

AGENDA

MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE

Date: June 11th, 2020
Time: 9:00 AM
Location: VIRTUAL MEETING

BOARD OF DIRECTORS

CALL TO ORDER

DR. CALAMIA

ADOPTION OF MINUTES – March 12TH, 2020

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 a three-year renewal agreement with Petrone Associates, LLC (the “Vendor”) for the provision of medical physics consulting and radiation safety services as requested by the System with two one-year options to renew solely exercisable by the System and with the total cost over the combined five-year term not to exceed \$8,800,000

MR. ALBERTSON

Vendex: Approved

EEO: Approved

- 2) Authorizing New York City Health and Hospitals Corporation (the “System”) to enter into a best interest three-year renewal (the “Agreement”) with Bioreference Laboratories, Inc. (the “Vendor”) to provide diagnostic laboratory services on behalf of the System with the System holding two one-year options to renew solely exercisable by the System and with the total cost over the combined five-year term not to exceed \$25,000,000

MS. FORD

Vendex: Approved

EEO: Approved

INFORMATION ITEM:

- 1) Disaster Privileges Credentialing Update

DR. ALLEN

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

MINUTES

MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE

Meeting Date: March 12th, 2020 9:00 A.M.

BOARD OF DIRECTORS

ATTENDEES

COMMITTEE MEMBERS

Jose Pagan, Chairman of the Board
Vincent Calamia, MD, Chair
Barbara Lowe
Eric Wei, MD, representation for Dr. Katz

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
Kenra Ford, Senior Assistant Vice President, Laboratory
Stephanie Guzman, Communication and Marketing
Colicia Hercules, Chief of Staff to the Board Chair
Christina Pili, Director, Research Office
Joseph Reyes, Assistant Vice President, Medical & Professional Affairs
Eric Wei, MD, MBA, Vice President, Chief Quality Officer

FACILITY STAFF:

Sajju Shah, MetroPlus Health Plan

OTHERS PRESENT:

Peter Colus, Senior Vice President, ARCADIS
Justine DeGeorge, Office of the State Comptroller
Moirn Dolan, DC37
Trevis Hinds, WB Mason
Faith Leonard, OMB
Horacio Martinez Michel, Staff Engineer, ARCADIS
Hazel Remo, Project Manager, ARCADIS
Adrienne Rosa, WB Mason
Jennifer Sanchez, WB Mason
Giselle Vargas, WB Mason

MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE
March 12th, 2020

Dr. Calamia, Chair of the committee, called the meeting to order at 9:04 AM. The Committee voted to adopt the minutes of the January 9th, 2020 Medical & Professional Affairs Committee.

CHIEF MEDICAL OFFICER REPORT

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

CORONA VIRUS UPDATE

I. 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 care 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 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 care 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.
2. Extended Care unit for homeless individuals at Bellevue: This unit 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 assumed 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:

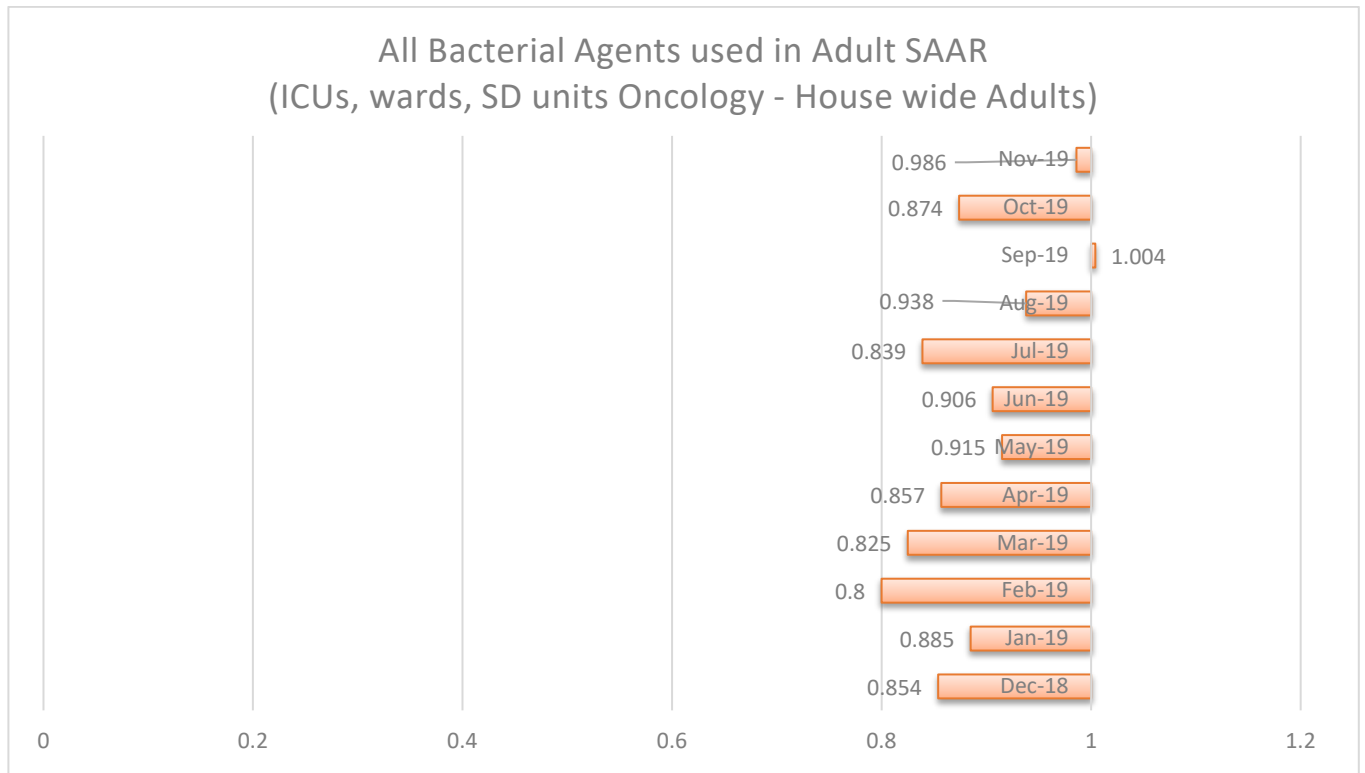
1. Family Justice Centers (domestic violence mental health centers) in all 5 boroughs
2. Maternal Depression Screening occurring in all maternal health and pediatric facilities
3. Behavioral health/primary care presence in Meyer shelter
4. Expansion of primary care screening for substance use disorders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

PHARMACY

Antimicrobial Stewardship

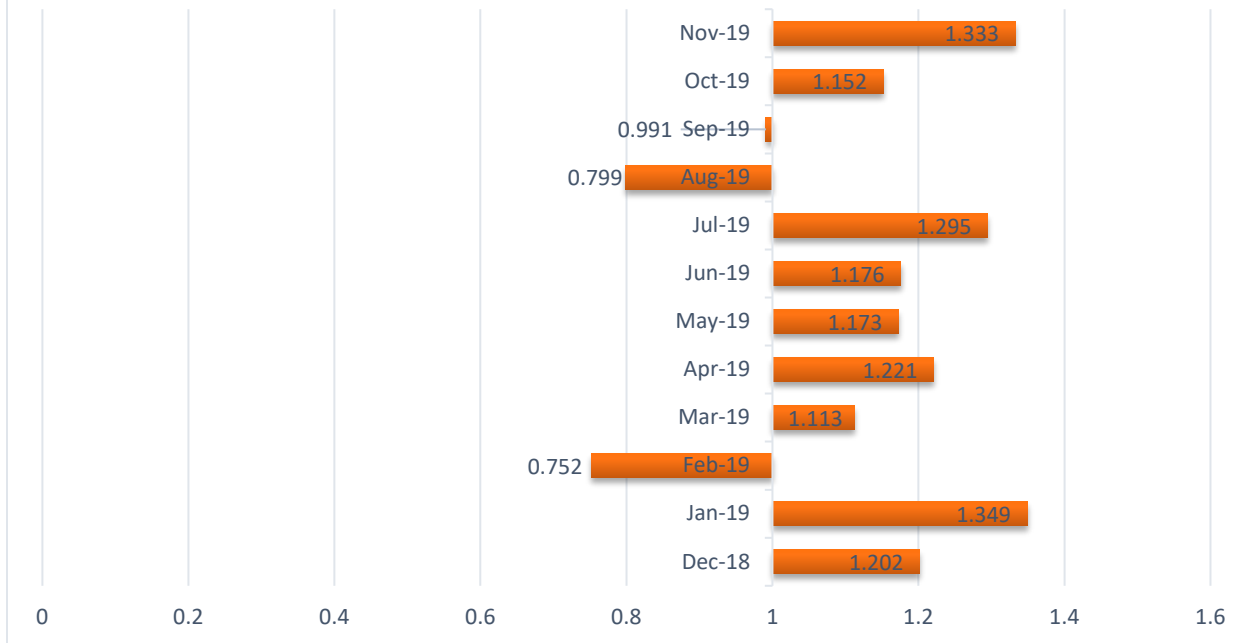
- The National Healthcare Security Network (NHSN) infection tracking system provides facilities, states, regions, and the nation with data needed to identify problem areas, measure progress of prevention efforts, and ultimately eliminate healthcare-associated infections.

- 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.

Broad Spectrum antibacterial agents predominantly used for hospital onset infections used in adult SAAR 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 HbA1c 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

Natalia Cineas, System Chief Nurse Executive reported to the committee on the following:

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 monitoring 1:1 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 web-based system will 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

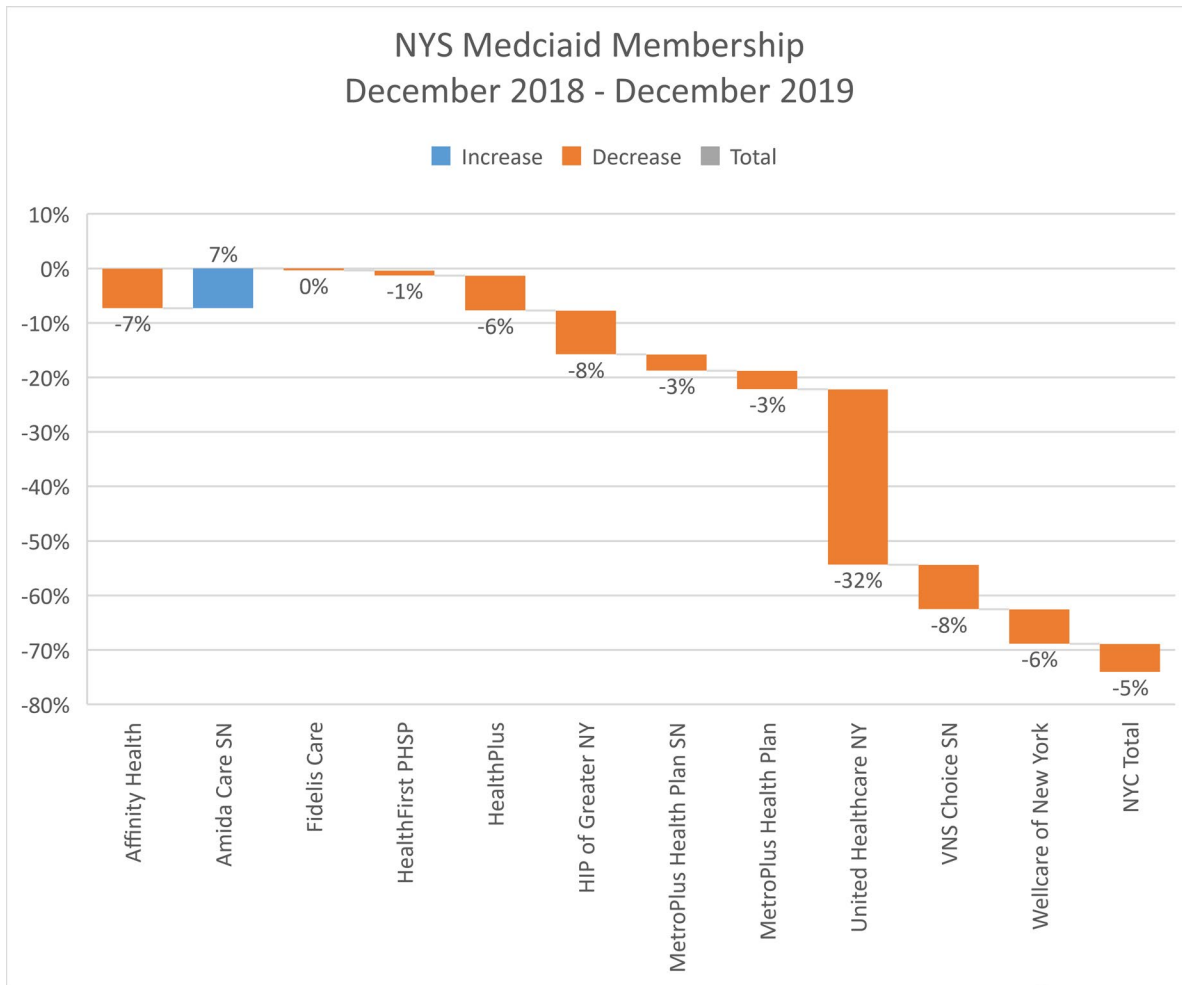
MetroPlus Health Plan, Inc.

Talya Schwartz, MD, President & CEO, MetroPlus Health Plan presented to the committee on the following:

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.

INFORMATION ITEM:

Eric Wei, MD, Vice President, Chief Quality Officer, gave a presentation to the committee on the ET3 (Triage, Treat, and Transport) initiative.

There being no further business, the meeting was adjourned 9:50 AM.

CHIEF MEDICAL OFFICER REPORT
Medical & Professional Affairs Committee
June 11th, 2020

CORONA VIRUS UPDATE

1. Return of Surgical Services

The Perioperative Leads at each facility have been working diligently to bring back the procedural areas, including the OR's, as the Covid-19 census has decreased (including the flex ICU spaces such as the ASU and the PACU). Several of these procedural areas were converted to ICU beds; as the Covid-19 census has decreased, these areas have been converted back into procedural areas (after terminal cleaning, reconfiguration, etc).

A "roadmap" was created to facilitate the return of the OR's including:

1. Prioritization of cases
 - a. A list of patients whose procedures were postponed/canceled was created from EPIC. There were over 9000 patients whose procedures were postponed. We partnered with data analytics team from One-City Health to use the 3M tool in EPIC to prioritize the patients based on disease classification and number of previous hospital encounters. This list was then sent to each surgical service chief at each facility to review and schedule accordingly
2. Establishing Covid-19 testing of all patients preoperatively
 - a. System-wide guidelines were distributed outlining the preop Covid-19 testing protocol within 72 hrs of the DOS, in accordance with the NYSDOH recommendations
 - b. Ambulatory care Covid-19 capacity was established including same-day availability and a 30-day template
3. Establishing hospital capacity to care for surgical patients
 - a. ASU capacity was re-established for intake of preoperative patients and Phase 2 recovery.
 - b. Specific OR's were designated for Covid-19 positive patients and Covid-19 negative patients.
 - c. A systemwide PPE protocol for the procedural areas was distributed
 - d. PACU capacity was re-established for Phase 1 recovery of postoperative patients
 - e. Med-surg capacity was established for postop care of Covid-19 negative patients
4. A policy was created governing performance of scheduled procedures in the context of the NYS executive order.

H&H has been steadily accommodating more essential (medically necessary) procedures with the target date of Monday June 1 of resuming the OR block schedule.

The H&H periop leadership team has also used this unique opportunity to focus on rebuilding periop processes to make them more patient-centered including:

- Reorganizing the Periop Committees to represent all surgical services as defined by EPIC (due to the recent transition to EPIC)
- Reconfiguring the EPIC Perioperative metrics to ensure the data is reliable and decision-making can be data-driven
- Updating the preoperative workflow for the patient from clinic to the OR to make it more patient-centered and updating the financial clearance process

- Identifying target anesthesia/nurse staffing models based on OR utilization and surgical demand
- Processes to minimize leakage of surgical patients outside of the H&H system

Facility	# of Procedures		
	Jun	Jan	Feb
BELLEVUE OR	48	961	947
CONEY ISLAND OR	20	445	403
ELMHURST OR	32	640	606
HARLEM OR	12	336	316
JACOBI OR	21	430	374
KINGS COUNTY OR	23	443	410
LINCOLN OR	26	614	625
METROPOLITAN OR	16	347	335
NCB OR	2	167	170
QUEENS OR	21	446	421
WOODHULL OR	10	298	271
Grand Total	231	5127	4878

II. Tele ICU Update

Several tele-ICU groups reached out to us offering support during our surge of COVID patients. We had demo's with several vendors and presented to the critical care council. The workflow of teleICU relies on the data in the chart and the availability of the bedside clinical team to respond to their alerts and recommendations. It was not felt to be a practical solution during the surge, but was felt to have significant potential as the surge ended, to potentially provide critical care support for ICU patients in atypical locations and/or managed by non-intensivist teams.

Thus, we initiated two pilots of tele ICU: one at Bellevue (UPMC group) and one at Jacobi (Maryland group.). At Bellevue, they provided critical care consult support to hospitalist medicine teams who were managing patients that would previously have been in an ICU: those on high levels of oxygen and those in the intermediate ICU locations we have created. At Jacobi, they provided night coverage to allow their staff intensivists to provide the daytime coverage and allow time for recovery.

The workflow included an Epic consult list. The primary team would request a consult and the tele ICU group would see that patient populate on their list. They would review the case and then call the primary team during a dedicated window of time in the afternoon. They also provide on-demand availability if questions arose separately. Communication was predominantly via telephone, though video conferencing was available via a

laptop and webcam with an extended cable that could be used to visualize the patient, drips, and other bedside equipment.

The feedback was very positive. The consultants were responsive and helpful. They made solid recommendations and ensured the primary team was comfortable. They wrote useful notes so that off hours teams were aware of the conversation that had occurred. Some particularly positive anecdotes were when the consultant helped trouble shoot a vent alarm and when a consultant validated bedside ultrasound findings via video conference.

The conclusions drawn from these pilots was that teleICU can indeed provide viable critical care coverage. To be fair, providers felt that if tele ICU was to replace an in-person consultant that they were used to, it would feel like a "step-down" in support. But, compared to having no access (or limited access) to an intensivist, it would be a large 'step-up" in support.

These conclusions were discussed with the critical care council, and surveys collected on interest around the network. 8 of our sites stated that teleICU support would help them provide critical care support in their hospitals currently and for the foreseeable future. There was a discussion about whether it makes more sense to invest in hiring more intensivists instead of outsourcing this need, but it was acknowledged that recruitment, hiring, and on-boarding would be time-prohibitive given our immediate needs.

The next step is to discuss with specific vendors the scale and characteristics of our needs to understand the financial and technological investments needed. These meetings are scheduled for next week.

III. Long Term Acute Care Hospitals Update

Under physician leadership of Dr. Margolis and Dr. Boudourakis, LTAC-ICU offloading started on in May. 84 ICU transfers have been admitted to the LTAC in part accounting for the surge level reductions between 5/1-6/1. The interventions that contributed to increased rate of transfers were 1) site visits 2) active and continued engagement with ICU and social work staff and 3) identification of ICU unit LTACH champions. The challenges observed through the process were 1) ICU teams lack familiarity of LTACH purpose, requirements, and limits amongst ICU staff 2) three patients who had to leave Carter within 48 hours back to hospital (all cases were reviewed and there appear to be no clinical improvement opportunity) 3) occasional LTAC transfer delays for unanticipated reasons (COVID status clarifications/testing, BLS being sent for patients needing ALS, appropriate patient packets not being sent timely). The next steps to improve upon the current work are to implement Central discharge support team, to improve delays associated with communication between admission team and ICU staff when clarifications of status/care/drugs are needed, and to assure timely reconciliation of drugs for patients going to Carter given different formularies from Acute Sites

In summary: LTAC offloading HH ICU has in large part accounted for the surge level reductions for May:

- As of 5/11/20, the ICU surge level breakdown showed one hospital with surge level of 3.5, one hospital with surge level of 3, one hospital with surge level of 2.5, six hospitals with a surge level of 2, and two hospitals with surge level of 1.
- As of today, the ICU surge level breakdown shows one hospital with surge level of 1.5 (Elmhurst), 6 hospitals with surge level of 1, and four hospitals with no surge at all.

IV. Blood Supply

Shortage reported by NYBC (HHC primary blood supplier) end of last week primarily driven by low donations.

We began monitoring blood inventory levels system- wide, including a 2x daily touchpoint with system CMO, Trauma and Peri-Op leads.

We successfully imported blood and used a secondary blood supplier to return all blood banks to target inventory levels by 21 May.

The system will continue to monitor as the NYBC returns to routine blood supply levels.

**System Chief Nurse Executive Report
Medical & Professional Affairs Committee
June 2020**

Care Experience

- A Care Experience Task Force (CETF) 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. The task force has paused meeting in March due to the pandemic state of emergency statewide. Meetings will resume shortly.
- 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. Review and approval of this module paused due to the pandemic state of emergency statewide. Will revisit shortly.
- 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 at Kings County. Shared Governance Councils began building membership in all sites in March, in-person meetings paused mid-March due to the state of emergency statewide.
- During the COVID pandemic:
 - Dr. Natalia Cineas sent out a Call to Action letter to nursing schools in New York City asking for students and alumni to help NYCH+H with volunteers to assist with care of COVID patients.
 - 262 students from NYU College of Nursing responded and were rapidly onboarded and assisted with Telehealth Symptom Management Calls with Dr. Silvestri in the Office of Quality. Dr. Sandy Cayo from NYU was the lead faculty and Dr. Albert Belaro coordinated the rapid onboarding and training.
 - 82 students from Columbia University School of Nursing (CUSON) responded and were rapidly onboarded and assisted with Telehealth 311 Intake Calls for Gotham/Ambulatory Care with Dr. Ted Long and Carey Hamblin (Gotham CNO). Dr. Susan Dolye-Lindrud was the faculty lead from CUSON and Dr. Albert Belaro coordinated the rapid onboarding and training.
 - 80+ students and alumni from Long Island University responded on the first 2 days of Dr. Cineas' Call to Action Letter and they were referred to the Volunteer Office and others referred to various credentialing agencies for onboarding.
 - The Medical Reserve Corps generated nursing volunteers from within New York State and out of state and were referred for clearance and onboarding to the Volunteer Office and others referred to various credentialing agencies for onboarding.

Finance

During the past two months, the Financial Sustainability Pillar team spent time mobilizing staff for the eleven acute care, post-acute, community, correctional, and ambulatory care facilities. Team members were assigned specific tasks that served to enhance the rapid, on-boarding process. Our team's success with this effort is based upon establishing appropriate structures and diligent implementation of the credentialing process.

Pillar team members were sub-divided into two categories; namely, one person dedicated to Vizient, and several members assigned to handle all other vendors. Please note the allocation:

- Vizient Vendors
 - Registered Nurses
 - Ancillary Staff
 - Respiratory Therapist
- Non-Vizient Vendors
 - Registered Nurses
 - Ancillary Staff

Our team worked with 78 vendors during this surge period. An expedited process for credentialing was developed by our team. This modified process streamlined the credentialing process and helped to quickly staff all facilities. As the number of staff members increased, the team adopted the SURGE credentialing packet which enabled to quickly onboard staff.

Key Accomplishments

The Financial Sustainability Team's results include, but were not limited to:

- Candidate interviewed/Resume reviewed
- Candidate with strong background accepted
- Expedited credentials and onboarding include:
 - OHS attestation
 - Medical within 12 months
 - Background check returned within 24 hours
 - Fingerprint waved; attestation accepted
 - Fit Test done at site
 - Contingent Worker form with demographic sent to HR
 - TKID request sent to HR
 - Turnaround time for TKID fast track within a few hours
 - ID and Password now sent directly to Agency Staff via email (was previously sent by OPCC Staff), within 1 hours of TKID being created

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.

- The goal of the Nurse Residency Program is to meet or exceed the 2019 retention rate of the nationwide Vizient Program at 91.5%. Prior to the Nurse Residency Program at NYCH+H, retention rate was at 55% (turnover of 45%). Current retention rate for the 2019 cohorts is 92.96%.
- To date there are four (4) active cohorts, Cohort 1 was completed, Cohorts 2,3,4,5 actively holding monthly seminars.
- 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.
- Approximately 56 nurse residents will be preparing to graduate from Cohorts 1 and 2 by June 2020. An additional, 123 will prepare to graduate by December 2020 from Cohorts 3 and 4. In 2021 approximately 272 more will graduate from Cohorts 5 -7.
- Graduation for Cohort 1 was cancelled on March 10th, 2020 due to the statewide pandemic state of emergency. As a result, plans for a virtual graduation is in progress for Cohorts 1 – 2 in June 2020.
- During the COVID Pandemic:
 - Dr. Natalia Cineas, Dr. Albert Belaro and Ms. Deborah Als of the Nurse Residency Program intentionally decided to continue holding seminars for the Nurse Residency Program, while other programs across the city were canceling their seminars due to the in-person meeting restrictions statewide. NYCH+H was one of the first NRP programs to rapidly pivot to virtual seminars using virtual classroom technology. The virtual seminars were consistently well attended by the residents.
 - Dr. Albert Belaro and Ms. Deborah Als in partnership with Dr. Medel Paguirigan rapidly adopted virtual content using existing modules on the COVID-19 Pneumonia and Acute Respiratory Distress Syndrome. An innovative and new active learning methodology developed by Dr. Belaro and vetted by Dr. Paguirigan: the COVID-19 Escape Room was quickly piloted and data from the residents showed that learning was occurring.
 - Another innovation rapidly adopted in the virtual NRP seminars was the critical reflection model first developed by Rolfe, et al (2001), the What? So What? Now What Model as a learning methodology for residents to reflect on the care experience and challenges that they encountered in the care of COVID-19 patients.

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.
- During COVID Pandemic:
 - Evidenced-based NP Fellowship Project implementation plan was developed, presented and discussed over during March, April and May 2020.

- An overview of current-state NYC H + H NP Fellowship (Primary Care) was presented in May 2020 in preparation for next step(s).

Clairvia

- Clairvia staff education materials are being revamped to allow staff to find targeted information for specific functions of the software. End-User Training is on hold until in-person classes can resume.
- Testing of the Clairvia 8.6.5 software update was completed. Issues with the update were resolved and a software patch was put in place.
- Enterprise Service Desk tickets for Clairvia have been addressed on a daily basis, providing resolutions for staff at the sites. Topics include updating shifts that are available for individual departments, and providing continuous education on the software's capabilities.
- PeopleSoft Absence Management/Time & Labor integration testing is on-hold. The Absence Management system will replace the use of paper SR-70's for time-off requests. Approved time-off requests will be automatically sent to Clairvia for greater ease of staff scheduling for managers.
- Time Capture Device implementation will be a rolling go-live with tentative dates between September 2020 to February 2021. The time capture device will replace the paper timesheet and provide a live report, through Clairvia Web, of who is clocked-in on a unit.

Nursing Education

This report covers the time span from the start of the COVID-19 crisis up to the present time. The COVID-19 crisis required an innovative approach in delivering the nursing education component of the Office of Patient Centered Care without compromising the rigor and quality of the content.

1. Applied educational framework of the Office of Patient Centered Care that is already in place.

This framework guides the nursing educational program but is also applicable to nursing quality, professional practice, regulatory initiatives, and nursing administration.

- *Evidence-Based and Data-Driven*: all educational initiatives are framed based on the best available evidence supported by strong data (concept-based learning, use of technology, reflective learning and remediation)
 - Flipped classroom: developed an educational program through remote learning to address the didactic and reflective component of learning; in addition to regular orientation components, a COVID educational module was also added; the psychomotor part is addressed at the facility level. (Note: need # of attendees)
 - Learning reinforcement: the orientation material is also available electronically to address knowledge gaps
 - Rigorous approach to learning: in addition to the didactic component, a post-test is also required to evaluate knowledge. (Note: need # of pass and fail).
 - Reflective remediation: instead of retaking the exam, this approach is used to improve retention of knowledge.
- *Structure, Process and Outcomes (Magnet Model)*: nursing education is based on a solid structure that is based on the components of our Professional Practice and Care delivery model; the process is defined by how the educational program is operationalized based on the structure; outcomes are the data gathered to evaluate the effectiveness of the program

- *Quality, Patient Safety, Patient Experience*: all components of the educational program emphasize these three components.
- *ADPIE*: educational program utilizes the nursing process in determining delivery and content: Assessment, Diagnosis, Plan, Intervention, Evaluation
- *Knowledge, Skills and Attitude*: nursing education program integrates all these learning components.
 - 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.

2. Applied principles of public health nursing competencies in delivering educational program.

The COVID-19 pandemic is a public health crisis with New York City as the epicenter. The nursing education program is in alignment with the framework of the public health nursing competencies. Please refer to the crosswalk of how the competencies are aligned with the educational program during the COVID crisis.

Public Health Nursing Competencies	Educational Program
1. <i>Disaster Management</i> – the integration of emergency response plans (pre-existing) throughout the lifecycle of the disaster event.	Designed and developed educational program using an external web portal to allow off-premises access during the COVID-19 crisis for continuous delivery of educational content for: <ul style="list-style-type: none"> • Nursing orientation for both RN’s and support staff • Agency and reinforcement staff nurses • Incumbent staff and nursing leadership

	<p>Identified essential competencies to deliver care for COVID-19 cases</p> <p>Content:</p> <ul style="list-style-type: none"> • Knowledge/Attitude: Standard orientation materials that meets regulatory mandates in electronic version; required attestation, completion of post-test and evaluation; COVID-19 educational (completed by 8600+ nursing staff) module that includes information on etiology, pathophysiology, PPE and nursing standards; questions embedded in the module to assess knowledge; module on obtaining nasopharyngeal samples for testers and screeners; developed pronation therapy guideline based on the latest evidence • Psychomotor: essential competencies demonstrated and validated to perform procedure to prepare RN's in the Med-Surg unit to be able to assist in the critical care/COVID-designated units <p>Reduced the typical onboarding process for new nursing staff from the traditional four-week time frame down to just two days.</p> <p>Cross-trained nurses to handle activities related to the special needs of many COVID-19 patients, including expanding our hemodialysis and peritoneal dialysis, as well as respiratory therapy</p>
<p><i>2. Health Education/Health Literacy</i> – planned communications intended to deliver messages that improve knowledge and develop life skills and make choices that are conducive to individual and community health.</p>	<p>Communicated education program model to nursing and CNO's to all facilities to include:</p> <ul style="list-style-type: none"> • Accessing educational materials (orientation and COVID materials), post-test and evaluation • Accessing fast-track EPIC documentation classes offered 5 times/day <p>Communicated scheduled and on-demand orientation webinar to agency and</p>

	<p>reinforcement support staff (400 DOE/DOH RN's) that include:</p> <ul style="list-style-type: none"> • Standard orientation, COVID-training and roles and responsibilities of support staff
<p>3. <i>Environmental health</i> – the physical, chemical, and biological factors external to a person that can potential affect health.</p> <p>AND</p> <p>4. <i>Infection Disease and Control</i> – the infectious agents that individuals are exposed to through the environment and efforts to control these exposures.</p>	<p>Educational content:</p> <p>Emphasized importance of hand hygiene and use of appropriate disinfectants</p> <p>Provided appropriate PPE training through webinar and skills validation at the facility level as per CDC Guideline</p> <p>Emphasized appropriate PPE when performing aerosol-generating procedures</p> <p>Emphasized clustering of work activities and use innovative approaches to minimize environmental exposure (e.g. extending IV and oxygen lines/tubing)</p> <p>Provided accommodation and transportation for frontline staff to prevent infection transmission to members of the household</p>
<p>5. <i>Behavioral Health</i> – the promotion of emotional health (state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people and the ability to adapt to change and to cope with challenges); the prevention of mental illnesses and substance use disorders and treatments for the same.</p>	<p>Collaborated with Helping Healers Heal as an additional layer of support for nursing team</p>
<p>6. <i>Public Health Policy</i> – authoritative government decisions that are intended to direct or influence the actions, behaviors, or decisions of others, with an emphasis on health.</p>	<p>Attended daily briefing of the COVID collaboration and ICU planning team</p> <p>Update with the daily briefing from the NY Governor Andrew Cuomo that includes dashboards and metrics</p> <p>Integrated best practices in the educational program based on the daily briefs</p>
<p>7. <i>Role of Health Systems</i> – the organized delivery of health services in facilities (hospitals, nursing homes, rehabilitation centers) and communities (home, community centers).</p>	<p>Created a centralized educational program accessible to all staff across facilities</p> <p>Standardized orientation materials to onboard incumbent and reinforcement staff</p>

	Developed a continuous onboarding process across all facilities
<p>8. <i>Social Determinants of Health</i> – the economic and social conditions that shape the health of all individuals, communities and jurisdictions; the basis of public health that all persons are entitled to have their basic human needs met regardless of identity, place of residence or health.</p> <p>AND</p> <p>9. <i>Social Justice Action</i> -- the political actions of groups to respond to the basis of public health that all persons are entitled to have their basic human needs met regardless of identity, place of residence or health.</p>	<p>Emphasized the mission and vision of NYCHHC in the orientation content including social determinants of health and the vulnerable population</p> <p>Provided appropriate PPE based on current CDC guidelines</p>
<p>10. <i>Ethical/Moral Dilemmas</i> – the urgent nature of public health crises creates opportunities for unethical actions (ethical principles) to occur when responding to the crisis, resulting in moral concerns (uncertainty, dilemma, conflict, distress) for the public health nurses working with the individuals and communities impacted by the event.</p>	<p>Participated in committee meetings on allocation of resources related to ventilator and PPE shortage.</p>

The team on-boarded more than **5,000** nurses, which included DOD servicemen and servicewomen, volunteers, DOHMH and DOE employees.

Our team is currently working on the deployment of staff to the testing sites. Most of our work is in collaboration with the Vizient group, ensuring that RNs are deployed to the sites. For the Acute and Post-Acute contract, extensions are being reviewed and the process of demobilization has begun.

Right Sourcing, a new vendor management group, will manage our temporary agency staff beginning September 2020. The OPCC leadership team assigned to manage this group has been established. Workflow designs are being finalized in collaboration with the Right Source team and the OPCC leadership team.

Quality and Outcomes

Nursing Clinical Ladder Program –Launched 3/1/2020

- Initiation of the program was successful; 761 applications received within a 2 weeks period

- Program tiers were refined to include COVID 19 related activities; the application submission deadline is extended to June 5th 2020 due to the impact of the COVID 19 pandemic
- As of May 5th 2020, 986 nurses are approved for the CLP; enhanced marketing of the program and leadership coaching in process

Culture of Safety

Just Culture

To support the Culture of Safety at HHC during the COVID-19 pandemic:

- March 16, 2020, developed the COVID19 Response PPE Monitoring Tool to help protect the safety of frontline staff. The tool identified Nursing Leader contact information on each shift system-wide responsible for actively monitoring personal protective equipment, and alerting the Materials Management Department to replenish surgical masks, N95s, gowns, gloves, face shields, as needed. Capacity Command Center information also included for each Facility to ensure staff maintained 24/7 access to PPE, during night shifts, weekends, and holidays.
- March 18, 2020, created the COVID-19 Critical Care Surge Plan for each Acute Facility, in collaboration with the CNOs. Surge plans included that number of beds in each ICU and names of each Nurse identified to cross train in 11 Emergency Departments and ICUs. The resource ensured availability and the appropriate number of cross-trained nursing staff to care for COVID-19 patients in our most critical units/departments, and flex units during surge.
- April 1, 2020, as a Helping Healers Heal (H3) Emotional and Psychological Safety COVID-19 Response Taskforce Champion, developed implementation of resources below to further support the psychological safety and emotional well-being of staff, in 33 Wellness and Respite Rooms implemented by the Taskforce in response to COVID-19 at Acute and Post-acute facilities. Wellness and Respite Rooms provide reprieve for staff where they can rest from the many stressors of COVID-19. More than 7,000 HHC staff have found a safe haven in these rooms. In addition to the refreshments and water available for staff, implemented:
 - Celebrating successes and patient care wins in spite of COVID-19
 - Reviewing Evidence-Based Tools and Resources used to psychologically cultivate psychological safety with colleagues, patients, family and the community. Tools and resources based on the Institute of Healthcare's Framework for Safe, Reliable, and Effective Care (2017)
 - Interactive Role Play Segments: Nurse Residents were provided the opportunity to apply the tools and resources reviewed with scenarios based on current issues
- April 30, 2020, and May 15, 2020, presented COVID-19 virtual just-in-time training to +150 Nurses participating in the Nurse Residency Program. Scheduled to present ongoing just-in-time Just Culture training sessions to support frontline staff during 2020 through 2021. Training sessions "*Just Culture During a Crisis*" focused on establishing psychological safety by:

experienced during COVID-19 response involving patient, families, colleagues, and the community. Nurse Residents learned practical skills about how to resolve COVID-19 related issues in an effective and psychologically safe manner.

- Reviewing current resources available to support the psychological safety of staff at HHC and to the entire NYC community such as: Helping Healers Heal (H3), Emotional Support Helpline, Wellness and Respite Rooms, NYC Well (24 hour emotional and psychological safety support line for all NYC residents), MindSpace, etc.
- May 18, 2020, identified Nurse Leaders at 11 Acute Facilities to actively participate on the Facility H3 Emotional and Psychological Safety COVID-19 Response Team. Facility Response Teams conducts Wellness Rounds throughout each facility to check in with staff, facilitate 1:1 emotional support sessions, and group debriefs with staff as needed.
- May 19, 2020, as a HERO-NY Taskforce Champion partnered with Quality and Safety to help heal frontline staff from the emotional trauma experienced through COVID-19, by developing a targeted strategy to implement a resilience building initiative for HHC. The Mayor's Office launched the Healing, Education, Resilience & Opportunity Initiative (HERO-NY) earlier this month in partnership with the Department of Defense, Veteran's Affairs, FDNY, Greater New York Health Association and NYC Behavioral Health. Through this initiative HHC will tap into the expertise of the armed forces and learn the skills used to prepare, respond to and heal soldiers from the emotional trauma experienced during war. HHC will adopt and apply similar resources to help heal our frontline from the emotional and psychological trauma experienced, during this pandemic.

Safe Patient Handling

- April 8, 2020, facilitated the donation of 1,200 slide sheets to HHC facilities from Jamar Health Products, Inc.
- Single patient use slide sheets donated by Jamar were doubly effective, since they are single/1 patient use devices and designed to be discarded when the patient is discharged. As a result, the risk of spreading COVID-19 to other patients and staff was minimized.
- Staff used the much-needed slides sheets daily during the response to COVID-19 to safely transfer and reposition high acuity COVID-19 vent patients, while providing effective patient care.

MetroPlus Health Plan, Inc.
Report to the
Medical and Professional Affairs Committee
Thursday, June 11th, 2020

MetroPlusHealth started its emergency preparedness in February of 2020. Areas of focus include continued business operations with remote skeleton crew onsite, uninterrupted core functions such as call center, pharmacy benefits, claims processing and payment, enabling remote access to care and remote support for vulnerable members.

Staff Collaboration

During the pandemic over 1,100 of our 1,215 employees were transitioned to work remotely. The transition to remote was a significant undertaking as the majority of the company's workforce works on premise in the various offices and provider locations. The transition was enabled via the purchase of laptops as well as implementing virtual desktop infrastructure to allow staff remote access to their office desktops and Citrix access from outside the network.

As some of the functions were paused during the pandemic and others operated at a reduced volume, MetroPlusHealth was able to deploy over 170 employees to support H+H and the Department of Social Services' increased needs. MetroPlusHealth staff assisted with manning the H+H COVID hotline, hotels, non-clinical tasks in the facilities, contacted over 7,000 physicians and nurse practitioners to assist with volunteering at the H+H facilities, and contacted thousands of patients who came to H+H ERs and were self-pay – to get them covered for insurance or emergency Medicaid.

MetroPlusHealth staff also worked with H+H's Pediatric Ambulatory Care department to contact parents of under-immunized infants regardless of whether the child's primary care affiliation is at H+H. The Plan began a texting campaign in April and is following up with outbound calls to parents to educate, allay fears, and offer care at H+H facilities.

Staff redeployed to the Human Resource Administration (HRA) have been assisting with HRAs overflow of applications for New Yorkers who need cash assistance and/or SNAP (also known as Food Stamps).

Membership

MetroPlusHealth has seen an enormous spike in enrollment, most likely due to the rapid increase in unemployment and increase in uninsured requiring health care. Enrollment reps proactively assisted members to move into more affordable lines of business. On average, over 800 members were enrolled each day. Membership increased approximately 27,000 in the past 2 months with most of the growth occurring in the Medicaid and Essential Plan lines of business.

Line of Business	Jan-20	May-20	Variance
Managed Medicaid	349,382	370,275	20,893
Essential Plans (EP)	82,339	86,306	3,967
Child Health Plus (CHP)	23,280	24,157	877
MetroPlus Gold	18,123	17,382	(741)
Marketplace Health Plans (QHP)	11,368	13,347	1,979
Enhanced (HARP)	12,598	12,988	390
Medicare	7,538	7,555	17
Partnership in Care (SNP)	3,959	4,112	153
Managed Long-Term Care (MLTC)	2,059	1,973	(86)
MetroPlus GoldCare 1	1,249	1,290	41
Marketplace SHOP	761	677	(84)
MetroPlus GoldCare 2	631	617	(14)
Total	513,287	540,679	27,392

COVID Impact

Although the data is still preliminary, there have been 3,588 admissions due to COVID-19. Of those, 1,877 members had confirmed COVID-19 and remaining members had COVID related claims. Of COVID confirmed admissions, 325 members have expired (17%). The bulk of admissions occurred in Queens, Brooklyn and the Bronx.

Category	H + H	Non H + H	Grand Total
Confirmed COVID Admission	772	1105	1877
Screening For COVID; Test Results Unknown or Negative	550	155	705
Actual/Confirmed Exposure To COVID	245	129	374
Suspected COVID Admission (Prim Dx Diseases of the Respiratory System ICD-10 J00-J99)	122	201	323
Possible Exposure To COVID	126	135	261
Signs and Symptoms (Cough/Fever/Shortness of Breath)	16	32	48
Grand Total	1831	1757	3588

MetroPlusHealth has seen a 10% reduction in paid claims compared to the same time period in 2019. Cost reduction has been primarily driven by:

- IP Beacon: -38%
- Ambulatory Surgery: -48%
- Emergency Dept: -20%
- Lab & Radiology: -28%
- Primary Care: -38%

- Specialty Care: -40%

At the same time, a 7.6% increase in expense was observed for inpatient admissions.

As of the end of May, approximately 8,000 (1.5%) claims were received for viral testing and 1,500 claims were received for serologic testing for antibodies.

Close to 80,000 claims were received for telemedicine visits.

Member Outreach

To ensure members' safety and address basic needs, MetroPlusHealth was able to reach out to 115,000 members, including over 6,000 members with HIV (approximately 70% of the Plan's members with HIV), by innovative interactive texting and over 50,000 direct telephone calls. The outreach campaign focused on individuals at increased risk of adverse outcomes from COVID-19 and those at high risk for poor outcomes due to social isolation.

A new collaboration between MetroPlusHealth, Amazon Web Services, Bain & Co. and the nonprofit AirNYC was formed to help the Plan rapidly connect with its most vulnerable members to check on their needs and keep them out of the hospital. Amazon volunteered to build MetroPlusHealth a chat bot that could reach members by text message and direct them to a questionnaire about their needs. Consultants from Bain & Co. helped with project management and determined which messages resonated best with recipients.

Using the texting program, MetroPlusHealth reached 54,000 members, with 9% of that group engaging with the chat bot. About half of those people, around 2,700, shared one or more medical or social needs. About 1,500 members were connected to MetroPlusHealth or AirNYC, through the program. MetroPlusHealth connected members to nonprofit agencies and food pantries that were operating and able to help as well. MetroPlusHealth will use this technology on an ongoing basis as it is an effective way to identify and assist members in need of clinical support as well as with the social determinants of health impacting their general wellness.

MetroPlusHealth Member Rewards Program was able to offer vulnerable members food boxes as many rewards could not be redeemed due to pause of ambulatory services. There were 10,000 high risk members selected to receive MetroPlusHealth food boxes that included nonperishable food, masks and hand sanitizers. The boxes were shipped in May.

Staff from the HIV Services department have been working with H+H to contact 600 MetroPlusHealth members receiving care at H+H virology clinics, connecting them to telehealth care, and if needed face-to-face care. These members have been identified as high risk for HIV disease progression as their last viral load was detectable and there was no evidence of HIV primary care in the prior 6 months. With the reluctance to visit health care institutions currently, outreach to this population was a priority.

Operational Changes

As mandated by CMS, the Plan has implanted COVID testing and related services for all members without members' cost sharing.

Annual recertifications for government sponsored Plans was postponed through July. Members maintain their health insurance coverage without the need to provide annual proof of eligibility. The ban on disenrollment resulted in close to 100% retention rate.

New York State allowed the transition of insurance enrollment from an in-person process to telephonic based applications. Additionally, many of the eligibility requirements were relaxed including allowing members to estimate their current income.

A new Special Enrollment Period was introduced, allowing members who qualify for a Qualified Health Plan product to sign up for coverage through June 15th.

The Plan offered small businesses the ability to add employees who previously refused insurance and allowed a grace period for premiums through June to any business experiencing hardship. In addition, grace periods were made available to individual members in lines of business with premium payments and disenrollment was frozen until July 1st, 2020.

Prior to directives issued by the Department of Financial Services (DFS) on March 20th, 2020, the Plan made the decision to suspend Utilization Management (UM) activities for both physical and behavioral health services (excluding pharmacy, durable medical equipment and dental care) to reduce barriers to care during the public health emergency regardless of network considerations. This enabled the Plan to reduce administrative burden on providers.

The Pharmacy department has made changes to ease the burden on members and their providers. The Plan has made a 60-90-day supply of HIV medications available to members to encourage ongoing compliance. Refill limits on prescriptions for maintenance medications have been temporarily waived and 90-day refills for maintenance medications were made available. The Plan has ensured that all members can receive free home delivery. Members were able to fill prescriptions at an out-of-network pharmacy if they are unable to access an in-network pharmacy.

De-credentialing of participating providers in good standing during the duration of the COVID-19 emergency is temporarily on hold. The Governor's executive order now allows medical professionals to practice in NYS if they are in good standing in any State, without registration in NY. This enabled a larger pool of clinicians to serve New Yorkers.

MetroPlusHealth accelerated the launch of "Virtual Visit" telehealth services on March 23rd, 2020 to provide free, online Urgent Care for members during the COVID crisis. On April 1st, 2020 free, online therapy and psychiatry services went live for all members. MetroPlusHealth also worked closely with American Well to add 1,500 providers to their network through the NYS COVID provisional process which dramatically reduced appointment wait times for members.

As of May 17th, 2020, a total of 5,700 members enrolled on the MetroPlusHealth Virtual Visit platform and attended 2,200 Urgent Care visits and 100 behavioral health (therapy and psychiatry) visits.

RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute a three-year renewal agreement with Petrone Associates, LLC (the “Vendor”) for the provision of medical physics consulting and radiation safety services as requested by the System with two one-year options to renew solely exercisable by the System and with the total cost over the combined five-year term not to exceed \$8,800,000.

WHEREAS, the Contract Review Committee approved the issuance of a request for proposals and then approved the award of the contract to the Vendor after considering competitive proposals; and

WHEREAS, the Vendor is the incumbent having worked for the System for over 5 years with its current contract due to expire on July 31, 2020; and

WHEREAS, under the proposed agreement, the Vendor will provide comprehensive radiation safety and medical physics consulting services that includes compliance testing of diagnostic imaging, nuclear medicine, and therapeutic modalities, radiation safety services, continuing education for technical staff on ongoing safety training and compliance, and consulting services for large projects such the new Coney Island Hospital build-out; and

WHEREAS, the proposed agreement for these services will be managed by the Radiology Council.

NOW THEREFORE BE IT:

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized to execute five renewal agreement with Petrone Associates, LLC for the provision of medical physics consulting and radiation safety services as requested by the System and with the total cost over the combined five-year term not to exceed \$8,800,000..

**EXECUTIVE SUMMARY
RESOLUTION TO AUTHORIZE CONTRACT
WITH PETRONE ASSOCIATES, LLC
FOR THE PROVISION OF MEDICAL PHYSICS CONSULTING AND RADIATION SAFETY
SERVICES**

BACKGROUND: The purpose of the proposed agreement is for the Vendor to provide medical physics consulting and radiation safety services on behalf of the System.


PROCUREMENT: The System issued a Request for Proposals on March 23, 2020. A mandatory pre-proposers conference was held on March 26, 2020, which two prospective vendors attended. One proposal was received. The Contract Review Committee approved the application to enter into contract on May 5, 2020.

BUDGET: The cost of the proposed agreements will not exceed \$8,800,000 over the full five year term.

TERM: The term of the proposed agreement is five years.

MWBE: The Vendor has submitted a waiver from MWBE subcontracting goals. After review by Office of Legal Affairs it was concluded that no MWBE opportunity exists in the medical physics field. Leading to this determination were searches of the NYS and NYC MWBE directories, advertisements taken in three separate publications, and inquiries made to a known WBE which has since discontinued business.

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: Petrone Associates, LLC

Date: May 28, 2020

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

Full Waiver

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.

Medical Physics Consulting and Radiation Safety Services

Application to Enter into Contract

June 11, 2020

Robert Berding – COO, Metropolitan Hospital

Michael Ambrosino, MD – Chief of Radiology, Bellevue Hospital

Joe Wilson - Sr. AVP, Strategic Sourcing

- Petrone Associates, LLC has been providing Physics testing for NYC Health + Hospitals since 2010.

- NYC Health + Hospitals requires a vendor to provide a comprehensive Radiation Safety and Medical Physics Consulting Services that includes:
 - Compliance Testing of diagnostics imaging, nuclear medicine, and therapeutic modalities.
 - Radiation safety services/Radiation Safety Officer to review and assist to create safety policies and protocols.
 - Continuing education for technical staff on ongoing safety training and compliance, and documentation of education
 - Consulting services for large projects such new Coney Island Hospital build-out.

- All NYC Health + Hospitals facilities that operate imaging equipment currently retain Petrone Associates to perform radiation and physics performance testing as required by the regulatory agencies.

- Currently providing consulting services for OFD for the new Coney Island Hospital build.



Desired Outcomes

- Goal of the RFP:
 - Programmatic support for physics services resulting in regulatory compliance and continued staff and patient safety.
 - Assistance in developing and standardizing operational process and protocols across the system.
 - Provide consultation and assistance in maintaining compliance with all regulatory affairs, including but not limited to TJC, NYSDOH, NYCBRH, FDA, ACR, HCFA, HAS, and all pertinent licenses and/or permits.
 - Keeping abreast of new regulatory requirements, including New York State Quality Assurance Program, and recommend actions to maintain compliance.
 - Integrated role in the Radiology Council.

RFP Criteria

➤ **Minimum Criteria:**

- MWBE Utilization Plan, Waiver, or MWBE Certification (see Section VIII.B.10)
- Services must be provided by American Board of Radiology (ABR) board certified Medical Physicist(s), Graduate-level Physicist(s), Quality Control Engineer(s), and Medical Health Physicist(s) specializing in Nuclear Medicine/Regulatory Compliance.
- The firm must have a minimum five (5) years prior experience in providing physicist consulting services and radiation safety officer services for a multi-hospital system.
- The firm must have annual gross revenues of \$1,000,000.
- The firm must be able to provide New York City based staff to support NYC Health + Hospitals locations.

➤ **Evaluation Committee:**

- Chief Operating Officer - Metropolitan
- Chief of Radiology - Bellevue
- Chief of Radiology - Lincoln
- Chief of Radiology - Harlem
- Radiology Director - Metropolitan
- Radiology Director - Elmhurst
- Sr. Assistant VP - M&PA
- Director - EITS

➤ **Evaluation Criteria:**

Category	Weight %
Program/ Organizational Support	30%
Services	35%
Client Reference	5%
Cost	20%
MWBE Utilization Plan or MWBE Status	10%

Overview of Procurement

- 10/01/19: CRC approved an application to issue solicitation.
- 03/23/20: RFP sent directly to 2 vendors and posted to City Record. No MWBE firms were identified.
- 03/26/20: mandatory pre-proposal conference call, 2 vendors attended
- 04/08/20: proposal deadline, 1 proposal was received

**The vendor who did not submit a proposal was not able to meet one of the main RFP criteria of placing onsite physicists in NYC upon being awarded the contract.

- Diagnostic physics and radiation safety services are delivered mainly through outsourcing in the US.
- Full time Diagnostic Physicists are either employed by private practice firms or in a university setting where they not only perform equipment evaluations, but also teach medical students, residents, write papers, engage in research, administer residency programs etc.
- Salary for these positions start in mid \$200k range plus benefits. Most hospitals use these managed services as the most cost effective route to satisfy this important regulatory requirement.

Cost Proposal

- Service cost will be based on number of imaging equipment, new technology (i.e., SPECT, Mammography 3D Tomo), testing frequency (annual, semi-annual), additional programs implemented or new compliance requirements to be met.
- Contingency spend is factored in for future projects such as Gotham center of Excellence, and in anticipation of new regulatory requirements.

Term	Annual Spend	Comments
Year 1	\$ 1,304,728.00	70 new equipment installed under the Imaging Capital Plan, Coney Island Project, CRFP Project
Year 2	\$ 1,618,300.00	
Year 3	\$ 1,651,390.00	
Year 4	\$ 1,708,750.00	
Year 5	\$ 1,738,750.00	
Contingency (10%)	\$ 800,000.00	future projects such as Gotham center of Excellence, and in anticipation of new regulatory requirements
Grand Total	\$ 8,821,918.00	

- Petrone Associates, in practice for 35 years, has been delivering comprehensive consulting services to several mid to large healthcare systems throughout the NYC metropolitan area. Petrone clients include: Northwell Health, Atlantic Health Systems, VA medical centers, Brooklyn Hospital, NY Methodist Hospital, Richmond University Medical Center, NYC Health + Hospitals (some facilities for decades).

MWBE Waiver Request

Petrone has submitted a 30% waiver request. This contract is for professional services and is entirely self-performed.

Due diligence efforts were undertaken to ensure MWBE efforts were fully exhausted, including:

- Discussions with Petrone
- Researched the NYC/NYS directories
 - Reached out to MWBEs in directory performing in this space. These entities, however, are no longer in business.
- Released ad for subcontracted work geared towards MWBE in:
 - -DBEgoodfaith.com
 - -NY Times
 - -DotMed

M&PA Approval Request

- We are seeking approval to enter into contract with Petrone Associates, LLC for Medical Physics Consulting and Radiation Safety Services:
 - 5 years
 - July 1, 2020
 - Total contract with a not-to-exceed value of \$8.8M.
 - 30% MWBE waiver has been requested

Vendor Performance Evaluation

Department of Supply Chain

Vendor Performance Evaluation

Petrone Associates

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?	n/a
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?	Yes
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	

RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the “System”) to enter into a best interest three-year renewal (the “Agreement”) with Bioreference Laboratories, Inc. (the “Vendor”) to provide diagnostic laboratory services on behalf of the System with the System holding two one-year options to renew solely exercisable by the System and with the total cost over the combined five-year term not to exceed \$25,000,000.

WHEREAS, the Vendor has been a reference lab provider for the System since 2013; and.

WHEREAS, the Vendor provides diagnostic laboratory services for routine and specialized testing to physicians, hospitals, government units, and correctional institutions; and

WHEREAS, the Vendor performs all laboratory services needed for the System’s provision of medical services to NYC Department of Corrections’ detainees through its Correctional Health Services unit (“CHS”); and

WHEREAS, the Agreement will not obligate the System to send any work to the Vendor however the Vendor is required to perform test on all specimens sent to the Vendor; and

WHEREAS, the Sr. Assistant Vice President of Laboratory Services will be responsible for the administration of the Agreement.

NOW THEREFORE, BE IT:

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized to execute a best interest three-year renewal with Bioreference Laboratories, Inc. to provide diagnostic laboratory services on behalf of New York City Health and Hospitals Corporation with New York City Health and Hospitals Corporation holding two one-year options to renew solely exercisable by New York City Health and Hospitals Corporation and with the total cost over the combined five-year term not to exceed \$25,000,000.

EXECUTIVE SUMMARY
BEST INTEREST RENEWAL WITH BIOREFERENCE LABORATORIES, INC.
DIAGNOSTIC LABORATORY SERVICES

BACKGROUND: The Vendor has been a reference lab provider for NYC Health + Hospitals since 2013. The Vendor provides laboratory services for routine and specialized testing to physicians, hospitals, government units, and correctional institutions. The Vendor is the sole provider of laboratory services for CHS in its healthcare programs at Rikers Island and other DOC facilities. The System's current agreement with the Vendor expires July 31, 2020.


PROCUREMENT: The System seeks to enter into a best interest renewal under Operating Procedure 100-05.

**BUDGET/
FUNDING:** The cost of the proposed agreement will not exceed \$25,000,000.00 over the full five-year term. Funding for COVID-related testing will come from the Federal grant made to the System for COVID testing.

TERMS: The terms of the existing agreement will remain in effect during the proposed extension term. The proposed agreement is non-exclusive and does not obligate the System to use the Vendor. The term of the proposed agreement is three years with two one-year options to renew solely exercisable by the System. The proposed Agreement allows for termination by the System for convenience.

MWBE: The Vendor has submitted a 30% waiver request. This contract is for laboratory services and is currently 100% self-performed. The Vendor is in the early stages of building out a Diversity and Inclusion program. The Vendor has committed to instituting internal employee programs and inclusion of MWBE vendors. It will assess the possibility of increasing its diversity through third-party vendors, vendor relations and procurement practices. The System will work with the Vendor to create a MWBE spend program for the proposed contract. Supply Chain and the Vendor's leadership will meet quarterly for updates and will document the same.

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: BioReference. Laboratories, Inc.

Date: June 1, 2020

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

30% Waiver

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.

Bio-Reference Laboratory

Application to Enter into Contract

Medical & Professional Affairs Committee June 11, 2020

Kenra Ford
Chief of Staff to System Chief Medical Officer
Vice President, Laboratory Services

Ross Macdonald, MD – Chief Medical Officer, Correctional Health Services

Background / Current State

- Bio-Reference Lab has been a lab provider for NYC Health + Hospitals since 2013.
- Bio-Reference provides laboratory services for routine and specialized testing to physicians, hospitals, government units, and correctional institutions.
- Current contract expires June 30, 2020.
- Total Spend: \$4.6M in FY19. (NYCHH \$1.6M, Correctional Health \$3M)
- Tests that are sent to Bio-Reference:
 - NYC Health + Hospitals are sending primarily specialized tests such as Immunohistochemistry (IHC) Tests.
 - Correctional Health uses Bio-Reference for all clinical tests.

Overview of Procurement

- NYC Health + Hospitals seeks to extend the agreement for three (3) years with two one year option under best interest renewal.
- The extension agreement will include new tests such as COVID-19 PCR and Antibody tests for the term of the contract.
- NYC Health + Hospitals reviewed redirecting tests through the Northwell Joint Venture. Northwell will require several years to build its testing capacity and investment in IT infrastructure to interface with Correctional Health LIS System.
- NYC Health + Hospitals is afforded the DOH pricing as part of the overall agreement. Bio-Reference fees are competitive based on upon pricing due diligence versus Quest and Northwell.

MWBE Waiver Request

Bio-Reference has submitted a 30% waiver request. This contract is for laboratory services and is currently self-performed.

- In conversations with Bio-reference they are in the early stages of building out a Diversity and Inclusion program. Bio-Reference had shared that in the next several months they will institute internal employee programs and inclusion of MWBE vendors.
- Bio-Reference will assess diversity through third-party vendors, vendor relations and procurement practices.
- Bio-Reference will work to create a MWBE spend program for the NYC Health + Hospitals contract. Supply Chain and Bio-Reference leadership will meet quarterly for updates.

Vendor Performance

Department of Supply Chain

Vendor Performance Evaluation

Bioreference Labs

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?	n/a
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	
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?	Yes
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	Yes

M&PA Approval Request

- Medical & Professional Affairs is seeking approval to extend the agreement with Bio-Reference Lab services:
 - Agreement to extend for additional three (3) years with two (2) one year renewals.
 - Effective date of the agreement is July 1, 2020 through June 30, 2025.
 - Agreement allows for termination for convenience.
 - No increase in cost to NYCHH pricing.
 - Total agreement value of not to exceed \$25M. Contingency spend of \$2M to account for organic patient growth.

COVID-19

Disaster Privileges Update

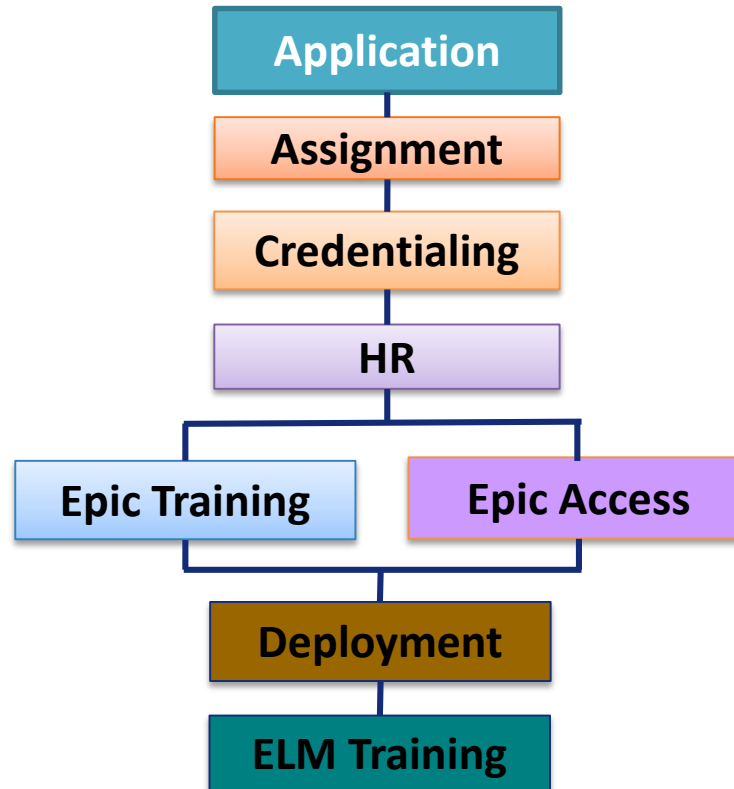
Machelle Allen, MD

Senior Vice President, System Chief Medical Office

6/11/2020



Disaster Privileges Credentialing/Onboarding Process



Disaster Privileges Volume

Source Type	Count
Volunteer/Agency	2,717
Testing & Tracking	600
Military (DOD)	159
Palliative Care	95
UPMC-Tele ICU	20
Telemedicine	14
RIMC Specific	11
Total	3,616*

*not including an additional 9,741 existing H+H medical staff that were cross credentialed to allow the System flexibility in assigning providers to sites with the greatest patient need.



Main Tasks

- **Average Processing time: 4 Hours**
- **Disaster Privileges Credentialing Process**
 - Government issued Photo ID reviewed
 - License verification completed
 - Facility CMO/CEO Approval
- **Other Key Tasks**
 - Support HR/Epic Onboarding & Access Process
 - Disaster Privilege Revocation Process
 - Maintain regular Initial/Reappointment Application Process
 - New Credentialing Application (MD-Staff) Implementation