MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE

AGENDA

Date: **February 6, 2023**
Time: **9:00 AM**
Location: **50 Water St. New York, NY 10004 Room 1701**

BOARD OF DIRECTORS

CALL TO ORDER — **DR. CALAMIA**

ADOPTION OF MINUTES – November 1, 2022

ACTION ITEMS:

1)Authorizing the New York City Health and Hospitals Corporation (the "**System**") to contract with **NYSARC, Inc**. (NYSARC) for respite services for adult patients with intellectual or developmental disabilities ("**IDD**") for a term of three years with two 1-year options exercisable only by the System for an amount not to exceed $8,500,000. — **DR. ALLEN**

Vendex: Approved
EEO: Approved

2)Authorizing the New York City Health and Hospitals Corporation (the "**System**") to exercise a best interest extension for three months on its existing contract with Crothall Facilities Management, Inc. ("**Crothall**") for biomedical program management for an amount not to exceed $9,369,806 for the three-month extension period. — **MR. WILSON**

Vendex: Approved
EEO: Approved

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

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

METROPLUS HEALTH PLAN — **DR. SCHWARTZ**

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

Medical and Professional Affairs Committee – November 1, 2022
As Reported by Dr. Vincent Calamia
Committee Members Present- José Pagán, Dr. Vincent Calamia, Sally Hernandez-Piñero – join at 9:15, Dr. Patricia Marthone, Deborah Brown in a voting capacity for Dr. Mitchell Katz

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 9:03AM.

Dr. Calamia noted for the record that Deborah Brown was representing Dr. Mitchell Katz in a voting capacity.

On motion made and seconded, the Committee adopted the minutes of the September 12, 2022 Medical and Professional Affairs committee.

ACTION ITEM:
Kenra Ford, Vice President, Clinical Services Operations, Medical and Professional Affairs presented the resolution to the committee -

> **Authorizing New York City Health and Hospitals Corporation (the "System") to enter into a three-year agreement with Natera, Inc. ("Natera") for the performance of non-invasive genetic prenatal tests to detect abnormalities in a fetus ("NIPT") with the System holding two 1-year options to renew for a total not-to-exceed cost across the entire potential five-year term of $15,000,000.**

Non-Invasive Prenatal Tests (NIPT) is genetic testing to detect abnormalities in a fetus. NYC Health + Hospitals currently sends Non-Invasive Prenatal Tests (NIPT) to various reference labs resulting in variable test cost, turn around time, and test methodology. Locations in scope are Acute Care and Gotham facilities. Currently 6,000 tests are sent across our System.

Women's Health Council in collaboration with Laboratory Services is seeking to identify a standard reference test provider for NIP testing and carrier screening including 24/7 access to genetic counseling services for both Providers and patients. Reducing variation from the use of multiple reference laboratories and tests will allow enhanced monitoring of quality and service performance, while providing access to testing and counseling services for all patients.

The RFP evaluation committee consist of Women's Health Services, our Laboratory Services, Medical and Professional Affairs, Integration and Laboratory Information Technology (IT interfaces team) and our IT application team which are our interface experts and a genetic counselor from our facilities.

The substantial criteria were 30% test quality and technology, 30% integration, client services 20%, and cost 20%. The RFP was published on city record April 21, the milestones were meant. On August 2nd the evaluation committee submitted final scoring, Natera was the highest rated proposers.

The American Society of Obstetricians and Gynecologist (ACOG) and the Society for Maternal-Fetal Medicine (SMFM) released practice bulletin 226 "Screening for Fetal Chromosomal Abnormities on October 2020, advocating that all pregnancies be screened with NIPT. The summary of recommendations included prenatal genetic screening, cell free DNA screening, which is the most sensitive and specific screening test for the common fetal aneuploidies, it has the potential for false-positives and false-negative results. Self free DNA is not equivalent to diagnostic testing.

Dr. Allen mentioned on behalf of Dr. Wilcox, that this is a screening test not a diagnostic test, it is recommended by ACOG the academic body that all patients be screened and offered the option for screening. The major justification for us is having the single lab throughout the entire System, rather than multiple labs. The NYS Department of Health clinical guidance that is followed on who should be screened was provided.

There was a New York Senate Bill S8157, which passed the Senate and the Assembly which is waiting to be signed by the Governor, which provides coverage and access to non-invasive prenatal testing under Medicaid, and should not be limited upon the age of the pregnant patient. This is pending Governor signature having passed both the House and the Senate. A flow chart was provided to show when you screened and what happens if your screen is positive.

Committee raised a question: at which point does the genetic counseling occurs is it after positive NIPT, it does not have to wait for a CBS sampling, it starts at that moment? Is that helpful in determining if they decide if they want to go onto an amniocentesis?

> *Dr. Allen response: the genetic counseling would come in at 2 points. If you have a history, you will get genetic counseling. If you are 20 years old with no family history no personal history and first baby, you are not advanced maternal age, you would do the screening, if the screening is positive you would go for genetic counseling. Once you have the diagnostic information you would sit with the genetic counselor and might actually have more counseling as well with neonatology if you want to know with the prognostic indicators what the quality of life would be with the child. It is helpful to sit down with the nenoatolist and a pediatrician. The genetic counselor can come in 3 different ways based on your history.*

Performance: Panorama screens for common aneuploidies with a sensitivity and specificity of over 98%. Panorama, which is Natera NIPT test, have been extensively clinical validated. It is the only SNIPT test that uses SNIPT technology. Panorama is also the only NIPT that can detect triploid and give individual fetal fractions on twin gestations. Test turnaround time is 5 days.

Provider counseling services is available 24/7, and for patients free pre and post genetics information sessions, genetics information sessions can be translated and there is a 2 minute education video available by texting.

The services procured under this contract are clinical laboratory services, which are entirely self-performed by Natera laboratory, except for general overhead expenses.

The Vendor Diversity Team reviewed the vendor diversity databases and found no labs that perform these services. Further, any opportunity for subcontracting a portion of the overhead expenses, such as courier services or supplies, was reviewed by the team and there was not enough availability or capacity found to set an MWBE goal on such work.

After such review and analysis, and consistent with the Vendor Diversity Policy, since there is no meaningful possibility of participation by Diversity Vendors, it was recommended that no MWBE goals be applied to this RFP, which was approved as exempt by the Contract Review Committee. No new information was found during the solicitation process that changed this analysis. Accordingly, it is recommended that no MWBE goals be applied to this contract.

The Committee raised some questions: If technology changes would there be a need to reopen the discussion and the contract again? Ms. Ford response: Technology is changing rapidly, we will ensure that we are doing the very best for our patients. As the changes happen we will continue to evaluate.

Question raised for clarity: the contract does not lock us in if technology changes? Ms. Ford response: there is a termination clause.

Question raised: on the reimbursement side is the test covered by Medicaid? Ms. Ford response: yes.

Question for clarity: what is the difference in the in the existing technology compared to this technology? Ms. Ford response: From the performance perspective most of the test are performing similarly. The important change we are making with this provider is we are integrating fully, which is driving down our turnaround time, and turnaround time does matter.

We are able to monitor not only test performance and turnaround time as well as complaints coming in potentially related to counseling services. The significant change prior to now is we were operating on paper, which added days overall to turnaround time, by working with a vendor that is able to seamlessly integrate actually reduces the turnaround time. The testing can be done but if it is not sitting in our EMR in a transparent way, that is a problem and overall adds short turnaround time to our providers and our patients.

Question raised by the committee: will the claim come from H+H to the health plans or from Natera? Ms. Ford response: Health + Hospitals.

Question raised by the committee: How many tests do you do? Is 6000 an annual figure? Is this a steady increase or is it level? Ms. Ford response: It is expected to grow. We are preparing for it to grow especially with the focus on the growth in Women's Health services.

Committee raised a question: what is the annual cost now? MS Ford response: around 3 million.

Committee raised a question: How many of the test end up positive? Ms. Ford response: I will have to follow up with that answer.

Committee raised a question: is there demographic difference that are more likely to take this test? Ms. Ford and Dr. Wilcox response: they're are based on the risk groups. Most women are interested in knowing and at least having the screening. The goal is, we as Obstetricians and Gynecologist cannot make assessment for anybody that are at acceptable risk of having any other abnormality, that person has to make that determination on their own. When offered most patients will consent for testing, at least the screening test.

What can we do with the data that you gather. Dr. Allen response: the choices were not different from public to private. Women in the public side that were substance abuse or women at risk for HIV would come in with a list of questions on a piece of paper and a pencil, where the patients in the NYU faculty practice would have a device with their questions. From the experience the desires of pregnant women cut across all classes, cultures and races really have to do with what we offer. That is where the disparities come with what being offered. If we have the opportunity to compare Bellevue and NYU since they are interrelated, what the racial difference are in acceptance. We know what the racial difference are in specific genetic disease, sickle cell, anemia existed fibrosis etc., in our population. Dr. Allen referred to Dr. Wilcox, asking has there been any literature that looks at the difference in racial or social economic acceptance of NIPT. Dr Wilcox response: That is true but is a great idea and we will get moving on that research.

Committee raised a question: does the turnaround time matter, because there are some limits on when people can take certain actions? Dr. Allen response: the turnaround time is a personal comfort. In terms of timing of what you can do since late term termination are up to 24 weeks with that margin of error probably a little bit beyond, that is the most time sensitive. Termination is preferred in the 1st trimester, you prefer the patient to show up in the 1st trimester and have the test done. They can discuss with their family and make informed decisions. If the option they choose is termination, it is much better to have a termination in a 1st trimester rather than the 2nd trimester. Dr. Allen mentioned that one of the topics that is being done in the SIM lab in terms of gathering a history of substance use disorder, is how to ask that

question without bias. What we learned from that can be applied here, it makes a difference of how the question is asked and what are the personal biases.

Committee member suggested, it would be a good idea to start thinking on how to get the word out on the education to women who are not yet pregnant by using our service and it would be appropriate for them in languages and content.

Committee raised a question: outcomes were talked about; do we have some availability to look at comparison internally. Ms. Ford response: we are working on that. Ms. Ford circled back to the discussion of being reimbursed for denials. We aggressively have gone after our ability to monitor in real time, to make sure that what we think we are going to get reimbursed for we really are. If there is a hiccup anywhere we will catch it in real time.

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

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.

Nursing Excellence – Pathway to Excellence
NYC Health + Hospitals/Kings County received Pathway to Excellence® designation by the American Nurses Credentialing Center (ANCC) on October 14, 2022. This is the first NYC Health + Hospitals facility to receive this prestigious designation, first hospital in Brooklyn and one of two hospitals in New York City. The Pathway to Excellence Program® is the premier designation for healthy work environments and recognizes health care organizations and Long-Term Care organizations for positive practice environments where nurses excel.

NYC Health + Hospitals/**Elmhurst Hospital** Center's **Coronary Care Unit** (CCU) received the American Association of Critical-Care Nurses (AACN) **Silver Beacon** award on October 3, 2022 for nursing excellence. To top it all, **Elmhurst Hospital's Medical Intensive Care Unit** (MICU) also received the most prestigious AACN's **Gold Beacon** award on October 17, 2022 for nursing excellence. This makes Elmhurst's MICU one of two MICU units in all of New York State that received this esteemed Gold Beacon designation. A Beacon award signifies a positive and supportive work environment with greater collaboration between colleagues and leaders, higher morale and lower turnover.

NYC Health+ Hospitals/**South Brooklyn Health's** (formerly Coney Island Hospital) **Surgical Intensive Care** (SICU) received the AACN's **Silver Beacon** award on October 18, 2022 for nursing excellence. All these Beacon awards are unheard of in the span of a few days and a first in the history of NYC Health + Hospitals to receive three Beacon awards in one month

Health + Hospitals had the highest number of nominations for the nurse excellence awards. We had a total of 559 nominations this year. With 24 awards in Excellence in Clinical Nursing, 4 System Awards, 4 DAISY Awards for nurses advancing Health Equity, and 1 Structural Empowerment Award. The celebration is scheduled to be in December of this year.

A lot is being done in the nursing quality council. On August 24, 2022, **Patricia Quigley, PhD, MPH, APRN, CRRN, FAAN, FAANP**, a prominent patient safety expert on fall prevention, presented the latest innovations and best practices for reducing patient falls and falls with injuries in the hospital setting Over 200 nurse leaders and direct care nurses attended the virtual webinar.

An inaugural Doctoral Circle of Excellence was held on September 23, 2022. The goal for this event was to recognize doctorly prepared nurses and honor their highest academic achievement. This includes graduates of Doctor of Nursing Practice (DNP), PhD, EdD, and Doctor of Health Administration (DHA) in nursing. In addition, it was also to inform and inspire our nurses across the system. The event included nursing doctoral graduates from Jan 2012 to academic year ending May 2022, where 72 nurses across the health system were celebrated.

Kenya Beard EdD, CNE, AGACNP-BC, ANEF, FAAN - Associate Provost Chamberlain University, joined the program virtually as our keynote speaker and inspired attendees through her powerful message on how to be effective influencers and collaborators in leading nursing profession to meet the anticipated health and social care demands based on The Future of Nursing 2020-2030: Charting a Path to Achieving Health Equity. We also heard from two of our own doctoral graduates**, Manjinder Kaur, DNP, RN, NEA-BC and Jenny Uguru, DNP, RN, AMB-BC, CLC,** who delivered two powerful speeches on their journeys to getting their doctoral degrees. This event will be celebrated annually here after. In order to obtain degrees and excellence and or designations, it imperative that we have prepared nurses, which is why we celebrated them across the system. We also, started a series called fireside chats with Dr. Cineas, and the first topic was medication administration because we have seen the issues around medication and administration nationally. There were 143 participants, there was a partnership with Danielle Dibari to discuss implementation of Omnicell and the changes it will bring within the new medication administration processes for our nursing staff. The next fireside chat will focus on documentation post pandemic or during this period that we are in right now.

Monkeypox training has been complete. A e-learning training module was created based on the FDA and CDC recommendations. Also developed and implemented Monkeypox vaccine intradermal administration training for all nurses working in acute care and Gotham primary care sites.

The OPCC has forged partnerships with Adelphi Graduate School of Social Work and Fordham Graduate School of Social Service to host second-year public health social work fellows starting with the 2022-2023 academic year. The

focus of these two fellowships, made possible with federal grant money awarded to the schools, is to create a more diverse social work workforce with demonstrated competencies in child & adolescent integrated care. Fordham has placed several fellows at Bellevue, and Adelphi has placed students at both Kings County and Jacobi. We look forward to reporting back on hire rates after graduation in Spring 2023.

The Committee congratulated and commended Dr. Cineas on the Pathway to Excellence with MTC, it shows up in her leadership that your winning all of these awards. Questions raised by the Committee: Do the nurses come to you asking for opportunities now that they have their higher degrees, how do we think about opportunities for them and how do we use what they learned to improve our system? Dr. Cineas response: they are the reason why the event was started. They ask for recognition and we wanted to know who they were. Two things were done, we established infrastructure to know who they are and to support them through IRB the process before they obtain the doctoral degrees. Post to obtaining their doctoral degrees they will receive mentorship to see if they are ready to go into leadership roles, whether it is in the clinical setting or from administrative capacity. Every year they will be brought back to network with other doctoral prepared nurses, so that they can get to know one another. Also, to help us transform care at the bedside. We will be rolling out the care delivery model and we know their projects to tap into their knowledge at their respective sites. It's a beautiful thing, that's why it is called a circle, there is no beginning and no end, in the middle it is them to help us bring forth positive outcome from a quality perspective at the bedside and their experts at this and we definitely want to leverage their expertise. Currently there is a cap between academia and practice and we want them to bridge that gap.

Committee raised a question: in terms of the doctoral or advance degree candidates, how does that compare to before, have you seen an increase? Response by Dr. Cineas: we have seen an increase, number 1 is knowing where they work, a lot of them do not work in acute care settings, which was surprising. They really enjoyed the event, we were able to embrace all of them and say you know you are part of the Health + Hospital whether you work at Gotham etc. Some of them work in small clinic and we wanted them to understand that we need to leverage the expertise.

Committee stated that it was great because of the decrease numbers of doctors, and having nurses with advanced degrees can help bridge some of the gaps. Committee raised a question: Given our mental health needs is there a way to incentivize either nurses or social workers to look at the mental are as an area of specialization. Dr. Cineas response: yes, there has been an increase of doctoral prepared nurses, and that is why we've created the partnership with CUNY to ensure that they can go to CUNY PhD programs. A conversation was had with Michael Katzab, our Chief of human resource officer, and we are planning a behavioral health recruitment fair because of our increase and expansion of behavioral health beds. Not only will we be supporting our new graduate nurse to join our behavioral health spaces we are also going to be focusing on recruiting nurse practitioners as well in partnership with Dr. Barron and Dr. Allen. Columbia University and CUNY are interest in more

clinical placements for behavioral health students, more clinical placements equal more future employees.

The committee recommend sharing the fall prevention webinar with the nurses. A comment was made by the committee, as we increase our work with support of housing and other models we will have our nurse look at specialties too, especially the more advance nurses, it will be helpful to those working in those environments.

Response to the comment: Part of the care delivery model is innovation and we are not there yet, we are soon to be. I was at a conference where they were talking about virtual nursing for admissions and discharges, our leaders are attending a lot more conference, were there will be more opportunity to look at the care delivery model and think innovatively from a staffing perspective and we do have the new staffing committees with frontline staff and leaders are coming together. There should be opportunity in the new year to look at that.

A comment was made from leadership sitting in representing a committee member, as a colleague you make my work a lot easier. When it has to communicated to our elected officials and our leaders and our community stakeholder ask, what's so great about H+H, this is what can be conveyed. Congratulations. A comment was made by Dr. Allen: Before Natalia arrived, there was a Boards member who was a nurse, Mrs. Bolus, who passed away, I know she is signing your praises. She always encouraged the nurses to publish, publish, publish, get out there and be recognized for the work that you do. To hear your report today makes me think of her admonition to all of us and to you. Congratulations in the name of Ms. Bohlus. Dr. Cineas mentioned they give out the Josephine Bohlus award every year. This award will be giving out at the nurse excellence awards in December.

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, with the following highlights:

The focus will be on some of work that MetroPlus has been doing and provide additional updates. Regulatory updates: There is a glitch in the affordable care act that didn't consider that an individual income and coverage which extended to the family did not incorporate the family's total income. Since 2013, only the income of the policy holder and the cost of that policy was considered to deliver the advance premium tax credits or APTC. Now the consideration of the other individual's and the cost of that and the additional cost of the premium is now taken into account, if the family premium under the coverage exceeds 9.5% of the family's income, the household not just the individual is now eligible for the advance premium tax credit, because of the million more American will be able to take advantage of that premium which will then go ahead and lower the cost of the overall premium that family has to bear under the qualified health plan.

The federal public health emergency has been extended through January 2023. This is most impactful because the PHE suspends the notion of redetermination,

particularly relevant for Medicaid, essential plan, and child health plan, as well as the beneficiaries, they don't have to quality. There is an expectation that sometime in mid 2023 redetermination or recertification will come back. As a result, the plan is taking appropriate steps to meet the challenge. For now, the PHE continues and the suspension of the redetermination continues. The Medicaid Child Health side, there is a digital expansion. Currently when beneficiaries receive notices from the plan, whether it's a booklet, letter and authorization letters, all of those are sent by snail mail. Now a beneficiary will be able to select to receive their notices electronically, this will be available on the members portal.

Star rating background: The focus of discussion is on the consumer assessment of healthcare providers in systems or cash as large bearing beyond Medicare. This is taken increasing importance, not just for Medicare but for managed Medicaid, Child Health Plus, the essential plan, health and recovery plan which focus on people that behavioral health issues as well as the quailed health plans CAHPS the consumer satisfaction portion has a greater bearing more on the award that health plans receive from state and federal.

The star ratings are for Medicare, ranked Medicare advantage plans like MetroPlus, they focus on many domains. Effective communication and coordination of care, Effective prevention and treatment of chronic disease, Affordability and efficiency, Safety, and Behavioral health. Effective communication; this focus is on consumer satisfaction. How state works is, they get measured for 2023 stars and 2021, the actual measurement year, the plan assembles the information in 2022, the reporting year, it reflects the star rating in 2023, and the financial impact of the plan is actually achieved in 2024. It's a 4-year cycle. Planning has to be done ahead. The first time on MetroPlus health plan history 4 stars were achieved in the Medicare star ratings program. Often, we have come close by decimals in the past, being off by .25. This reflects, the work done in 2021, collected in 2022 the star rating for 2023 and then the financial impact in 2024. The financial impact is considerable, that quality bonus payment of around 5 million dollars for our 10,000 members across 10,000 dollars means that we can provide supplemental benefits to these beneficiaries with regards to vision, dental, transportation and other medical and non-medical needs.

The key drivers to that success, is what MetroPlus has always done well on the effectiveness of care measures, the medical measures, the preventative health screenings, test and vaccines. The plan is consistently being 5 stars or close to it. What drove the success this time around to achieve the 4 stars were two things; one was the part D, MetroPlus is a 5-star plan. The 5-star rating included measures which have higher weights associated with them and these are the adherence measures, adherence to diabetic medications, anti-hypertension, and to statins. The highly weighted triple weighted measures took the plan to the 5-star ratings. The other driver that helped was improvements on customers satisfaction as a result of the CHAP server.

Improvement has been shown on the consumer assessment of health care providers and systems measures, we are practically three and four stars for most of these measures. The are areas for improvement, in getting needed care rating

of healthcare quality, grading of the drug plan, receipt of the flu shot, all of which are asked of the consumer, are rated highly and consistently. These measures are quadruple weighted, the shift is medical measures. This reflects the shift that Medicare and Medicaid are making in terms of focusing on the consumers side.

Areas for improvement are getting appointments quickly and customer services. As far as the customer service side, this is planned based. The questions that are asked are; in the last 6 months how often did your health plan customer service give information of help you needed? The second question is in the last 6 months how often did your health plan customer service treat you with courtesy and respect. Improving on that to a higher rating requires a plan of action. The representatives need training to be better informed, more compassionate, more motivated in addressing the issues and that the issue they called about is resolved. Look at the frequent reasons people are calling and complaining and address those issues.

There are 2 measures of care that is being brought to the attention of the committee. The first one is related to getting needed care. The questions that were asked were; in the last 6 months, how often did you get an appointment to see a specialist as soon as you need one? In the last 6 months how often was it easy to get the care, test or treatment you needed. The focus on access to care is a fundamental issue for a consumer from a specialist side and a primary care side.

There were 3 questions that were asked where there were struggles and hope to improve the performance. Three questions were posed, in the last 6 months when you need an appointment right away, how often did you get it, how soon did you get an appointment for a routine checkup, as soon as you needed, in the last 6 months how often did you see the person you came see within 15 minutes of your appointment time. There needs to be an easy access to the telehealth option to deal with urgent issues, this is an area we should expand on, this way the issues can be address or addressed after hours or even during the day without having to be seen in person. The other issue is having access to H+H providers or community provider through the contact centers, call centers and how quickly they actually ask the question is it urgent, how quickly does the patient need to be seen and how quickly do they triage that call in a timely fashion that gets that person care they need.

H+H is big on promoting the patient record MyChart, patient access their records through MyChart has been an important piece for care coordination. Some of the questions that are asked are; in the last 6 months when you visit your doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care, how often when your doctor order the blood test or extra test for you, how often did someone your personal doctor office follow up to give you the results. MyChart is a mechanism to give those results and the patient is able to interact with the provider through EPIC in messaging and get a response.

The other area to look at is the network, particularly specialist access. The network needs to be expanded both at H+H and outside. The specialist care

often gets requested specifically, gastroenterologist, endocrinologist and or other providers as quickly as needed care or the individual.

CUNY and Higher Education Markets: we are working with CUNY to expand access particularly to the essential plan so their student can have affordable health care. Some of the students are eligible potentially to receive Medicaid based on their income, and the foreign students as well.

Committee member raised a question: How much control do you have to make sure the cost is not raised too high? Dr. Shah response: the question is asked round drugs and the formulary to ensure the formulary is expansive. The Medicaid formulary is set through the State, there is more flexibility on the Medicaid side.

Committee member mentioned: happy to see the hard work that went into getting the numbers up and that there is a plan of action to improve the areas that are low.

Committee member raised a question: for customer service representative, do we have feedback on specifically, which ones excel and which ones do not, and how do we utilize that? Dr. Shah response: Yes, there is a post call survey, and every interaction, and looking at those calls that get highly rated. There is a net score promoter there and actually looks to see what they are doing and emulates their success, that is a way to differentiate it. It is training, you can only train so far, you have to actually monitor the calls.

There being no further business, the meeting was adjourned 10:04 AM.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "**System**") to contract with NYSARC, Inc. ("**NYSARC**") for respite services for adult patients with intellectual or developmental disabilities ("**IDD**") for a term of three years with two 1-year options exercisable only by the System for an amount not to exceed $8,500,000.

WHEREAS, there are currently only limited respite services available for adult patients with IDD to provide an opportunity for families of such patients to get support in managing the care of their loved ones and to support such patients in their residential programs; and

WHEREAS, in October 2019, under the New York State Delivery System Reform Incentive Payment program ("**DSRIP**"), the System with its DSRIP arm, OneCity Health entered into a one-year agreement with NYSARC, Inc. to provide short-term mental health respite services as an alternative to medically unnecessary hospitalization for an amount not-to-exceed of $1,724,130; and

WHEREAS, in keeping with the goals of DSRIP, the 2019 contract gave the System a chance to experiment with new contracting structures aimed at reducing unnecessary hospital admissions and the System was able to confirm the value of its contract with NYSARC; and

WHEREAS, upon the expiration of the DSRIP NYSARC contract, the System entered into a one-year "best interest" extension of the NYSARC agreement; and

WHEREAS, to complete the transition from the special DSRIP procurement rules to normal System procurement rules, the System issued an RFP for IDD respite services, five vendors attended a pre-proposal conference, two vendors presented proposals after which the Evaluation Committee gave the NYSARC the highest rating, an evaluation endorsed by the Contract Review Committee; and

WHEREAS, NYSARC had already demonstrated the quality of its work through its performance under its DSRIP agreement and the one-year best interest extension; and

WHEREAS, as a not-for-profit organization NYSARC is exempt from the System's MWBE subcontracting requirements; and

WHEREAS, the System's Senior Vice President for Behavioral Health will be responsible for the management of the proposed contract.

NOW THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (the "**System**") be and hereby is authorized to contract with NYSARC, Inc. ("**NYSARC**") for respite services for a term of three years with two 1-year options exercisable only by the System for an amount not to exceed $8,500,000.

EXECUTIVE SUMMARY
NYSARC, INC.
RESPITE SERVICES FOR ADULT PATIENTS WITH INTELLECTUAL OR DEVELOPMENTAL DISABILITIES

OVERVIEW: There are currently only limited respite services available for adult patients with IDD to provide an opportunity for families of such patients to get support in managing the care of their loved ones and to support such patients in their residential programs. DSRIP was designed to allow health care providers to experiment with novel contracting structures by providing additional funding and encouraging "Participants" in each "Participating Provider Systems" to contract with each other. Under DSRIP, the System with its DSRIP arm, OneCity Health entered into a one-year agreement with NYSARC to provide short-term mental health respite services as an alternative to medically unnecessary hospitalization for an amount not-to-exceed of $1,724,130. Upon the expiration of the DSRIP NYSARC contract, the System entered into a one-year "best interest" extension of the NYSARC agreement.

PROCUREMENT: To complete the transition from the special DSRIP procurement rules to normal System procurement rules, the System issued an RFP for IDD respite services, five vendors attended a pre-proposal conference, two vendors presented proposals after which the Evaluation Committee gave the NYSARC the highest rating, an evaluation endorsed by the Contract Review Committee.

COSTS: The total not-to-exceed cost for the proposed contract over its full potential five-year term will not exceed $8,500,000.

MWBE: As a not-for-profit organization NYSARC is exempt from the System's MWBE subcontracting requirements.

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

From: Keith Tallbe
Senior Counsel
Office of Legal Affairs

Keith Tallbe Digitally signed by Keith Tallbe Date: 2022.12.20 13:48:23 -05'00'

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: NYSARC, Inc.

Date: December 20, 2022

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

Vendor Responsibility	**EEO**	**MWBE**
Approved	Approved	N/A

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.

Respite Services Program for Patients with Intellectual/Developmental Disabilities (IDD)

Application to Award Contract Medical and Professional Affairs Committee

February 6, 2023

Machelle Allen, MD
System Chief Medical Officer, Medical and Professional Affairs

Richard Freeman
Senior AVP, Office of Behavioral Health

Jennifer Morrison-Diallo
Director of Mental Health Services – MH/IDD Unit/Kings County Hospital

For Committee Consideration

- Authorizing the New York City Health and Hospitals Corporation (the "System") to contract with NYSARC, Inc. ("NYSARC") for respite services for adult patients with intellectual or developmental disabilities ("IDD") for a term of three years with two 1-year options exercisable only by the System for an amount not to exceed $8,500,000.

Background-Importance of IDD/MH Respite Programs

- Respite services for patients with intellectual or developmental disabilities(IDD) provide an opportunity for families of those patients to have additional support in managing the care of their loved ones.
- Across the five boroughs there is a significant lack in respite services where adults with IDD can go to a different setting when they need a "break" from their current community setting and a place to provide other much needed clinical supports (therapy, community habilitation). The current level of respite services throughout NY are available for mostly children who reside in the community with families and have self-direction
- At other hospitals/outpatient settings (outside of NYC Health + Hospitals), to our knowledge there are no other alternative options to support individuals with mental health/IDD diagnoses in the New York City area.
- The lack of crisis respite services results in high utilization of emergency room services due to crises that could have potentially been averted if there was another option for the individual

NYSARC, Inc. - Program Basics

NYSARC Clinical Service Delivery:

- Five-bed respite in Brooklyn for individuals who can be connected and enrolled in OPWDD but pending approval and are also in need of housing. Currently the only respite services in NYC which is located in Brooklyn, NY, has been operating since 2019
- Crisis emergency supports for individuals living in family homes
- Testing and other community linkage services to aid in enrollment for OPWDD waiver services **Note currently the wait time or availability for this testing can be up to 6+ months if this service didn't exist, and they **cannot** get housing without it.

NYSARC, Inc. - Program Basics

Clinical Services and Programmatic Elements:

In the NYSARC respite house, individuals receive a continuum of specialty services which can generalize to similar services they would receive in the community when transitioning into their permanent OPWDD group home:

- Care coordination services- by OPWDD care manager and NYSARC licensed clinical social worker
- Psychological and behavioral support services by psychologist and behavior intervention specialists which are both present in the house
- Peer counseling services and vocational rehabilitation services
- Groups provided by contracted licensed creative arts therapist (LCAT)
- 24/7 clinical care by 2:1 individual to staff ratio by direct support professionals (trained specifically to work with individuals with complex behavioral health needs

General Information about NYSARC, Inc. IDD/MH Respite Program

Admission Criteria:

- Only take individuals who are currently in a NYC Health and Hospitals facility - this can be a CPEP, psychiatric inpatient or medical inpatient unit. ***The goal is for people to be able to transition into the community and not wait in a hospital setting which is a completely inappropriate place for them to live.***
- Individuals must be able to connect to OPWDD waiver services
- MUST have some proof of neurodevelopmental disability PRIOR to age 22 (**Note, without these two things, the NYSARC respite program cannot link them to OPWDD services and therefore find housing for them)

NYSARC, Inc. Clinical Impacts and Outcome Metrics

Outcome Metrics:

- Over the past 3 years of operation, NYSARC has served approximately 8-10 people per year. Within the individuals served, there typically has not been an extremely long wait list, with on average 1-3 people “waiting for a bed”
- There have been no readmissions for NYC Health + Hospitals clients referral who have received their services.
- **Average LOS**
  - 10/2019-2020 (82 days)
  - 2021 (122 days)
  - 2022 (257 days)
- **Successful Placements**
  - 10/2019-2020 (11)
  - 2021 (8)
  - 2022 (6) *data not up to date
- **Total Savings**
  - 10/2019-2020 ($1,158,608)
  - 2021 ($1,250,480)
  - 2022 ($2,664,288)

Cost Comparison

Cost for patients at NYSARC vs Hospital 2019-2020			
Patient	**LOS**	**Hospital ($1,276/day)**	**NYSARC ($550/day)**
1	193	$246,268	$106,150
2	33	$42,108	$18,150
3	28	$35,728	$15,400
4	109	$139,084	$59,950
5	43	$54,868	$23,650
6	146	$186,296	$80,300
7	175	$223,300	$96,250
8	38	$48,488	$20,900
9	19	$24,244	$10,450
10	91	$116,116	$50,050
11	33	$42,108	$18,150
		$1,158,608	**$499,400**

Average length of stay 83 days

This data is from patients admitted to NYSARC respite house from 2019-2020. It includes LOS per person and a comparison of cost if the person was still at a hospital compared to what NYSARC costs per day.

Potential Reimbursement- Future State

Possible Reimbursement Revenues:

- To date there have been no reimbursable services through the NYSARC respite house, per say, however, with staffing the program and potential off-shoots of the program with Qualified Health Professionals (e.g., social work, psychologists, psychiatrists) there could be billable revenue from crisis work completed in the community which can be reimbursed at high rates (e.g., similar to mobile crisis work where it can be billed in 15-minute increments with upwards of $95 per hour).

- This is certainly something that should be examined of how to build this into the current program so it can also be cost/savings effective, but also reimbursable at a decent rate.

- Working partnerships with OMH/OPWDD to create other similar services to this pilot program

Timeline of RFP

- In October of 2019, OneCity Health, a subsidiary of NYC Health + Hospitals, entered into a one-year agreement with NYSARC to provide short-term mental health respite services as an alternative to medically unnecessary hospitalization. The agreement was approved by the OneCity Health Executive Committee and OneCity's Board of Directors with a not-to-exceed amount of $1,724,130

- On September 28, 2021, the CRC approved a best interest renewal to extend the current agreement from July 1, 2021, to June 30, 2022, at a not to exceed amount of $1,700,000. The contract was eventually extended for a total of 9 months with an expiration date of March 31, 2023.

- The Office of Behavioral Health issued a RFP in October 2022 to explore market for these services

- The Office of Behavioral Health is actively pursuing additional funding streams from Office of Mental Health (OMH), Office for People with Developmental Disabilities (OPWDD) and other possible grants.

NYSARC, Inc. Contract History

Year/Date	Time Frame	Total Contract Price	Effective Dates	Notes
10/11/2019	One year	$1,724,130	10/11/19 - 10/10/20	Initial Contract (OneCity)
2020	2-month extension	$0	10/11/20 - 12/31/20	No Cost Extension
2020	6-month extension	$400,000	1/1/20 - 6/30/21	NYSARC received grant from Mother Cabrini, reduced our cost
9/28/2021	1 year extension	$1,700,000	7/1/21 - 6/30/21	
7/1/2022	6-month extension	$850,000	7/1/22 - 12/31/22	
1/1/2023	3-month extension	$425,999	1/1/23 - 3/31/23	
2/6/2023 Request	3 year (with two 1-year renewable options*)	$5,100,000	4/1/23 - 3/31/26	$1,700,00 year
	1 year renewal option *	1,700,000	4/1/26 - 3/31/27	1st one year renewable option at discretion of H+H.
	1 year renewal option *	1,700,000	4/1/27 - 3/31/28	Last one year renewable option at discretion of H+H.
	***H+H will also be able to end contract after year 3 or 4 by opting out of either renewal.**	**8,500,000**		**Total 5 year contract if both option years exercised.**

NYC HEALTH+ HOSPITALS

Overview of Procurement

- **10/13/22:** RFP published on City Record, sent directly to 2 vendors
- **10/19/22:** Pre-proposal conference held, 5 vendors attended
- **11/11/22:** Proposal deadline, 2 proposals received
- **11/18/22:** Vendors presented proposal solution to Evaluation Committee. Internal debrief took place after presentations
- **12/05/22:** Evaluation Committee submitted final scores. NYSARC, Inc. was the highest rated proposer

RFP Criteria

- **Minimum criteria:**
  - Applicants must be nonprofit entities with at least three years of experience providing:
    - Respite and crisis services for patient with IDD
    - Psychological testing for individuals with IDD
    - Annual revenue over $1,000,000

- **Substantive Criteria:**
  - 30% Quality of Referral Approach
  - 30% Cost
  - 30% Experience and Qualifications of Vendor
  - 10% Implementation Plan

- **Evaluation Committee:**
  - Deputy Chief Medical Officer
  - Director of Mental Health Services/Kings
  - Chief of Service for Behavioral Health/Kings
  - Chief of Service for Behavioral Health/Bellevue
  - Director of Social Work
  - CPEP Director/Jacobi

NYSARC, Inc. Performance Review

Department of Supply Chain	
Vendor Performance Evaluation	
AHRC, Inc.	
DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extend applicable?	n/a
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	n/a
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	n/a
Did the vendor pay its suppliers and subcontractors, if any, promptly?	n/a
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	n/a
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work	Yes
Did the vendor adequately staff the contract?	Yes
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	Yes
Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assisting the agency in addressing complaints from the community during the construction as applicable?	Yes
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes
Performance and Overall Quality Rating Satisfactory	Satisfactory

M&PA Request

- Authorizing the New York City Health and Hospitals Corporation (the “System”) to contract with NYSARC, Inc. (“NYSARC”) for respite services for adult patients with intellectual or developmental disabilities (“IDD”) for a term of three years with two 1-year options exercisable only by the System for an amount not to exceed $8,500,000.

- Anticipated contract start date is April 1, 2023

- MWBE: According to the minimum criteria, all vendors had to be non-profit community-based organizations, which are not eligible to be certified MWBEs, so procurements that solicit to these firms are excluded from the MWBE program. Additionally, NYSARC is self performing the services.

- EEO status is approved

Appendix

NYSARC Clinical Impacts

Clinical Impacts:

- Many of these individuals prior to this service being open were sitting in emergency rooms/medical ED beds or CPEP waiting for housing and to get connected to services.
- Prior to this service being available, there were NO other options to support individuals (especially those over 21) trying to get enrolled into OPWDD services
- Important flow throughout both emergency room settings and inpatient units for a population which is already discriminated against on multiple levels. Helps significantly with provider burnout supporting them in these hospital settings in which staff do not have training or expertise to support these individuals in these settings.

Cost Savings Analysis-IDD/MH Respite Program

Cost savings analysis-

- Avg reimbursement for inpatient psych/medical stay- $1276 per day (NOTE: this does NOT include staffing (1:1/2:1), bed block (denying another patient a bed), and other hospital care costs.
- Avg rate per day for NYSARC- $550, therefore less than half of what it costs for the person to be in the hospital
- **If the person is in an ER it is even more cost effective to move them to a respite program, as the billing rate is significantly higher (approx. $3000 per day)

Placement Referral Process

Decision for placement in the respite house:

- One page referral forms as well as accompanying clinical information such as recent psychological testing, psychiatric evaluations, psychosocial and any other pertinent information is sent to the NYSARC clinical intake team.
- Typically, referrals are sent mainly from Kings County hospital consultation (either Jennifer Morrison-Diallo, Director of Mental Health Services - IDD/MH inpatient unit, or Scott Stiefel, Medical Director of Intellectual Developmental Disability Services at Office of Behavioral Health) to determine if it is an appropriate referral (meaning there can be movement in a relatively reasonable amount of time)
- Referrals can also be sent via other hospitals to the NYSARC clinical team and reviewed for appropriateness as well.
- ***Ultimately admission decisions are made by the clinical team at NYSARC respite home to ensure that the person is a good clinical fit with other individuals in the program.***

February 2023

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "**System**") to exercise a best interest extension for three months on its existing contract with Crothall Facilities Management, Inc. ("**Crothall**") for biomedical program management for an amount not to exceed $9,369,806 for the three-month extension period.

WHEREAS, the System contracted with Crothall as the result of an RFP in 2014 and the approval of its Board of Directors for a term to expire March 31, 2023 for an amount not to exceed $252,884,799; and

WHEREAS, under the existing contract, Crothall manages the System's substantial inventory of biomedical equipment including dialysis, lab equipment, chillers, stretchers, Correctional Health biomedical equipment, IT support, warehousing of equipment and transportation; and

WHEREAS, the System has initiated a new RFP to identify an appropriate contractor to perform the functions being performed under the existing contract; and

WHEREAS, the System requires a three-month extension of the current Crothall agreement to allow sufficient time to complete the new RFP and obtain the approval of the Board for a new agreement; and

WHEREAS, the System's Senior Vice President for Supply Chain Services will be responsible for the management of the contract including its proposed extension.

NOW THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (the "**System**") be and hereby is authorized to exercise a best interest extension for three months on its existing contract with Crothall Facilities Management, Inc. ("**Crothall**") for biomedical program management for an amount not to exceed $9,369,806

February 2023

EXECUTIVE SUMMARY
CROTHALL FACILITIES MANAGEMENT, INC.
BIOMEDICAL PROGRAM MANAGEMENT

OVERVIEW: The System contracted with Crothall as the result of an RFP in 2014 and the approval of its Board of Directors for a term to expire March 31, 2023 for an amount not to exceed $252,884,799. Under the existing contract, Crothall manages the System's substantial inventory of biomedical equipment including dialysis, lab equipment, chillers, stretchers, Correctional Health biomedical equipment, IT support, warehousing of equipment and transportation.

NEED: The System has initiated a new RFP to identify an appropriate contractor to perform the functions being performed under the existing agreement. The System requires a three-month extension of the current Crothall agreement to allow sufficient time to complete the new RFP and obtain the approval of the Board for a new agreement

COSTS: The total not-to-exceed cost for the proposed three-month best interest extension will not exceed $9,369,806.

Keith Tallbe
Senior Counsel, Office of Legal Affairs
160 Water Street, 13th Floor
New York, NY 10038
Keith.Tallbe@nychhc.org
646-458-2034

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

From: Keith Tallbe
Senior Counsel
Office of Legal Affairs

Keith Tallbe Digitally signed by Keith Tallbe Date: 2022.12.20 13:52:32 -05'00'

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Crothall Facilities Management Inc.

Date: December 20, 2022

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

Vendor Responsibility	EEO	MWBE
Approved	Approved	N/A

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.

Crothall Facilities Management, Inc
Biomedical Managed Services

Application for
Three Month Best Interest Contract Extension
Medical and Professional Affairs Committee

February 6, 2023

Joe Wilson
Senior Assistant Vice President
Supply Chain Services

For Committee Consideration

- Authorizing the New York City Health and Hospitals Corporation (the "System") to exercise a best interest extension for three months on its existing contract with Crothall Facilities Management, Inc. ("Crothall") for biomedical program management for an amount not to exceed $9,369,806 for the three-month extension period.

Background / Current State

- Crothall Facilities Management, Inc (Crothall Healthcare) manages Biomedical services for all of NYC Health + Hospitals, which includes Acute Care, Gotham, Long Term Care facilities, and Correctional Health. The agreement provides management staff as well as equipment maintenance.
- New York City Health + Hospitals contracted with Crothall Healthcare Services as a result of an RFP in 2014.
- The Crothall Biomed agreement was board approved with a not to exceed cost $252,884,799 for the term of the contract.
- RFP and agreement were being managed by the Office of Contracts & Control (OCC). In 2017, OCC merged with Supply Chain, the agreement & relationship management were transferred to Supply Chain.
- Over the course of the agreement the scope of work expanded to cover services such as dialysis, lab equipment, chillers, stretchers, Correctional Health equipment, IT support, warehousing and transportation.
- Current agreement expires March 31, 2023.

Overview of Procurement

- Per the OP 100-05, NYC Health + Hospitals has issued a RFP to identify a provider and award an agreement for the next 10 years.
- The new RFP scope of work has evolved from break fix to full management program which includes equipment repair, maintenance, equipment management, IT support, warehousing, and transportation.
- The initial timeline to complete the RFP was extended due to the enhanced scope of work. Timeline to develop the scope for each service vertical with Facility Leadership, IT, Nursing, and other service lines extended the target date.
- NYC Health + Hospitals seeks to extend the current agreement with Crothall Healthcare for an additional three months under the best interest extension to provide services until a new agreement is implemented

RFP Scope of Service

NYCH+H requires an outside service to manage the ever changing medical equipment technology, specific needs of IT security, connectivity to systems, equipment management on the floors, and biomedical warehousing services.

Program to be driven by analytics and data for strategic decisions with PM planning, capital planning, and technology consideration.

Data Driven

Relinquish

Inspect, Tag & Test

Integrate

PM & Repair

Clean & Track

Storage & Transport

Warehouse & Transport:

Central warehousing for equipment storage, and distribution.

Biomed IT Support:

Dedicated support for EITS with device integration & device vulnerability mitigation through software updates and upgrades.

Equipment Management:

System-wide equipment cleaning and equipment tracking to ensure equipment availability for Clinicians.

Equipment Maintenance:

Equipment maintained from cradle to grave (inspect, tag, PM/repair, and relinquish)

Vendor Performance

Department of Supply Chain	
Vendor Performance Evaluation	
Crothall Biomed	
DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extend applicable?	n/a
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	Yes
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	Yes
Did the vendor pay its suppliers and subcontractors, if any, promptly?	Yes
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	Yes
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work	Yes
Did the vendor adequately staff the contract?	Yes
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	Yes
Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assisting the agency in addressing complaints from the community during the construction as applicable?	Yes
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes
Performance and Overall Quality Rating Satisfactory	Strong

M&PA Approval Request

- Authorizing the New York City Health and Hospitals Corporation (the "System") to exercise a best interest extension for three months on its existing contract with Crothall Facilities Management, Inc. ("Crothall") for biomedical program management for an amount not to exceed $9,369,806 for the three-month extension period.

Agreement Term	Contract Amount
Original Not to exceed (NTE):	$ 252,884,799
Three month Extension:	$ 9,369,806
Total	$ 262,214,605

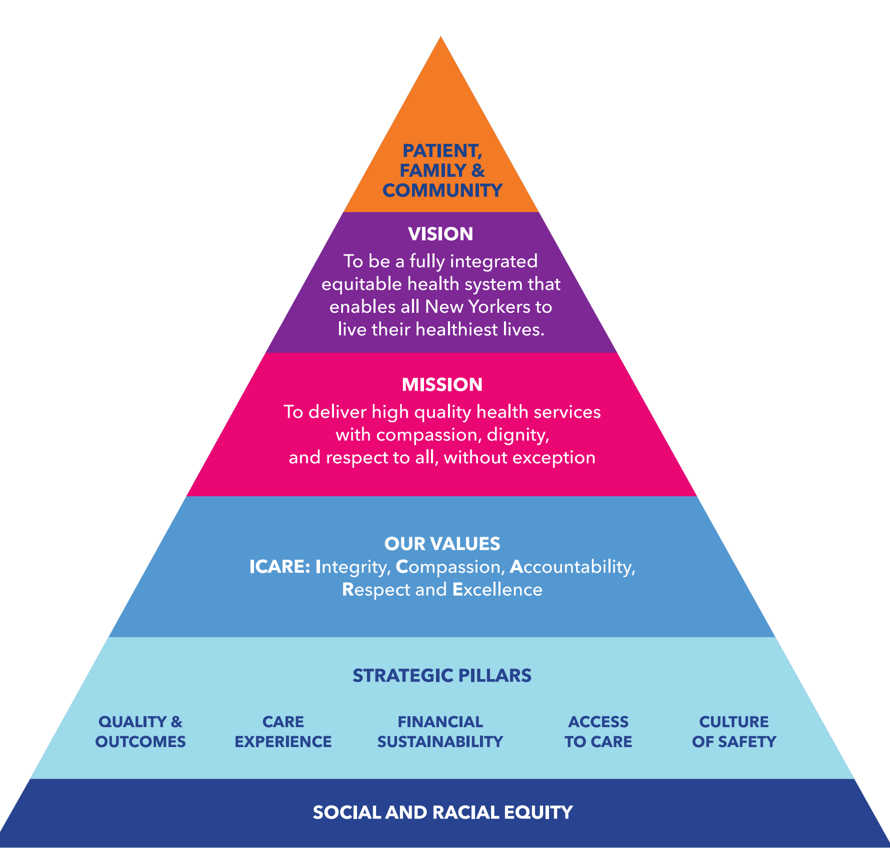
Medical & Professional Affairs
Chief Medical Officer's Report

February 6, 2023

Machelle Allen, MD
Senior Vice President

Aligning M&PA Goals and Initiatives

- **Culture of Safety**
  - Suicide Screening



Suicide Screening & Assessments in Psychiatric Emergency Department (ED) and Psychiatric Inpatient Units

- Joint Commission requirement
  - To complete a comprehensive suicide screening and assessment for all Behavioral Health patients

- The Suicide Assessment Five-Step Evaluation and Triage (SAFE-T) is a validated suicide screening and assessment tool that we have adopted system-wide. It includes the Columbia Suicide Severity Rating Scale (C-SSRS), Lifetime Behavior, Risk/Protective Factors and Risk Stratification and Formulation

- Adverse event that resulted in Root Cause Analysis (RCA). Corrective action plan included improving completion of suicide risk screening and assessment prior to discharge

OBH Intervention: Strengthening Suicide Screening & Assessments

- Behavioral Health Nursing and Provider targeted Safe-T training launched **Oct. 2022**
- Epic Optimization**:**
  - Modified Best Practice Advisories (BPAs) that address C-SSRS and Lifetime Behavior to make them actionable
  - New BPA for Suicide Risk Stratification/Formulation
  - New hard stop for Inpatient that prevents provider from placing discharge order if SAFE-T protocol is not completed

SAFE-T Protocol

- C-SSRS Suicidal Ideation **Severity** (Past Month): assesses suicide ideas/intent/plan over past month
- C-SSRS Suicidal Ideation **Intensity** (Past Month): assesses for more details on the above if present
- C-SSRS **Lifetime Behavior**: assesses history of suicide attempts
- **Risk/Protective** Factors: assesses risk factors and protective factors for suicide
- **Risk Stratification**: stratifies the patient into a suicide risk category (low, moderate, high)

Formulation: brief evaluation summary

A BPA will fire if C-SSRS Past Month is not completed and allows provider to complete it

C-SSRS Past Month Assessment has not been completed. Please complete or give the reason why you are unable to.

Document | Do Not Document | Complete C-SSRS Past Month Assessment NOW Collapse

Columbia-Suicide Severity Rating Screen

C-SSRS (Past Month)
Unable to Assess taken 2 days ago

Unable to Assess | Not Applicable

Must document reason
Testing taken more than a year ago

In the past month, have you wished you were dead or wished you could go to sleep and not wake up?

Yes | No

1) Wish to be dead

In the past month, have you actually had any thoughts of killing yourself?

Yes | No

2) Current suicidal thoughts

In the past 3 months, have you done anything, started to do anything, or prepared to do anything to end your life?

Yes | No

6) Suicidal Behavior

Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, et.

Acknowledge Reason

Other options...

A BPA will fire if Lifetime Behavior is not completed and will allow the provider to complete

The Lifetime Behavior screening is incomplete. Please complete or give the reason why you are unable to.

Document | Do Not Document | Complete C-SSRS Lifetime Assessment NOW Collapse

Suicidal Ideation

C-SSRS (Lifetime)

Unable to Assess taken today

Unable to Assess | Not Applicable

Must document reason

Over your lifetime, have you ever done anything, started to do anything, or prepared to do anything to end your life?

Yes | No

Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.

Acknowledge Reason

Other options...

A BPA will fire if the Suicide Risk Stratification or Formulation is not completed

BestPractice Advisory - Boone, Nickolas

Critical (1)

The Suicide Risk Stratification has not been completed. Please complete or give the reason why you are unable to.

Document | Do Not Document | Complete Suicide Risk Stratification NOW Collapse

Complete BOTH Suicide Risk Stratification Level AND Formulation

Risk Level

Low Suicide Risk taken today

High Suicide Risk | Moderate Suicide Risk | Low Suicide Risk

Formulation of suicide risk and plans to mitigate the risks for suicide:

Pt with SI that is the product of secondary gain, no acute or modifiable risk factors for suicide taken 1 week ago

BEHAVIORAL
HEALTH

Effective November 2022 if any of the SAFE-T Protocol (Past Month, Lifetime or Risk Stratification/Formulation) assessments are incomplete, the corresponding BPA will fire. The Discharge order can't be placed unless all these BPAs are addressed

BestPractice Advisory - Bhmodule, Wfwttwo

Critical (3)

C-SSRS Past Month Assessment has not been completed. Please complete or give the reason why you are unable to.

Document | Do Not Document | Complete C-SSRS Past Month Assessment NOW Collapse

Columbia-Suicide Severity Rating Screen

C-SSRS (Past Month)

Unable to Assess taken more than a year ago

Unable to Assess | Not Applicable

In the past month, have you wished you were dead or wished you could go to sleep and not wake up?

Yes | No

1) Wish to be dead

In the past month, have you actually had any thoughts of killing yourself?

Yes | No

2) Current suicidal thoughts

In the past month, have you been thinking about how you might kill yourself?

Yes | No

3) Suicidal thoughts w/ Method

In the past month, have you had these thoughts and had some intention of acting on them?

Interactions | 6 E-Prescribing Error | 33 | 10910

int Non Prd | Remind Me | Chart Correction | Print | Log Out

NYCHHC POC | BH G. | EpicCare

ischarge | Sidebar Summary | Handoff | Discharge

Care Coordination Note

ow: Past Problems

Mark Unreconciled Active

Resolved

vious | Next

Discharge Order Rec | Order Sets | Options

Edit Multiple

Place discharge orders or order sets | New

Standard | Next

New Inpatient Orders

Discharge Patient

9/21/2022

Disposition: Home (Self-Care Only)

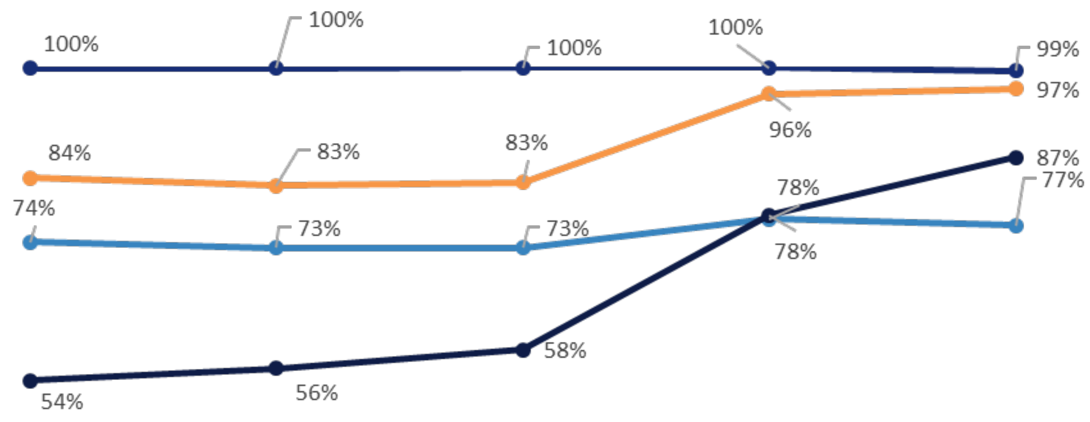
Show All Orders

Lifetime Behavior
Risk Stratification
Formulation
C-SSRS Ideation Severity

Suicide Screener Completed Rate
System-wide Performance

System level **performance has improved,** across the 4 targeted components of the Safe-T, **at or near 90% target since the launch of intervention**

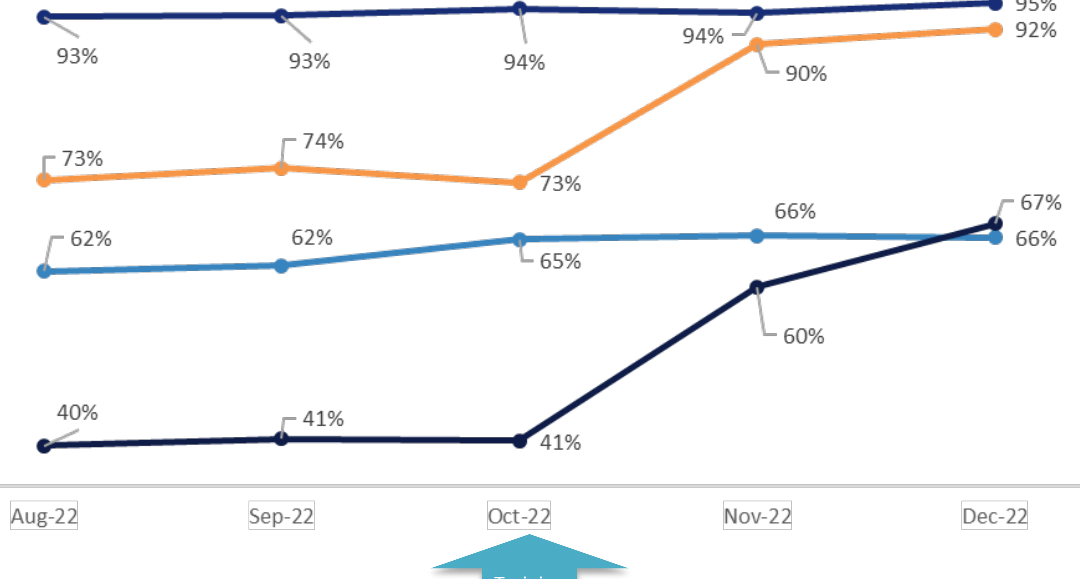
Suicide Screeners Completed Rate **Inpatient BH Admissions**



Aug-22
Sep-22
Oct-22
Nov-22
Dec-22

Training

Suicide Screener Completed Rate Psych **ED Visits**



Source: Epic encounter data for psychiatric inpatient admissions and ED visits 8/1/22-12/31/22.

Additional M&PA Initiatives

- **Oncology**
  - Radiation Oncology:
    - Clinical practice workflows
    - Billing and denials review
    - Paperless initiative to move documentation into the EMR
    - Dashboard creation for tracking access, volume and operational metrics
    - Nursing education curriculum for oncology practice nurses Cancer education series
  - Hematology Oncology:
    - Enterprise staffing model and business plan
    - Dashboard creation for tracking access, volume and operational metrics
    - Nursing education curriculum for oncology practice nurses Cancer education series
  - Genetic Counseling:
    - Comprehensive review of genetic counseling services (supply, demand, and billing)
  - Digital Health
    - Epic: My Chart care companion for breast cancer patients

Additional M&PA Initiatives

- **Clinical Integration and Optimization**
  - External transfer and leakage audits
  - Peri-op growth and Key Performance Indicators (KPI) tracking
  - Webpage revisions and physician photo shoot
  - Inpatient COVID vaccination implementation
  - 1:1 nursing observation order reduction
  - Provider recruitment
  - Affiliation workforce planning
  - Discharge pathways for medication optimization

Additional M&PA Initiatives

- **Radiology**
  - Drive radiology service growth – focusing on mammography / breast imaging
  - Deploy remote access radiology workstations to enable off-site / off-hour read coverage
  - Enable enterprise cross-facility coverage for nocturnist and sub-specialty reading
  - Develop low dose lung cancer screening program with care delivery workflow and technology
  - Optimize CT radiology protocoling and radiation dose management through Radimetrics
  - Improve Lead Frog radiation dose survey results
  - Enhance enterprise radiology concierge service for improving critical results TAT
  - Develop tableau based real time radiology performance reporting dashboard
- Radiology (future goal)
  - Collaborate with Gotham leadership and Growth teams to develop an integrated plan to offer high quality mammo screening and diagnostic procedures with the goal of ultimately increasing capacity while further improving the patient experience

Additional M&PA Initiatives

- **Research**
  - Provide ongoing approval, monitoring, and implementation of studies
  - Establish a data steering committee for accessing system wide data (rebranding of the COVID Steering Committee) for the purpose of fostering research collaborations across hospitals and conducting research as a system
  - Implement standardized financial reconciliation processes and workflows
  - Increase the number of master research agreements with external collaborators to reduce negotiation time
  - Assist HIV Services Team with developing the first patient-lead committee to determine the direction of research at H+H
  - Provide continuous training to facility administrators on regulatory requirements

Additional M&PA Initiatives

- **Graduate Medical Education (GME)**
  - Continued optimization of the New Innovations resident management software platform which is used across the enterprise
  - Automating data exchanges between H+H and external institutions who send their residents to rotate at an H+H site
  - Training and support of GME staff across the system with the aim of maximizing revenue
  - Creation of policies to govern the use of the resident management system
  - Standardization for system wide use of resident onboarding checklist

Additional M&PA Initiatives

- **Occupational Health Services (OHS)**
  - Establish an Epic OHS department to support Virtual Central Office visits
    - Allow employees a Telehealth visit option to obtain Annuals Health Assessments, Pre-placement assessments and Return to Duty assessment using the Caregility platform
    - Standardize OHS Epic Documentation using smart notes and forms and minimize paper documentation across the system
  - Standardize OHS workflows and processes across the system
  - Launch the OHS Website to give employees 24/7 access to schedule an OHS appointment, contact their OHS providers, leave messages and access forms
  - Continue monthly "Occupational Health Safety and Environment CME Lecture Series" to provide ongoing education and training to OHS employees
  - Utilize the OHS Dashboard to provide real time monitoring of OHS quality and process issues and guide our QAPI strategies
  - Standardize surveillance and reporting of needlestick, sharps injuries and blood and body fluid exposures across the system
  - Revised the OP 20-19 to reflect annual assessment and pre-placement process

Additional M&PA Initiatives

- **Credentialing**
  - Ongoing collaboration with clinical service line leadership and clinical councils to support the standardization and enhancement of system-wide delineation of privileges for licensed practitioners and allied health professionals
  - Ongoing medical staff support for new initiatives such as:
    - Robotic service implementation
    - Ceribell EEG reading service
    - Virtual Express Care
    - System-wide cross credentialing scenarios
  - Centralization of managed care plans audit process – 1 audit per plan annually, instead of 22 (Acute + Gotham)
  - Collaborated with corporate HR to centralize and streamline the creation of credentialed provider accounts to reduce errors and onboarding time
  - Ongoing management and facilitation of hospital bylaws and credentialing policy & procedure revision process

Additional M&PA Initiatives

- **Medical Simulation – IMSAL**
  - Maternal Mortality Reduction Program
    - In-Situ Simulation Program working on Shoulder Dystocia and Hypertension in Pregnancy Simulations to attack racial disparities in birthing patients
    - working toward saturation across all obstetric units across the System
    - Piloting and rolling out Virtual Reality software across the system with a focus on OBACLS, Post-partum Hemorrhage and Shoulder Dystocia
    - Collecting data to evaluate the quality of the program to consider restructuring. Data evaluation includes both clinical data from epic as well as qualitative data from recipients of the program throughout the system
  - Maternal Substance Use Disorder Program
    - 2-hour course developed to target Implicit Bias and Unfounded Referrals of Women of Color to Substance Use programs relative to white patients
    - Have reached near saturation at both Bellevue and Queens Hospital Center of OB providers
    - Applying learnings from the teaching experiences to build infrastructure that supports the H+H policies

Additional M&PA Initiatives

- **Medical Simulation - IMSAL (cont'd)**
  - Course Delivery
    - The team has been continuing course delivery at the simulation center offering the following courses to learners across the system:
      - Central Line Insertion
      - Code Team and Code Team 2.0 Training
      - Advanced and Pediatric Airway
      - Supporting Grand Rounds for multiple EM residencies and PEM Fellowships, as well as Endoscopy and Lap training
  - Fellowship
    - Running the largest simulation inter-disciplinary fellowship in the country
    - Total of 13 fellows currently enrolled in the program and looking to fill 16 seats this coming year
    - Capstone projects focusing on topics ranging from billing to simulation-based tour to introduce patients to their birthing experience
  - Simulation Symposium
    - Annual Conference held for both internal and external members of the community addressing how simulation is impacting healthcare both at Health + Hospitals and beyond. Last year's symposium focused on Diversity, Equity and Inclusion. We are currently working toward our 2023 symposium addressing impact created by simulation addressing issues of cultural sensitivity to empathy at the bedside with guest speakers from across the country and from within our health system

Additional M&PA Initiatives

- **Medical Simulation - IMSAL (cont'd)**
  - Robotics Program
    - The simulation center is providing support and contributions to the Surgical Robotics program through literature review and market cost analysis of training
  - Surgical Cutsuit Program
    - The simulation center hosts regularly simulation experiences where residents come to apply surgical techniques to a penetrating trauma causing for splenic, renal and liver injuries. Learners are supported in their learning by surgical attendings offering guidance through pause-and-reflect learning methodology. In this approach, learners are able to make a mistake during a surgery that would normally be life-threatening and learn from their mistakes
  - Society for Simulation in Healthcare Accreditation
    - After a large effort made by the center, IMSAL received re-accreditation in all 6 elements
    - 1 of 30 programs in the world
    - Recognized at the recent International Medical Simulation in Healthcare Conference as an exemplar program

Additional M&PA Initiatives

- **Medical Simulation - IMSAL (cont'd)**
  - Infrastructure
    - With accreditation demonstrating gaps in the program, the team has been using strategic planning to do the following:
      - Policy Updates
      - Create shared system handbooks for curriculum design, quality improvement, standardized patient methodology, and research across satellite centers
      - Build Human Resources business plan that creates sustainability across all simulation programs
      - Creating business plans for the construction of simulation centers across all H+H (currently working with Coney Island, Queens Hospital Center and Harlem Hospital Center)
      - SPARC project - collaborating with Bellevue and Corporate nursing to develop a 13,000 square foot education space to meet the needs of nursing and ambulatory care
      - Navigating EPIC SlicerDicer to perform both needs assessment and understand translational data based on simulation interventions
  - Scholarly Activity
    - Published 7 articles between 1/2022 to 1/2023.
    - At least 13 national/international presentations performed including IHI, International Medical Simulation in Healthcare, Calgary Simulation Grand Rounds and Mastricht Research Forum

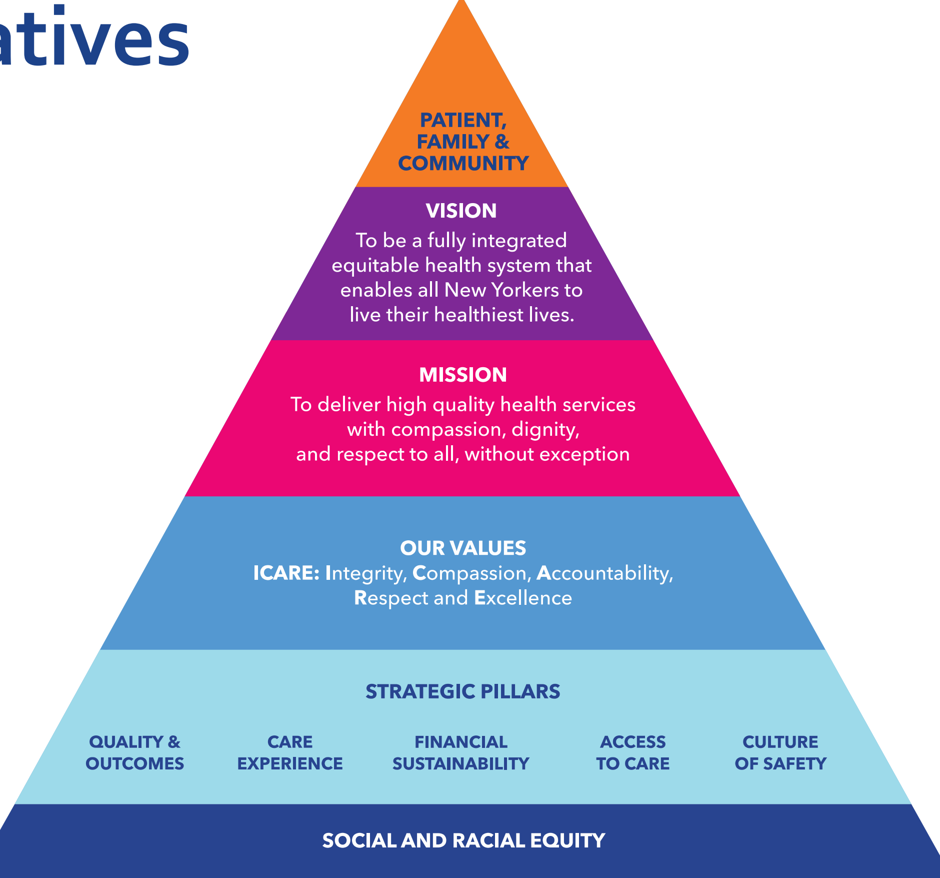
Additional M&PA Initiatives

- **Laboratory and Clinical Operations** (completed initiatives)
  - Blood Banks / Transfusion Service
    - Implemented enterprise wide automation, work flow standardization, and high quality instrumentation to dive down pricing
  - Clinical Laboratory Testing
    - Cost reduction by centralizing the performing of testing (HPV, PAPs, HIV, HBV, HCV Viral Loads)
    - Introduced enterprise wide dashboard to track turnaround time and facilitate process improvement
  - ICU Early Mobility (Phase 1)
    - Dedicated staff, equipment, and improved workflows to reduce patient time in ICU, hospital LOS, and related healthcare costs
  - Point of Care UltraSound (QPath)
    - Implementation of software repository allowing for point of care ultrasound studies performed in ICU/ED to be saved, resulting in improved documentation, quality control, patient care, and billing/revenue acquisition
  - Point of Care EEG (Ceribell)
    - Implementation of point of care technology (applied by nursing in ICU) interpreted by remote physician which rules out status epilepticus. With only 3/11 Acute care hospitals capable of conventional EEG, this technology alleviates unnecessary transfers, and improves access for timely care across the system.

Additional M&PA Initiatives

- **Laboratory and Clinical Operations** (2023 Goals)
  - Blood Banks / Transfusion Service
    - Complete Blood Bank Transfusion Service business application RFP and begin required planning and activities in accordance with project timeline
  - Clinical Laboratory & Quality Management Program
    - Introduce an enterprise-wide monthly dashboard describing blood culture fill volume and contamination rates to facilitate process improvement
    - Rollout quarterly clinical laboratory/Blood Bank scorecard
    - Define dedicated Laboratory Quality Officer roles and responsibilities
    - Develop enterprise-wide structure and performance management
    - Collaborate with all partners to execute enterprise-wide performance improvement initiatives
  - ICU Early Mobility (Phase 2)
    - Establish financial planning for implementation of same project on larger scales with 4 sites in phase 2 and the final 4 sites in phase 3. This will include regional coordination and leadership, a shared dashboard, and system level process improvement
  - Point of Care UltraSound (QPath)
    - Implementation of software repository allowing for point of care ultrasound studies performed in ICU/ED to be saved, resulting in improved documentation, quality control, patient care, and billing/revenue acquisition
  - Point of Care EEG (Ceribell)
    - Leverage neurocritical care tertiary centers (Kings/Bellevue) with transfer center, point of care EEG technology, and EPIC to reduce average time for treatment/transfer by 50%

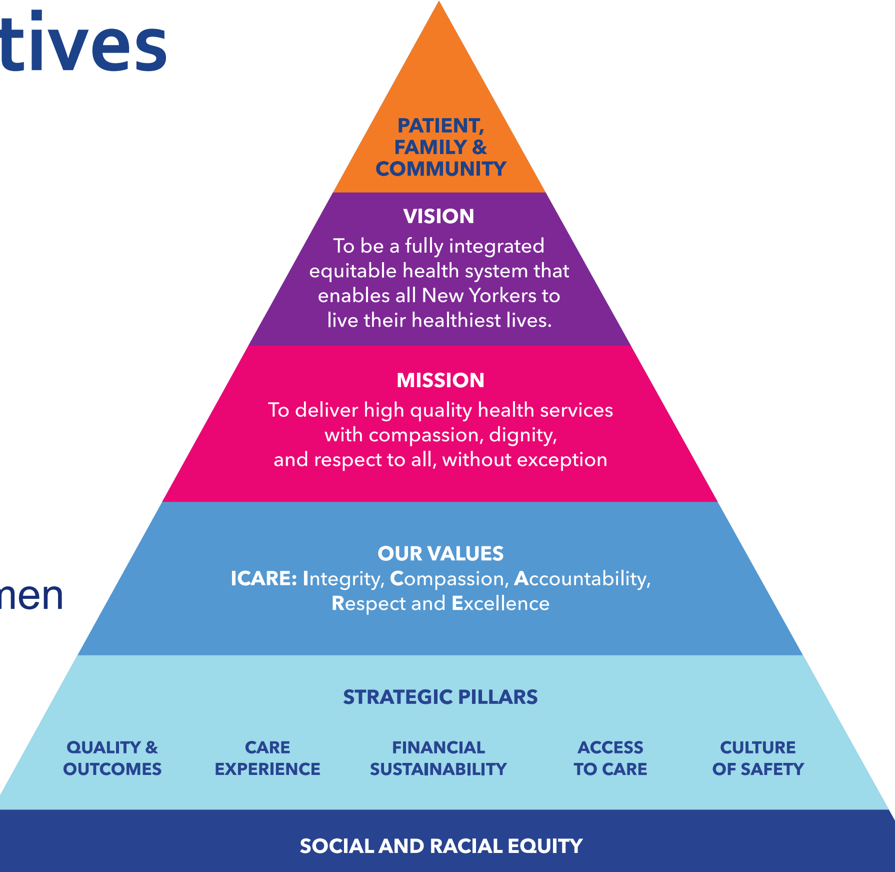
Additional M&PA Initiatives



- **Women's Health**
  - Financial Sustainability
    - Charge capture for major OB diagnoses
  - Access to Care
    - Midwifery Expansion
    - Abortion access expansion
    - Behavioral Health expansion in the Maternal Home
  - Culture of Safety
    - Simulation of HTN in pregnancy course
  - Quality and Outcomes
    - ACOG quality reviews of each H+H Obstetric department
    - Education: together with the SVP CNE, developing an enterprise wide education plan to improve FHR monitoring interpretation for nurses and providers

Additional M&PA Initiatives

- **Women's Health (cont'd)**
  - Care Experience
    - Prenatal genetic testing implementation (contracted with Natera)
    - OB Vaccine Counseling (simulation team)
    - SART program recruitment restructuring (HR, onboarding; compensation; site bylaw standardization; preservation of specimen with NYSDOH; reimbursement optimization
  - Equity and Anti-Racism
    - Decriminalizing substance use in pregnancy
    - Develop and implement a family SUD practice



SYSTEM CHIEF NURSE EXECUTIVE REPORT
Medical & Professional Affairs Committee

NYC Health + Hospitals

December/January 2023

Office of Patient Centered Care (OPCC) Accomplishments

NYC Health + Hospitals 2022 Nursing Excellence Awards

- Nursing Excellence Awards, presented annually to the nurses within our system who transcend their daily responsibilities to provide superior levels of dedicated, caring, and compassionate care

  - **Brief:** The record-breaking 560 nominees for the 2022 Nursing Excellence Awards exemplify what it means to be a public health nurse and epitomize the essence of compassionate patient-centered care. Our nurses bring a substantially different and much-needed perspective to health care systems, a vision that is based on a culture of community care. We are instrumental in promoting and advancing health care for all, especially the disadvantaged, underprivileged and most fragile members of our population. Our nurses are uniquely poised to take into account the distinctive and diverse cultures and backgrounds of our patients and the communities we serve. **34 Awards** were presented.
  - **Date & Time:** Monday, December 5th, 2022, 12PM – 5PM
  - **Attendance:** >80 people
  - **Keynote Speaker:** Jeff Doucette, DNP, RN, NEA-BC, FACHE, FAAN, Senior Vice President, Chief Nursing Officer

Office of Patient Centered Care (OPCC) Accomplishments

Fireside Chat: Documentation

Our second iteration of a Bi-monthly series where Natalia Cineas, DNP, RN, NEA-BC, FAAN has an intimate chat about Documentation within our Nursing System.

- **Topic:** Documentation
- **Date & Time:** December 2, 2022 From 3pm-4pm
- **Attendance:** >200 people
- **Agenda:**
  - **Welcome & Introductions :** Osazuwa Edobor, Natalia Cineas
  - **Questions & Answers :** Natalia Cineas, Hilary Jalon, Patricia Ruiz and Nicole Morris
  - **Closing Remarks:** Natalia Cineas, DNP, RN, NEA-BC, FAAN

Office of Patient Centered Care (OPCC) Accomplishments

Braun Pump Roll-Out – Lincoln Hospital

- A successful roll-out for the Braun pumps at Lincoln Hospital was completed in December 2022
- Leadership at Lincoln and Central Office collaborated to ensure a seamless roll-out

Office of Patient Centered Care (OPCC) Accomplishments

Quality/Excellence/Outcomes

PATHWAY DESIGNATED
AMERICAN NURSES CREDENTIALING CENTER

Beacon Award Celebration at NYC Health + Hospitals/Bellevue

- The **Coronary Care Unit (CCU)** at NYC Health + Hospitals/Bellevue joins a select group of organizations that have received a **gold-level Beacon Award for Excellence** from the American Association of Critical-Care Nurses (AACN).

- **Brief: The Beacon Award for Excellence** — a significant milestone on the path to exceptional patient care and healthy work environments — recognizes unit caregivers who successfully improve patient outcomes and align practices with AACN's six Healthy Work Environment Standards. Units that achieve this three-year, three-level award with a gold, silver or bronze designation meet national criteria consistent with the ANCC Magnet Recognition Program®, the Malcolm Baldrige National Quality Award and the National Quality Healthcare Award. Bellevue joins Elmhurst's Medical Intensive Care Unit (MICU) in achieving the AACN's prestigious gold-level Beacon Award; Elmhurst's Coronary Care Unit (CCU) and South Brooklyn Health's Surgical Intensive Care Unit (SICU) also received the silver-level Beacon Award this past fall.

Office of Patient Centered Care (OPCC) Accomplishments

Quality/Excellence/Outcomes

Nursing Quality Council

- On November 9, 2022, the Patient Fall Prevention Committee held its first meeting. The goal of the committee is to established standard policies, nursing education, and equipment that will empower the nurse to initiate interventions to reduce the risk of patient falls with injury. Rather than relying solely on universal falls precautions, the nurses will tailor care interventions to the needs of each patient that is at high risk for falls based on the patients physical health.

- For 2022, The Pressure Injury Prevention and Wound Care Council:
  - Completed a transition of care protocol for patients discharged with wounds that require home care nursing visits.
  - Education content for the new electronic nursing education system.
  - Pilot and approved new incontinence management equipment for our non-mobile patients.
  - Worked with IT to improve the wound care documentation.

Office of Patient Centered Care (OPCC) Accomplishments

Access to Care

PROFESSIONAL PRACTICE DEVELOPMENT - NURSE RESIDENCY PROGRAM

- Launched in December 2018
- Graduated 19 cohorts (420+ graduates) to date
- 100+ EBP Projects
- Added new curriculum:
  - Wellness / Resilience
  - Interprofessional Communication
  - Educational Offerings for RNs

Questions

Thank you!

MetroPlusHealth

NYC Health + Hospitals

Medical & Professional Affairs Committee Report

Monday, February 6th, 2023

Dr. Talya Schwartz, President & CEO

Regulatory Highlights

Recertification to recommence June 30, 2023 • Federal PHE No Longer Linked to Recertification	Medicaid, CHP, and EP recertification has been de-linked from the Federal PHE • Federal PHE continues for items like no cost-sharing on covid test • Recertification will recommence for people with June 30, 2023 recert dates
Pharmacy Carve Out	• Exact design of the carve-out remains in flux but notices are set to be sent out by January 30, 2023; request to delay until summer submitted along with various re-design proposals
Clinical Peer Reviewer Bill	Vetoed – Governor has proposed discussing viable options during the current legislative session

Continued Membership Growth

- *Year-to-date membership is up 9.2% driven by Medicaid and EP.*
- *23% increase in City employees enrollment during Fall Transfer Period compared to 2022*

Month	2020	2021	2022
Jan	511,979	606,699	651,322
Feb	511,813	606,683	656,841
Mar	514,700	603,286	660,031
Apr	522,736	609,518	661,213
May	533,802	614,285	664,671
Jun	549,111	618,777	670,533
Jul	558,783	623,882	677,055
Aug	565,359	626,819	679,526
Sep	573,702	632,390	685,894
Oct	580,683	637,842	694,739
Nov	584,484	640,426	702,294
Dec	590,599	645,575	711,236

730,000
680,000
630,000
580,000
530,000
480,000

2020 2021 2022 2019

Asylum Seekers Engagement

MetroPlusHealth has partnered with several City agencies, Community Based Organizations, houses of worship, shelters and a variety of social service organizations to provide resources & assistance to individuals, families and children seeking refuge and asylum in NYC.

Our Goal!

Connect vulnerable individuals and families to community partners that provide healthcare/insurance, social services and important benefits necessary to acclimate new immigrants to NYC & Communities.

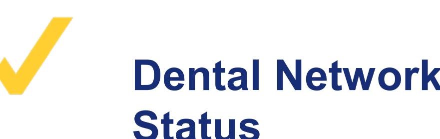
Services Provided

● Health Screenings ● Social Services Assistance ● Housing/Shelter Assistance ● Immigration/Legal Services ● Employment/Job Training & Assistance ● Children Services ● Clothing & Hygiene Products Distribution

12,000 + Enrollments to-date

DentaQuest Implementation

- MetroPlusHealth's dental benefit manager (DBM) transitioned from Healthplex to DentaQuest on January 1, 2023.
- All dental service authorizations that require continuity of care from Healthplex to DentaQuest are being monitored to reduce disruption between members and providers. Members can see both in-network and out of network providers during the first 90 days of the year.



- 91% of Healthplex's dental providers are currently part of the DentaQuest network. Additional Healthplex providers are currently in the process of being contracted and credentialed which will lead to a further increase to the DentaQuest network.
- MetroPlus' dental provider network expanded by 65% as an outcome of the transition to the Plan's new DBM, DentaQuest.

Operational Enhancements

- 70% of our members access information on their cell phones. Our refreshed website, **metroplus.org**, offers a more intuitive mobile experience.
- *Enhanced provider experience* – by launching a dedicated call center, our providers get an improved call experience to address their needs.
- Launch of account management team that takes a consultative approach to helping providers grow and manage their businesses more effectively by partnering with MetroPlusHealth.
- Deployment of BH staff into acute care facilities, including H+H; supported by peer deployment.
- Deployment of concierge services into H+H acute facilities to support MetroPlus members (customer service, recertification, navigation)