AGENDA

MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE

Date: **September 12th, 2022**
Time: **9:00 AM**
Location: **VIRTUAL MEETING**

BOARD OF DIRECTORS

CALL TO ORDER — **DR. CALAMIA**

ADOPTION OF MINUTES – July11, 2022

ACTION ITEMS:

1) Authorizing New York City Health and Hospitals Corporation (the "**System**") to enter into stand-by contracts with the following seven firms, Medrite LLC, Rapid Reliable Testing, LLC, Premier Assist, The Daybreak Health Group Inc., Somos Healthcare Providers, Inc., Fulgent Genetics, Inc., and Executive Medical Services (the "**Vendors**") to provide infectious disease mobile response services when necessary as directed the System's President with each contract to have a two-year term with two six-month renewal options and with the set of contracts not having a pre-established not to exceed amount. — **DR. LONG**

Vendex: Approved- (The daybreak Health Group Inc.- Pending)
EEO: Approved-(The daybreak Health Group Inc. and Executive Medical Service- Pending)

2) Authorizing New York City Health and Hospitals Corporation (the "**System**") to enter into contracts with the following five firms: Medrite, Rapid Reliable Testing, LLC, Fulgent Genetics, Inc., Community UC, and Premier Assist (the "**Vendors**") to provide steady-state and standby test-to-treat resources during a CoVid-19 surge event with each contract to have a one-year contract period with a one-year option to renew and with the set of contracts that will have a not to exceed amount of $156,900,000. — **DR. LONG**

Vendex: Approved (Pending-Community Urgent Care P.C.)
EEO: Approved (Pending-Community Urgent Care P.C.)

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

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

METROPLUS HEALTH PLAN — **DR. SCHWARTZ**

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

Virtual – Medical and Professional Affairs Committee – July 11, 2022
As Reported by Dr. Vincent Calamia
Committee Members Present- José Pagán, Dr. Vincent Calamia, Sally Hernandez-Piñero, Barbra Lowe, Dr. Patricia Marthone

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 9:05AM. On motion made and seconded, the Committee adopted the minutes of the April 11, 2022 Medical and Professional Affairs committee.

ACTION ITEM:
Chris Keely, Assistant Vice President, Ambulatory Care presented the resolution to the committee -

> **Authorizing New York City Health and Hospitals Corporation (the "System") to enter into stand-by contracts with the following six firms: Rapid Reliable Testing, Inc., a/k/a DocGo, Medrite Urgent Care, Centena Health, Inc., Elevation Health LLC, Premier Assist and Fulgent Genetics, Inc. (the "Vendors") to perform Covid testing when necessary as directed the System's President with each contract to have a two-year term and with the set of contracts not having a pre-established not to exceed amount.**

There a routine testing capacity that already exist. In preparation for a potential future COVID surge, the request is to establish a roster of prequalified vendors who could be able to be activated immediately. These contracts, will have a firm commitment regarding how many testing units and locations a vendor can scale up and on what time line, for a surge scenario that timeline is important. This will also avoid the need for emergency procurement and contracting in the future by having the surge capacity available.

Under the current contract, pricing is based on a per test or per team per daily basis. An ancillary cost, vendor would be managed by existing testing team and staff under test and trace office of Ambulatory Care. This will be supplemented by additional project management support under the RFP. No additional internal resources are expected. The Office of Ambulatory Care and Population Health is seeking approval to award contract to six firms, with $0 contract value, to provide COVID testing vendors for an emergency response. This $0 dollar contract value, will require a written emergency authorization from the President to activate this agreement. No cost will be incurred, without prior approval from the President and OMB. All expenses are covered by the T2 MOU between OMB and NYC Health + Hospitals, which is to be extended beyond the current expiration date. The Board of Directors will be notified and provided the expected expenditures.

The Committee raised some questions: Do we have enough capacity at each site to educate on how to stay safe? There are outreach team that are doing outreach and engagement and education around best practices. New models were launched for test to treat. These models bring treatment right to the point of care. There is adequate capacity at the mobile testing sites.

Q*uestion raised by the Committee:* Have we ever done this sort of stand by authorization before. *Response by Mr. Keely:* This was modeled after some of the requirements contracts that are relatively standard practice in other areas that have vendors on standby for the capacity. The Committee commended the team for a job well done.

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

Chris Keeley, Assistant Vice President, Ambulatory Care presented the resolution to the committee -

> **Authorizing New York City Health and Hospitals Corporation (the "System") to enter into stand-by contracts with the following four firms: Q.E.D., Inc. d/b/a QED National, Rapid Reliable Testing, Inc., d/b/k DocGo, Somos Healthcare Providers Inc. and Huron Consulting Group, Inc. (the "Vendors") to provide Covid surge project management services when necessary as directed the System's President with each contract to have a two-year term and with the set of contracts not having a pre-established not to exceed amount.**

This is a surge capacity for the projects management to support the previous testing pooled vendors. The goal to be able to go from 150 testing locations to 300 testing locations to have stand by project management support that can help with facilitating street permits, identify which specific locations in the city to go to, work with community partners to publicize the units are available. These are the function on what this proposal is for. The Office of Ambulatory Care and Population Health is seeking approval to award contract to four firms, with $0 contract value, to provide contingency emergency project management services. NYC Health + Hospitals will require a written emergency authorization from Dr. Katz to activate this agreement.

OMB will be informed of that approval and asked to provide an agreement to cover those cost. No cost will be incurred, without prior approval from the President and OMB. In addition, the Board of Directors will be notified and provided expected expenditures. It is estimated these services could cost between 2 and 5 million dollars a year. These expenses are covered under the T2 MOU between OMB and NYC Health + Hospitals. The request is for the contracts to be effective August 2022.

The Committee raised questions: *In the point system when evaluating the contract do we usually do 10% or 15% for MWBE?* Mr. Keely responded that 15% was used. The Chairs Office responded, that it usually is 10%, however it all depends on the services required.

Will these particular sites have oversight for the deliveries in their communities, are there targeted communities? Mr. Keely responded: These sites are intended specifically to be able to manage the provision COVID testing primarily that will overtime take the form of rapid testing with some PCR. However, the service to be delivered under the prior contract is testing. These are the back-end support professionals that will help

to coordinate the sites. This way when the testing staff arrives to the location, the community is aware, and it has been publicized, and all permits are in place. They are there to make sure those services in the field run smoothly.

The procurement of the test themselves, does the vendor do any of that? Response from Mr. Keely, under this contract with the back end support no, they are not. Under the prior contract they are responsible for all of the procurement and all their needed supplies, like test, folding tables, wipes, etc. They have their supplies, and would be ready to drive up to a community event and ready to go. All we do is manage them and make sure they are maintaining a good amount of quality and experience for the patients, that they are getting test results to the patients in a timely manner.

The Committee response: I think they are at disadvantage if they do not have the funds to procure enough of the supplies when they need them, they do that 1st then get reimbursed, and have to pay it off afterwards. Its part of the MWBE challenge, it sounds different and easier in this process for MWBE to participate.

With respect to the vendors that we do not have experience with before this time, do we have references? Response from Mr. Keely: we do, as well as our own experience with them on the testing side. There is a hand off that happens where the testing work is not without project management duties. The vendors that are performing those testing activities need to make sure the vans are fully stock with those test and supplies. They make sure staff are getting there on time and doing an adequate job. They do daily reports on the volume. Those vendors have skills relevant to project management work. We do have references for the vendors.

How much do we have in terms of resources to make referrals from mental health issue? Response from Mr. Keely: for these locations there is not a direct connection in that way. We have come before the Board to discuss the street health outreach and wellness program, which is a mobile venue. We have 8 units on the street today. They provide both COVID testing as well as those types of referrals, and certain onsite services. However, specifically in the surge environment are intended to be sort of specialist, just doing COVID testing, focus on moving as many tests as quickly and efficiently as they can, in order to provide the capacity needed during a surge moment.

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

Nicola Davis, Vice President, and Emily Foote, Senior Director, Office of Population Health presented the resolution to the committee-

> **Authorizing New York City Health and Hospitals Corporation (the "System") to enter into a best interest renewal of its contract with New York Legal Assistance Group ("NYLAG") under which NYLAG provides certain free legal services to the System's patients for one year for an additional amount not to exceed $1,889,182 which,**

when added to the previously approved funding of $4,160,424, brings the total not-to-exceed amount to $6,049,606.

NYC Health + Hospitals operates one of the country's oldest and largest medical-legal partnerships, with the legal health division of NYLAG. NYLAG is a nonprofit, civil legal services organization and medical legal partnerships, or NLPs as they are known, one of the most innovative and powerful intervention for addressing social determinants of health. In this model attorneys function essentially as an extension of the medical care team and are able to assess and address patient's legal needs through the lens of medical and behavioral and social determinants of health.

Health + Hospitals has had agreements in place with NYPAG since 2002, nearly 20 years. Initially they were funded externally for their work, recently we provided space with in our hospitals. Over time H+H has began funding them directly, in 2019 the Office of Population Health was able to establish a single centralized agreement for services, that agreement expires in August of this year. We are here to request a best interest renewal for 1 year allowing time to launch an innovative new referral appointment scheduling system in our EMR epic, which will give us more operational control of this work; plus, the ability to better measure the impacts and the financial sustainability of the program.

Ms. Foote provided the background of the current services, current NYLAG partnership, and accomplishments. She provided the best interest renewal; gave example of the Vendor due diligence, Pricing Due Diligence and their performance. The Office of Population Health is happy with the ongoing commitment to our staff and patients, and their willingness to flex their services as needed. We are requesting approval of the resolution for a 12 month best interest renewal of our agreement with NYLAG. The renewal will maintain the terms of the existing agreement and provide NYLAG personnel, cost of living and fringe adjustment. The not-to-exceed cost will increase to $1,889,182 and the new agreement will expire in August of 2023.

The additional 12 months will allow us time to launch our new epic referral system and evaluate procurement of a future multi year agreement to begin in September 2023. A question was raised by the Board: When we look at the clientele, is there a break down on whose English 1st language and who are not Spanish, and what the percentages are? I do not have the number on hand, the data that is reported is by NYLAG is an aggregate and we do not have control over their data collection. The info they do share there is a preponderance of Spanish speaking patients. Because of our investment in the immigration legal services, many immigrants, English is their 2nd language. The EPIC system will get us better data on this.

Is this contract exclusive? If require specialized services at some point, could we go with any other vendor, any other legal assistance groups that provide this type of work? Response from Ms. Foote, I am not an attorney, however, this is a nonexclusive agreement and we are free to work with other legal service providers as needed.

Are there other agencies that tend to have the same level of experience with healthcare systems, does NYLAG work with any other healthcare systems? Are their any other systems that are providing any services even remotely? NYLAG legal health division does have medical legal partnerships with most of the NYC system, including Mount Sinai, Columbia, Montefiore. Also, there is a small firm call terraform, they specialize in pediatric medical legal partnership. They look at the rights and needs of unaccompanied minors. No further questions or comments.

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

CHIEF MEDICAL OFFICER REPORT
Machelle Allen MD, Systems Chief Medical Officer/Sr. Vice President of Medical and Professionals Affairs and Hannah Jackson, MD, Assistant Vice President & Chief of Staff, Office of Ambulatory Care and Population Health, reported to the committee a full report is included in the materials, they highlighted the following.

Access to Care
Dr. Jackson talk about access to care for our patients in the outpatient's services. A lot of work was put into improving continuity, it was almost a 50/50 chance that a patient was seeing their own doctor. Work was done with rolling templates that scheduled times in advance, this way an appointment is available for a patient if it was urgent or they need to be rescheduled to see their own doctor.

No show rate: the rolling templates work with no show rates, an example was given, if you schedule a patient for their annual visit today the chance that they are free with childcare and no work restriction is likely impossible. Work is being done to schedule closer to the appointment time. As of now 21 percent over all are better nurture rate within our primary care clinics. The text reminder feature has gone live. everyone gets a text reminder 2 days before the appointment. This has also started in the specialty clinic where no show rates are often higher.

Video visit rates for virtual care: Video visit basically tells when COVID has surged. A graph was provided to show how many virtual visits were done in April 2020. There is a large number of virtual visits weekly, approximately about 10,000. Video visit are becoming a larger percentage of the visits. Navigators are provided to help reach out to patients who have difficulty with video access. Work is being done to improve on the video experience for patients.

COVID-19 vaccination rates: 72 percent of the primary care patients have received at least 1 does of the vaccine. This is a priority when seeing our patients. A graph was provided to show the breakdown of all our sites vaccinations rate, which all are doing well.

Committee Questions:
When references 1 dose, which are you referring to the very first COVID vaccine? Response: Dr. Jackson responded: One dose can mean a single dose

of J&J which is a complete dose, or it can mean one dose of Morderna or Pfizer.

At some point, can there be a breakdown of percentage by vaccine separately completed? Response: Dr. Jackson, mentioned the definition of completed has changed, having a booster is considered completed and for some having 2 boosters is completed. Dr. Jackson will get the breakdown and share it with the Committee.

Do the numbers include pediatrics? Response Dr. Jackson: this is adult primary care. COVID-19 therapeutic usage for high risk ambulatory patients. A close eye is being kept on the demographics of patients who are receiving paxlovid prescriptions. Most New Yorkers that come to us for COVID treatment are not our patients. We want to make sure while we are providing it to the city, we are also providing it to patients that rely on us heavenly. In June 3500 pathway paxlovid prescriptions as well as 474 monoclonal antibody infusions. Demographic was provided to show patients that received them. Dr. Jackson noted that, the English-speaking data is only as good as our EPIC data for patient preferred language.
The patients that are in our system and getting prescription for paxlovid, what detail do we get from them, is it demographic or healthcare information, how do we keep track? Response Dr. Jackson: they get registered, we get their health insurance information if they have it and their demographic data as a new patient appointment. If they are part of a System that is connected to us through care link, or another EPIC system you can sort of share notes across the board, it would only be demographic data and health insurance data that we would have on the patient.

How do we manage drug interaction? *Response from Dr. Jackson:* if they are in EPIC we can see their medications you also have the option to call the pharmacy to verify. A lot of these prescription are usually through virtual express care where there are providers that are doing this all day and have gotten very good at the conversation with patients to really ensure they understand what drugs are prescribed but what are they actually taking.

Comment raised by the Committee: The percentage of white patients is disproportionate relative to the percentage in the total population, there was a chart that showed white where 6%, in this instance the percentage is twice or slightly more than Hispanic/Latinx, maybe the patient mix. This is a curious observation.
Response by Dr. Jackson: Throughout COVID, Health + Hospitals was a testing and treatment center for the City, we wanted to be sure we were taking care of all patients and not just the New Yorkers who were best able to advocate for themselves. We do a flag system, is a primary care patient test positive there is an immediately alert and given a step by step way to get them to their treatment, it helps us to reach our patients. Dr. Allen reiterate we need to get the percentage of patients by racial and ethnic groups that is utilizing the medication that we have to offer, compared to the demographics for our entire ambulatory population.

Dr Allen noted to the Committee, that there was an article in New York Times written by Maureen Dowd, following the Mayor to a trip he took to Jacobi hospital to the simulation center, following up on maternal mortality and the work we are doing within H+H to address maternal mortality and morbidity and disparities. Unfortunately, he mistakenly reported that the SIM Center was part of Albert Einstein's Medical Center, she reached out to City Hall public relations communication, to ask the NY Times to correct that formally, That the SIM Center is a H+H center and not part of Einstein. She wanted the Committee to know. Response by the Committee: it is important and appreciated, it would be worthy of another article to be written based on the work being done on this critical and important area.

SYSTEM CHIEF NURSE EXECUTIVE REPORT

Dr. Natalia Cineas, System Chief Nurse Executive reported to the committee a full report is included in the materials, she highlighted the following.

During the last few months we continued the partnership with CUNY. We had a successful health equity plan program, titled "Promoting your Health During and Beyond the Pandemic". On may 6th over 50 people registered and over 50 people attended. The nurse Antigone project was held for nurses that presents the dramatic reading of Sophocles and the nurse Antigone. The nurses were part of the play, there was over 700 registrants and they were able to debrief about what our nurses are facing and the challenges they continue to face beyond the pandemic.

The nurse leader workgroup is continued. There are 7 nurse leader work groups right now that are establishing the infrastructure for nurse leadership starting from orientation into the competencies to our visibility within New York City at different conferences. Enrollment of individuals and employees into the Behavioral Health Associate Academy is continuous. The last Cohort had 87 graduates.

The Clinical Institute Withdrawal Assessment (CIWA) protocol was released in Epic. A new Senior Director of nursing education, Nicole Morris is going to be implementing a lot of the necessary technology for nursing education. In partnership with the Office of Quality and Patient Safety and Medical & Professional Affairs we rolled out the director of nursing quality training where there are now directors of nursing quality at all of our acute sites, and they will be leading the infrastructure for the new care delivery model to ensure that our nurses are implementing the best practice within nursing quality focusing on the nurse sensitive indicators to improve our metrics around falls and pressure injuries.

We are partnering with CUNY around nursing research. A new grant was kicked off with NIH, where we have a mini doctoral project and nursing research particularly at Bellevue and Elmhurst as we roll out nursing research across the system, which is important for nursing excellence.

The Clinical Ladder continues to be a successful program. There are over 1000 nurses who have applied. They are being work with closely to ensure

that all of our nurses complete their project. These projects are professional portfolios to enhance nursing quality across the System.

National Nurse Day was celebrated in March. There will continue to be a focus on certification, particularly on our nurse leaders. There is a focus on social work. Most recently the social work shared governance council was launched, where the front-line social workers are leading the way to innovate their practice with Senior Director, Eva Sanders in the Office of Patient Centered Care. Continuous work on professional shared governance is ongoing. The next report out will be August 2022. The focus is on dashboards, all of the front-line nurses will have their metrics around quality to start driving performance around the work that they do every day for our patients.

The Nurse Residency program continues to be a successful program, there are 1000 nurse residents in this program. There continues to be an increase post pandemic within our retention rates of all of our new nurse who are part of this program. A lot of new nursed want to join Health + Hospitals because of this program.

The RN mentorship program is expanding. We have more retirees joined this program, we are also creating a 3-tiered approach to nursing mentorship. Dr. Cineas announced that they successfully submitted the New York State staffing Committee, which was a huge endeavor in partnership with our legal department, Finance, and all of our Labor partners the submission is as of July 1, 2022 and noticed was received today, that information will have to be entered into HERD as well. The Committee requested in the future to be provided detail on what each council is doing. The Committee commended Dr. Cineas on her work.

METROPLUS HEALTH PLAN, INC.

Sanjiv Shah, MD, Chief Medical Officer, MetroPlus Health Plan reported to the committee, a full report is included in the materials, he highlighted the following.

As a result of the 2023 budget there is eligibility expansion across several lines, including Medicaid, essential Plan, and child health plus. For Medicaid, CHP, and Essential Plan starting in March of next year guaranteed coverage for postpartum care will extend to 1 year. In addition, for people in the essential plan, they will now be eligible to receive community base long-term services and support.

As of April, this year, the budget does allow telehealth visits to be paid at the same rate as in person visits. This is a 2-year pilot the State will study the impact of this to see if it needs to be continued, this will also include tele mental services.

Membership continues to grow and is on target. The lift of the HIP mandate for new city employees started in in January 2021, the new member enrollment is higher into MetroPlus gold.

MetroPlus is doing exceedingly well on the quality measures. These are the measures that are based on HEDIS and the State has adopted them for the quality award, its own quality assurance reporting award. An example was given, in Medicaid MetroPlus was equal first in terms of the quality scores, unfortunately in terms of consumers satisfaction, we did not do as well as a result to which, in both Medicaid and HIV snip fell into the second tier. MetroPlus welcomed the collaboration with Dr. Wallach, Dr. Jackson and others to improve the consumer's experience. A lot of this depends on access to care, both primary care and specialty care services, improvement will helpful in the CHAPS surveys.

The COVID vaccination rate is 70% that includes children. A large portion of our membership is children. Given that high percentage in the plan are children, it will show a slightly low rate in the overall population of 80 to 87% that is seen in New York City to receive at least 1 dose for eligible individuals.

Dr Shah alerted the Committee on the new benefit called "ILS In Lieu of Services" it is medically tailored meals. Currently it is not a full Medicaid benefit, New York State elicited it and MetroPlus submitted and was approved to provide medically tailored meals to 2 populations. One population receiving personal care services where they would get a tailored meal rather than having somebody at home prepare a meal. This would be a medically tailored meal that would be delivered to their house by "God's love we deliver". The other eligible population are individuals with diabetes, HIV, heart failure and cancer, who as a result of emergency room utilization or inpatient utilization will be eligible for MTM services, the reason why this is important is because if this is successful, this could become a full Medicaid benefit. The goal is to reduce ER visits and reduce in-patient stays as a result of providing a tailored meal that is tailored by a registered dietician through God's love We Deliver. Not all health plans submitted for this proposal and not all health plans were approved. MetroPlus is one of them providing it for individuals enrolled in Medicaid, HIV snip and heart.

Committee Questions: The delivery of the meal will be in lieu of the services, will there be some reduction in the PCA hours? Response from Dr. Shah, yes, the PCA will get an hour taken off because the meals are being provided and fully prepared and delivered. That will need to be a discussion with the plan and the member, along with the agency. The other group is not receiving PCA services and they are eligible because of their health condition and their utilization of emergency rooms and inpatient admissions.

A comment was made by the Committee: The other issue is, the quality of food etc. All things have to be considered. A request was made to inform the Committee how you can oversee that and ensure that we are getting really good reports back from the members. Dr. Shah informed the Committee that this is heavily tracked. The State wants it to be tracked in terms of outcomes as well as satisfaction. Every six months reports will be

submitted to the State, it will be amalgamated to see if this service is cost neutral or cost favorable as well as cost effective in terms of reducing admissions and ER visits for one population. The Committee ask for MetroPlus on the next report to talk a little about the action being taken to approve the CHAPS score.

There being no other business the meeting adjourned 10:10AM.

RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the "**System**") to enter into stand-by contracts with the following seven firms, Medrite LLC, Rapid Reliable Testing, LLC, Premier Assist, The Daybreak Health Group Inc., Somos Healthcare Providers, Inc., Fulgent Genetics, Inc., and Executive Medical Services (the "**Vendors**") to provide infectious disease mobile response services when necessary as directed the System's President with each contract to have a two-year term with two six-month renewal options and with the set of contracts not having a pre-established not to exceed amount.

WHEREAS, at the onset of the Monkeypox outbreak, the System had to expeditiously use emergency procurement procedures to contract with vendors to conduct the huge volume of testing, treating, and vaccine services that the System required making normal procurement impossible; and

WHEREAS, the System wishes to put in place a set of agreements with qualified firms procured in a conventional, competitive way which firms would not be asked to perform any immediate services but which would rather be available to provide infectious disease mobile services on an as-needed basis if the System's President determines that it is necessary and appropriate to use such services; and

WHEREAS, by procuring the Vendors in this way, the System is assured of better pricing and the procurement of the Vendors will stand up to scrutiny by Federal or any other funders; and

WHEREAS, given the contingent and uncertain nature and scale of the work the Vendors may be asked to perform, it is not possible to establish any limit on the funding of their contracts in advance but such limits will be established when and if the President authorizes the System to activate the Vendors' contracts; and

WHEREAS, an open and competitive RFP process was conducted by Supply Chain Services starting in August 2022 with a solicitation posted in the City Record and sent directly to 28 vendors, leading to a pre-proposal conference with 14 vendors in attendance and 10 proposals submitted; and

WHEREAS, the Evaluation Committee rated the six Vendors the highest and that selection was endorsed by the Contract Review Committee; and

WHEREAS, the contracts with the Vendors will be managed by the Senior Vice President for Ambulatory Care.

NOW THEREFORE BE IT:

RESOLVED, the New York City Health and Hospitals Corporation be and hereby is authorized to enter into stand-by contracts with the following seven firms, Medrite LLC, Rapid Reliable Testing, LLC, Premier Assist, The Daybreak Health Group Inc., Somos Healthcare Providers, Inc., Fulgent Genetics, Inc., and Executive Medical Services (the "**Vendors**") to provide infectious disease mobile response services when necessary as directed the System's President with each contract to have a two-year term with two six-month renewal options and with the set of contracts not having a pre-established not to exceed amount..

EXECUTIVE SUMMARY
SIX STAND-BY LABORATORY TESTING CONTRACTORS
TO BE USED ONLY AT THE DIRECTION OF THE PRESIDENT

OVERVIEW: At the onset of the Monkeypox outbreak, the System had to rush and use emergency procedures to contract with qualified firms to conduct the huge volume of huge volume of testing, treating, and vaccine that the System required making normal procurement impossible. Similarly, the rapid escalation of the Monkeypox surge required the System to complement existing resources with emergency contracts to meet Citywide demand. The System wishes to avoid these problems in any future infectious disease surge, not just limited to Monkeypox, when mobile response services are needed by putting in place stand-by contracts with qualified firms procured in advance using conventional, competitive processes.

NEED: The response to the Monkeypox outbreak has depended on making testing, treating and vaccine supply widely available. While one cannot predict if such a situation will arise in the future, the System wishes to be prepared for any future surge of any known infectious disease in case it is. Further, the System wishes to have contracts procured in a FEMA compliant way without having to rely on emergency actions.

PROCUREMENT: An open and competitive RFP process was conducted by Supply Chain Services starting in August 2022. A solicitation was posted in the City Record and sent directly to 28 vendors. 14 vendors attended a pre-proposal conference. 10 proposals were submitted. A Selection Committee approved by the Contract Review Committee judged the seven Vendors to be best suited to serve the System's needs. The criteria applied and their weighting was: relevant experience – 35%; thoroughness of plan for rapid deployment – 35%; cost – 20%; and MWBE plan: 10%. Of the Vendors, three had previously had testing contracts with the System: Rapid, Reliable Testing, MedRite, and Fulgent. All of them performed in a consistent and satisfactory manner.

TERMS: Proposals were requested to provide cost details sufficient for the System to understand baseline daily costs per mobile response team deployed and supplemental costs for tests, treatments, and vaccines supplied each day, which is variable based on location and demand. Selected vendors provided a range of staffing and site models. These pricing structures largely match existing pricing from testing vendors currently under non-emergency contracts. It is estimated these services could cost up to $59,490,000 for the full terms based on activating 20 mobile teams, seven days per week for four months per year each year. Vendors were strongly encouraged to use the City's Pandemic Response Lab to ensure the System secured the best cost for PCR tests.

MWBE: All the Vendors have committed to at least 30% MWBE goals

NYC HEALTH+ HOSPITALS

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

From: Keith Tallbe
Senior Counsel
Office of Legal Affairs

Tallbe, Keith Digitally signed by Tallbe, Keith Date: 2022 09 08 13:00:35 -04'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: Infectious Disease Contracts

Date: September 8, 2022

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

Vendor	Vendor Responsibility	EEO	MWBE
Medrite LLC	Approved	Approved	30%
Rapid Reliable Testing, LLC	Approved	Approved	30%
Premier Assist	Approved	Approved	30%
The Daybreak Health Group Inc.	Pending	Pending	30%
Somos Healthcare Providers, Inc.	Approved	Approved	85%
Fulgent Genetics, Inc	Approved	Approved	30%
Executive Medical Service	Approved	Pending	35%

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.

Request to Award Contracts

Infectious Disease Mobile Response Services

M&PA Committee
September 12, 2022

Ted Long, MD, MHS
Sr. Vice President, Office of Ambulatory Care and Population Health

Chris Keeley
COO, Office of Ambulatory Care

Request for Consideration

Authorizing New York City Health and Hospitals Corporation (the “System”) to enter into stand-by contracts with the following seven firms, Medrite LLC, Rapid Reliable Testing, LLC, Premier Assist, The Daybreak Health Group Inc., Somos Healthcare Providers, Inc., Fulgent Genetics, Inc., and Executive Medical Services (the “Vendors”) to provide infectious disease mobile response services when necessary as directed the System’s President with each contract to have a two-year term with two six-month renewal options and with the set of contracts not having a pre-established not to exceed amount.

Background / Current State

- On 07/29/22, NYC Health + Hospitals performed an emergency procurement for a mobile response to MPV. The term of the resulting contracts was two months, expiring on 09/30/22.

- A standard procurement for these and similar services was worked on in parallel with the expectation that the contracts from this standard process will pick up from where the emergency contracts end.

- Pricing for these services is primarily based on a per-team-per-day basis, though some vendors may propose supplemental costs for additional services which may be desirable to NYC Health + Hospitals.

- **Any ancillary costs (e.g. interfaces, internal resources)**
  - Vendors would be managed by existing staff under the Office of Ambulatory Care with deep partnership with Laboratory Operations (for testing) and Nursing (for vaccination) to ensure adequate standards are established and maintained
  - No additional internal resources are expected to be required.

Background / Current State

- **Scope:** Infectious disease mobile response services

- **Justification:**
  - To respond to the significant threat that infectious diseases may cause to the health and safety of New Yorkers, Ambulatory Care seeks to contract with vendors with operational expectations, cost structures, and reporting obligations built into an agreement that provides capacity for a mobile medical response
  - The mobile strategy has proven effective under COVID-19 and is operational for MPV response services under emergency contracting
  - Ambulatory Care is seeking to mitigate the spread of infectious diseases such as MPV in New York City. Ambulatory Care is seeking vendors to provide testing, treatment, and vaccine capabilities for infectious diseases, including but not limited to MPV.
  - These contracts will establish commitments regarding how many units/ locations a given vendor can scale up to, on what timeline, and providing what services.

RFP Criteria

- Minimum criteria:
  - Five years in business in public health services
  - Must have performed similar work with rapidly deploying health services in an emergency response scenario for health systems, public health agencies, or other similar entities
  - Must have technological infrastructure in place to generate and distribute productivity / patient care reports

- Substantive Criteria
  - 35% Relevant experience
  - 35% Thoroughness of plan for timely deployment in NYC
  - 20% Cost
  - 10% MWBE

- Evaluation Committee:
  - Central Office Finance
  - Program Manager
  - Director of Implementation
  - Director of Implementation
  - Emergency Management

Overview of Procurement

- 08/10/22: RFP posted on City Record, sent directly to 28 vendors
- 08/15/22: Pre-proposal conference held, 14 vendors attended
- 08/18/22: Proposal deadline, 10 proposals received
- 08/23/22: Evaluation committee debriefed on proposal reviews
- 08/30/22: Evaluation committee completed scoring of proposals; the top 7 firms were selected.

MWBE Utilization Summary

Assigned MWBE Goal: 30%

M/WBE Status	# Invited	# Responded	# Meeting Goal	# Requesting Waiver
MWBE	8	0	N/A	N/A
Non-MWBE	20	10	9	1

Awarded Vendors' MWBE Utilization Plan Summary

Vendor Name	MWBE Vendor	Subcontracted SOW	UP Goal %	Note
MedRite	Staffing Boutique	Staffing	30%	Prior H+H work; Strong operational and MWBE performance
	Alliance Supply Inc.	Medical, office and misc. supplies		
DocGo	CFF Consulting, LLC	Staffing	30%	Prior H+H work; Strong operational and MWBE performance
	Nifty Concept, Inc	Equipment and PPE		
Premier Assist	Admiral Staffing Inc.	Staffing	30%	Prior H+H work; Strong operational and MWBE performance
Daybreak	Joanne Franklin	Staff gear and promo materials	30%	New vendor for Amb Care. Reference from FEMA positive
	Cecc Courier	Logistics for mobile set-up		
	Sidra Medical Supply Inc.	Medical supplies and devices		
Somos	Physicians of the Future / Medgroup	Staffing	85%	Prior H+H work; Strong operational and MWBE performance
Fulgent Genetics	Cure Staffing, Inc.	Staffing	30%	Prior H+H work; Strong operational and MWBE performance
Affiliated Physicians	Admiral Staffing Inc.	Staffing	35%	New vendor for Amb Care. Reference from Abbvie positive.

M&PA Request

Office of Ambulatory Care and Population Health is seeking approval to award contracts to 7 firms to provide infectious disease mobile response services with a contract term of two years and two six-month renewals at the discretion of NYC Health + Hospitals. Expected start date is October 2022

NYC Health + Hospitals will require written emergency authorization from its President/CEO to activate this agreement, and then OMB will be informed of the President/CEO approval, and asked to provide agreement to cover incurred costs, prior to vendors beginning service

Clinical input will be sought and provided by both Ambulatory Care and Medical & Professional Affairs prior to activating any contract. Key performance indicators will be shaped by the particular activation but will certainly include speed to activate, timeliness of services delivered, and effective execution in the field as measured by volume of patients served and complaints received.

It is estimated these services could cost up to $59.49M for the potential three year contract. This reflects an estimated cost to activate 20 mobile teams seven days per week for four months per year each year over the possible three years of the contract

RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the "**System**") to enter into contracts with the following five firms: Medrite, Rapid Reliable Testing, LLC, Fulgent Genetics, Inc., Community UC, and Premier Assist (the "**Vendors**") to provide steady-state and standby test-to-treat resources during a CoVid-19 surge event with each contract to have a one-year contract period with a one-year option to renew and with the set of contracts that will have a not to exceed amount of $156,900,000.

WHEREAS, over the course of the Covid epidemic, the System identified an opportunity to enhance the management of disease spread and treatment by centralizing the testing, clinical review, and dissemination of antiviral medication by establishing "one stop shop" locations for patients to receive all services at the same location; and

WHEREAS, the System wishes to put in place a set of agreements with firms procured in a conventional, competitive way; and

WHEREAS, by procuring the Vendors in this way, the System is assured of competitive pricing and the procurement of the Vendors will stand up to scrutiny by Federal or any other funders; and

WHEREAS, despite the contingent and uncertain nature and scale of the work the Vendors may be asked to perform, a maximum cost of $156,900,000 is sufficient to provide a baseline capacity of 30 test-to-treat units for the initial and renewal years of the contract; and

WHEREAS, an open and competitive RFP process was conducted by Supply Chain Services starting in June 2022 with a solicitation posted in the City Record and sent directly to 28 vendors, leading to a pre-proposal conference with 17 vendors in attendance and 12 proposals submitted; and

WHEREAS, the Evaluation Committee rated the 5 Vendors the highest and that selection was endorsed by the Contract Review Committee; and

WHEREAS, the contracts with the Vendors will be managed by the Senior Vice President for Ambulatory Care.

NOW THEREFORE, be it

RESOLVED, the New York City Health and Hospitals Corporation be and hereby is authorized to enter into contracts with the following 5 firms: Medrite, Rapid Reliable Testing, LLC, Fulgent Genetics, Inc., Community UC, and Premier Assist (the "**Vendors**") to provide steady-state and standby test-to-treat resources when necessary with each contract to have a one-year contract period with a one-year option to renew with the set of contracts that will have a not to exceed amount of $156,900,000.

EXECUTIVE SUMMARY
5 STAND-BY TEST-TO-TREAT VENDORS

OVERVIEW: At the onset of the Covid epidemic, the System identified an opportunity to enhance the management of disease spread and treatment by centralizing the testing, clinical review, and dissemination of antiviral medication by establishing "one stop shop" locations for patients to receive all services at the same location. The System wishes to implement this enhancement through these contracts with test-to-treat firms procured in advance using conventional, competitive processes.

NEED: The response to the Covid epidemic has depended on widely available, free testing and with the availability of therapeutics this response can now expand to support New Yorkers who might otherwise need to be hospitalized following a positive COVID diagnosis. Further, the System wishes to have contracts procured in a FEMA compliant way without having to rely on emergency actions.

PROCUREMENT: An open and competitive RFP process was conducted by Supply Chain Services starting in June 2022. A solicitation was posted in the City Record and sent directly to 28 vendors. 17 vendors attended a pre-proposal conference. 12 proposals were submitted. A Selection Committee approved by the Contract Review Committee judged the 5 Vendors to be best suited to serve the System's needs. The criteria applied and their weighting was: relevant experience – 30%; thoroughness of plan for rapid and timely deployment – 30%; cost – 25%; and MWBE plan: 15%. Of the Vendors, 4 had previously had testing contracts with the System. All of them performed in a consistent and satisfactory manner.

TERMS: Proposals were requested to provide cost details sufficient for the System to understand baseline daily costs per test-to-treat team deployed and supplemental costs for tests performed each day, which is variable based on location and demand. Total costs for a baseline capacity of 30 test-to-treat units will not exceed $156,900,000

MWBE: All the Vendors have committed to 30% MWBE goals

NYC HEALTH + HOSPITALS

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

From: P. Maximilian Colmers
Associate Counsel
Office of Legal Affairs

P. Maximilian Colmers
Digitally signed by P. Maximilian Colmers
Date: 2022.08.25 16:30:59 -04'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: Test to Treat Contracts

Date: August 25, 2022

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

Vendor	Vendor Responsibility	EEO	MWBE
Medrite LLC	Approved	Approved	30%
Rapid Reliable Testing, LLC	Approved	Approved	30%
Fulgent Genetics, Inc	Approved	Approved	30%
Community Urgent Care P.C.	Pending	Pending	30%
Premier Assist	Approved	Approved	30%

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.

Request to Award Contracts

‘Test-to-Treat’

M&PA Committee
September 12, 2022

Ted Long, MD, MHS
Sr. Vice President, Office of Ambulatory Care and Population Health

Chris Keeley
COO, Office of Ambulatory Care

Request for Consideration

Authorizing New York City Health and Hospitals Corporation (the “System”) to enter into contracts with the following five firms: Medrite, Rapid Reliable Testing, LLC, Fulgent Genetics, Inc., Community UC, and Premier Assist (the “Vendors”) to provide steady-state and standby test-to-treat resources during a CoVid-19 surge event with each contract to have a one-year contract period with a one-year option to renew and with the set of contracts that will have a not to exceed amount of $156,900,000.

Background / Current State

- The Office of Ambulatory Care is seeking to provide COVID-19 test-to-treat capacity, both for steady-state capacity and standby capacity in the event of a surge
- Test-to-treat allows for testing, clinical review, and dissemination of anti-viral medication all at one location
- T2 seeks to establish a roster of vendors with operational expectations, cost structures, and reporting obligations that can provide test-to-treat throughout the city
- To mitigate the potential need for large scale, resource-intensive surge response work, we seek to maintain a baseline of approx. 30 test-to-treat units.
- Should a surge occur, contracts will have firm commitments outlining the number of test-to-treat units/locations each vendor can scale up to and on what timeline.
- In the event of a surge, additional test-only units may be activated under a separate contract to supplement these test-to-treat units.
- This will help avoid the need for emergency procurement and contracting.

Contract Development Goals

- Scope of work will have the vendor managed by the existing testing team/staff under the NYC Test & Trace Corps program or under the Office of Ambulatory Care, with optional added support from a project management vendor sourced via a separate RFP.

- Vendor will staff and operate ‘Test-to-Treat’ units, including providing qualified clinical personnel authorized to prescribe and distribute therapeutics to patients on-site.

- Vendor will provide all their own supplies, including PPE, disinfectants, technology including hardware and software, tables, chairs, and all necessary testing supplies and therapeutics.

- Vendors will be asked to propose budgets on a per-team-per-day basis and/or on a per-test and per-therapeutic prescription basis. Since this is a burgeoning field, however, we expect alternate financial structures may also be put forward.

- No labor impacts.

- No EITS impacts. These are not NYC Health + Hospitals’ patients.

RFP Criteria

- Minimum criteria:
  - 5 years in business in public health testing
  - Experience with rapidly deploying health services in an emergency response scenario
- Substantive Criteria
  - 30% Relevant experience
  - 30% Thoroughness of plan for rapid and timely deployment in NYC
  - 25% Cost
  - 15% MWBE
- Evaluation Committee:
  - COO, Ambulatory Care Operations
  - Director of Implementation
  - Director of Implementation
  - Senior Operations Analyst
  - Associate Director, System-wide Special Pathogens Program, Central Office Emergency Management
  - Director of Laboratory Technical Operations

Overview of Procurement

- 06/28/22: CRC approved request to issue a RFP for Office of Ambulatory Care and Population Health
- 07/15/22: RFP posted on City Record, sent directly to 28 vendors
- 07/28/22: Pre-proposal conference held, 17 vendors attended
- 08/05/22: Proposal deadline, 12 proposals received
- 8/09/22 – 08/12/22: Evaluation committee debriefed on proposal reviews
- 08/22/22: Evaluation committee completed scoring of proposals; the top 5 firms were selected.

MWBE Utilization Summary

Assigned MWBE Goal: 30%

M/WBE Status	# Invited	# Responded	# Meeting Goal	# Requesting Waiver
MWBE	8	2	N/A	N/A
Non-MWBE	20	10	9	1

Awarded Vendors' MWBE Utilization Plan Summary

Vendor Name	MWBE Vendor	Subcontracted SOW	UP Goal %	Note
Medrite	Staffing Boutique	Staffing	30%	Prior H+H work; Strong operational and MWBE performance
	Alliance Supply Inc	Medical and Office Supplies		
Rapid Reliable	CFF Consulting	Staffing	30%	Prior H+H work; Strong operational and MWBE performance
	Nifty Concept	Equipment and PPE		
Fulgent	Cure Staffing	Staffing	30%	Prior H+H work; Strong operational and MWBE performance
Community UC	Empire Medical & Dental	Supplies	30%	New vendor for T2. Reference from Smart Medical Solutions and Reliant Builders Cooperation positive.
Premier Assist	Admiral Staffing	Staffing	30%	Prior H+H work; Strong operational and MWBE performance

M&PA Request

- **Request:** The Office of Ambulatory Care is seeking approval to award contracts to 5 vendors for a baseline capacity of 30 test-to-treat units for the initial and renewal terms totaling two years for a NTE of $156.9M

- **Contract Term:** One year with one one-year renewal option at the discretion of NYC Health + Hospitals

- This figure assumes the program will need to bear the cost of purchasing the therapeutic treatment starting Oct 2022. If we secure medication free of charge from NYC DOHMH or the federal government for the duration of the program the actual expense would drop to approx. **$127.3M**.

- Expenses will be covered by the T2 MOU between OMB and NYC Health + Hospitals. System will receive approval from OMB before activating any surge vendors.

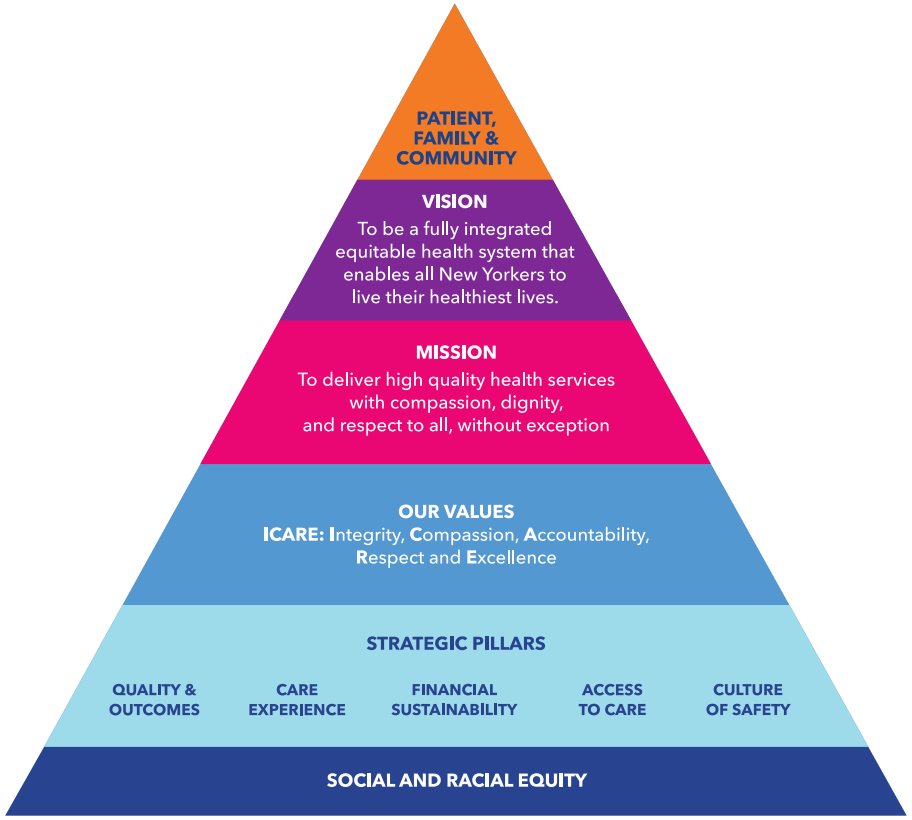
Medical & Professional Affairs
Chief Medical Officer's Report

September 12, 2022

Machelle Allen, MD
Senior Vice President

Aligning M&PA Goals and Initiatives

- **Financial Sustainability**
  - Periop



Periop Progress/Updates

- Standardized definitions system-wide for metrics
  - FCOT (time patient enters room)
    - Standardized reasons for delays to facilitate process changes
  - Cancellation (scheduled procedure same day not performed)
    - Standardized reasons for cancellations to facilitate process changes
  - Utilization (patient in room)
    - Room utilization
    - Block utilization
    - Primetime (almost every HH facility starting 730am)
  - TAT (wheels out to wheels in)

NYC HEALTH+ HOSPITALS

HH Periop Weekly Tracker

H+H	Main OR											Endo[5]						Cardiac Cath					
Metrics	Total Volume[1]	Surgery Admit	IP[2]	OP	%inpt	FCOT	Same Day Cancellation	Primetime Room Utilization	Primetime Block Utilization	TAT (min)	TP[3]	Total Volume	FCOT	Same Day Cancellation	Primetime Room Utilization	TAT (min)	TP[3]	Total Volume	FCOT	Same Day Cancellation	Primetime Room Utilization	TAT (min)	TP[3]
ModFY20 weekly avg (4/1/19-3/31/20)	1129	105	382	643	40%	67%	11%	64%	69%	42	n/a	444	28%	22%	26%	27	n/a	80	49%	14%	n/a	5	n/a
FY21 weekly avg (7/1/20-6/30/21)	1199	113	416	673	40%	87%	7%	72%	71%	44	80%	462	48%	11%	47%	22	57%	82	57%	12%	53%	8	86%
FY22 weekly avg (7/1/21-6/30/22)	1222	131	424	667	42%	85%	8%	70%	70%	44	82%	554	57%	11%	50%	24	55%	105	52%	15%	56%	9	85%
Target FY23 weekly avg[4]	1283	138	445	700	45%	≥ 90%	≤ 5%	≥ 70%	≥ 70%	≤ 40	≥ 90%	582	≥ 90%	≤ 5%	≥ 70%	≤ 20	≥ 90%	110	≥ 90%	≤ 5%	≥ 70%	≤ 20	≥ 90%
9/12-9/18																							
9/19-9/25																							
9/26-10/2																							
10/3-10/9[5]																							
10/10-10/16																							
10/17-10/23																							
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12/19-12/24																							
12/26-1/1[5]																							

NYC HEALTH+ HOSPITALS

Periop Progress/Updates

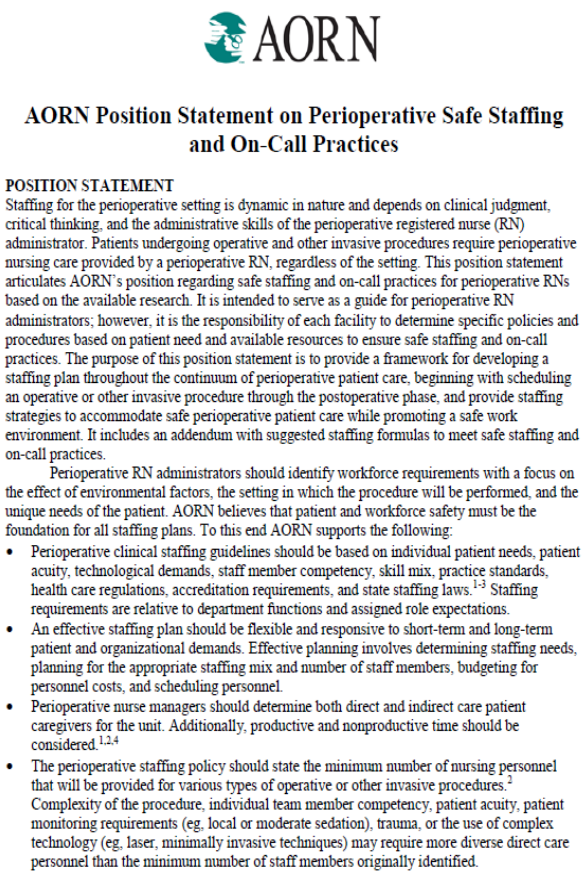
- Transition of Pre-Admission Testing from mandatory to selective
- Updated EPIC case request to embed 25 simple Y/N questions to determine who needs PAT
- Standardized patient-centered preop testing grid

Periop Progress/Updates

- Revised HH Amb Surg financial clearance workflow
  - Ensure HCI submits auth to insurance within 24 hrs of booking
  - Created policy governing uninsured who are not compliant
  - Daily system-wide review of upcoming cases pending fc to expedite
  - Optimization of schedule daily

Periop Progress/Updates

- Identify nurse/anesthesia staffing gaps at each facility
  - System-wide nurse staffing model (AORN)
  - Anesthesia staffing model (PAGNY/Sinai/NYU)



AORN

AORN Position Statement on Perioperative Safe Staffing and On-Call Practices

POSITION STATEMENT

Staffing for the perioperative setting is dynamic in nature and depends on clinical judgment, critical thinking, and the administrative skills of the perioperative registered nurse (RN) administrator. Patients undergoing operative and other invasive procedures require perioperative nursing care provided by a perioperative RN, regardless of the setting. This position statement articulates AORN's position regarding safe staffing and on-call practices for perioperative RNs based on the available research. It is intended to serve as a guide for perioperative RN administrators; however, it is the responsibility of each facility to determine specific policies and procedures based on patient need and available resources to ensure safe staffing and on-call practices. The purpose of this position statement is to provide a framework for developing a staffing plan throughout the continuum of perioperative patient care, beginning with scheduling an operative or other invasive procedure through the postoperative phase, and provide staffing strategies to accommodate safe perioperative patient care while promoting a safe work environment. It includes an addendum with suggested staffing formulas to meet safe staffing and on-call practices.

Perioperative RN administrators should identify workforce requirements with a focus on the effect of environmental factors, the setting in which the procedure will be performed, and the unique needs of the patient. AORN believes that patient and workforce safety must be the foundation for all staffing plans. To this end AORN supports the following:

- Perioperative clinical staffing guidelines should be based on individual patient needs, patient acuity, technological demands, staff member competency, skill mix, practice standards, health care regulations, accreditation requirements, and state staffing laws.[1-3] Staffing requirements are relative to department functions and assigned role expectations.
- An effective staffing plan should be flexible and responsive to short-term and long-term patient and organizational demands. Effective planning involves determining staffing needs, planning for the appropriate staffing mix and number of staff members, budgeting for personnel costs, and scheduling personnel.
- Perioperative nurse managers should determine both direct and indirect care patient caregivers for the unit. Additionally, productive and nonproductive time should be considered.[1,2,4]
- The perioperative staffing policy should state the minimum number of nursing personnel that will be provided for various types of operative or other invasive procedures.[2] Complexity of the procedure, individual team member competency, patient acuity, patient monitoring requirements (eg, local or moderate sedation), trauma, or the use of complex technology (eg, laser, minimally invasive techniques) may require more diverse direct care personnel than the minimum number of staff members originally identified.

Periop Financial Performance FY22 vs FY21

FY21 vs FY22 - VARIANCE

DRAFT Pending CMI Review (SIW)

TOTAL				
TOTAL Volume	**TOTAL Revenue**	**Investment (OR Business Plans/Growth Plans)**	**NET**	**Rate overlap Adjustment**
7,482	$ 84,574,110	$ (15,826,524)	$ 68,747,586	$ 54,486,006

HH Robot Expansion

- Expand robot regionally across HH to meet patient care needs
  - Capture referrals outside HH
  - Convert existing open procedures to MIS
  - Better access for patient care
  - Surgeon recruitment

NYC HEALTH+ HOSPITALS | NURSING

SYSTEM CHIEF NURSE EXECUTIVE REPORT

Medical & Professional Affairs Committee

NYC Health + Hospitals

August/September 2022

NYC HEALTH+ HOSPITALS | NURSING

Office of Patient Centered Care (OPCC) Accomplishments

New York Organization of Nurse Executives and Leaders (NYONEL)

- The NYONEL represents the integrated voice of nursing leaders in all practice areas, academia, and research
- The Annual Meeting and Leadership Conference is scheduled on September 11-13 in Tarrytown, New York
- Submitted abstracts and six were accepted for poster presentations
  - Creating a Home Care Curriculum for New Graduates
  - Leveraging Home Based Care for Medicare Patients – Claire Murray Best Practices Award – Poster Presentation
  - Enhancing Patient Care Through a Care Delivery Model
  - Innovating Care Delivery to Mitigate the Omicron Surge
  - Initiation of an ECMO Program: Addressing Healthcare Disparities
  - In their Own Words…NRP Reflections

NYC HEALTH+ HOSPITALS | NURSING

OPCC Accomplishments

Published Manuscripts

- **Mentorship and the Minority Experience Within the Nursing Profession: Identifying and Developing Programs to Address the Challenges and Barriers to Advancement Facing Minority Nurses and Nurse Leaders.** Link: https://doi.org/10.1016/j.mnl.2022.05.002
  - Authors: Natalia Cineas, DNP, RN, NEA-BC, FAAN, and Donna Boyle Schwartz, MSJ, BSJ
  - Journal: *Nurse Leader*
  - Publication Date: May 25, 2022

- **Nursing Leadership at Nation's Leading Public Health System Addressing Health Equity and Social Determinants of Health at the Administrative Level and at the Bedside.** Link: https://pubmed.ncbi.nlm.nih.gov/35639538/
- **Moving Forward Into the Future Nurses and Nurse Leaders at Leading US Public Health System Implementing Foundational Transformation to Advance Health Equity.** Link: https://pubmed.ncbi.nlm.nih.gov/35639539/
  - Theme: Future of Nursing 2020-2030 at NYC H+H
  - Authors: Natalia Cineas, DNP, RN, NEA-BC, FAAN, Donna Boyle Schwartz, MSJ, BSJ, and Kanish Patel, MPA
  - Journal: *Nursing Administration Quarterly*
  - Publication Date: 2022 Jul-Sep
  - Volume: Vol. 46, No. 3

NYC HEALTH+ HOSPITALS | NURSING

Culture of Safety:

Behavioral Health Associate Academy:

- Completed Cohort 1, 2, 3, 4, 5, 6, 7, 8, 9 with 167 graduates from November 2021 to August 2022. This was an interdepartmental initiative that includes Nursing, Behavioral Health, and Workforce Development

Clinical Institute Withdrawal Assessment (CIWA) Tool for Alcohol Withdrawal

- A new clinical assessment tool for nursing and medical staff was implemented to improve the management of patients experiencing alcohol withdrawal
- As part of the implementation, a new process for documentation was established for nursing and medical staff in the electronic medical record at Bellevue, Metropolitan, and Woodhull Hospitals

COVID-19 Vaccination Program:

- Developed the COVID-19 Vaccination ages 6 months – 4 years Administration training module based on recent Emergency Use Authorization, FDA, and CDC requirements
- Enrolled all Acute Care based pediatric clinics and Gotham primary care clinic nursing staff

Systems Nursing

- Roxanne Reid joined the NYC Health + Hospitals' Office of Patient Centered Care as the new Assistant Director of Nursing Education

NYC HEALTH+ HOSPITALS | NURSING

Access to Care:

Social Work:

- Substantial progress is being made in support of social worker recruitment and retention. This includes:
  - Facilities and sites agreeing to increase front line Social Worker salaries within their current pay range
  - A successful launch of the BH4NYC Loan Forgiveness program, for which licensed social workers are an eligible behavioral health discipline
  - A plan to build out a SocialWorkers4NYC recruitment campaign, which will include video testimonials, targeted communications, and a webpage to promote the benefits of starting and building a social work career at NYC Health + Hospitals

- Social Work continues to participate in system-wide efforts to bolster collaboration with NYC's Department of Homeless Services (DHS), Administration for Children's Services (ACS), and Department of Health and Mental Hygiene (DOHMH) to improve information, referral and linkage services for our shared patients and populations

NYC HEALTH+ HOSPITALS | NURSING

Care Experience:

PROFESSIONAL SHARED GOVERNANCE

- Completed 5 system wide reports (including 3 annual retreats) and 8 hospital wide report outs. 98% of councils have been organized with charters and consistently meeting on a regular basis on all sites.
- Next systemwide PSG Report Out in February 13 and 15, 2023. Councils in formation: Care Management Council, System Advanced Practice Nurse Council.

NURSE RESIDENCY PROGRAM

- Launched in April 2019
- 8 active cohorts. New cohorts launched every 3 months, 4x a year.
- 1,005+ enrolled residents to date.
- Graduated 16 cohorts (400+ graduates) to date.
- Launching Wellness and Resiliency curriculum content (H3 Wellness Rounds) in 2022.
- ANCC PTAP accreditation in 2022-23

NYC HEALTH+ HOSPITALS | NURSING

Care Experience:

RN MENTORSHIP

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

NYC HEALTH+ HOSPITALS | NURSING

Nursing Finance:

NYS Staffing Committee

- All sites have successfully uploaded staffing plans to NY DOH on August 10, 2022
- Meetings to discuss next steps have been scheduled and implementation of staffing plan to begin in January 2023

Questions

Thank you!

MetroPlusHealth

NYC Health + Hospitals

Medical & Professional Affairs Committee Report

September 12th, 2022

Dr. Talya Schwartz, President & CEO

INFLATION REDUCTION ACT

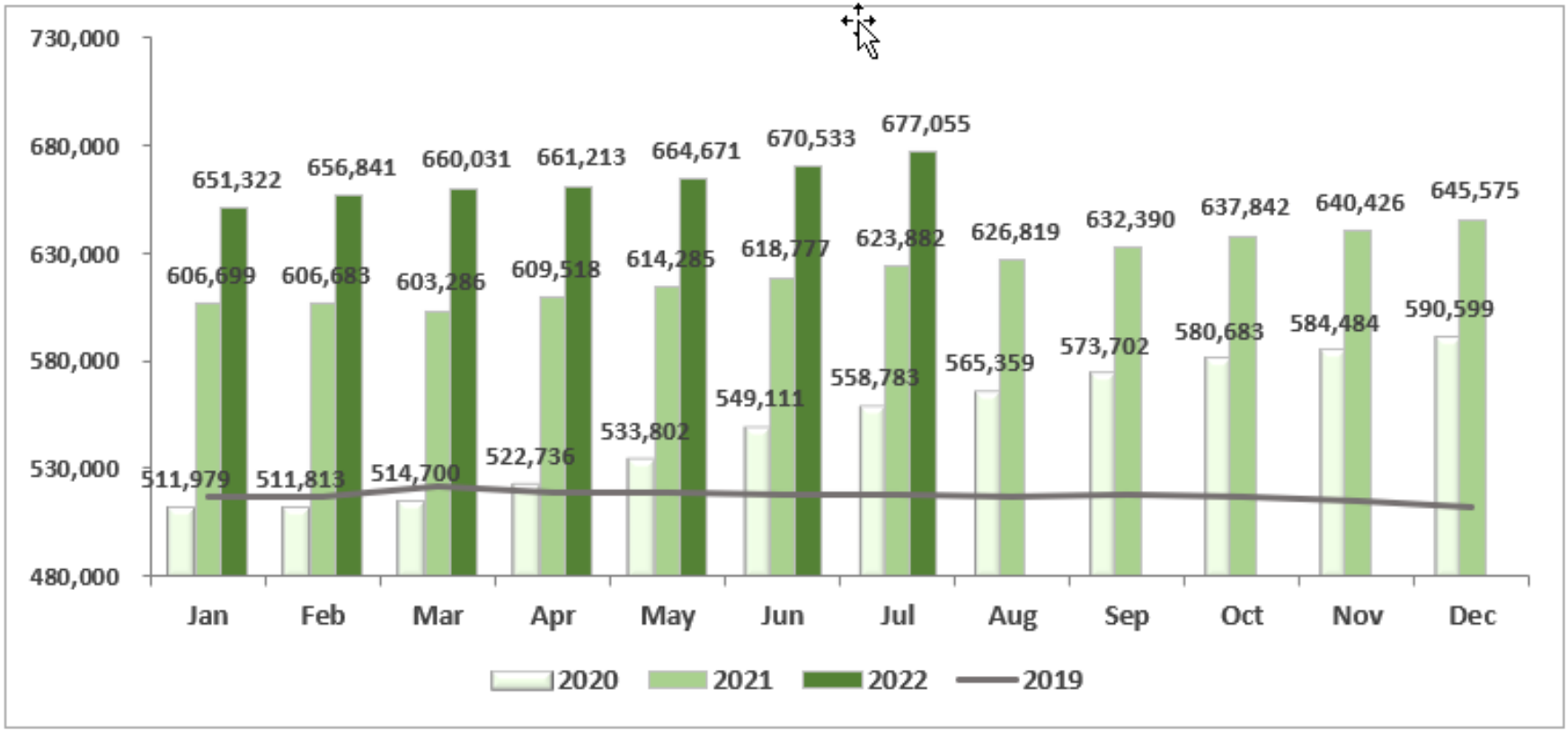
QHP: Premium Payments	Allows *all* Marketplace consumers (including those above 400% FPL) for whom sticker price premiums exceed 8.5% of income to continue to qualify for premium tax credit/subsidies until 2025.

Medicare Part D: Price Setting	Allows the federal government, for the first time, to set drug prices in Medicare (Part B and Part D). In summary, the IRA requires:
	• CMS to negotiate:
	  ◦ Price of certain prescription drugs under Medicare beginning in 2026.
	  ◦ Maximum prices for brand-name drugs with no generic equivalents that account for the greatest Medicare spending.
	• Requires manufacturers to issue rebates to CMS for brand-name drugs without generic equivalents that cost $100 or more per year per individual and for which prices increase faster than inflation.

Medicare Part D: Maximum Out of Pocket Cap	Caps maximum out of pocket spending on prescription drugs under Medicare Part D at $2,000 and eliminates cost-sharing above that cap (beginning 2024).
Medicare, Medicaid, & CHP: Cost Sharing	Requires coverage and eliminates cost-sharing for adult vaccines that are recommended by the Advisory Committee on Immunization Practices.

Membership

- Membership for July is 1.7% above target with 677,055 members.
- Year to date membership is up 4.9%, driven by Medicaid, EP, QHP, CHP and Gold.



Rate Filing Updates

- **GoldCare (for DC-37 Daycare workers)**
  - MetroPlusHealth filed a no rate action and no benefit change rate filing.
  - Rate Filing was approved on 07/19/2022 as filed. Open Enrollment starting soon for new plan effective 10/1/2022.
- **QHP**
  - MetroPlusHealth filed for a **12.9%** increase. DFS Approved **8.1%** on 8/1/22.
  - MetroPlusHealth will likely remain the lowest cost option across all metal levels within the NYC region.
- **CHP**
  - MetroPlusHealth filed for a **9.9%** increase and DFS approved **8.6%**
  - This filing was submitted on 9/1/2021 and approved 6/23/2022.

Providing Healthcare Coverage for Asylum Seekers

- MetroPlusHealth, many City Agencies and other SSOs are helping to manage a Resource Center for asylum seekers at the Red Cross Center on 49th Street in Midtown Manhattan.

- MetroPlus' Certified Application Counselors (CACs) provide information and assist NYC immigrants and their families to obtain appropriate health insurance coverage.

- MetroPlus participated in a Community Resource Fair and Family Fun Day on August 21, 2022 at Lincoln Hospital. An additional event will be held in September at Riverbank State Park. Resources provided at these fairs include:

  - Health Insurance Education & Enrollment (MetroPlusHealth)
  - Health Screenings & Health Care Services (H+H and Gotham)
  - Social Services such as SNAP, WIC, Food Stamps Benefits (Human Resources Administration)
  - Immigration Information & Services (Mayors Office of Immigrant Affairs)
  - Clothing and Hygiene Needs
  - Children's Services such as school registration

- https://www.ny1.com/nyc/all-boroughs/news/2022/08/22/organizations-throughout-nyc-offer-resources-for-asylum-seekers

- MetroPlus has RVs, tables, and tents around key locations throughout the City such as the Federal Court Building, Port Authority, and other entry points and locations where asylees are seeking immigration and legal services. MetroPlus is also partnering with the Hotels and Shelters where asylees are being housed.

MetroPlus' Medicare CAHPS Preliminary Scores 2022 to 2021 Comparison

Member Experience with Health Plan Measures	Mean Score	Base Group	Number of Stars	Star Rating	2021 score
Getting Needed Care	80	3	3	★★★	1
Getting Appointments and Care Quickly	73	2	2	★★	1
Rating of Health Care Quality	85	3	3	★★★	1
Rating of Health Plan	87	3	3	★★★	2
Customer Service	88	2	2	★★	2
Care Coordination	87	5	4	★★★★	3

Member Experience with Drug Plan Measures	Mean Score	Base Group	Number of Stars	Star Rating	
Getting Needed Prescription Drugs	N/A	N/A	N/A	N/A	4
Rating of Drug Plan	87	4	4	★★★★	3

Vaccine Measure	Mean Score	Base Group	Number of Stars	Star Rating	
Annual Flu Vaccine	75	4	4	★★★★	3

KEY TAKEAWAYS:

- Last year: mainly 1s and 3s, this year: mainly 3s and 4s.
- We have three measures at 4 Stars.
- 2 measures remain low: Getting appointments and Care Quicky and Customer Service.

CAHPS: Key Executed Strategies

1. **Understanding Member needs and connecting to CAHPS drivers.**
2. **Solutioning to member needs: Focused engagement January-June 2022**
   - **Relevant Support:** Sending out Covid self test kits
   - **Understanding benefits and focus on supplemental benefits:** Quick reference guide
   - **CAHPS focus:**
     - **Getting appointments and care quickly:** Access to care outreach with support around how to make appointments with an easy to access magnet
     - **Getting needed care:** Tailored tools such as notepads and checklists to help members before and after appointments- prompting the right questions
     - **Care coordination:** Outreach calls between quality, care management and customer success for post appointment outreach.
     - Reinforced CAHPS messaging on all mailings to members.
3. **Internal messaging and awareness building throughout the organization.**
4. **Coordinated- Customer Experience (CX) bringing all parts of the organization together- customer service, success, quality and care management.**
5. **Monitoring quality of interactions through CX dashboard and timely corrective action.**
   - Closing the loop on issues when we are encountering low rating calls.

Pharmacy Benefit Transition Back To Fee-for-Service

- The pharmacy benefit transition to fee for service (FFS) for Managed Medicaid, SNP and HARP members remains slated for April 1, 2023, after being postponed for two years. The transition will not apply to members enrolled in Managed Long-Term Care plans (e.g., PACE, MAP, and MLTC), the Essential Plan, or Child Health Plus.
- MetroPlusHealth continues to work with advocacy groups, including Manatt and HPA to provide support for alternatives that would meet the NYS DOB's financial goals without compromising member care. Plans have raised concerns around significant member abrasion and a fragmented member experience if the transition were to occur, including:
  - Inability to assist members with resolving point-of-sale pharmacy rejections
  - Concerns regarding continuation of therapy for previously approved drugs and supplies
  - Challenges with coordinating care management activities
  - Inability to access timely pharmacy claims data

Non-Enrolled Provider/Pharmacy Initiative

- NYSDOH is requiring all providers/pharmacies to be actively enrolled with NYS as a FFS Medicaid and/or OPRA provider by **September 1, 2022** in preparation for the pharmacy benefit transition to FFS. The Department has granted a grace period to delay claim denials through October 4th, 2022 which *should not be communicated to providers, pharmacies or members*.
- MetroPlusHealth has voiced concerns with DOH's recommendation to allow an override at point-of-sale to be used for Interns and Residents who are not eligible for NYS enrollment (aligning with Medicaid FFS' current process). This burdensome process would require the dispensing pharmacist to conduct an online NYS Department of Education search to identify the provider as an intern or resident before utilizing the override. The Plan is exploring an automated solution to bypass the NYS enrollment check for Interns and Residents to prevent member disruption.
- As of August, 1,593 providers and 77 pharmacies remain non-enrolled and they have jointly serviced 21,038 MetroPlus members in the last three months. Multiple communications have taken place:
  - Initial provider/pharmacy notice sent in April
  - Impacted members' notices completed in June
  - Additional provider/pharmacy outreach via fax, phone and email in July and August
  - Second round provider/pharmacy notice sent late August

Behavioral Health Update

- Working with H+H's Office of Behavioral Health, MetroPlus has designated 11 BH care managers to go on site at H+H facilities to support and collaborate with facility-based colleagues on psychiatric floors and in Psych ERs. The onsite phase-in to begin September 2022.
- The Plan's care managers will be on site initially 3 days per week. The goal is to augment the work being done by H+H and not in any way disrupt facility-based activities.
- MetroPlus Care managers will work with H+H Social Workers to:

a) support discharge planning and adherence to outpatient appointments for behavioral health, physical health, health homes (if appropriate), and other CBOs.

(b) share, through HIPAA-compliant processes, relevant clinical data with H+H colleagues during the inpatient stay.

(c) support engagement of high-risk, high-spend MetroPlus members with frequent inpatient/ED BH use. Such members are identified and tracked by NYS, and health plans are expected to work collaboratively with facilities/health systems to ensure these members keep several, serial outpatient BH appointments over a minimum 60-day period post discharge.

(d) work hand-in-hand with H+H colleagues on these members' specialty care appointments (e.g., HIV, diabetes), and SDoH needs (e.g., housing, food).

(e) improve quality measure outcomes tracked by NYSDOH for QARR reporting that impacts quality incentive awards, e.g., Health and Recovery Plan (HARP) QI Program subjects all HARPs to a 2% withhold of premium revenue that it can earn back by achieving high quality scores.

(f) MetroPlus may engage HARP-eligible members currently enrolled in Medicaid and facilitate, with the member's approval, connection with NY Medicaid Choice and enroll the member into the HARP. This important activity performed by MetroPlus BH care managers allows the member to access key Home and Community Based Services

Behavioral Health: Notable Utilization Management (UM) Trends

- Decrease in inpatient Mental Health average lengths of stay by 3 days Q1 2021-Q12022 (15 days to 12 days) due to UM case shaping (e.g., engaging the inpatient BH team).
- Decrease in 30-day readmissions rate for inpatient mental health:
  - HARP: 26 % to 19 % due to post discharge engagement
  - Medicaid: 21% to 14% due to post discharge engagement
- No significant change in length of stay for SUD admissions but we aim to impact by working on site at the SUD sites (e.g., Urban Recovery, Cornerstone) and by working with H+H outpatient MAT services.
- Increase in contact rate with members, families and providers post discharge.

Project TEACH

- Promoting access to behavioral health services for our most vulnerable members is a priority.
- Project TEACH is currently funded through NYS Office Of Mental Health. Its mission is to support the ability of NYS PCPs to deliver care to children who experience mild to moderate mental health concerns. They offer phone consultation, face to face evaluations, linkage, and training. There are additional resources to support PCPs and maternal health providers in providing care to pregnant and postpartum women.
- We are currently collaborating with Project TEACH and H+H to expand awareness of this valuable resource. Upcoming events include a presentation at the upcoming Adolescent Advisory Panel meeting, Pediatric ACLC meeting and the October Adolescent Health Conference.
- The Network and Quality departments are assisting with identifying provider groups of members whose behavioral health quality scores are poor and/or they have requested additional support to manage members with co-occurring behavioral health needs. Meetings with these groups (e.g., SOMOS) is ongoing.