complaints without acute visual changes
- STD exposure or genital lesions (excluding testicular pain)

ET3 Phase One exclusion criteria

Patient characteristics:

- Age < 5 years
- Patients unable to ambulate without assistance
- Patients without decision-making capacity
- Patients requesting transport to an ED
- Paramedic or EMT considers the patient critical or unstable
- Pregnancy with related complaints
- History of malignancy or immunosuppression
- Surgery within the last 3 months

ADULT VITAL SIGNS	
SBP	< 90 mmHg or > 200 mmHg
DBP	> 120 mmHg
HR	< 50 or > 100 bpm
RR	< 10 or > 24 bpm
SpO_2*	< 92% on room air
BGL	< 60 or > 300 mg/dl

Medical complaints:

- Abdominal or pelvic pain
- Nausea or vomiting
- Chest pain or shortness of breath
- Suspected intoxication with alcohol or other drugs
- Altered mental status or lethargy
- New onset of neurological symptoms
- Suspected spinal injury
- Dizziness or lightheadedness
- Loss of consciousness within 24 hours
- Seizures within 24 hours
- Head injury/trauma
- GI bleeding
- Sickle cell crisis

ET3 Phase One behavioral health criteria

Inclusion Criteria:

- Mild to moderate depression
- Anxiety
- Mild to moderate panic symptoms
- Behavioral complaints without violent or self-destructive thoughts or symptoms
- Substance use without intoxication or withdrawal

Exclusion Criteria:

- Agitation
- Violence or homicidal ideation
- Suicidal ideation or self-destructive behaviors
- Hallucinations or other symptoms of psychosis
- Intoxication and/or withdrawal from substances (i.e. alcohol, opiates, or other drugs)

ET3 Phase One alternative criteria

- Online Medical Control (OLMC) is required for permission to treat-in-place or transport to an alternative destination if the patient does but meet the approved inclusion criteria, but otherwise are deemed low acuity by EMS

- Eligibility criteria with OLMC permission: if a patient is considered low index of suspicion* for illness or injury AND meet one of the below conditions:
  - Received medications for the treatment of hypoglycemia and who post-treatment have normal vitals and normal mental status
  - NOT received medications and/or treatments other than (bandages, gauze, ice packs, splints, immobilizers, cardiac monitors and oxygen)

* Defined as patient not evaluated by EMS as high index of suspicion, which is a concern that an individual may have an acute medical, traumatic, psychiatric, behavioral, or other condition that could result in a life-threatening or life-altering outcome.

NYC HEALTH+ HOSPITALS

ET3 Phase Two eligible complaints

- Abscess*
- Allergic Reaction
- Allergic Rhinitis
- Anxiety
- Asthma
- Bacterial Rhinosinusitis
- Bites*
- Blood Borne Pathogens*
- Bronchitis
- Conjunctivitis
- Cough
- Croup
- Depression
- Diabetes Mellitus and Hypoglycemia
- Diarrhea
- Dysuria
- Ear Problem
- Emesis
- Employment Physical*
- Epistaxis
- Exposure to STD*
- Eye Problem*
- Fall
- Fever
- Finger Laceration*
- Flu Vaccine*
- Follow-up
- Generalized Body Aches
- Headache
- Hematuria*
- Hypertension
- Immunizations*
- Influenza
- Insomnia
- Laceration*
- Leg Swelling
- Low Back Pain
- Medication Refill
- Nasal Congestion
- Nausea and Vomiting
- Otalgia
- Pain
- Pharyngitis
- Possible Pregnancy*
- PPD Reading*
- Pruritus
- Rash
- Smoking Cessation
- Sore Throat
- Sprains and Strains
- Suture / Staple Removal*
- Vaginal Bleeding*
- Vaginal Itching
- Weakness – Generalized*
- Wound Check*

* ExpressCare only