

8. Expansion of buprenorphine prescription in EDs, Primary Care, and behavioral health, including establishment of Buprenorphine/Bridge clinic for buprenorphine prescription.
9. Use of ECHO project to mentor primary care, ED, and behavioral health providers is use of buprenorphine.
10. Transition of Mobile Crisis Teams response time to 2 hours.

SYSTEM CHIEF NURSE EXECUTIVE REPORT

Dr. Natalia Cineas, System Chief Nurse Executive reported to the committee, Office of Patient Centered Care Operational activities.

Culture of Safety

COVID/Nursing Education

Role	Status	Role	Current Projects/Charge	Follow-up
Systems Corporate Committee Membership				
COVID Surge Plan (CRRT/PD) Nephrology Group	Active	Nursing Lead/Representative-Education Component	CRRT Plan <ul style="list-style-type: none"> • High Utilization facilities Phase 1 (Bellevue, Kings, Lincoln, Jacobi): identified and validated superusers in CVVH and CVVHDF • Zero-Utilization facilities Phase 2 (Metropolitan, Coney, Elmhurst, Queens): identified lead educators, number of nurses to be trained, collaborated with Baxter for the education plan; sent 	Update on the number of nurses trained Train and validate 90% of all identified critical care RN's Apply the train the trainee model for the remainder of nursing staff Train and validate remainder of RN's on Prismaflex Hire a per-diem

MetroPlus Health Plan, Inc.

Talya Schwartz, MD, Executive Director, MetroPlus Health Plan report on the following:

Regulatory Highlights

COVID-19: The pandemic resulted in a significant number of regulatory changes that continue to impact MetroPlusHealth. Disenrollment moratoriums for our Medicaid, Essential Plan, and subsidized-Child Health Plus members continue, as of this writing, through December 31, 2020. We have generally seen an additional month extension, each month, and expect to see this continue through the public health emergency. Members in these lines of business will only be disenrolled either at their choice, because they moved out of NY, or if they are deceased.

NY is continuing to mandate no cost-sharing for COVID-19 testing and telehealth visits through November 9, 2020; we also expect to see this timeline extended.

Well-Duals Default Enrollment Program: NYS in conjunction with CMS has developed a new program allowing healthy MetroPlusHealth Medicaid/HARP members aging into Medicare to be automatically and seamlessly enrolled in our Medicare Advantage D-SNP. State DOH is requiring eligible MCOs to participate in this program, but it has no official start date. Instead, participation is on a rolling basis in accordance with approval from CMS and State DOH, and organizational readiness. Because it requires significant operational efforts and poses challenging coordination of benefits (COB) determinations, MetroPlusHealth is targeting the end of Q1 2021 for our go-live. Default enrollment is expected to grow our Medicare line of business significantly (approximately 40%).

COVID Impact

Hospitalizations: There have been 2,543 admissions of confirmed COVID-19 (admissions are underestimated based on under-reported diagnoses codes). Among those admissions, 374 members have expired (15%). Majority of admissions occurred for members that reside in Queens (34%), Brooklyn (29%) and the Bronx (24%). Based on claims data, the peak of COVID admissions were in April and have continually decreased since mid-May.

Testing: According to latest claims data available, approximately 72,000 members were tested for COVID and 61,000 members tested for antibodies.

Membership

MetroPlusHealth membership has increased 10.8% since January 2020 and is on track to reach 600,000 members by year end. Most of the growth is occurring in the Medicaid and Essential Plan lines of business. Membership growth is occurring due to sustained inflow of new members and dramatic decrease in involuntary disenrollment due to the moratorium on disenrollment. Additionally, premium payment grace period is in effect for subsidized Child Health Plus and Essential Plan members, which precludes disenrollment due to non-payment. These terms are expected to continue, at a minimum, through the end of the year.

Between January and August 2020, NYC mainstream Medicaid has grown roughly 250,000 lives, of which MetroPlusHealth was able to capture 20%. MetroPlusHealth has increased its market share by 0.02% and continues to retain third place standing in total Medicaid membership.

Influenza: The Public Health Emergency has emphasized to all the importance of influenza vaccination. The Plan has added a reward for members who receive the flu vaccine as part of our Member Rewards program. In addition, the Plan is promoting flu vaccine by: Member Website posting, Flu mailings, Text/IVR messages and Customer Service hold messaging.

Medicare 2021 Star Ratings Program Performance: The Plan's Medicare program achieved 3.5 Stars for Stars 2021, Measurement Year 2019 (MY19), thus qualifying for rebates for supplemental benefit enhancement. Due to the Public Health Emergency, HEDIS/CAHPS measures were rotated, reflecting Star 2020 (MY18) performance. CMS proceeded to make planned methodological changes such as increasing the weight for CAHPS/Health Plan Operations measures despite COVID-19. The Plan improved dramatically in several measures including Health Risk Assessment, Medication Adherence and Medication Therapy Management. However, the Plan declined in the 5X weighted measures. The Plan believes this is a result of the COVID pandemic, as data for these measures was collected from mid-February to June of 2020.

Medicaid Incentive Results: NYS recently released measurement results 2018 NYS DOH Quality Incentive Award. The Plan has the second highest quality score in NYS and was placed in the second tier (of five) with respect to the incentive premium award. Of note, there were no Tier 1 ranked Plans. Despite ranking second in quality, the Plan had a slight decline in performance compared with MY 2017. The domain of measures that showed inferior performance was related to Behavioral Health/Substance Use. The Plan believes its decision to assume behavioral health service operations during 2021 as well as continuing to work closely with H+H will improve performance in these measures. Of note, the Plan's Compliance score (which reflects regulatory reporting and performance and is an important determinant for the Quality Incentive award) improved compared with MY 2017.

Benefits: New Gold benefits, that went into effect on July 1st, now include \$0 copay for generic medications and new reimbursement for weight loss programs in addition to gym reimbursement.

Medicare 2021 benefits will offer \$1,500 in over the counter card, Green Market vouchers, gym reimbursement and increase in non-emergency transportation.

ACTION ITEMS:

Paul Albertson, Vice President, Supply Chain, Joe Wilson, Senior Assistant Vice President, Supply Chain, presented to the committee on the following:

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a ten-year agreement with Omnicell, Inc ("Omnicell") to provide Omnicell® medication automated dispensing machines ("ADMs"), for the System's acute care facilities and Carter LTAC, anesthesia work stations ("AWS") and associated inventory management equipment and software, diversion detection,

predictive analytic software and sterile product preparation with total amount not to exceed of \$75,651,031.

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

Matthew Siegler, Senior Vice President for Managed Care, presented to the committee on the following:

Authorizing New York City Health and Hospitals Corporation (the "System") to amend the contract with Hunter Ambulance ("Hunter") to expand the scope of the contract to cover rates for additional services, including livery and emergency management transportation services and to increase the not-to-exceed expense cap from \$12,070,896 to \$36,333,516 over five years to account for higher than expected costs and new additions to the scope of the contract.

The resolution was duly made and seconded, after discussion the resolution was approved for presentation to the Board at a future date pending the vendor adherent to a condition to meet MWBE target percentage.

Patsy Yang, Senior Vice President, Correctional Health Services presented to the committee on the following:

Amending the resolution approved by the Board of Directors of the New York City Health and Hospitals Corporation (the "System") at its October 2015 meeting authorizing the System to negotiate and enter into an agreement (the "Agreement") with the Physician Affiliate Group of New York, P.C. ("PAGNY") for the furnishing of staff required to provide physical and behavioral health services to persons in the custody of the New York City Department of Correction ("DOC"), a copy of which is attached hereto, to restate the not-to-exceed amount for the remaining two, two-year terms of the Agreement exercisable solely by the System, as \$420,000,000.

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

Paul Albertson, Vice President, Mercedes Redwood, Assistant Vice President, Supply Chain, presented to the committee on the following:

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a three-year agreement with two one-renewals, solely at the System's discretion, with Crothall Healthcare, Inc. ("Crothall") to provide environmental management services for all of the System's facilities for an amount not to exceed \$121,273,900

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

There being no further business, the meeting was adjourned 1:23 PM.

CHIEF MEDICAL OFFICER REPORT
Medical & Professional Affairs Committee
February 8th, 2021

BEHAVIORAL HEALTH

The Office of Behavioral Health actively supports the facility behavioral health services in issues related to COVID-19. Behavioral Health continues to provide ongoing acute care and ambulatory services, including telehealth services. The behavioral health services at the facilities are seeing increased volume due to COVID. People who have experienced psychological issues from isolation, stress, loss are provided therapy both in-person and virtually via video and telephone.

OBH is partnering with THRIVE to provide increased access and service for children and adolescents in our schools who are experiencing psychological issues related to COVID. Through screening and other methods at the schools, identified individuals are referred for treatment in our ambulatory behavioral health programs.

OBH is also partnering with THRIVE and the FDNY/EMS to develop and health response teams that will respond to 911 behavioral health calls. These teams will provide clinical intervention and service to people with behavioral health crises with a goal of health centered approach and reduced emergency room visits. The team will assess the situation and determine the best approach. People with potential violence or dangerousness will have the traditional EMS response.

As a follow up, the Extended Care unit for homeless individuals at Bellevue provides 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. Outcomes to date include the following:

- 73% (30/41) were engaged in housing process at discharge
- 67% (8/12) were housed or still engaged in the housing process after 6 months
- 50% (6/12) achieved housing 6 months from discharge

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

1. Mental Health Service Corp.
2. Family Justice Centers (domestic violence mental health centers) in all 5 boroughs
3. Maternal Depression Screening occurring in all maternal health and pediatric facilities
4. Behavioral health/primary care presence in Meyer shelter
5. Expansion of primary care screening for substance use disorders (SUD)
6. 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.
7. Establishment of ED Leads teams in Emergency Department to screen, identify, and engage those at risk for Opiate overdose and other SUD.
8. Expansion of buprenorphine prescription in EDs, Primary Care, and behavioral health, including establishment of Buprenorphine/Bridge clinic for buprenorphine prescription.
9. Use of ECHO project to mentor primary care, ED, and behavioral health providers is use of buprenorphine.

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

SIMULATION CENTER

- Continuing with Ventilator Simulator Train-the Trainers training at each of the 11 acute sites.
- 8 modules have been developed for the vent. simulator training on different aspects of vent management. This has been a collaboration with the ICU Council, Patient Safety and the Simulation Center
- Maternal Mortality Reduction program is starting to roll out post-partum hemorrhage in each of the labor and delivery and post-partum units. The 6-simulation mini-labs are completed and training is commencing.
- The Simulation Fellowship program continues to grow, with over 30 applicants for 12 places. We are looking to grow our simulation faculty to accommodate more fellows each year.
- Central Line insertion courses, code team courses and pediatric courses continue to be in demand and are delivered each week
- The Surgical Simulation program is being held once or twice each week and the trainee surgeons are loving it. We have a robust data collection in place to understand more about what the Residents are learning as they undertake the surgical training simulations.
- Most faculty are writing and submitting research papers to peer reviewed journals
- We have a Bias conscious task force and are embedding conscious bias awareness training into all of our courses.
- We have developed scenarios for Maternal substance abuse and implicit bias training.

PALLIATIVE CARE

Plan to help Coney Island Hospital Palliative Care Team:

- A Russian speaking physician from the emergency management staffing process was identified and deployed to CIH
- Physician with palliative care experience is being credentialed through the emergency management staffing process and will provide remote support as needed
- Several of the palliative care teams at other facilities have offered to perform some remote telehealth calls to families for some of the consults that deal with goals of care and family engagement and do not require a patient visit.
- All Palliative Care programs were encouraged to let the Palliative Care Leadership know if there is a surge need at their facility

NEPHROLOGY

The Spring 2020 pandemic surge imposed an unanticipated strain on the System resources for kidney replacement therapy (KRT). To meet these challenges, the dialysis surge planning workgroup targeted a possible 30% requirement of COVID related KRT in the ICU setting and 5% in the Inpatient (IP) setting. Given the important role that the System normally plays in caring for hospitalized chronic kidney disease (CKD) or end-stage renal disease (ESRD) patients, the ~usual 75 patients requiring hemodialysis (HD) therapy was expected to continue. ~16% of ICU COVID patients require KRT and 6% of COVID IP at present.

- More than 70 nurses with hemodialysis skills were recruited to ensure availability of HD
- More than 90% of critical care nurses at the 7 hospitals with existing CRRT had competencies validated
- Two locum nephrologists are deployed (Harlem, Jacobi/NCB).

- 3 hospitals have launched CRRT programs with therapies ordered by nephrologists. Training to support intensivist collaboration is underway. A fourth program will launch next month.
- SLED capability has been quadrupled at Elmhurst
- Training in peritoneal dialysis (PD) as backup therapy has been offered to key nursing staff at all hospitals
- Kings County has replaced all hemodialysis machines (45); additional machines have been made available via NCB for Metropolitan, Jacobi, Kings, Woodhull with machines held in reserve
- Government loaner HD machines have been allocated to CIH and Lincoln (5 each).
- 50 additional CRRT machines have been added, almost tripling CRRT capacity
- Catheters and CRRT solutions have been standardized and placed on Blue Bin system with par levels determined
- Standard order set for CRRT allows barcode medication administration record keeping of solutions used.
- More than 100 additional bedside hookups for HD have been installed throughout the system and most ICUs have drain hookups for newer CRRT machines
- A three-month supply of dialysis solutions and filters has been sent to the central depot.
- Two skilled nursing facilities have launched in house dialysis capable of serving 16 patients, sparing them from the risk of multiple trips to receive dialysis in the community and its associated COVID exposure risk
- Daily reports of extracorporeal therapies are included in the COVID dashboards
- Dialysis machine integration into EPIC has begun with plan for all machines to be linked. This will enhance nurse efficiency and permit accurate real time assessment of treatment activity

CRITICAL CARE

Continuous Renal Replacement Therapy (CRRT) Training of NYC H+H Intensivists

Continuous Renal Replacement Therapy is Kidney Life Support delivered in the ICU by ICU Nurses and Doctors

- Pre-COVID 7/11 hospitals did CRRT.
- By Feb 15th, 2021 we will have 11/11 hospitals with this capability
- Critical Care Council & CRRT:
 - Trained >80% of our ICU Doctors Competency to perform this modality (>100 ICU Doctors)
 - Standardized workflows and supply chain system wide
 - Streamlined the workflow with EPIC ICU friendly order set
 - Improved RN workflow, reduced documentation, more time at the bedside

TESTING & TRACING

The NYC Test & Trace Corps operates the largest testing and contact tracing program in the country and connects New Yorkers with free resources to safely separate and prevent the spread of COVID-19. Since its launch in June 2020, the initiative has operated more than 400 unique testing locations at no cost to patients, including brick and mortar sites, mobile rapid testing units, and self-testing sites, with nearly half the sites allocated to the neighborhoods hardest hit by the virus. The robust and growing infrastructure contributes to citywide testing numbers that have surpassed 100,000 per day on multiple days.

With more than 4,000 contact tracers speaking over 40 languages to serve New Yorkers, the contact tracing program reaches nearly 90% of cases, more than any other jurisdiction reporting, and has potentially prevented up to 100,000 new COVID-19 cases. The Take Care program connects those who test positive and have been exposed with resources to safely separate and break the chains of transmission, with more than 8,000 guests served in free hotel rooms and over 140,000 Resource Navigator referrals completed.

COVID19 Testing

- Focus continues to be ensuring multiple testing strategies in place in order to ensure access to rapid COVID testing within the acute care operations, point of care testing in our ED services while leveraging our Pandemic Response Lab (PRL) COVID testing laboratory for non-urgent COVID testing.
- In support of Test and Trace operations, NYC Health + Hospitals has performed over 200,000 COVID point of care tests in our communities allowing for immediate contact tracing to be initiated.
- PRL, NYC laboratory is ramping up COVID19 gene sequencing efforts, expecting to be available in Feb. 2021

System Chief Nurse Executive Report Medical & Professional Affairs Committee

Nursing Finance

Continue to work with the Corporate Finance Team, facility CNO and CFO to review trends for the Monthly Nursing Budget Dashboard and ensure that ADC and FTEs are in alignment

Covid Surge—Contingency Staffing

- As we work on the Covid Surge our attention has been focused on deployment of nurses to the facilities, Acute, Post-Acute, Community and Gotham
- Partnership Staffing Management Agency to source for contingency workers for all 11 Acute, Post-Acute and Correctional Facility.
- There are 590 Surge staff consisting of ICU, Med/Surg, ED, HD, and Telemetry nurses.
- For the Vaccination Staff Program RS was able to recruit 156 RNs and LPNs for both the Acute and Gotham sites which has led to thousands of H&H staff and Community members been vaccinated.
- Another of our initiative is to partner with the CUNY colleges and other Community Colleges to provide over 760 + students to work in our vaccine clinics to support the staff in various areas following training and education.
- Another major project led by Gail Haynes is the Hotel Isolation Project which provides placement for persons exposed to COVID. Hotel placement comes from various referral sources.
- H&H has sourced over 551 RNs/LPNs/CNAs for our 4 Hotels, fifth one to be opened up end of February 2021.

Staff Extensions

- Form a partnership with the RS team to ensure that the extensions of current staff are being monitored and tracked on a daily basis
- Overall, we are seeing an 83 % acceptance rate, 8.94% rejection rate and small percent of pending awaiting.

COVID 19 Response

- **Expanded Facility N95 Fit Testing Capacity:** Workgroup implemented two (2) train-the-trainer sessions Dec. 18, 2020 and Dec. 29, 2020
- **Pronation Therapy:** Identified critical steps in prone therapy process for EPIC Optimization, Jan 2020. Creating prone skin therapy bundle to prevent pressure injuries

Safe Patient Handling Initiative (SPH)

- **Equipment Ordering Process Standardization:** Developed and implemented a standard SPH equipment ordering process across the System to streamline purchases (**Jan 2021**).
- **Standard Cost Benefit Analysis Process:** Implemented to inform equipment purchases (**Jan 2021**).
- **Electronic SPH Event Reporting:** Designed standard electronic report for RL Solutions/Datix optimization for SPH events (**Jan 2021**)
- **SPH Facility Committee Infrastructure:** Implemented standard framework for Facility SPH Committees system wide (Dec 2020).
- Redesigned the system (**SPH**) **Right to Refuse process** (Jan 2021)
- **Reconvened Facility Committees locally system wide:** for the first time since COVID in compliance with DOH (**Jan 2021**). Planning system-wide Safe Patient Handling Awareness event.
- **Standard patient/resident mobility assessment:** Identified evidence-based mobility assessment (Bedside Mobility Assessment Tool) to improve nursing quality indicators (falls, pressure injuries, CAUTIs) staff safety (**Dec 2020**).
- **Convened SPH/Council of Nurse Educators (CONE) Workgroup:** to structure BMAT EPIC Optimization (**Jan 2021**)

Systems Corporate Nursing Education

- Pronation: developed systems wide protocol; EPIC Optimization stage
- CRRT: trained >90% of all acute CC facilities; Elmhurst to start on Feb. 15th; annual competency for all CC RN's; **Magnet moment:** nurses from other CRRT-trained facilities assisted RN's from zero-utilization facilities
- Cross-training program (non-MS-MS; MS-CC): >90 Med Surg Critical Care, Ambulatory to Critical Care Nurses Training
- AHA/RQI initiative: Covid restricting of ACLS/BLS presents opportunity for ROI (\$2M savings);

- Vaccination program on boarded 134 Vaccine Nurses, 734 CUNY Nurses to support vaccination: developed educational program, systems collaboration with educational module

Culture of Safety

5 Community Grants Awarded to NYC Health & Hospitals

- Boyce, P., **Cineas, N and Paguirigan, M.** (2021). *Hosting an educational event for men and/or women about the need for colorectal cancer screening.* Health Research, Inc. (HRI) and the New York State Department of Health (NYSDOH) Comprehensive Cancer Control Program Community Intervention Grant.
- Boyce, P., **Cineas, N and Paguirigan, M.** (2021). *Creating personal story videos or public service announcements (PSA's) to be shared on social media sites.* Health Research, Inc. (HRI) and the New York State Department of Health (NYSDOH) Comprehensive Cancer Control Program Community Intervention Grant.
- Boyce, P., **Cineas, N and Paguirigan, M.** (2021). *Hosting an educational event for healthcare professionals (e.g., dentists, nurses, medical providers, dental hygienists, etc.) to promote the HPV vaccine as cancer prevention and increase the number of adolescents and young adults who receive the HPV vaccine.* Health Research, Inc. (HRI) and the New York State Department of Health (NYSDOH) Comprehensive Cancer Control Program Community Intervention Grant.
- Boyce, P., **Cineas, N and Paguirigan, M.** (2021). *Hosting an educational event for health educators, patient navigators, cancer patients, and caregivers about available cancer treatment options and how to advocate for the best care possible, especially for hard-to-reach populations and communities of color.* Health Research, Inc. (HRI) and the New York State Department of Health (NYSDOH) Comprehensive Cancer Control Program Community Intervention Grant.
- Boyce, P., **Cineas, N and Paguirigan, M.** (2021). *Host an educational event for primary care providers (e.g., general medicine physicians, geriatricians, gynecologists, physician assistants, nurse practitioners, nurses) who have patients who are cancer survivors about how to better understand and care for survivors in the primary care setting, especially among hard-to-reach populations and communities of color.* Health Research, Inc. (HRI) and the New York State Department of Health (NYSDOH) Comprehensive Cancer Control Program Community Intervention Grant.

2021 Podium Presentation

Paguirigan, M., Cineas, N. (2021): "Implementing a Fast-Track Onboarding and Orientation Program During a Public Health Crisis Applying Organizational Framework and Public Health Nursing Competencies." *Accepted for podium presentation for the 2021 Annual Convention of the ANPD (Association of Nursing Professional Development).*

Quality/Outcomes

Nursing Clinical Ladder Program

- The Nursing Clinical Ladder Program application window will open up on February 1st - February 28th. An email blast alerting all staff nurses and ACM's of the program reopening and a link to the nursing clinical ladder program site was sent on January 4th. Promotional brochures and flyers have been sent to all facilities to be posted and distributed to eligible staff members.
- To further prepare facility nursing leadership for the reopening of the application window and program commencement, a meeting was held with all facility clinical ladder program review teams (which consist of CNO's and select Nursing leadership) detailing important timelines, program overview, roles and responsibilities and a Q &A segment. Another email blast was sent out indicating date and times of multiple informational sessions that will be taking place for all staff nurses and ACM's to join to hear more about the clinical ladder program.

NP Fellowship

- A partnership in a Learning Collaborative was secured in September 2020 with the Weitzman Institute's National Nurse Practitioner Residency and Fellowship Training Consortium (NNPRFTC) to help us with free coaching as part of a grant funded workforce development program on building this program at NYCH+H consistent with NNPRFTC Accreditation Standards. The Weitzman Institute is the research and education arm of Community Health Care, Inc. of Connecticut (CHCI), home of the first residency training program for Nurse Practitioners led by thought leaders from the Yale University School of Nursing in New Haven, CT. The NPRFTC is the national accreditation body for Nurse Practitioner residency and fellowship programs. The collaborative is set to start in January 2021.
- Learning Collaborative from the Weitzman Institute has not started yet, timelines have changed due to pandemic.

Care Experience

- ICARE Module is in testing at ELM PeopleSoft. Expected launch in 30-60 days.
- CETF have developed a system implementation plan for Meaningful Rounding. Local Implementation Plans have been developed/submitted. Expected launch in the first quarter of 2021.
- Professional Shared Governance (PSG) completed 1 system wide report out and 2 hospital wide report outs. 98% of councils have been organized with charters and consistently meeting on a regular basis on all sites. Next PSG Retreat on March 17, 2021.
- Twice daily Coaching Calls for PSG frequently asked questions continuing every Mondays to Fridays.

- PSG Dashboards are in development, proof of concept to be shown to nursing leadership in the first quarter of 2021. The dashboards will be used by all PSG Councils at all levels (unit, specialty, hospital, system) to report on performance and guide the alignment of work with hospital and system wide priorities.

Just Culture Initiative

- **Leadership Just Culture Training:** Led virtual Nursing Leadership training at (**Dec 2020**)
 - Gotham
 - North Central Bronx
 - Bellevue
 - Metropolitan
 - Jacobi
 - Elmhurst
 - Coney Island
 - Remaining facilities will have Nurse Leader Retreats in February to learn about Just Culture and review 2020 Nursing Excellence Performance.

Nursing Close-the-Loop Framework

- **Corrective Action / Regulatory Monitoring Plans/Serious Adverse Events Escalation:** Implemented monthly meetings with Post-Acute, Community Health and Corrections to discuss Nursing corrective actions (July 2020 – Jan 2021 ongoing)

Nursing Quality

Continue to lay the foundation of Nursing Quality by convening the Pressure Injury Council and establish nurse sensitive indicators best practice think tank to be executed in the summer of 2021.

**MetroPlusHealth Report to the
Medical & Professional Affairs Committee
Monday, February 8th, 2021
Dr. Talya Schwartz, President & CEO**

Regulatory Highlights

The Families First Coronavirus Response Act (FFCRA) benefits expired December 31st, 2020. Disenrollment moratorium for Medicaid, Child Health Plus (CHP), and Essential Plan (EP) continue through March 2021. Medicaid disenrollment for people with Third Party Health Insurance (TPHI) resumes February 28th, 2021. Open enrollment extended through March 31st, 2021 with coverage starting the first of the next month. Removal of PT/OT/ST coverage limits expanded to EP. Fiscal Intermediary payment obligations for CDPAS updated to tiered structure.

NY State Budget Proposals: Governor Cuomo has released his budget proposals for State FY 22. Legislative hearings run through end of February. Some proposals are not yet reflected in the budget bill text (e.g., tying quality incentives to reduction in health disparities, mandating coverage for virtual emergency rooms, and creating telehealth reimbursement requirements).

Budget proposals that have direct Plan impacts include extending Medicaid Global cap through FY 2023, eliminating Medicaid and MLTC quality pool funding, and eliminating \$20 Premium for EP (no payment required for up to 200% of Federal Poverty Level (FPL) effective June 1st, 2021). Additional direct impacts are the creation of the EP quality pool, requirement of registration and licensure for Pharmacy Benefit Managers (PBM), eliminating e-prescribing exceptions, increasing access to mental health and substance use disorder (SUD) treatment by allowing not-yet-licensed professionals to offer services (trainees and peers), and allowing pharmacists to order and administer lab tests and act as referring provider for diabetes management and training.

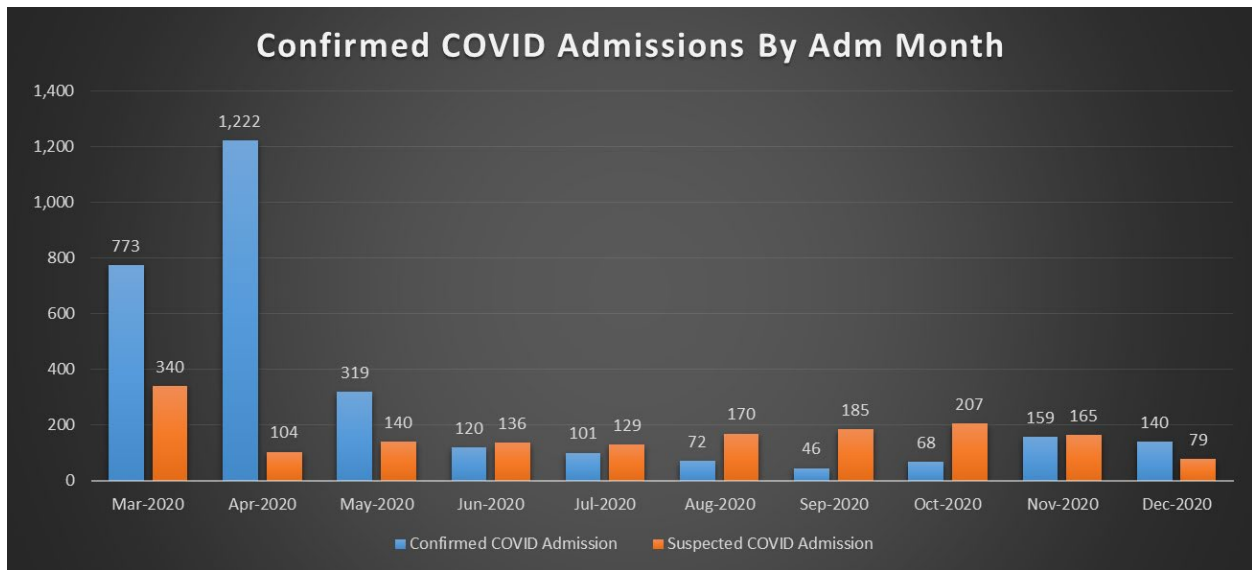
For telehealth, the budget proposes eliminating location requirements to the extent allowed by federal law, expansion of the types of covered providers, requiring coverage of virtual emergency room visits, establishing authority for interstate licensure, allowing designated unlicensed staff to deliver substance use disorder services via telehealth, creating reimbursement requirements, and requiring telehealth coverage in commercial insurance.

Other general healthcare budget proposals are to end “Prescriber Prevails”, creating 340B reimbursement fund for providers impacted by pharmacy carve-out, reducing hospital Medicaid add-on and eliminate indigent care funding. The budget proposal also includes cuts to State funding for worker retention by 50%, creating medical respite program pilot, and innovations in Opioid treatment options.

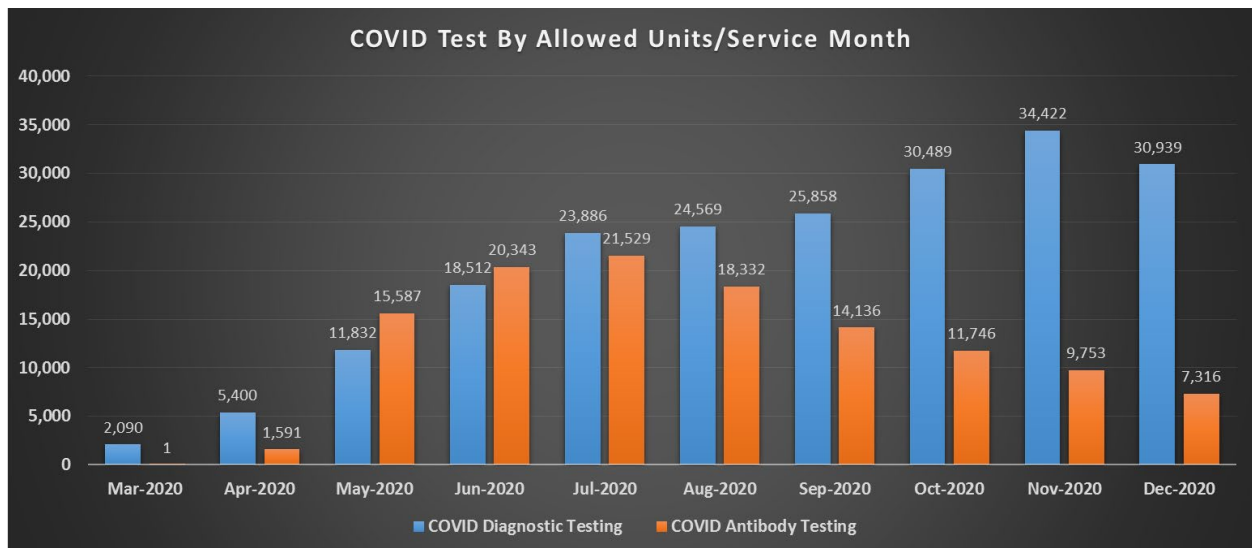
COVID Impact

Hospitalizations: There have been 3,020 admissions of confirmed COVID-19 (admissions are underestimated based on under-reported diagnoses codes). Majority of admissions occurred for

members that reside in Queens (34%), Brooklyn (29%) and the Bronx (24%). Based on claims data, the peak of COVID admissions were in April 2020, then decreased mid-May through September and has been increasing since October 2020. Expecting admissions to increase as more claims are received for the months of November & December 2020.



Testing: According to December claims data available, over 207,997 members were tested for COVID diagnostic and 120,334 members tested for COVID antibodies.



Vaccination & Monoclonal Antibodies: According to latest claims data available, MetroPlus received 179 claims billed with COVID vaccine administration and monoclonal antibodies.

Covid-19 Vaccine	# of Claims Received
Moderna Covid-19 Vaccine Administration – First Dose	166
Pfizer-Biontech Covid-19 Vaccine Administration – First Dose	10
Monoclonal Antibodies	
Eli Lilly - Intravenous Infusion	3

Telehealth: In 2020, MetroPlusHealth received over 330,000 (143K individual members) telemedicine medical claims and over 50,000 (7,000 individual members) telemedicine behavioral claims.

Membership

MetroPlusHealth membership has increased 18.2% since January 2020 and has reached over 606,000 members as of January 22nd, 2021. Most of the growth is occurring in the Medicaid and Essential Plan lines of business. Membership growth is occurring due to sustained inflow of new members and dramatic decrease in involuntary disenrollment due to the moratorium on disenrollment. Additionally, premium payment grace period is in effect for subsidized Child Health Plus, Essential Plan and Qualified Health Plan members, which precludes disenrollment due to non-payment. These terms have been extended through April 2021, to match the public health emergency.

Between January and December 2020, NYC Mainstream Medicaid has grown roughly 250,000 lives, of which MetroPlusHealth was able to capture 20%. MetroPlusHealth has increased its market share by 0.2% and continues to retain third place standing in total Medicaid membership.

Open Enrollment: Preliminary Open Enrollment as of January 18th, 2021 is 19,745 members have been added for January 2021, or 3.3% increase from year end.

Clinical Update

2020 MCO Consumer Guide Performance: MetroPlus was awarded 5 Stars by the NYS DOH for measurement year (MY) 2019 Quality Performance. The MCO Consumer Guide assists consumers in selecting a Medicaid or Child Health Plus (CHP) managed care plan that meets their health care needs. Plan performance is based on a set of 35 measures in 10 domain scores, whose average is used to determine the overall Plan quality rating. MetroPlus was one of two Plans rated 5 Stars in the NYC Region.

Behavioral Health Transition Update: The Plan continues to make progress to assume Behavioral Health operations with a go-live date of October 1, 2021 for all members, including those enrolled in the MetroPlus Health and Recovery Plan (HARP). The program design will emphasize the integration of behavioral health and physical health and work closely with H+H’s BH Center of Excellence. The program design is approximately 90% complete. Staff recruitment is about 9% complete. A key work effort is to build a robust Behavioral Health provider network that will be

ready to submit for State review in April 2021. The Plan's Contracting and Provider Maintenance departments are engaged in a significant effort which requires outreach, contracting, negotiation, credentialing, and fee schedule linkage to a target of 900 contracts and approximately 4,000 providers. To date, 915 contracts have been sent out and 306 contracts have been returned. A contract with CBC IPA is in process. This contract will provide 56 additional facilities to our network.

Financial Performance

MetroPlusHealth financial performance was strong in 2020 with a \$55.4 million net income as of November 30, 2020. Revenue was just short of \$3.25 billion, medical expenses were at \$2.76 billion and administrative expenses were just over \$280 million. In 2020, over \$214 million was generated through the VBP arrangement between the Plan and H+H. The Plan has moved to a quarterly risk surplus distribution as of early 2021.

COVID Rate Adjustments: NY State released a COVID rate adjustment, retroactive to April 2020 due to lower utilization during the pandemic. Assumptions for rebounding utilization and vaccine administration costs are included and the estimated COVID rate adjustment impact for SFY20 is \$78 million. NYS will establish a risk corridor to offer Plans protection, should expenses rebound higher than projected. The States also reduced the fee schedules for Medicaid, HARP and MLTC with a combined negative impact of \$92 million. For HIV/SNP (Jan 2020), there is a potential net impact of negative \$11 million adjustment, but official rates have not been yet made available.

RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the “**System**” to sign a five-year contract with Surgical Solutions, LLC (the “**Vendor**”) for technician support for laparoscopic and endoscopic procedures, scope management, reprocessing and consultative support with two one-year options to renew the contract exercisable only by the System and with the total cost of the contract over its full potential seven-year term in the amount of \$50,551,595.55 with a 5% contingency of \$2,527,579.78 for a not-to-exceed total \$53,079,175.33

WHEREAS, the System benefits from having a contractor provide technical support in the System’s laparoscopic and endoscopic procedures es; and

WHEREAS, in 2015 the System contracted with the Vendor to supply and maintain laparoscopic and endoscopic equipment and disposable parts as well as providing technical staff to support laparoscopic and endoscopic procedures in exchange for a per procedure fee paid by the System to the Vendor. The term of the original agreement was for six years with the agreement expiring on August 6, 2021;

WHEREAS, with the approval of the Contract Review Committee, the System issued a Request for Proposals for the desired services, received four proposals that were evaluated by an evaluation committee that rated the Vendor to be the company that will provide the System the best and most cost-efficient service; and

WHEREAS, the proposed agreement with the Vendor will be substantially restructured such that the System directly procures all laparoscopic and endoscopic equipment and disposable parts as well as the necessary maintenance services with the Vendor providing technician support for laparoscopic and endoscopic procedures, scope management, reprocessing and consultative support at a fixed monthly rate; and

WHEREAS, the Senior Vice President for Supply Chain Services will manage the proposed contract.

NOW THEREFOR, BE IT RESOLVED, that New York City Health and Hospitals Corporation be and it hereby is authorized to sign a five-year contract with Surgical Solutions, LLC for technician support for laparoscopic and endoscopic procedures, scope management, reprocessing and consultative support with two one-year options to renew the contract exercisable only by the System and with the total cost of the contract over its full potential seven-year term in the amount of \$50,551,595.55 with a 5% contingency of \$2,527,579.78 for a not-to-exceed total \$53,079,175.33.

**EXECUTIVE SUMMARY
AWARD OF CONTRACT TO
SURGICAL SOLUTIONS, LLC FOR
TECHNICIAN SUPPORT FOR LAPAROSCOPIC AND ENDOSCOPIC PROCEDURES**

BACK-GROUND: Laparoscopic and endoscopic procedures require specialized equipment including some that is reused and some that is disposable. If such equipment is not reliably supplied and readied for each procedure, patient appointments have to be cancelled with adverse impacts on patients and physician efficiency. Because of this, the System contracted with the Vendor in 2015 to supply the necessary equipment, maintain such equipment and support System physicians with specialized technicians. Because of the work of the Vendor, the System has been able to greatly increase the number of laparoscopic and endoscopic procedures thereby increasing patient services and improving physician productivity. The agreement with the Vendor is expiring which allowed the System to test the market and consider further refinements in the structure of the services.

PROCUREMENT: An RFP was issued in September 2020. It was posted in the City Record. Four firms responded with proposals. A large evaluation committee with representation from physicians, administrators and technicians who perform or support laparoscopic and endoscopic procedures across the System graded the four proposals based on experience, their technical proposal, cost and MWBE participation. The committee gave the highest scores to Vendor. The CRC approved the selection of the Vendor in early December.

TERMS: Instead of the prior structure where the Vendor obtained all equipment through equipment leases and passed the cost through to the System, in the restructured agreement, the System will source all necessary equipment directly together with any necessary maintenance. The Vendor then will only provide specialized technicians to support the actual laparoscopic and endoscopic procedures and assist with the management of the procedures. The monthly fee will start at \$575,261.00 and by the 7th year of the Term will have increased to \$629,015.27.

FUNDING: All expenses are OTPS and will be paid from operating funds.

MWBE: Vendor is self-performing through employees 94% of the work under this agreement. Vendor has committed the remaining 6% to MWBE vendors. Vendor will recruit 100% of candidates for its staff positions via MWBEs representing \$700,000.00 over 7 years (based on turnover rate). Vendor will use Rangam, a global and national staffing solutions provider for over 15 years with a focus on diversity which utilizes technology to promote meaningful employment for everyone inclusive of people with autism, various disabilities, ([SourceAbleTM](#)), and veterans ([SourceVetsTM](#)) as well as Greenlife Healthcare Staffing which is a National organization, primarily focused on recruiting healthcare professionals for over 30 years. Additionally, it will subcontract its educational and training functions representing about \$2,500,000.00 over 7 years to MWBE firm, TYW Consultants.

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

From: Keith Tallbe **Tallbe, Keith** Digitally signed by Tallbe,
Senior Counsel Keith
Office of Legal Affairs Date: 2021.01.26
17:45:02 -05'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: Surgical Solutions, LLC

Date: January 26, 2021

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

Vendor Responsibility
Approved

EEO
Approved

MWBE
5% Utilization Plan

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.

Surgical Solutions Procedure Technician Management

Application to Enter into Contract

**Medical & Professional Affairs Committee
February 8, 2021**

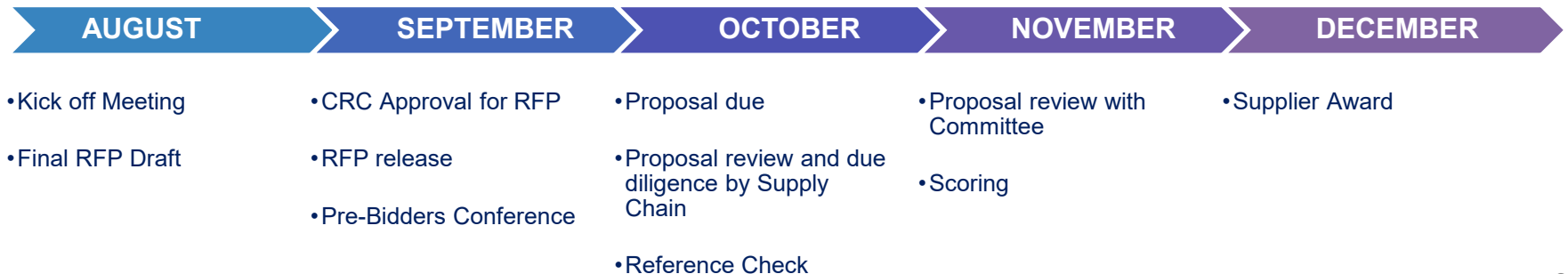
**Chris Roker – Chief Growth Officer – CEO - Metropolitan
Manish Parikh, MD – Service Line Chief of Peri-Op
Gerald Villanueva, MD – Service Line Chief of GI
Joe Wilson – Sr. AVP Supply Chain – Central Office**

Background /Current State

- In 2015, NYCH+H entered into an agreement with Surgical Solutions for procedure technician support for laparoscopic and endoscopic procedures. Currently, they support all Acute Care locations.
- Cost is based on a fee per procedure. The fee per procedure includes technician coverage 24/7, equipment leasing, repair, and disposables.
- Current program includes 76 dedicated onsite techs, management team who bring industry expertise and support with regulatory surveys.
- Surgical Solutions currently supports 50,000 laparoscopic and endoscopic cases annually.
- The contract expires August 6, 2021.
- Annualized spend with Surgical Solutions is \$11,553,398.15.

Overview of Procurement

- In 2020, NYCH+H issued a RFP to procure a vendor who can provide procedural technicians to cover all lap and endo procedures 24/7 for the Acute Care Hospitals.
- Vendor must possess knowledgeable management team to provide guidance with infection prevention, capital planning, operational excellence, and continuing education for the technicians.
- Scope of work
 - In scope: technician support for laparoscopic and endoscopic procedures, scope management, reprocessing, consultative support.
 - Out of scope: Scope lease, repair, or disposables
- Cost structure moved from fee per procedure based to a fixed monthly rate per technician.
- Four suppliers responded who met the minimum requirements to the RFP: Crothall Healthcare, Olympus, Stryker, and Surgical Solutions.



New Cost Structure

- New model provides cost transparency and ownership for each cost element.
- NYCH+H will be able to exercise its greater purchasing power with the \$4,031,741.64 for equipment and disposables to ensure newer technology and better serviced equipment.

CURRENT STATE

Surgical Solutions

Staffing

Equipment

Maintenance/Loaner

Disposables

Cost per procedure
Annualized spend:
\$11,553,398.15

FUTURE STATE

Surgical Solutions

Staffing &
Management

Contracted Supplier

Equipment

Maintenance/Loaner

Contracted Supplier

Disposables

Fixed rate per Tech
Annual spend:
\$7,521,656.51

Scope and Disposables
Annualized spend:
\$4,031,741.64

NYC HEALTH+ HOSPITALS Evaluation Committee & Scoring

Criteria	Weight	Surgical Solutions
1) Program Management/ Account Team	40%	11.2
2) Cost of Proposal	25%	7.75
3) Work history/References	25%	8
4) MWBE	10%	3.2
	100%	30.15

- Evaluation Committee:
 - One Acute Care facility CEO
 - One Acute Care facility Physician Assistant
 - Perioperative Services
 - Gastroenterology Services
 - Infection Prevention
 - Nursing
 - Human Resources
 - Finance

Surgical Solutions is self-performing through employees 94% of the work under this agreement. They have committed the remaining 6%, \$3,200,000.00 to MWBEs vendor.

Recruiting Firms

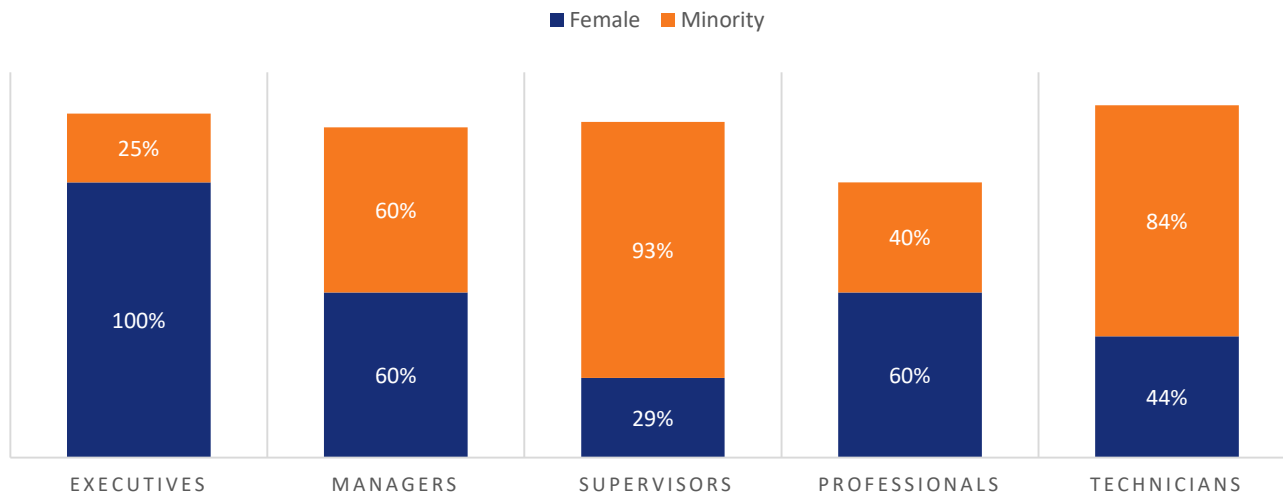
- Recruit 100% of candidates via MWBEs
- \$700,000.00 over 7 years (based on turnover rate)
- **Rangam-** Global and national staffing solutions provider for over 15 years with a focus on diversity. Utilizes technology to promote meaningful employment for everyone inclusive of people with autism, various disabilities, ([SourceAbleTM](#)), and veterans ([SourceVetsTM](#)).
- **Greenlife Healthcare Staffing-** National organization, primarily focused on recruiting healthcare professionals for over 30 years

Clinical advisory services, clinical education services, and operational advisory services

- \$2,500,000.00 over 7 years
- Surgical Solutions will subcontract its educational, clinical, and training services to a MWBE firm, TYW Consultants LLC.

Workforce Diversity

SURGICAL SOLUTIONS



Title	Total	Female	Minority
Executives	4	100%	25%
Managers	5	60%	60%
Supervisors	14	29%	93%
Professionals	5	60%	40%
Technicians	54	44%	84%

Vendor Performance Evaluation

Department of Supply Chain Vendor Performance Evaluation Surgical Solutions	
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?	Yes
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	n/a
Did the vendor pay its suppliers and subcontractors, if any, promptly?	n/a
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	n/a
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work?	Yes
Did the vendor adequately staff the contract?	Yes
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	Yes
Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assisting the agency in addressing complaints from the community during the construction as applicable?	Yes
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes
Performance and Overall Quality Rating Satisfactory	Good

M&PA Approval Request

- Supply Chain is seeking approval to enter into contract with Surgical Solutions for technician support, scope management, reprocessing, consultative support.
- Term for five years with two-one year options at the sole discretion of NYC Health + Hospitals.
- Agreement will allow termination for convenience in part or whole by NYC Health + Hospitals.
- Total contract value: \$50,551,595.55
- 5% contingency: \$2,527,579.78
- Not to exceed: \$53,079,175.33

Fiscal Year	Amount
FY22	\$ 6,903,132.00
FY23	\$ 7,006,678.98
FY24	\$ 7,111,779.16
FY25	\$ 7,218,455.85
FY26	\$ 7,326,732.69
FY27	\$ 7,436,633.68
FY28	\$ 7,548,183.19
Total	\$ 50,551,595.55
5% Contingency	\$ 2,527,579.78
Grand Total	\$ 53,079,175.33