

AGENDA

MEDICAL AND PROFESSIONAL AFFAIRS

Date: November 1, 2021
Time: 9:00 AM
Location: VIRTUAL MEETING

BOARD OF DIRECTORS

CALL TO ORDER

DR. CALAMIA

ADOPTION OF MINUTES – *September 13th, 2021*

ACTION ITEMS:

Authorizing New York City Health and Hospitals Corporation (the “**System**”) to enter into a best interest five-year renewal agreement with Coordinated Behavioral Care IPA, Inc. (“**CBC**”) for case management of System patients with persistent behavioral health issues at a cost not to exceed \$17,977,600.

Vendex: Pending

EEO: Approved

DR. BARRON

CHIEF MEDICAL OFFICER REPORT

DR. BARRON

CHIEF NURSE EXECUTIVE REPORT

DR. CINEAS

METROPLUS HEALTH PLAN

DR. SCHWARTZ

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

Virtual - Medical and Professional Affairs Committee - September 13, 2021

As Reported by Dr. Vincent Calamia

Committee Members Present- José Pagán, Dr. Vincent Calamia, Sally Hernandez-Piñero, Matthew Siegler sat in the beginning on behalf of Dr. Mitchell Katz, Dr. Mitchell Katz arrived later, Barbara Lowe, Chinazo Cunningham.

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 9:05 AM. On motion made and seconded, the Committee adopted the minutes of the April 12th, 2021 joint Medical and Professional Affairs and Information Technology committees.

CHIEF MEDICAL OFFICER REPORT

Machelle Allen MD, SVP/System Chief Medical Officer was included in the materials as reference, she highlighted the following:

BEHAVIORAL HEALTH

OBH implemented a House Staff Wellness webpage which is dedicated to the mental health and wellbeing all house staff across NYC Health + Hospitals regardless of their academic affiliation or pay line. it has been in operation since July 1st, 2021.

- Referral information with a concierge service managed by OBH that connects house staff with mental health services
- Information on 24/7 crisis line (1-800-NYC-WELL)
- Selected online resources
- Local and national hotlines
- Information on peer to peer support programs

Over the last several months they have made 17 referrals. Total number referred to H+H site: 11, total number if referrals to private: 4, total number who declined referrals:1, total number with other results:1, total number with no results:0. That is a total number of 17 through this staff health hotline.

There is a system-wide emotional staff support in place. It is an anonymous support hotline managed by Office of Behavioral Health for all NYC Health + Hospitals employees since March 2020. Employees can call this number to reach out to speak with licensed mental health professionals. Clinicians for psychological and emotional supports related to fatigue, stress, burnout, anxiety, fear and depression. Since then they have taking over 200 calls. The primary reason are, anxiety, depression child care, grief separation from the family, crisis, fear, isolation/loneliness,

trauma. The referrals that have made were to the domestic violence hotline, Helping Healers Heal, NYS HOPE Hotline, Suicide Prevention Hotline, Employee Assistance Program, Physician's Support Hotline, and Vaccine Finder. In addition to providing emotional and psychological support to the staff, our office of Behavioral Health is working with the Department of Education in collaboration with the Mayors Office of Community and Mental Health to structure a new partnership between the City's public hospitals and over 25 public schools. This partnership is called Pathways to Care, expedites referrals from schools to connect students to care at our outpatient mental health clinics. This program rolled out in November 2020. It's been rolled out at 4 facilities: Kings County, Woodhull, Gouverneur (Gotham) and Elmhurst. To date we received 17 referrals during the school year.

B-HEARD

The Behavioral Health Emergency Assistance Response Division, or B-HEARD, is a new health-centered response to 911 mental health calls. This began June 6th, 2021 covering East Harlem and parts of Central and North Harlem. In areas where B-HEARD operates, 911 call operators dispatch new B-HEARD Teams –FDNY Emergency Medical Technicians (EMTs)/paramedics teamed with a Social Worker from NYC Health + Hospitals – as first responders to people experiencing a mental health emergency in instances that do not involve a weapon or imminent risk of violence. The B-HEARD teams use their physical and mental health expertise, and experience in crisis response to de-escalate emergencies and provide immediate care. These teams have the expertise to respond to a range of behavioral health problems, such as suicide ideation, substance misuse, and mental illness, including serious mental illness, as well as physical health problems, which can be exacerbated by or mask mental health problems.

Behavioral Tele-Health

It started in March of 2020, they provide on demand urgent care (virtual ExpressWell) Go-Live October 2021. To date they seen 334K Adult ambulatory visits and 50K Child psych visits. All others are part of the package, ED-Leads, CATCH, ECHO. ECHO program is for both patients and healthcare staff at NYC Health + Hospitals. Our patients are impacted both directly (COVID infection) and indirectly and as well as our staff. It provides educational material bi-weekly to vulnerable populations to improve the awareness and the knowledge about the impact and intersectionality of social determinants of health, and mental health. Improve the sense of community and, improve the knowledge of resources.

A Board member raised a question: is it possible to get some feedback on the anonymous support hotline from the patients where they can reply and let us know how well it is working. Dr. Omar Fattal, informed the committee, this feature can be added if that is requested.

A Board member ask for an update on the esketamine. We are doing esketamine screening of patients who present to us substance use disorder, overdose or impact. Fentanyl has become more prevalent on the street, we are utilizing it in our diagnoses on patients that come into the ED. Questions raised, is staff using esketamine as an intervention. Dr Fattal informed the committee that a pilot is about to start at Kings County with the protocol that was approved by the P&T Committee to administer esketamine in a safe way. After Kings County there is plans to make it available at other facilities. The board has requested some follow up in the future on use of esketamine in the field.

SIMULATION

The Maternal Mortality Simulation Reduction Program continues to grow markedly in the post pandemic period. Trainings were at their highest yet reaching 72 simulation and skill station educational sessions being held in June 2021. Materials included in the package on the Maternal Mortality

RESEARCH

Research brought in \$6M for FY2021. As of 8/30/2021- 920 active studies, 134 are COVID-specific, 18 are sponsored COVID drug trials. A Master Research Collaboration agreements executed with NYU and PAGNY (both took several years to negotiate).

NYS Healthcare Workers Vaccine Mandate

NYSDOH vaccination mandate effective 9/27/21. There are ongoing reviews of vaccination status for all staff. We are making arrangements to bring in temporary staff to backfill those providers and other staff who are non-compliant with the vaccination. We are educating our staff with townhalls and one on one visitation. We are educating them on the science, and preparing for various contingencies.

MU COVID-19 VARIANT UPDATE: The CDC thinks about the variant in 3 categories

The Variants of Interest: These have genetic markers that have been associated with higher risks of transmission, reinfection or severe illness, as well as reduced vaccine effectiveness.

Variants of Concern: There is evidence these are more likely to spread, cause reinfection or cause server illness, as well as reduce effectiveness.

Variants of High Consequence: There is clear evidence that existing prevention tactics, including vaccination, are less effective against these variants.

The majority of the variant that we encountered in NYC over the past month is the Delta Variant, it is a variant of concern, as opposed of the Mu variant, which is the variant of interest, which has not been identified in any of our cases. The Delta was first identified in Colombia in January, 2021. It is a variant of Interest. Mu (Mu: pronounced Mu'yoo) was designated by the World Health Organization (WHO) August 30, 2021. We are seeing Mu, not in any high numbers or high percentages, but we are detecting it in different places throughout the United States (all states but Nebraska). Mu variant accounts for only about 0.1% of cases in the United States. Mu has mutations that are similar to Delta but it also has mutations from Alpha or B.1.1.7, which was also known to be highly transmissible. Mu has the E484K and the K417N mutations identified in the Beta variants. The Beta variant is currently more immune-resistant than the Delta variant. Delta is the most prevalent, alfa and beta are behind, just to show you how they line up in terms of prevalent and our experience.

COVID-19 Variants in HHS Region 2: This is information going back to June of 2021. The orange on the graft is the delta variant. Overtime it has increased in prevalence, it is currently about 90 percent of what we are seeing in region 2, which is New York, New Jersey, Puerto Rico and Virgin Island. Mu is 0.1 percent prevalent today in our experience.

MOSAIC PROGRAM

The MOSAIC Pathways Program [Medical Opportunities for Students and Aspiring Inclusive Clinicians at NYC Health + Hospitals], is a multi-tiered program aimed at increasing the diversity of our clinical staff.

In terms of partnership development, we are continuing discussions with NYU, Mt. Sinai, and Morehouse School of Medicine, and have identified a contact/begun outreach with University of Puerto Rico School of Medicine. We have 3 PAGNY sites that have volunteered to take a Morehouse medical student for a rotation. Jacobi has a burn unit plastic rotation, Harlem Hospital has a GI rotation, and North Central Bronx has an Internal Medicine rotation. These elective courses will range from 6 to 8 weeks and will serve 3rd and 4th year residents, as well as medical students.

SYSTEM CHIEF NURSE EXECUTIVE REPORT - Written Submission Only

METROPLUS HEALTH PLAN, INC.

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

Membership

Membership has reached 624,843 members in July, 3,991 members over target. Year to date membership is up 5.9%, driven by growth in Medicaid and EP lines of business. In terms of market share, we increased our

market share in Medicaid, HIV, and CHP. There is a slight decrease in HARP and in SHOP.

COVID-19 Vaccination Rates

The Plan has been working with the NYC Citywide Immunization Response (CIR) system to exchange member COVID-19 vaccination data. As of July, 2021, total active members 12+ years of age that are fully or partially vaccinated is at 39.7%. Rates exchanged with the CIR have been trending behind MetroPlus claims COVID vaccination rates by about 5%. Combining claims and CIR data, MetroPlus' COVID vaccination rate goes up to 44.6%

Members receiving at least one dose. 58.4% of vaccinated members have received the Pfizer vaccine, 34.4% Moderna vaccine and 7.2% Janssen vaccine. Interventions to improve vaccination rates have included a COVID-19 text campaign launched on July 7th to the parents/guardians of members 12-18 years of age in English and Spanish about the importance of having their child vaccinated.

Next Steps: Target messaging to our Spanish and Black/African American members using language that is linguistically targeted to these two groups and a campaign targeting pregnant women addressing vaccine hesitancy and the importance of vaccination for self and baby.

Behavioral Health Transition:

MetroPlus Underwent successful readiness review by NY State Department of Health, OMH and OASAS and has received an official approval to launch our Behavioral Health services as of October 1st, 2021. At that time services will transition from current vendor, Beacon Health Solutions to MetroPlus. Notices to members sent 30 days in advance of the transition. The Plan will guarantee that members will not experience any disruption to their services and their ongoing care. The transition aims at better integration between physical and behavioral health care, alignment with the provider network and appropriate continuum of services across all levels of severities and needs, as offered (among others) by H+H.

Gold

A new benefit providing reimbursement for a limited number of non-emergency transportation rides has been added. This benefit is an addition to our gym and weight management benefits. To align with the marketplace & provide lower cost alternatives, the Plan has developed a new pharmacy rider which will be available to enrollees beginning August 1st, 2021.

A board member raised a question regarding outreach for the provider and money allocated for them to talk to our patients that are getting vaccinated, and how much time will they spend. Dr. Schwartz reply was:

in order for them to be eligible for the additional reimbursement they have to spend at least three minutes on the consultation.

Dr. Katz also commented on the intervention to improve vaccination. He stated, there is a strong group of people that don't want to get vaccinated, even with providing materials, counseling and incentives. This is the reason we have to require mandates. In the past, polio, small pox had mandates and people complied. Dr. Katz, commended Dr. Schwartz and her team for the effort on the Behavioral Health program. It is a difficult task.

ACTION ITEM

Machelle Allen, SVP/System Chief Medical officer, Medical and Professional Affairs and James Cassidy, Director of Fiscal Affairs, Finance presented the resolution to the committee:

Authorizing funding for New York City Health and Hospitals Corporation (the "System") to continue to operate under the terms of its affiliation agreement with Physician Affiliate Group of New York, P.C. ("PAGNY") made for the provision of general care and behavioral health services for a period of up to six months with the System facilities served by PAGNY to be as indicated below:

Lincoln Medical & Mental Health Center, Morrisania Diagnostic & Treatment Center, Segundo Ruiz Belvis Diagnostic & Treatment Center, Jacobi Medical Center, North Central Bronx Hospital, Harlem Hospital Center, Renaissance Health Care Diagnostic & Treatment Center, Metropolitan Hospital Center, Coney Island Hospital Center and Kings County Hospital Center with an overall cost of the extension not to exceed \$392,684,315, which includes a 10% general contingency and an additional 5% COVID-19 related contingency.

We have been closing out prior years and are coming back to the table this month to tackle the next contract with the benefits of a new executive leadership now in place and renewed efforts on all sides. We are asking for funding authorization needed for six months to continue the existing contract. The negotiation will be in good faith for a multi-year renewal, regular communication will continue, and the resolution will be coming in the coming months. There has not been any impact on the provision of care or the PAGNY employees. The history was giving on the contract.

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

A board member acknowledges the great work that Dr. Allen and Andy Cohen have done. A question was asked by a board member: Besides the Covid contingency, was there any new activity funded within this particular

piece, and were there any new progress or any new operational or clinical initiatives? Nothing is new, we are looking across the system at clinical services planning, it is not specific to PAGNY.

Machelle Allen, SVP/System Chief Medical officer, Medical and Professional Affairs and Sheldon Teperman, MD Chief of Trauma/ Service Line Lead Jacobi medical Center, presented the resolutions to the committee:

Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Bellevue ("Bellevue") as a pediatric trauma center.

Committing to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Pediatric Trauma Center designation for Bellevue through the American College of Surgeons, Committee on Trauma.

Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Bellevue ("Bellevue") as a trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officer of the System to execute any and all documents necessary to verify Trauma Center designation for Bellevue through the American College of Surgeons, Committee on Trauma.

Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Elmhurst ("Elmhurst") as a trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program

has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Trauma Center designation for Elmhurst through the American College of Surgeons, Committee on Trauma.

Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Harlem ("Harlem") as a trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Trauma Center designation for Harlem through the American College of Surgeons, Committee on Trauma.

Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Jacobi ("Jacobi") as a pediatric trauma center.

Committing to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary pediatric trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Pediatric Trauma Center designation for Jacobi through the American College of Surgeons, Committee on Trauma.

Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Jacobi ("Jacobi") as a trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program

has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Trauma Center designation for Jacobi through the American College of Surgeons, Committee on Trauma

Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Kings County ("Kings County") as a trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Trauma Center designation for Kings County through the American College of Surgeons, Committee on Trauma.

Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Lincoln ("Lincoln") as a trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Trauma Center designation for Lincoln through the American College of Surgeons, Committee on Trauma.

Dr. Teperman presented to the committee, the history/background of the American College of Surgeons verified trauma centers. He gave us knowledge on the "Optimal Resources" book, which is a reference book that document the care of the injured patient, this is now codified by reference in New York State 408 health code regulations. This book is the regulatory book that tells us all of the widget and all of the personnel

that is required in our trauma centers. The status of Health + Hospitals levels of the trauma centers was provided and what the levels mean, and what they are required to be able to produce in these trauma centers.

A Board member raised a question if the American College of Surgeons Trauma Center will serve as consultants. An example, in OB if there is a blood issue in obstetrics, could we use their internal expertise in the same institution? Dr. Teperman talk on how while Dr. Allen was the Chief of Obstetric at Jacobi, the first massive transfusion protocol in the state of New York was Jacobi. Because of this our hemorrhaging obstetrical patients are well taken care of. Mr. Pagan commended Dr. Teperman on the work of the trauma Centers.

The resolutions were duly seconded, discussed and unanimously adopted by the Committee with conditions for consideration by the full board.

There being no further business, the meeting was adjourned 9:57 AM.

**SYSTEMS CHIEF MEDICAL OFFICER REPORT
Medical & Professional Affairs Committee
November 1st, 2021**

BEHAVIORAL HEALTH

Follow up – Esketamine Protocol

We (H+H) have not started use of Esketamine yet, but are in the process of developing appropriate protocols for use and will be adding it to the formulary. Esketamine is approved for use in treatment resistant, severe depression. It is administered in a clinical setting, under supervision and monitoring. It has been shown to be highly effective in treatment of these severe, treatment resistant depressions. The FDNY does use Esketamine in the field for sedation of agitated delirium. They have a protocol for this.

Facility Support	The Office of Behavioral Health continues to support the facilities in providing clinical services to each community. We provide a full range of services including emergency services, acute inpatient, and ambulatory care. Since COVID, the facilities have continued to expand both in-person and virtual clinical services.
Access in BH Ambulatory Care	Behavioral Health has begun to standardize and optimize ambulatory behavioral health services in order to increase access in our services. Initiatives include optimizing EPIC and electronic modalities to streamline and make appointments, utilization and tracking, data availability more efficient and available. This will allow clinics to use information to better provide services needed by the community.
Child and Adolescent – Post COVID SERVICES: DOE Collaboration	<p>To bring additional support to students in the neighborhoods most impacted by the COVID-19 pandemic, we are collaborating with the Mayor’s Office of Community Mental Health and the Department of Education to structure a new partnership between the City’s public hospitals and over 25 public schools. This partnership, called Pathways to Care, expedites referrals from schools to connect students to care at our outpatient mental health clinics, where students can receive ongoing therapy, psychiatric evaluation, medication management, and other clinical services.</p> <p>This program rolled out in November 2020. Currently we have four clinics participating:</p> <ul style="list-style-type: none"> - Kings County - Woodhull - Gouverneur (Gotham) - Elmhurst <p>We are in the process of onboarding 5 MHSC members to 5 Clinics (Harlem, Woodhull, Morrisania, Lincoln, and East NY). We are working with these clinics to begin participating in the program this fall.</p> <p>We also recently found out that H+H will be receiving \$5million dollars to work with DOE in strengthening the Continuum of Care. DOE has</p>

	<p>selected Central Brooklyn and South Bronx as pilot areas. Discussions on this have just started.</p>
<p>B-HEARD</p>	<p>The Behavioral Health Emergency Assistance Response Division, or B-HEARD, is a new health-centered response to 911 mental health calls. This began June 6th, 2021 covering East Harlem and parts of Central and North Harlem. In areas where B-HEARD operates, 911 call operators dispatch new B-HEARD Teams — FDNY Emergency Medical Technicians (EMTs)/paramedics teamed with a Social Worker from NYC Health + Hospitals — as first responders to people experiencing a mental health emergency in instances that do not involve a weapon or imminent risk of violence. The B-HEARD teams use their physical and mental health expertise, and experience in crisis response to de-escalate emergencies and provide immediate care. These teams have the expertise to respond to a range of behavioral health problems, such as suicide ideation, substance misuse, and mental illness, including serious mental illness, as well as physical health problems, which can be exacerbated by or mask mental health problems.</p> <p><i>How many encounters to date:</i> The Social workers have provided engagement and assessment for 269 individuals (between 6/6 and 10/2).</p> <p><i>Outcomes of the encounters:</i> If the 269 individuals the Social Worker engaged:</p> <ul style="list-style-type: none"> - 41% were transported to the hospital for further evaluation - 57% were treated in place and accepted referrals - 2% were treated in place and refused a referral <p><i>**With traditional 911 Response, 82% of people were transported to a hospital.</i></p> <p><i>Of those treated in place who accepted referrals:</i></p> <ul style="list-style-type: none"> - 40% Transported to the Support and Connection Center (Diversion Center) - 17% Referred back to their current outpatient clinic/providers - 25% Treated in place and did not warrant a referral, but accepted resources - 14% Referred to CPIU for a HEAT Team (5) - 4% Referred back to their ACT Teams, to Children’s Mobile Crisis, or to another destination. <p>Link for Data: https://mentalhealth.cityofnewyork.us/wp-content/uploads/2021/07/B-HEARD-First-Month-Data.pdf</p> <p><i>Experience at Harlem to date:</i> The team has had positive experiences at Harlem to date. Most of the interactions are communicating hand-offs for individuals being transported to the ED/CPEP for further evaluation. We have also been working closely with Harlem’s Mobile Crisis Team, and are looking at</p>

	<p>creating a referral pathway for individuals the B-HEARD Team engages with that need additional support and connection to care that.</p> <p><i>Experience at Metropolitan to date:</i> The teams experience at Met has been more limited, as majorities of the individuals are transported to Harlem Hospital or Mount Sinai. However, the experience has been positive and the team will be acquiring an office space there this fall.</p> <p><i>What is the definition of "success":</i> To increase connection to community-based care, reduce unnecessary transports to hospitals, and reduce unnecessary use of police resources.</p> <p>The program will be expanding to new areas. The next H+H hospital to be involved will be Lincoln Hospital. After that will be Central Brooklyn involving Kings and Woodhull.</p>
Behavioral Tele-Health	<ul style="list-style-type: none"> • Started in March 2020 • How many telehealth encounters to date: <ul style="list-style-type: none"> ○ On demand / urgent care (virtual ExpressWell) Go-Live Late October 2021 ○ Adult ambulatory visits: 334k ○ Child psych: 50k <p>In addition to the above plans are in development to provide Tele-psych services to Metroplus members. Also, additional tele-psych services are being planned for each facility.</p>
ED-Leads	Patients encounters - 48k (since inception in 2018)
CATCH	<p>Patient encounters - 15k (since inception in 2018)</p> <p>Six formal CATCH teams are operational in facilities with the highest number of opioid and other substance use disorder patients. OBH is developing CATCH teams in the other 5 acute care facilities.</p>
ECHO	<p>COVID has impacted both patients and healthcare staff at NYC Health + Hospitals. Our patients are impacted both directly (COVID infection) and indirectly (reduced access to healthcare, lost employment, stress/trauma etc.). While everyone is at risk of the effects of COVID, vulnerable populations are at particularly high risk. Unfortunately, many of the issues vulnerable populations experience require a lot of coordination, effort, and communication to address. Many providers do not feel comfortable or knowledgeable about affecting change when it comes to addressing social determinants. At the same time, COVID has negatively impacted our healthcare system by increasing isolation and exposing staff to additional trauma, which may be partially improved by creating a sense of community and system wide connections.</p> <p>To that end, the Office of Behavioral Health and Population Health created a bi-weekly Vulnerable Populations ECHO series targeting a wide audience of providers, social workers, peers and administrators from across the system. On average, 80 H+H staff attend each 1-hour session. The objectives of this series are:</p>

1) Improve awareness and knowledge about the impact and intersectionality of social determinants of health, mental health, substance use, and medical outcomes

2) Improve sense of community and communication across H+H sites and specialties

3) Improve knowledge of resources across H+H and NYC

To date, beginning in Spring 2020, the Vulnerable Populations ECHO has covered 5 curriculums with 6 sessions devoted to the each of the following topics:

- Intro to the Double Pandemic (COVID and Racism)
- Homelessness
- LGBTQ health
- Substance Use Disorders
- Mental Health Disorders

Mobile Crisis Teams

NYC Health + Hospitals has 8 Mobile Crisis Teams. 7 (Bellevue, Elmhurst, Harlem, Jacobi, Kings County, Queens, Woodhull) operate out of Comprehensive Emergency Programs (CEEP) and Lincoln is our only non CEEP team.

Current response times:

As of January 2021, the city is looking for all teams to respond to referrals from NYC Well within 2 hours 90% of the time. Below is the average for NYC Health + Hospitals Mobile Crisis Teams for January – June 2021. *Of note, the citywide average (all mobile crisis teams) for 2-hour response is 77%.*

Mobile Crisis Team	% of Referrals Responded to within 2 hours
Bellevue	87%
Elmhurst**	70%
Harlem Hospital	84%
Jacobi Hospital **	28%
Kings County Hospital	66%
Lincoln Hospital	86%
Queens Hospital	96%
Woodhull Hospital	90%

** Elmhurst, Jacobi, and Queens were just added to the MOU with DOHMH for Mobile Crisis Services on January 1, 2021. Elmhurst and Jacobi have not yet hired the new staff which will help them to meet these deliverables.

Previous response times (CY 2019 due to COVID in 2020):

Mobile Crisis Team	CY 2019 Average Mobile Crisis Response
Bellevue Hospital	5 Hours
Elmhurst Hospital	12 Hours
Harlem Hospital	19 Hours
Jacobi Hospital	22 Hours

	Kings County Hospital	7 Hours
	Lincoln Hospital	12 Hours
	Queens Hospital	21 Hours
	Woodhull Hospital	14 Hours

House Staff Wellness



OBH maintains the **House Staff Wellness** webpage which is dedicated to the mental health and wellbeing all house staff across NYC Health + Hospitals regardless of their academic affiliation or pay line.

It has been in operation since July 1st, 2021.

Website: <http://hhcinsider.nychhc.org/corpoftices/erc/hssw/Pages/default.aspx>

It contains:

- Referral information with a concierge service managed by OBH that connects house staff with mental health services
- Information on 24/7 crisis line (1-800-NYC-WELL)
- Selected online resources
- Local and national hotlines
- Information on peer to peer support programs

Summary of House Staff Referrals to date:


1. Number of Referrals: **17**

Total number referred to H+H site:	11
Total number referred to private	4
Total number who declined referrals:	2
Total number with other result:	1
Total number with no result:	0
Total number of Referrals:	18

2. **H+H sites** which received referrals:

Coney Island	2
Elmhurst	1
Jacobi	1

Kings	3
Lincoln	3
Woodhull	1
Total H+H Referrals	11

<h2>SYSTEM-WIDE EMOTIONAL STAFF SUPPORT</h2>	<p>COVID-19 Emotional and Psychological Support Resources</p> 
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SYSTEM-WIDE EMOTIONAL STAFF SUPPORT is an anonymous support hotline managed by OBH for all NYC Health + Hospitals employees since March 2020

(646-815-4150, Monday – Friday, 9:00am – 5:00pm). Employees can call this number to reach out to speak with licensed mental health

Clinicians for psychological and emotional supports related to fatigue, stress, burnout, anxiety, fear and depression. Referral

opportunities for other services if needed.

Website: <https://hcin Insider.nychhc.org/sites/COVID-19/Pages/EPSR.aspx>

Summary of System-Wide Emotional Staff Support Initiative:

1. Number of Callers (to date): 201

2. Primary reasons for Hotline calls:

Anxiety	Crisis
Depression	Family Issues
Child Care Issues	Fear
Grief	Isolation/Loneliness
Vaccine	Trauma
Separation from family	

3. Referral Types

Domestic Violence Hotline	Employee Assistance Program
Helping Healers Heal	NYC Well Hotline
NYS HOPE Hotline	Physician's Support Hotline
Suicide Prevention Hotline	Vaccine Finder

RESEARCH

- 925 active studies; 142 of those are COVID-related (at least 30 research publications)
- Establishing a formal implementation process for doctoral nursing dissertations. We estimate up to 50 projects per year.
- Strengthening the funding infrastructure/application process for PAGNY-staffed hospitals.

ICU MOVES – Critical Care Update

Background:

Critical illness, regardless of the cause, fundamentally changes some of the body's functions.

One of these ways is that the body starts to break down muscle to use as an energy source.

This process, combined with the fact that patients are often felt to be too sick to be mobilized can lead to profound weakness, which in turn can impair cognitive function, pulmonary function, and fundamentally changes inflammatory markers.

Several studies have shown that early and aggressive mobilization is possible in the majority of ICU patients, including those on ventilators.

Mobilizing patients this way maintains/improves muscular function.

The impact is a reduction in delirium, reduced need for sedatives, shortened stay in the ICU, shortened stay in the hospital, higher likelihood of being discharged home, and higher quality of life after discharge.

These studies have also shown implementing a program like this is financially beneficial by reducing length of stay while achieving a better outcome.

What We Are Doing:

Using the existing literature as a basis, we evaluated what it would take to implement a program like this across our ICUs. We adapted those models to determine the staffing, supplies, and IT infrastructure we would need to do this. Our analysis shows that, with the most conservative estimates, a program like this would pay for itself. If we outperform those conservative estimates, it would actually save the system money while providing our patients access to a better outcome.

Our plan is to responsibly roll this program out across the ICUs in our network. We have started with 2 pilot sites: 1 trauma center and 1 community site. Those sites of been asked to do an extensive evaluation of their anticipated barriers, staffing and supply needs, and to act as part of the workgroup that would design and test our EMR workflow.

Currently, those sites are recruiting the physical therapists and ordering the equipment needed. The EMR workgroup set a 6 week timeline to achieve the initial build and met that goal. The workflow automates that every patient admitted to an ICU is screened for candidacy to participate. Those who are eligible, which is the majority of patients, will be seen by a physical therapist within 12 hours of admission, and will thereafter receive treatment 5x/week, which is the standard set at an acute rehab facility, but being provided in the ICU concurrent with their medical treatment. Every step in the process will be tracked as a metric, allowing us to maintain accountability and address fallouts with a targeted solution.

Once the staff and supplies are in place, we will track the program at the 2 pilot sites. Needed adjustments will be made and once meaningful process metrics have been achieved, we will begin the implementation process at the next 4 sites.

While ICU mobility programs are well described in the literature, many if not all of those publications describe implementation at single institutions with a payer mix very different than ours.

All that to say that what we are doing is unprecedented. Implementing a program like this across a network our size, and providing our patient population access to these benefits, is truly novel. On that note, the workgroup mentioned above is also establishing plans to publish this work from the medical perspective, the quality perspective, and perhaps in narrative form for the lay public.

CERIBELL

Background:

Non-convulsive status epilepticus is a neurological emergency which requires prompt diagnosis and treatment, whereby mortality and disability increases if the seizure is allowed to continue. Diagnosis typically requires clinical suspicion and the application of a formal electroencephalogram (eeg) by a trained technician, and if not available transfer to another institution. At NYC HH, the major centers with robust traditional EEG capabilities include Bellevue, Kings, Coney, and Elmhurst, with sporadic access at the remaining sites. This results in delayed transfers and occasional unnecessary transfers for those patients ultimately found not to have seizures.

What we are doing

NYC HH performed a pilot of 100 patients utilizing point of care rapid response “Ceribell” EEG technology, a small headband which can be applied by a minimally trained clinical staff member. This technology can reliably diagnose or rule out non-convulsive status epilepticus utilizing artificial intelligence confirmed by a formal interpretation by a trained physician epileptologist. These interpretations may be done remotely.

We utilized fifty percent of these point of care studies during normal business hours, and fifty percent were utilized during off hours. Results were encouraging: time to diagnosis was shortened significantly even at centers which had traditional EEG (15 minutes versus 120 minutes), and status epilepticus diagnosis was deemed unlikely in 90% of patients, reducing labor and cost intensive unnecessary transfers. Physicians also felt the patients found to have seizures had expedited clinical care.

The ceribell device has near universal support throughout NYC HH by ICU, ED, and neuro leadership as a mechanism to support those centers which do not otherwise have EEG access. This device is relatively cheap, and allows for robust diagnosis ruling out status epilepticus at the point of care, potentially improving care, increasing revenue, and decreasing unnecessary transfers.

Previous challenges to widespread utility of the device was limited to delayed epileptologist cerebellum interpretations. NYC HH is contracting with an outside vendor in order to ameliorate this, in a resource/cost responsible fashion which will improve care throughout HH and reduce unnecessary transfers.

System Chief Nurse Executive Report
Medical & Professional Affairs Committee
October 25, 2021

In observance of the National Hispanic American Heritage Month (September 15 – October 15), the Office of Patient Centered Care, held a virtual dance event on Wednesday, October 13th from 4-5 PM. The NYC Health and Hospitals' System Chief Nursing Executive, **Natalia Cineas, DNP, RN, NEA-BC, FAAN**, along with the nursing staff from various sites and nursing leadership participated via WebEx. The event was led by instructor, **Marlon Mills**, one of New York's most well-known dance personalities in the Salsa dance community, having traveled to many Salsa events in the states, throughout Europe, Asia, Australia, and the Caribbean.

National Hispanic American Heritage celebration started in 1968. It is a period where the United States recognizes the contributions and influence of Hispanic Americans to the history, culture, and achievements for the United States.

CUNY Partnership launched 10/25/21

- Ongoing partnership between CUNY and H+H will help place new nursing graduates into diverse specialties throughout the public health system, offer existing nurses professional development opportunities through multiple CUNY programs
- This work builds on a long-lasting partnership with CUNY:
 - Professional Development Fairs
 - Preceptorship Program at Kings County
 - 1,00 nurse students to support with COVID vaccine operations
- This partnership focuses on four pillars focus of career development:
 - On-the-ground clinical skills building
 - Professional nursing workforce development
 - Nursing Research & Evidence Based Practice
 - Health Equity Policy Forum

Nurse Leader Workgroup launched September 2021

- The charge of the nurse leader workgroup is to create a nursing leadership development program based on the tenets of Patricia Benner's novice to expert theory, as well as the fifteen evidenced-based American Organization of Nurse Executives (AONE) nurse manager competencies. Seven workgroups will begin meeting focusing on
- Orientation, Nurse Leader Academy-strengthen the leadership skills of incumbent leaders, Nurse Leader Annual Competencies, Nurse Leader Diversity, Equity, and &

Access opportunities, Nurse Leader Continuing Education, Nurse Leader Mentoring and Succession Planning and Nurse Leader Job Descriptions, Diversity & Recruitment.

Culture of Safety

- BHA Academy launch October 25, 2021 to decrease injury patient and staff
- Agitated patients finalizing educational module
- EBSCO search engine for knowledge has gone live
- Stroke standardized curriculum for providers and nurses has gone live
- Elsevier repository of knowledge for ED and post anesthesia nurses has gone live
- AHA RQI digital resuscitation program is a paradigm shifts in delivering a digital resuscitation program- going from instructor led to digital has gone live
- CRRT records have not been integrated into our Electronic Medical Record and have now been integrated
- Covid Vaccination protocol has been developed and rolled out for booster shots and patients ages 8 and older (PODs and Pediatric Clinics).

Safe Patient Handling Initiative and Mobility (SPHM)

- **SPHM Education Framework:** Designed structure and content to support annual SPHM education systemwide. The framework includes six (6) key components focused on improving patient outcomes, staff safety, and reducing days out of work including: safe equipment use, ergonomics training, SPH subject matter experts, mobility assessment, pronation, and SPHM Program.
- **Acute Care Standard Mobility Assessment EHR Optimization:** Integrated Bedside Mobility Assessment Tool (BMAT) guidelines into EPIC to establish standard documentation of evidence-based mobility assessment in all Acute Care Facilities systemwide
- **Post-Acute Care Standard Mobility Assessment EHR Optimization:** Integrated Bedside Mobility Assessment Tool (BMAT) guidelines into Point-Click-Care to establish standard documentation of evidence-based mobility assessment in all Post-Acute Care Facilities systemwide
- **SPHM Equipment Education Program:** Standard SPHM equipment education program in PeopleSoft ELM to facilitate annual systemwide training and competencies to validate learning

Wellness

- Developed evidence-based strategies to improve Staff resiliency and reduce stress in Facilities systemwide

Quality/Excellence/Outcomes

Quality

Laying foundation for the creation of a system level Nursing Quality Council and nursing quality dashboard

Facilitated NDNQI System Reports Dashboard agreement – Provided access to system NDNQI data for comparison and benchmarking, launched May, 2021

- Obtained facility inputs on nursing quality data management process and completed gap analysis
- Cross-walked nursing quality data definitions across regulatory agencies (NDNQI and NHSN)
- Working with system Data and Analytics (DnA) team to build data definition library to facilitate the creation of validated nursing quality metrics for internal and external reporting.
- Working on developing a curriculum for training Nursing Quality Directors (Nursing Quality Management). Expected launch November, 2021.

Wound care council

- Five workgroups currently working on proposed plans and objectives
 - Education workgroup
 - Data & Documentation workgroup
 - Supply and Equipment workgroup (Working towards standardizing products system wide)
 - Staffing and Role workgroup (Completed required wound care nurse gap analysis and hiring proposals)
 - Policy and Procedure workgroup

Excellence

Nursing Clinical Ladder Program

- The letter of intent submission process opened on February 1st and closed on March 31st at 11:59pm.
- The deadline to submit professional portfolio was on October 1st at 11:59pm.
- Approved to participate in program: 1961

- Clinical ladder Program folder review sessions are in progress with goal to send out payments by December 31st 2021

Laying foundation by creating a system level Positive Practice Quality Research System Team (PQRST) committee

- Created a Positive practice committee including members from all acute care facilities for ANCC PTE, Magnet initiatives, launched September, 2021. Goal is 2 facilities will have their pathway application submitted by December 2022.
- Positive practice committee launch for Post-acute – November, 2021
- AACN Beacon recognition document preparation and guidance for all acute care facilities critical care nursing, started July, 2021. (Goal of 1 ICU from each facility will have their Beacon application submitted or awarded by December 2022).
- Completed nursing excellence award 2021 winner selections, September, 2021- Awards and recognition event planned for December, 2021.

RN Survey

- All acute care facilities are scheduled to participate in RN survey in October 2021, pending results in December 2021.

Certification

- Currently collaborating with facilities to increase nurses' certification rate by 10% annually

Nursing Research/EBP/Innovation

- Established the foundation for Doctoral nursing student's capstone/dissertation research through a scientific review committee along with central office research administration.
- Currently working towards developing a systemwide nursing research/EBP/innovation committee. Expected launch January 2022

Access to Care

Access to Care – Current state, Current Projects and Outcomes

- **Utilization Management (UM)**
 - Systemwide case management orientation
 - Identification of pillars: organizational resources, scope of practice, and knowledge, skills & competencies.
 - Quality assurance: case studies review; critical thinking to review criteria and medical necessity.
 - Review of best practice nationwide.
 - Goal is to standardize utilization management orientation throughout the system.

- Interqual (IQ) Certification Training – November 2021
 - IQ Certification of 36 Case Managers – 18 Acute, 18 Behavior Health
 - Web-based pre-work – completed individually.
 - Each participant has been working on the pre-requisites in preparation for the classes which begin November 1st.
 - Curriculum information including web-based training module(s), PowerPoint training slides (includes case studies) will be assigned prior to VILT (instructor-led training)
 - Instructor-Led Training.
 - Following an instructor-led educational process using demonstration and case study work, participants will be able to:
 - Present and explain to others the:
 - Philosophy and benefits of the criteria
 - Criteria organization and concepts
 - Review process
 - Demonstrate the use of licensed criteria to conduct reviews and support clinical care decisions.
 - Facilitate discussion of criteria application to case studies.
 - Successfully complete post-tests designed to measure competency in teaching InterQual Criteria to adult learners.

- CarePort training and implementation – CarePort is the new referral system which will replace Allscripts systemwide. Case Managers and Social Workers utilize this referral system. Training will begin January 2022.

- Physician Advisor and secondary review training and implementation systemwide ongoing.
 - **Documentation and Appeals subcommittee project**
 - Development of “pocket cards” with most common denied diagnosis due to physician documentation – goal is to do sample documentation tools to guide physicians on ED.
 - Currently 41 diagnosis “pocket cards” have been developed.
 - Pocket cards with link to MCG care guidelines.
 - **Case Management Review Smart Text Initiative**
 - Creation of smart texts in EPIC to assist with case managers documentation to payors.
 - **Bi-weekly site visits**
 - Utilization Management Council Leadership has been visiting each site bi-weekly and meeting with stakeholders to share current and future projects.
 - **Child Abuse Prevention and Treatment Council**
 - Epic optimization for child abuse reporting, and a registry for case-tracking.
 - Interagency MOU for information-sharing.
 - Systemwide needs assessment
 - Strengthening families – Women’s Health Council and CAPT doing a needs assessment, encouraging positive parenting.
 - Child abuse response – Initial draft

Social Work:

- Social Work Shared Governance implementation kicks off in November with facility-based information sessions for frontline Social Work staff and leadership.
- Focused SW scope of practice and role refinement activities have begun in the following areas:
 - Women’s Health, 3-2-1 IMPACT & CAPT
 - Ambulatory Care (partnership with new Community Health Worker role)
 - Behavioral Health specialty programs
 - Post-Acute & Community Care
- *Social Work Director’s Council* charter has been revised to more closely align with established NASW and NYS Office of the Professions standards and practices. Identified priorities for 2021-2022 include:
 - Recruitment & Retention
 - In partnership with H+H Talent Acquisition, we’ve established quarterly Systemwide SW Recruitment Fairs. First one held on September 29th was successful.
 - Staff Recognition & Wellness
 - Professional Training & Development
 - Equity & Access
 - SW Student Affairs

Care Experience

CARE EXPERIENCE

- Podium/Poster Presentations in NYONEL, Tarrytown, NY in September 2021
 - Belaro, A., Cineas, N., Als, D., Gonzales, D. (2021). “Keeping Amazing Talent. NYCHH Nurse Residency Program Outcomes.” Accepted for podium presentation at the 2021 New York Organization of Nurse Executives (NYONEL) Annual Conference. Mamaroneck, NY
 - Belaro, A., Cineas, N. (2021). “Rapid Implementation of Professional Shared Governance in the Largest Public Health System in the U.S.” Accepted for podium presentation at the 2021 New York Organization of Nurse Executives (NYONEL) Annual Conference. Mamaroneck, NY
 - Belaro, A. (2021). “Quick and Easy Escape Room for a Virtual Nurse Residency Seminar.” Accepted for podium/poster presentation at the 2021 New York Organization of Nurse Executives (NYONEL) Annual Conference. Mamaroneck, NY

- Belaro, A. (2021). “Innovative EBP Recordings for Presentation of NRP EBP Projects.” Accepted for poster presentation at the 2021 New York Organization of Nurse Executives (NYONEL) Annual Conference. Mamaroneck, NY
- ICARE Module launched March 2021. Completion by staff on September 2021.
- Care Experience Task Force have developed a system implementation plan for Meaningful Rounding. Local Implementation Plans have been developed/submitted. Expected launch in the first quarter of 2021.
- Meaningful Rounding Module targeted for launch in October 2021.
- Care Delivery Model for implementation in the Fall of 2021.
- Care Experience Dashboard – accepted by DnA, in development

PROFESSIONAL SHARED GOVERNANCE

- Completed 3 system wide report (including 1 annual retreat) and 4 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 February 9, 2022. Councils in formation: Care Management Council, Social Work Council, PQRST Council
- Twice daily Coaching Calls for PSG frequently asked questions surpassed 62 weeks (465+ hours) continuing every Mondays to Fridays.
- PSG Dashboards are in development. 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.

NURSE RESIDENCY PROGRAM

- Nurse Residency Program graduated 9 cohorts (200+ new nurses) to date. Enrolled 800+ residents to date. Retention rates for enrolled new nurses since program inception: **2019** 85% (n=196) => **2020** 95% (n=327) => **2021** 100% (n=103).
 -
- First Evidence Based Practice (EBP) Symposium completed in April 2021 which showcased 60+ EBP Posters completed by residents across 5 cohorts. Annual EBP Symposium to continue in 2022 and beyond.

RN MENTORSHIP

- Launched in Bellevue, Coney Island
- 2 retiree mentors, 10 incumbent RN mentees
- Mentorship Training completed via Peoplesoft ELM
- Expansion of Retiree Mentor Pool
- Additional Arms:
 - NRP Alumni Mentors
 - Leader Mentors
 - Hybrid Mentors/Preceptors
- Embed into Clinical Ladder Program by 2022.

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 completed in June 2021.
- Next steps: Program Development, Curriculum Development, Recruitment
- Executive Sponsor: Dr. Natalia Cineas
- Program Administrator: Dr. Arlene Travis

**MetroPlusHealth Report to the
Medical & Professional Affairs Committee**

November 1st, 2021

Dr. Talya Schwartz, President & CEO

Regulatory Highlights

COVID-19

NYS declaration of emergency expired on June 24, 2021. Some of the COVID-19 related waivers and regulatory exceptions expired with this change including the waiver of recertification requirements for network providers and remote notarization. Video participation in board meetings for public entities where the public cannot be present at all video locations also expired but the new Governor issued a new rule allowing this to continue for the time being.

No cost-sharing for COVID-19 testing and vaccinations remain in effect until the end of the Federal PHE under the CARES Act. Federal government PHE has been extended for an additional 90 days.

Disenrollment moratoriums for Medicaid, EP, and CHP Advance Premium Tax Credit (APTC) will continue through December 31, 2021 and will be for a 12-month period. SDOH will work with plans to set up a recertification schedule that will not be too burdensome to manage. Through June, for these lines of business, disenrollment remains only for people who have moved out of the area, have passed away, or who have active insurance coverage through another product (effective February 2021). MLTC still has no end date for the ban on service refusal disenrollment.

New Federal Laws Impacting Information Access for Members

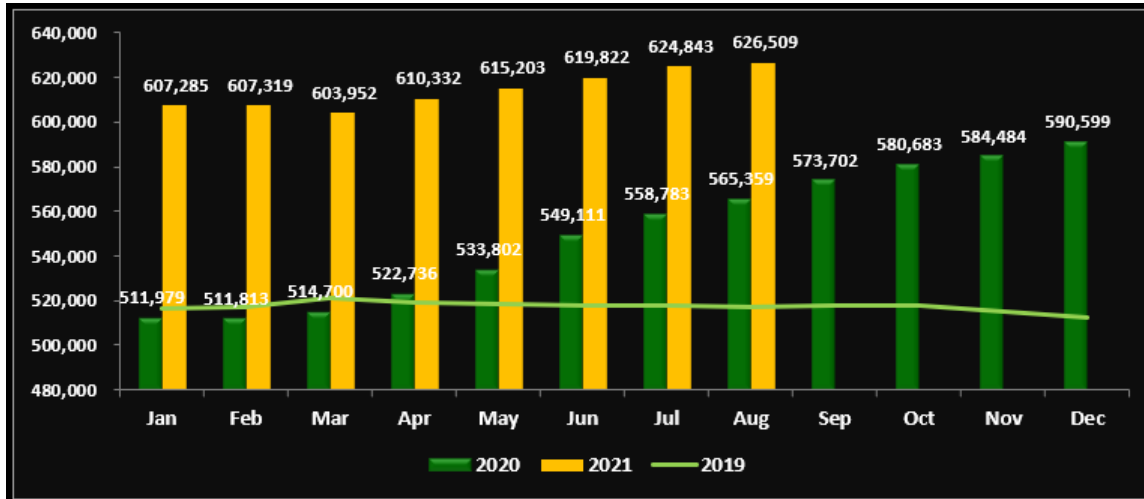
Two new Federal rules, Transparency in Coverage Act and No Surprises Act, are both designed to increase obligations on health plans to provide information about how much services cost a Plan to provide. The Transparency rules require group health plans and insurers in the group and individual markets to provide self-service tools to members to allow them to know what plans are paying their in-network providers. This includes providing machine readable files and a price comparison tool where members can see how much their out-of-pocket costs would vary by provider by June 2022 and a list of 500 shoppable services for out-of-pocket costs by January 2023.

The price comparison tool is impactful to any MetroPlus line of business where members may have cost-sharing rather than a set co-payment, such as QHP and Gold.

The No Surprises rule is extremely broad, but most requirements are already in place via existing NYS laws. CMS is currently evaluating the overlap between the Transparency rule and the No Surprises rule and compliance dates have been delayed as a result.

Membership

Membership has reached 626,509 members in August. Year to date membership is up 6.1% continually driven by growth in Medicaid and EP. Losses seen in QHP, SHOP and MLTC.



BH Services Transition

Effective October 1, 2021, MetroPlus successfully transitioned from Beacon Health Options, the management of members with behavioral health and substance use disorder conditions. Key functions now administered by MetroPlus include network relations and contracting, care management and coordination, utilization management, customer service, appeals and grievance management, claim processing, quality management and regulatory reporting, compliance, and oversight.

Clinical Approach

Current clinical staff is comprised of RN, LCSW, LMHC, LBA, PhD, Peers, and Medical Directors with specialization in child and adolescents, adult behavioral health, and substance use disorders. Clinical staff will continue to grow to a team of approximately 75 individuals through next year.

The teams utilize several platforms to manage the work associated with utilization and case management and have leveraged functionality supporting physical health activities as a baseline and then developed customization to meet the unique needs of behavioral health. This system integration allows for easier exchange of information between behavioral and physical health aspects.

The utilization and case management teams use industry standard tools to assist in the development of members transition and or plans of care. These first level screening tools are based in evidence-based practices and will support defined criteria to formulate decisions or whether further evaluation is required. These tools include Level of Care Determination (LOCADTR) used for substance use disorders, and InterQual[®] criteria for Utilization Management and applied behavior analysis (ABA).

Over 4,000 members that were in varying stages of case management with Beacon were transitioned to our care management teams. MetroPlus utilization management and case management teams engaged with Beacon Health Options to discuss open case management cases to ensure identification of any high need members. Member cases were stratified, and our case managers began engaging members in behavioral health assessment.

Critical part of this transition is aligning with our network providers and specifically H+H. Case management collaboration, referrals and hands offs are being develop at present time. Our care management staff, specifically those focused on the HARP population and peers, are field based and able to serve as additional resource for members and providers.

BH Network

The network development and contracting team performed extensive data mining of Beacon Health Options claims data to identify provider, agencies and facilities that were utilized by MetroPlus members. The results of that analysis identified hundreds of organizations to be the foundation for our behavioral and substance abuse network. The Plan has successfully contracted and credentialed over 95% of the targeted organizations, which exceed the NY Department of Mental Health's requirement of 90% congruency with Beacon Health Options network. For members who are treated now by out of network providers, a 6-month transition of care benefit is in place to assist members in either concluding care and or transitioning to an in-network provider, whichever is appropriate.

3 Weeks In

To date, the transition has been progressing smoothly, accommodating member and provider needs. Over the first 2 weeks MetroPlus call center received over 1,200 phone calls from members and providers and successfully maintained service levels related to speed to answer, abandonment rates, and time to complete documentation of call outcomes; over 4,000 BH claims received and are being processed.

Throughout Q4 of 2021, our behavioral health teams will focus on ensuring all operations have moved into a "steady State" of production, which will position us to expand our focus in 2022 on development of initiatives with H+H and other interventions to support better outcomes for our members.

Foster Care Program

NYS transitioned Foster Care transitioned to managed care on 7/1/21 to promote continuity of care, collaboration across child serving systems, ensure health care services are comprehensive, timely, high quality, trauma-informed, and evidence based. Children/youth placed in foster care have higher rates of birth defects, developmental delays, mental/behavioral health needs, and physical disabilities. They utilize inpatient and outpatient mental health services 15-20 times more than mainstream Medicaid children.

Of the 9,300 children in the care of Voluntary Foster Care Agencies (VFCAs) with 29-I licenses, about 11% (1,036) are currently enrolled with MetroPlus. The 29-I authorizes VFCAs to provide limited health services like nursing, skill building, discharge planning, PCP, HCBS, and mental health. MetroPlus contracted with 34 agencies.

Some of MetroPlus responsibilities include: coordinating PCP assignments as needed; ensuring access to health care, including mandated health assessments, DME, and referrals; assisting with court ordered services and fair hearings; following up on Gaps in Care to improve health outcomes: care managers review treatment plans and available clinical information to ensure timely gap closure and refer to children's health homes when indicated.

MetroPlus has been in communication with VFCAs and ACS for the past 3 years to develop working relationships and establish lines of communication to promote mutual understanding and adoption of state regulatory requirements, coordinate processes to enroll and update eligibility changes, collaborate to optimize quality outcomes, and share the value of collaborating with H+H and their 5 Foster Care Centers of Excellence.

H+H Centers of Excellence have been valuable sources of care and support to children in foster care. Many VFCAs have their own PCPs or utilize the PCPs of other VFCAs or community providers. Children not already in established care of a PCP are assigned to H+H Centers of Excellence (COE) to ensure the provision of comprehensive trauma informed care. Currently 10% of foster children are assigned to H+H PCPs.

RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the “**System**”) to enter into a best interest five-year renewal agreement with Coordinated Behavioral Care IPA, Inc. (“**CBC**”) for case management of System patients with persistent behavioral health issues at a cost not to exceed \$17,977,600.

WHEREAS, New York State Office of Mental Health’s (“**OMH**”) Medicaid Performance Opportunity Program mandates clinical partnerships among payors, healthcare providers and care management agencies to provide intensive care transitions services to manage patients with high acute care utilization and recommends Critical Time Intervention (“**CTI**”), an evidence based and time limited intervention, as a model of care; and

WHEREAS, to transition adult System patients with persistent behavioral health needs from frequent Psychiatric Inpatient and/or Emergency Department treatment to ongoing ambulatory behavioral health care in community-based setting, skilled and intensive care transition services are required; and

WHEREAS, CBC is a provider-owned and led non-profit Independent Physician Association (an “**IPA**”) consisting of a Medicaid Health Home, an IPA, and an Innovations Hub which develops and incubates new program models, such as Pathway Home™ as well as emerging technologies assisted care solutions; and

WHEREAS, the System’s DSRIP program, OneCity Health, executed an agreement for such case management services with CBC in February 2019 expiring December 31, 2021 that grew over time to include 5 System hospitals at a cost of approximately \$4.3M; and

WHEREAS, CBC provided valuable services during the term of its OneCity Health contract by reducing use of System Emergency Departments, reducing costs and yielding better clinical outcomes; and

WHEREAS, in March 2021 OMH extended its mandate for transition services for patients with persistent behavioral health issues recognizing the need to extend and expand the service to a much larger group of the System’s patients; and

WHEREAS, the proposed agreement with CBC will move from a hospital-based model to a borough-based model with CBC playing the role of a single point of access for referrals from all of the System’s hospitals with 24/7 on-call access and the expectation of enrolling more than 90 patients per team per year.

NOW THEREFORE, IT IS RESOLVED THAT New York City Health and Hospitals Corporation (the “**System**”) be and it hereby is authorized to execute a five-year best interest renewal agreement with Coordinated Behavioral Care IPA, Inc. (“**CBC**”) for case management of System patients with persistent behavioral health issues at a cost not to exceed \$17,977,600.

EXECUTIVE SUMMARY
BEHAVIORAL HEALTH CARE MANAGEMENT AGREEMENT WITH
COORDINATED BEHAVIORAL CARE IPA, INC.

- BACK GROUND:** OMH's Medicaid Performance Opportunity Program mandates clinical partnerships among payors, healthcare providers and care management agencies to provide intensive care transitions services to manage patients with high acute care utilization and recommends CTI. To respond to this mandate, the System, through OneCity Health, contracted with CBC for such case transition services. While initially sited only at NYC Health +Hospitals/Bellevue, the program grew to include 5 System hospitals at a cost of approximately \$4.3M. The program was quite successful in improving clinical outcomes, reducing use of acute care resources and saving money. OMH has renewed its mandate for such transition services and indicates that it wishes to expand the System's program to include many more patients from all of its facilities.
- PROCUREMENT:** With the approval of the Contract Review Committee, the proposed contract will be awarded on a "Best Interest" basis under Operating Procedure 100-5. CBC, as an IPA, consists of 50 community based organizations. As such, there are no competitors in the New York downstate catchment area who currently provide similar services. CBC demonstrated the value of its services during its more limited contract with OneCity Health and has been recognized by OMH with supportive grants to develop its Pathway Home™ teams approach.
- PROPOSED PROGRAM:** As proposed, the agreement with CBC will expand into a System-wide program operating on a borough-based structure drawing referrals from all of the System's facilities. The program will be based around 4 CBC Pathway Home™ teams each of which will be expected to enroll more than 90 patients per year. CBC's Pathway Home™ program provides a multidisciplinary and high touch care transition services beginning prior to hospital discharge and continuing into the community for 6 – 9 months after. Each team consists of RNs, SWs, Case Managers and Peers who help address clinical as well as social issues. By beginning engagement before discharge from an acute care setting such as an ED/CPEP visit or hospital admission, this team-based model will provide high risk patient populations with support within the community to connect with outpatient clinical services as well as social services. Pathway Home™ team members meet with patient at least once a week for first 1-3 months, accompany them on the day of discharge and to their subsequent MH, SUD and PC clinic appointments. Visit frequency is based on patient needs. This intensive care management model aims to strengthen community-based care through development of individualized, longitudinal care plans, as well as a focus on skill-building. The program goals are: Strengthening community-based care and improving connection to outpatient services post discharge, reducing avoidable readmissions and emergency department use, shortening lengths of stay, increased enrollment in health home care coordination to maintain ongoing case management post-intervention and increased medication adherence through medication management and reconciliation.
- TERMS:** \$898,880 per team/year; \$832.30 per enrolled patient per month. 73% of the cost is dedicated to direct patient care staff and supervisor (RN, SW, Peers etc.). This amounts to \$3,595,520 for 4 teams/year which extends over 5 years \$17,977,600 for 4 teams/year for 5 years.
- FUNDING:** While the System originally paid for the agreement with CBC using a State OMH grant, the proposed renewal will be funded with the Systems operating funds.
- MWBE:** Because CBC is a not-for-profit corporation, it cannot, itself, be an MWBE. However, the staff at CBC is 85% minority and/or women while the board is 75% minority and/or women.



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

From: Keith Tallbe
Senior Counsel
Office of Legal Affairs

Digitally signed by Tallbe, Keith
Date: 2021.10.28
10:11:43 -04'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: Coordinated Behavioral Care Independent Practice Association (CBC IPA)

Date: October 28, 2021

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

Vendor Responsibility
Pending

EEO
Approved

MWBE
Exempt: self-performing
non-profit entity

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.

**Coordinated Behavioral Health - Pathway Home™
for High Risk Behavioral Health Patients
Approval Request for Best Interest Renewal Agreement**

Medical & Professional Affairs Committee

November 1, 2021

Office of Behavioral Health / Medical Professional Affairs:

Charles Barron, MD - System Deputy Chief Medical Officer

Richard Freeman - Sr. AVP

Prajakta Vagal - Senior Director

Central Office:

Wilbur Yen - Senior Director

Background

- Many H+H patients with behavioral health needs are high utilizers of acute care services but are often not engaged in ongoing ambulatory behavioral health care. A successful transition from Psychiatric Inpatient and/or Emergency Department treatment to a community-based setting for adults with serious mental illness requires skilled and intensive care transition services.
- The New York State (NYS) Office of Mental Health (OMH) Medicaid Performance Opportunity Program (POP) mandates clinical partnerships between payors, healthcare providers and care management agencies to provide intensive care transition services to manage behavioral health patients with high acute care utilization. OMH recommends Critical Time Intervention (CTI), an evidence-based and time-limited intervention, as a model of care.
- OMH endorsed and funded a Pathway Home™ pilot program in CY 2018-2019 which was implemented at two New York City hospitals, one of which was NYC H+H/Bellevue, in partnership with the Office of Behavioral Health.

CBC and Pathway Home

- Coordinated Behavioral Care (CBC) is a provider-owned and led non profit organization consisting of a Medicaid Health Home, an Independent Practice Association (IPA), and an Innovations Hub which develops and incubates new program models, such as Pathway Home™ (PH).
- PH's goal is to ensure uninterrupted and coordinated access to behavioral and physical health services while addressing the social determinants of health. CBC acts as a single point of referral to multidisciplinary teams at care management agencies in CBC's broader IPA network. These teams maintain small caseloads and offer flexible interventions where frequency, duration and intensity is tailored to match the individual's community needs and have the capacity to respond rapidly to crisis.
- The PH program meets OMH's recommended CTI model requirements by providing multidisciplinary and high-touch care transition services beginning prior to hospital discharge. These services continue into the community for six–nine months after the initial engagement.
- PH is the winner of numerous awards, including Crain's Heritage Innovation in Healthcare Delivery Award (2019) and the Case Management Society of America (CMSA) Case Management Practice Improvement (2019).

H+H and CBC Partnership

- Based on the experience of the OMH pilot at NYC H+H/Bellevue, OneCity Health, a subsidiary of NYC Health + Hospitals, entered into a 15-month agreement with CBC beginning in June of 2019 to extend PH services to four additional H+H BH services at NYC H+H/Metropolitan, NYC H+H/Harlem, NYC H+H/Lincoln and NYC H+H/Coney Island.
- The agreement was approved by the OneCity Health Executive Committee and OneCity's Board of Directors with a not-to-exceed amount of \$4,294,476 funded through the Delivery System Reform Incentive Payment (DSRIP) program. This contract was further extended through December 31, 2021 with H+H funding approved by the Clinical Services Planning Committee.
- In March 2021 OMH declared an extension to the POP mandate. With this extension OBH recognizes the need to not only extend the service, but also to expand the service to a larger group of eligible patients from H+H risk pool.
- The program will move from a hospital-based to a borough-based model with CBC playing the role of single point of access for referrals as well as 24/7 on-call access.
- If approved, the service will reach POP eligible H+H risk pool members who will be discharged from ALL 11 NYC H+H Behavioral Health inpatient services.
- CBC will be expected to enroll at least 90-100 patients per team per year

Best Interest Renewal Agreement

Under OP 100-05, the system can renew a contract with appropriate vendor and pricing due diligence rather than re-procure when it is in the system's best interest to do so

- CBC and the Pathway Home™ teams have provided significant value to H+H's patients and inpatients clinical teams in transitioning high-risk patients into the community and engaging them into outpatients clinical services as well as community-based supportive services
- Since CBC's IPA network itself consists of fifty community-based organizations (CBOs). Both the staff (85%) and the board (75%) are comprised of minorities and/or women.
- There are no competitors in the New York downstate catchment area who currently provide similar services. Initiating an RFP or new service provider would require undoing the work done over the past three years and would present significant service gaps for this vulnerable patient population
- To meet these goals, OBH is requesting a best interest renewal of the current agreement for the period January 1, 2022 – December 2026 with a not-to-exceed amount of \$17,977,600. The pricing for the proposed best interest renewal has no increase in unit cost.
 - H+H funding (supported by DSRIP earnings) was approved for the best interest renewal by both H+H's Clinical Services Planning Committee and the Contract Review Committee
- Cost Detail:
 - \$898,880 per team/year
 - \$832.30 per enrolled patient per month / (approximately \$9,987.60 annualized)
 - 90 – 100 patients per team/year
 - 73% cost is dedicated to salaries for the multidisciplinary care team.
 - Each team consists of: 1.0 Team Leader, 1.0 RN, 2.0 Senior MH Clinicians, 2.0 Case Managers, 2.0 Peers, 0.2 Contract Manager
 - \$3,595,520 for four (4) teams/year
 - \$17,977,600 for four (4) teams/year for five (5) years

Accomplishments at H+H

- **689** unique patients received PH services between February 2019 and June 2021
 - Patient engagement rate of 68%

Of the 689 unique patients,

- 30-Day follow up after hospitalization (FUH) HEDIS/VBP metric rate – 81%
 - System-wide comparison: 47.4%
- Reconnection to primary care and specialty services post discharge – 90%
- Connection to long-term community-based care coordination services such as Health Home – 56%
- Significant difference in ED and inpatient visits between program participants when compared to the control group
 - The CTI group in the retrospective cohort design study averaged 5.3 visits within 9-months post program enrollment while the control group averaged 10.5 visits during the same look-back period.
 - Similar findings have been reported in other [published studies on PH](#).

A recent CBC study of PH members (non-H+H) using Medicaid/Psychkes data indicated a net savings of \$41,296 per member over the course of 18-months of program participation.

- If applied to the current five-year renewal request, this would represent \$55M in savings, or an ROI of \$37M

Pathway Home™ Program Overview

Distinguishing features

- By beginning *engagement before discharge* from an acute care setting such as an ED/CPEP visit or hospital admission, this team-based model will provide high risk patient populations with support within the community to connect with outpatient clinical services as well as social services.
- PH team members *meet with patient at least once a week* for first 1-3 months, *accompany them on the day of discharge* and to their subsequent Mental Health, Substance Use Disorder and Primary Care clinic appointments. Visit frequency is always based on patient needs. This intensive care management model aims to strengthen community-based care through development of *individualized, longitudinal care plans*, as well as a focus on *skill-building*.

Program Goals

- Strengthening community-based care and improving connection to outpatient services post-discharge
- Reducing avoidable readmissions and emergency department use
- Shortening length of stay
- Increased enrollment in health home care coordination to maintain ongoing case management post-intervention
- Increased medication adherence through medication management and reconciliation

Medical and Professional Affairs Approval Request

Resolution

NOW THEREFORE, IT IS RESOLVED THAT New York City Health and Hospitals Corporation (the “System”) be and it hereby is authorized to execute a five-year best interest renewal agreement with Coordinated Behavioral Care IPA, Inc. (“CBC”) for case management of System patients with persistent behavioral health issues at a cost not to exceed \$17,977,600.