

AGENDA

**MEDICAL AND PROFESSIONAL AFFAIRS AND
INFORMATION TECHNOLOGY COMMITTEE**

Date: November 20th, 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 – July 10, 2023(M&PA)
-Sept.11,2023(Information Technology)**

ACTION ITEMS:

1) Authorizing the New York City Health and Hospitals Corporation (the “**System**”) to execute contracts with Huron Consulting Group, Inc., Innovative Emergency Management, Inc., Witt O’Brien’s, LLC, and Indelible Solutions LLC for HERRC project management services at a not to exceed amount of \$128,500,000 for a contract term of one year and two six-month renewal options exercisable at the discretion of the System.

Mr Keeley

Vendex: Approved (Witt O’Brien’s LLC-pending, Indelible Solutions LLC-pending)
EEO: Pending

2)Authorizing New York City Health and Hospitals Corporation (the “**System**”) to enter into a contract with New York Legal Assistance Group (“**NYLAG**”) as the sole source vendor under which NYLAG will provide certain free legal services to the System’s patients for three years for an amount not to exceed \$7,862,000.

DR. DAVIS

Vendex: Pending
EEO: Pending

DR. ALLEN

CHIEF MEDICAL OFFICER REPORT

CHIEF NURSE EXECUTIVE REPORT

DR. CINEAS

CHIEF INFORMATION OFFICER REPORT

DR. MENDEZ

METROPLUS HEALTH PLAN

DR. SCHWARTZ

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

Medical and Professional Affairs Committee - July 10th, 2023
As Reported by Dr. Mitchell Katz on behalf of Dr. Vincent Calamia
Committee Members Present- Dr. Mitchell katz, Sally Hernandez-Piñero,
Jackie Rowe-Adams in a voting capacity for José Pagán.

Mitchell Katz, MD, President of the Corporation, called the meeting to order at 10:10AM.

Dr. Katz noted for the record that according to the **By-Laws - Section 14, Committee Attendance**, if any member of a standing or special committee of the Board will not be present at a scheduled committee meeting, the member may ask the Chair of the Board to request that another Board member, not a member of that committee, attend the scheduled meeting and be counted as a member for purposes of quorum and voting:

José Pagán has requested that Jackie Rowe-Adams be counted for the purposes of quorum and voting on his behalf. The request was approved.

On motion made and seconded, the Committee adopted the minutes of the May 8, 2023 Medical and Professional Affairs committee.

ACTION ITEM:

David Silvestri, MD, Senior Director of Emergency Management presented the resolution to the committee -

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute an agreement with Rapid Reliable Testing, LLC d/b/a DocGo, Inc. ("DocGo") for time-sensitive and short-term clinical and support staffing at any of a variety of Emergency Response Alternative Care Sites ("ERACS") during a period of an emergency response as directed by the System's President with appropriate notification to the Board. The initial term shall be three years with two one-year options to renew, solely exercisable by the System. The contract shall not have a pre-established not-to-exceed amount.

NYC Health + Hospitals is required by City Hall to provide clinical staffing for Special Medical Needs Shelters (SMNS; a clinical evacuation shelter) during a coastal storm. SMNS requirements are 7 sites, 100-150 shelterees, and diverse staff (MD, RN, HHA). Population lives independently, referred to SMNS at NYCEM operated Hurricane Shelters due to need for sub-acute medical assistance. Transportation is coordinated by NYCEM. NYC Health + Hospitals may similarly be called to support clinical staffing needs at Alternate Care Sites during other unforeseen short-term emergencies. Historically, we had challenges fulfilling SMNS staffing requirements with internal staffing resources (Gotham, Ambulatory acute staff). Currently, there is no contract to fulfill clinical staffing needs at such sites if this plan was to be activated.

This contract will only be activated in the event of an emergency and the President of the Corporation activates it following a request of the

City of New York or/and a declaration by the City, State, or Federal government. The Board would be notified. As for funding, there are two lines of funding: one through the City' dedicated funding "On Call Emergency Contract" (OCEC), for special medical needs shelters, there are 36 million dollars allocated to that program for the System, through FEMA Reimbursement.

The cost structure is pre-established and not subject to market fluctuations. The cost structure was based on the title of the staff, the length of the activation and the time to activation. The vendor is responsible for credentialing. There are no anticipated operating costs if the contract is activated.

The minimum criteria for the RFP requires 5 years of experience with similar sized organizations, with annual revenue in excess of 5 million dollars, and the ability to maintain compliance with FEMA guidelines and regulations. The substantive criteria evaluation was 25% for relevant experience, plan for timely deployment, 20% for diversity of titles offered, the ability to meet staffing needs, 20% for cost and 10% MWBE.

Overview of Procurement: Following CRC approval, the RFP Posted on City Record, and sent directly to 13 vendors of which 10 proposals were received. Following the Evaluation Committee scoring, the top three firms were shortlisted and Rapid Reliable Testing, LLC dba DocGo was the highest rated proposer. Docgo proposed to subcontract 30% of their staffing to MWBE firms listed. They have meant their MWBE requirements with previous contract, and the current ones they have with the System. Docgo has 2 contracts with the System and have performed satisfactorily. Contract start date will be August 1, 2023.

Question raised by a Board member: Have we ever provided staffing for a special medical needs shelter? Dr. Silvestri responded; the special medical shelter needs program came about from hurricane Irene, in hurricane Sandy we did staff some of these but we use this as an ambulatory care staffing and there were a lot of operational challenges. If we would end of having to evacuate one of our hospitals, having a good amount of our staff move into these shelters would create challenges, not only for the shelters but also for the evacuation efforts.

Question raised by a Board member: How many staff members do you have? Inga Furuness responded; for the special need's shelters, one caveat, is it depends on how long they are open. We don't' really know in NYC coastal storm plan, how long the shelters will be open. There is a staff ratio, we want 24 hour coverage, there is 7 sites, there is a provider designated to each site, we are considering a provider be on call overnight and physically present during the day. It is difficult to specify the number as, we will not know how long we are going to be activated and we will not know how many patients and what their conditions will be in the shelter.

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

INFORMATION ITEM:

Machelle Allen MD, System Chief Medical Officer/Sr. Vice President of Medical and Professionals Affairs, presented to the committee the statement on Anti-Racism and non-discrimination.

As the System continues to focus on health equity, and continues to address bias in clinical care, the following statement on Anti-Racism and non-discrimination has been developed for NYC Health + Hospitals.

Structural racism is an increasingly recognized national problem. NYC Health + Hospitals acknowledges that structural racism is a major barrier to equitable health care, which is a NYC Health + Hospitals core value. In addition, NYC Health + Hospitals recognizes that structural racism—the way in which society fosters racial discrimination through systems of housing, education, employment, criminal justice, and other institutionalized practices has been a significant factor in creating health care disparities seen in the United States, as evidenced among indigenous peoples and populations of color. These disparities include higher death rates, shorter life spans, and poorer outcomes in the face of chronic diseases.

Therefore, NYC Health + Hospitals reaffirms its commitment to identifying opportunities for reducing racism's impact in clinical care, education and training, professionalism, staff development, staff engagement and in provider and staff recruitment. Additionally, NYC Health + Hospitals commits to actively promote social justice, challenge discrimination, and continuously monitor diversity and inclusion efforts.

NYC Health + Hospitals aims to contribute to a healthcare landscape and workforce environment free of discrimination or bias on the basis of race, color, national origin, alienage or citizenship status; religion/creed; gender identity, disability; age, pregnancy; criminal record, marital status; genetic information; sexual orientation; veteran/military status; status as a victim or witness of domestic violence; weight, height, and/or any other protected class covered by federal, state and/or local antidiscrimination laws. Join us as we continue on a path towards our destination of equity.

Board members express how they appreciated the statement. Dr. Allen thanked the Board.

CHIEF MEDICAL OFFICER REPORT

Machelle Allen MD, System Chief Medical Officer/Sr. Vice President of Medical and Professionals Affairs, and Donnie Bell, MD Deputy Chief Medical Officer presented to the committee.

Dr. Bell discussed current initiatives: TeleStroke, Vizal and systems TJC Stroke Certification. In November of 2022, joint commission was at Queens

Hospital conducting a survey, and noticed 2 levels of care for a stroke patient. Particularly on nights and weekends, patients were cared for by ED physicians and neurologists over the phone. While no formal citations were issued, it was noted as an opportunity for improvement. The other challenge at Queens hospital was with recruitment and retention of neurologists.

The telestroke program at Queens is composed of 9 credentialed neurologists who have sub-specialty training in vascular stroke neurology and represent all of our academic partners. It is a 2-way audio visual connection between the patient and facilitator and a neurologist who is functioning as a tele-neurologist. Key performance indicators: In the first quarter, over 200 stroke patients have been seen as compared to 170, in the entirety of the previous year, 55 of those patients were seen by our tele neurologist. As a result, tPA has been administered or recommended on 3 occasions and 6 were transferred to sister hospitals for higher level of care.

VizAI: one of the challenges in the stroke community is neuro radiology expertise. Not all of our hospitals have 24/7 access to neuro radiologists to be able to supplement with AI. Another important point is the ability to look at imaging globally. Some of our providers, particularly the sub specialists are not in-house. The ability for them to review imaging, make decisions and mobilize teams for stroke care is important. It is a communication tool that enables interdisciplinary communication across different components of a stroke team as well as system for transferring patients to high levels of care.

Dr. Bell emphasized that the imaging platform identifies the blockage and processes the advanced imaging without any intervention from the team or radiologist. This happens in the background, which triggers everyone on the team take a closer look at this patient. Dr. Katz expressed the importance of virtual care in the delivery of advanced and highly specialized care at every moment. South Brooklyn Health has published on using this API platform to assist in the interpretations.

Joint Commission Stroke Certification: in 2018 the state decided to transition their stroke certification program from a state-based to largely administered by third party personnel creditors such as the Joint Commission. At that time, only Lincoln, Kings County, and Elmhurst had Joint Commission certification, as primary stroke centers. Kings County, Bellevue, and Lincoln were also performing some advanced stroke interventions. In 2019, the proposed future state was to have a level 1 trauma center capable stroke centers, also that our community hospitals would be primary stroke centers.

Current state in 2023, almost all of our centers are Joint Commission certified at 3 different level, primary centers for most of our community hospitals, thrombectomy centers for most of our level 1 trauma centers, and then Bellevue as a comprehensive stroke center given the complexity of stroke patients that they are able to take care of. We also have VizAI and telestroke listed.

Future Plans: there will be a roll out of telestroke at additional primary stroke centers at Health + Hospitals by QA4 2023. There are some additional modules in ViZAI that we would like to explore, such as brain hemorrhage and aneurysms to figure out if they will further help take care of patients in a timely manner. There is one additional facility seeking stroke certification, that should be completed by Q1 2024.

The Board commended Dr. Bell on the work that has been done.

SYSTEM CHIEF NURSE EXECUTIVE REPORT

Dr. Natalia Cineas, System Chief Nurse Executive submitted a written report for the record.

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:

MetroPlus HIV SNP was the highest ranked by New York State data for 2021. This was a testament to the work of the HIV SNP, also the strong collaboration with HIV primary care providers. Many of them are at NYC Health + Hospitals. We achieved the highest viral load suppression rate amongst the 3 SNPs. As the population ages, over 50% of the people living with HIV over the age of 50. In the second quarter of 2023, MetroPlus Health Housing Task Force, housed its 500th member, and that is because of robust a partnership with many CBO's, individuals and coalitions that focus on housing, including working strongly with New York City Health + Hospitals on its housing initiatives.

The public health emergency ended in April of 2023 and the State determined along with many other states that it would require individuals enrolled in Medicaid, which includes the HIV special needs members, individuals enrolled in the health and recovery plan, those individuals with serious mental illness or substance abuse disorders, as well as individuals in the central plan and child health plan to redetermine or recertify their status based on income levels and other requirements.

The first month individuals had to recertify based on their due date was the month of June of 2023. There was close collaboration with community providers, community-based organizations to outreach the 45,000 members who needed to recertify in the month of June. That process began in the middle of May when the recertification window opened for these individuals. There are many outreach efforts via telephone, email, texts help them individuals through the process.

The customer experienced team CSX leadership is continuing to work with community providers, Health + Hospitals facilities, and managed care teams to ensure that the do not lose their medical coverage. There is an innovative tool, which allows individual to book appointments at their convenience with the recertification team to help them complete the paperwork.

The overall recertification rate numbers for June were about 45,000 to 46,000 members. That number may vary depending on the data available from New York state and the Human resources Administration. Approximately 29,000 individuals are close to 65% actually recertified, which then leaves 15,000 individuals, the 35% who have not recertified. Of the 15,000 we know that 8,000 are on a termination file produced by NYS and HRA. There are 7000 who are not on that file and whose status remains unknown. We are working with NYS and HRA to ensure that those individual, are covered for the month of June.

The health and recovery plan, which is individuals that have serious mental illness and HIV SNP has a much lower rate for recertification. The reason is that these individuals have disproportionately had SSI coverage and their recertification process is different as long as they reup their SSI. The concierge program has been expanded at all acute sites and many of the Gotham sites. Harlem will be active in August. The major mechanism is our telephonic outreach, the connection with providers to ensure they are identifying individuals who are coming for recertification and contacting MetroPlus. The goal is to place MetroPlus in community providers offices.

The Board commended Dr Shah and his team on an extraordinary effort between each and H+H and MetroPlus to get those 60,000 members recertified. It was a challenge dealing with the State and HRA, it created additional time needed to get the approval before anything could be done, and yet we are 65%, compared to other States. Dr. Shah informed the Board, the State was pleased with the progress the plan has made. It is consistent with the work of other plans and they acknowledge the issue of the unknowns and the notification process to the System.

There being no further business, the meeting was adjourned 10:59AM.

Minutes

Meeting Date: September 11, 2023

Information Technology Committee

Attendees

Committee Members:

Sally Hernandez-Piñero representing Feniosky Peña-Mora, Chair

Dr. Machelles Allen representing Dr. Mitchell Katz

José A. Pagán

Barbara Lowe

NYC HEALTH + HOSPITALS CENTRAL OFFICE STAFF:

Dr. Kim Mendez, SVP/Corporate CIO

Dr. Michael Bouton, CHMIO

Soma Bhaduri, Chief Information Security Officer

Jeff Lutz, Chief Technology Officer

Katherine Thayer, Chief Applications Officer

Marji Karlin, Chief Revenue Office

INFORMATION TECHNOLOGY COMMITTEE - September 11, 2023 - 50 Water Street
AS REPORTED BY: José A. Pagán
COMMITTEE MEMBERS PRESENT: Sally Hernandez-Piñero representing Feniosky Peña-Mora, Dr. Machelles Allen representing Dr. Mitchell Katz, José A. Pagán, Barbara Lowe

Mr. José A. Pagán, Chairman of the Board, called the September 11th, 2023, meeting of the Information Technology (IT) Committee to order at 10:15 M

Per By-Laws - Section 14. Committee Attendance. If any member of a standing or special committee of the Board will not be present at a scheduled committee meeting, the member may ask the Chair of the Board to request that another Board member, not a member of that committee, attend the scheduled meeting and be counted as a member for purposes of quorum and voting.

Mr. Peña-Mora has designated Sally Hernandez-Piñero to attend this Committee meeting and be counted as a member of purposes of quorum and voting.

Dr. Mitchell Katz has designated Dr. Machelles Allen to attend this Committee meeting and be counted as a member of purposes of quorum and voting.

Mr. Pagán proposed a motion to adopt the minutes of the IT Committee meeting held on April 3rd, 2023.

Upon motion made and duly seconded the minutes of April 3rd, 2023 IT Committee meeting were unanimously approved.

Mr. Pagán turned the meeting over to Dr. Kim Mendez, Senior Vice President and Corporate Chief Information Officer to carry on the agenda, she was joined by Jeff Lutz, Chief Technology Officer, Michael Bouton, Chief Health & Medical Information Officer, Soma Bhaduri, Chief Information Security Officer, and Katherine Thayer, Chief Applications Officer.

Mr. Lutz presented the first resolution:

Authorizing New York City, Health and Hospitals corporation (the system) to execute a contract with IVCI, LLC for audio, visual design, installation, support services for a term of five years with two 1-year renewal options, exercisable only by the system for an amount not to exceed \$65M to support of all audio-visual needs for our locations across the enterprise.

The contract scope would include, but are not limited to conference rooms of varying sizes training rooms, auditorium rooms, boardrooms, and emergency management command centers. He also stated that there

are rooms that have equipment that is no longer supported and need updates while there is no ongoing project to update these rooms across the enterprise. The contract would allow for the updates in the event that the funding comes available.

Mr. Lutz stated that by using one vendor, it supports an enterprise standard from the same vendor as well as ensuring that this continues to align with our technology needs and provides a consistent experience across the enterprise for all of our users. In the current contract, it includes a two-step process which includes the design proposal that costs money and the second step is securing what has been designed. The new contract would include an all-in-one experience and cost savings.

Mr. Lutz also stated NYC H+H has been doing work with the vendor for the past 10 years including work at 50 Water Street, the emergency management command centers at 55 Water St, and the simulation centers. The vendor is an experienced leader within healthcare. In addition to working with NYC H+H, they have experience around the world with varying clients that are the same size, if not larger than Health and Hospitals, and they also partner with the technology partners such as Cisco, Crestron and other across NYC H+H.

Mr. Lutz presented the details of the RFP which included the minimum criteria that the vendors had to meet. This included a minimum of 5 years of experience, and design, fabrication, assembly and support with at least \$5M in annual revenue. The MWBE utilization plan or an MWBE certification. The experience was 35%, technical 30%, cost 25% and MWBE 10% and the evaluation committee ranged across from experts across the corporation both clinical and non-clinical sites.

The procurement started in September 2022, it was sent out to 14 vendors directly and also posted on City record. During the pre-proposal conference held in February 2023, there were 13 vendors that attended and 5 proposals were received. The 5 vendors had not only their proposals reviewed, but had to provide a solution for selected very specific sites across the organization for a comparison. The selection was then narrowed down to two vendors which ended in a hand vote and IVIc, LLC was the highest rated proposal.

As for the vendor diversity, they pledged 35% vendor diversity which will be broken across both labor and goods, leveraging partners that are vendors for these areas. Based upon their previous performance EITS is looking forward to being able to continue leveraging their expertise.

Mr. Lutz then asked for approval to enter into a contract with IVIc, LLC. Dr. Allen had a follow up question regarding why Harlem was selected for the walkthrough. Mr. Lutz answered that Harlem presented

the opportunity in one location with various rooms' types as part of the proposal type. Dr. Allen also asked if there was prioritization of the work to be done over the 5-7 years and Mr. Lutz stated there is none at this time since there is no funding in place to push the upgrades forward. EITS would be working closely with the facilities to understand challenges and address issues as needed.

Dr. Allen then asked how did the 5 vendors compare in cost with the lowest being \$65M. Mr. Lutz stated that although the contract total is \$65 as the maximum number of the commitment, it's not anticipated to exceed or even reach that amount. Dr. Allen provides an example of if there is only \$15M available for the contract, how would prioritization of rooms be determined. Jeff Lutz also stated there are a few rooms that need to be upgraded that have local funding and are awaiting the approval of the proposed contract.

Dr. Mendez stated that EITS is looking to standardize across the system in a similar process to standard clinical equipment which would meet the needs of the system.

Dr. Allen expressed concern based upon the cost of \$9M per year that the hospitals wouldn't be in a place financially to leverage the contact from a percentage perspective. Mr. Lutz stated that the hospitals are waiting for the contract to be approved in order begin their upgrades.

No further questions were presented.

Upon motion made and duly seconded the approval of the resolution was unanimously approved for presentation to the Board.

Ms. Mendez read the resolution into the record:

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a contract with **Experian, Inc. ("Experian") for EDI clearinghouse services** for a term of three years with two 1-year renewal options exercisable only by the System, for an amount not to exceed \$25,000,000

Ms. Karlin, Chief Revenue Officer, then presented the second resolution for clearing house services they are seeking to procure. The clearing house would process non-standard format or containing non-standard data, and transforms it into standard data HIPAA elements. Clearing houses minimize cost of the individual transactions that each organization has to maintain enhancing the information security, maximizing the number of individual connections that an organization can maintain and minimizing the number of individual transactions. As a result of not having to connect to the individual payers, as well as, maximizing the number of electronic

transactions that can process which ultimately increases the timeliness of payments.

The Optum contract was awarded through during the Epic implementation, the Corporation awarded the contract to Change Healthcare in 2018, and in October of 2022 Change Healthcare was purchased by Optum, which is a subsidiary of United Healthcare. The current contract expires in October 2023. It is being requested to have a five year \$29M contract with Optum and the cost for these services include both monthly and transactional fees.

Ms. Karlin stated the minimum criteria that was set forward for the RFP was five years in business, very specific experience with New York State Medicaid, integration with Epic, experience with similarly sized provider networks and an annual revenue in excess of \$25M.

The criteria breakdown was 30% on needs fulfillment, 25% on cost, 25% on the quality of the services and products offered and 20% on reputation in references. The evaluation committee included a variety of groups from EITS, revenue cycle services such as patient accounts from the facilities, and one of the facility Chief Financial Officers.

Ms. Karlin stated on November 16th, the RFP was posted on the city record and sent directly to eight vendors. On December 6th, 2022 there was a pre-proposal conference with seven vendors attended. The proposal deadline was January 13th, 2023. Seven proposals were received and on May 24th, 2023 the evaluation committee submitted the 1st round of scores. There were four firms shortlisted across two scopes of work. Between June, 8th and June 14th, 2023 the shortlisted firms conducted vendor presentations. On August 23rd, 2023 the reference checks were completed, and the final pricing and scoring submitted and Experian was the vendor chosen as the highest rated.

Experian provides services to over 60% of the hospitals in the United States for revenue cycle management, identity management, patient engagement, and care management services. Their strength comes from the heritage of their legacy health care companies, using data and analytics to help clients improve in today's value-based environment. To support over 240 of the client's experience they hired former Epic employees and dedicate multiple resources to ensure that its products complement Epic and automated client workflows.

None of the vendors planned to subcontract out any portion of the scope of work related to this solicitation. However, all were open to using diverse vendors should any subcontracting opportunity arise during the term of the contract.

Each phase of the project is expected to be in short discrete phases, which will be fully self-performed by, in house employee experience. Additionally, each vendor shared their internal programs and policies. Experian in particular has a robust national supplier diversity program and works extensively with national certification entities.

Dr. Allen had a question regarding if Optum responded to the RFP and Ms. Karlin stated that Optum was outperformed in all areas by Experian.

Another question was asked if the number of non-standard data could be quantified. Ms. Karlin stated that over 1M claims per month, to over a thousand payers but could not quantify the in-house monitoring of the data. Dr. Allen also asked a follow up question regarding the verification of address information and Ms. Karlin did confirm it is a capability but is not used at this time. It was decided before to not move forward with the feature of address verification.

Dr. Allen had a final question asking what is Patient Access and Ms. Karlin explained it is the patient intake process, insurance verification, authorization, etc. Dr. Allen also asked who was Learning and Development and Ms. Karlin clarified it was Revenue Cycle Learning and Development under her organizational table.

No further questions were presented. Upon motion made and duly seconded the approval of the resolution was unanimously approved for presented to the Board.

Ms. Mendez read the resolution into the record:

Authorize in New York City, Health + Hospitals Corporation, The System, to extend its current contract with **Optum for an additional 12-month term for an amount not to exceed \$5,862,541**

Ms. Karlin then presented the third resolution to: The current contract is expiring in October 2023, and is requesting a 12-month extension through October of 2024 to maintain continuity of operations. The new clearing house vendor is expected to start in July of 2024, and is looking for an overlapping period as a contingency in case of unexpected delays with the newly selected vendor.

No questions were presented. Upon motion made and duly seconded the approval of the resolution was unanimously approved for presentation to the Board.

Dr. Mendez shared the NYC H+H IT FY-2024 Goals. She highlighted that each one of the goals and domains are aligned with NYC H + H strategic pillars and all are aligned with System's mission, vision and core values.

Dr. Mendez provided a general update on the supplemental staffing contract. She states that supplemental staff are utilized to support special projects, temporary coverage of openings and also for expertise in hard to find areas. In 2021 we issued an RFP to identify vendors with competitive pricing and who would be able to fulfill our needs in this space. We had approval by the BOD in 2022 and entered

into contract with 14 vendors that started in July 2022. As an additional update to the contract, ServiceNow was leveraged to automate and streamline a previously highly manual process. Processes include solicitation, hiring and onboarding in which EITS partnered with Finance, HR and OHS.

To ensure that there was equality across solicitations, vendors can submit up to five candidates per solicitation and the managers were required to interview at least three different vendors. Dr. Mendez also presented the outcomes of the contract and currently 49% MWBE utilization rate has been seen.

Dr. Mendez went on to provide an update on the data center migration project. The original timeline was from May 2021 to May 2023; however, unforeseen delays have required an adjustment to the timeline. Some of the key areas highlighted were core network equipment delays, network connectivity, delays in procurement of supplies due to the world's supply chain issues. In addition, there were delays with installation and inspections at Cyrus One. She went on to mention that during the process, there was reflection and lessons learned on what could be done better in the future with such a larger undertaking of two data centers back to back. EITS currently at 92% percent completion with the transition to Go Live at the second data center. This data center will be live by end of December 2023. Dr. Mendez shared a visual of the updated timeline and will provide further updates during future EITS Committee Board meetings.

Dr. Mendez then turned the presentation over to Ms. Thayer who shared a high-level overview: the key clinical application updates from the last few quarters. She stated there have been numerous Epic upgrades and then highlighted the launch of the Epic Transfer Center module. It is a single place for nurses and administrative staff to be able to capture patient, medical automation and facilitate transfers. It was originally targeting a Go Live in August 2023 but was paused back until October 2023 due to staffing concerns by the business owner of the project. The second Epic update included the Rehab modules. This application will have a September 2023 Go Live and will help take care of patients in inpatient and outpatient Rehab.

Dr. Mendez then turned the presentation over to Dr. Bouton who shared a high-level overview on benchmarks for our electronic health record system (Epic). Dr. Bouton stated that is important for both internal and external validation of how the System is performing within and overall, and how it is using electronic medical record. Epic offers a program that's called The Gold Stars, which monitors how many and how well the features have been adopted and the fullness of its capacity. The System has achieved Gold Stars Level 8 and Dr. Bouton presents a slide to show how The System compares to other Epic Customers.

Dr. Bouton continued on and presented information on new features that have been turned on in Epic. As part of his update for MyChart, he then presented a slide with metrics of the number of messages that are received per day by providers. The current response rate is 3 days which is up to 76% but the intended goal is to reach 80%. As of last November, the response rate was 65% which shows progress to the initial goal. Due to ambulatory clinical leadership making this a priority. By making providers aware of its important at the system, it helped drive the improvement. Dr. Bouton also referenced his slide that shows faster turnaround time for appointments with a feature called Fast Pass. Dr. Bouton provided an example of a patient with an appointment 6 weeks away can be added to a waitlist and would automatically receive an update if a sooner appointment was available. About half of the system clinical departments are live with the function as it does not always make sense for all departments as it may not be clinically appropriate.

Dr. Bouton then shared an internal evaluation called KLAS Survey which is a national organization that conducts surveys of over 300 large organizations, similar to our system. The standardized bank of questions was sent to NYC H+H clinical facing staff to get a sense of how our doctor, nurses and other staff think of Epic (our electronic health record system). NYC H+H finished in the 86th percentile nationally, and with regards to Epic customers, NYC H+H is in the 77th percentile. For similarly sized Epic customers that are large systems, NYC H+H is in 80th percentile which is in line with our Epic Gold Star evaluation, which puts us in the top quarter nationally. As part of the survey results and lessons learned, both doctors and nurses want more training, they want more training on the electronic medical record system which EITS Application Training has begun to offer. The trainings will be more targeted and more specific to the specialty, which is far more workflow based and less feature based and providers will be part of the design of the training.

Dr. Allen had a follow up question at the conclusion of Dr. Bouton's presentation. She asked if there was a drop in patients who stopped using MyChart and Dr. Bouton confirmed there was drop from 70% at the peak of the pandemic to 56% currently.

At Dr. Allen's request, Dr. Bouton went on to present information regarding Care Companion, another extension of MyChart. For example, a patient can receive education that is appropriate to where they are during their pregnancy journey. The team is looking to roll out other care companions as the team is actively working with oncology. Dr. Bouton then concluded his presentation.

Mr. Pagan then stated that he was glad to see how we can optimize NYC H+H's investment into Epic.

Mr. Pagán asked if there are any old business or new business to bring to the committee, hearing none, Dr. Pagán then adjourned the meeting at 11:08 AM.

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute contracts with Huron Consulting Group, Inc., Innovative Emergency Management, Inc., Witt O’Brien’s, LLC, and Indelible Solutions LLC for HERRC project management services at a not to exceed amount of \$128,500,000 for a contract term of one year and two six-month renewal options exercisable at the discretion of the System.

RESOLUTION

WHEREAS, the System began operating its Humanitarian Emergency Response and Relief Centers (“HERRCs”) in October 2022 as a response to the mass influx of asylum seekers arriving in New York City (“the City”); and

WHEREAS, HERRCs provide a range of holistic services to asylum seekers including a place to stay, food, medical care, reconnection services, and connection to social services; and

WHEREAS, the System currently operates multiple HERRCs throughout the City, with dedicated facilities serving families with minor children, single adult women and adult families, or single adult men; and

WHEREAS, the System has identified a need for HERRC project management services during go-lives and steady state operations at HERRC sites; and

WHEREAS, currently the System has been using Huron Consulting Services LLC to provide HERRC project management services; and

WHEREAS, the System conducted an open and competitive RFP process under the supervision, and with the assistance, of Supply Chain to identify additional vendors, in which 45 firms attended a pre-proposal conference of which 10 submitted proposals; and

WHEREAS, of the 10 proposals submitted, the 4 vendors were given the highest ratings; and

WHEREAS, the awarded firms will be used on an as-needed basis without a minimum usage requirement; and

WHEREAS, the Office of Ambulatory Care will be responsible for the management of the proposed contracts.

NOW THEREFORE, be it

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized to execute contracts with Huron Consulting Group, Inc., Innovative Emergency Management, Inc., Witt O’Brien’s, LLC, and Indelible Solutions LLC for HERRC project management services at a not to exceed amount of \$128,500,000 for a contract term of one year and two six-month renewal options exercisable at the discretion of the System.

EXECUTIVE SUMMARY
HERRC PROJECT MANAGEMENT SERVICES
AGREEMENTS WITH
HURON CONSULTING GROUP, INC., INNOVATIVE EMERGENCY
MANAGEMENT, INC., WITT O'BRIEN'S, LLC, AND INDELIBLE SOLUTIONS LLC.

OVERVIEW: The System began operating its Humanitarian Emergency Response and Relief Centers (“HERRCs”) in October 2022 as a response to the mass influx of asylum seekers arriving in New York City (“the City”). The System currently operates multiple HERRCs throughout the City for the provision of a range of holistic services to asylum seekers. Project management services are required in order to ensure smooth operations and coverage for the HERRC program, which evolves quickly, with new sites coming online rapidly and with program practices constantly evolving. The proposed contracts will support go-live planning, steady state operations, execution for new site openings, and support the design and launch of new program attributes.

PROCUREMENT: The System conducted an open and competitive Request for Proposals (“RFP”) to establish a pool of vendors to provide project management services to the System on an as-needed basis. The RFP was sent directly to nine prospective vendors, and 45 prospective vendors attended a pre-proposal conference. A total of ten firms submitted proposals and, of the proposals submitted, the Evaluation Committee selected the top four rated proposers to provide project management services to the System.

COSTS: The total not-to-exceed cost for the proposed contract over its full, potential two-year term is not to exceed \$128,500,000.

Funding for these agreements will be covered by the City through an MOU with the New York City Mayor’s Office.

MWBE: An overall MWBE utilization goal of 35% has been established and accepted by Huron Consulting Group, Inc. and Witt O’Brien’s, LLC through the use of subcontractors.

Innovative Emergency Management, Inc. and Indelible Solutions LLC are New York City-Certified MWBE organizations.



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

From: Georgia Tsismenakis
Associate Counsel *GT*
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE Status for Board Review of Contract

Solicitation: RFP No. 2721 HERRC Project Management

Date: November 2, 2023

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

<u>Vendor</u>	<u>Vendor Responsibility</u>	<u>EEO</u>	<u>MWBE</u>
Huron Group	Approved	Pending	35%
IEM	Approved	Pending	100%
Witt O'Brien's LLC	Pending	Pending	35%
Indelible Solutions LLC	Pending	Pending	100%

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.

Humanitarian Emergency Response and Relief Centers (HERRCs) Project Management Services

**Application to Award Contracts
Medical & Professional Affairs and
Information Technology Committee
November 20th, 2023**

**Chris Keeley
Senior Assistant Vice President
Office of Ambulatory Care**

For Committee Consideration

- Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute contracts with Huron Consulting Group, Inc., Innovative Emergency Management, Inc., Witt O’Brien’s, LLC, and Indelible Solutions LLC for HERRC project management services at a not to exceed amount of \$128,500,000 for a contract term of one year and two six-month renewal options exercisable at the discretion of the System.

- Provide project management support during go-lives and steady state operations at HERRC sites operated by NYC Health + Hospitals
- Extensive project management support is needed to ensure smooth operations and coverage for a 24/7 project that functions at such a high scale
- One existing contract
 - Huron Consulting Services LLC.
- Historical spend
 - Huron Consulting: H+H has committed \$26 million and paid out \$18.8 million through September 2023
 - The contract prices staff on an hourly basis. The hourly rate includes all vendor expenses
- No ancillary costs
- RFP was done to competitively bid for these services and identify additional vendors that may be well-suited to this work
- NYC Health + Hospitals expenses will be covered by HERRC MOU with the Mayor's Office

RFP Criteria

➤ Minimum criteria:

- Three years in business performing similar services
- M/WBE status, Utilization Plan, or Waiver Request
- \$5 million in annual revenue for each of the last three years

➤ Substantive Criteria

- 30% Relevant experience
- 25% Readiness to deploy
- 25% Cost
- 10% Cultural competency
- 10% MWBE

➤ Evaluation Committee:

- COO, Ambulatory Care
- Deputy COO, Ambulatory Care
- Program Director, HERRC
- Assistant Director of Fiscal Affairs, HERRC
- Corporate Health Project Advisor

Overview of Procurement

- 07/11/23: Application to issue request for proposals approved by CRC
- 07/24/23: RFP Posted on City Record, sent directly to nine vendors
- 07/28/23: Pre-proposal conference held, 45 vendors attended
- 08/14/23: Proposals due, 10 proposals received
- 8/28/23: Evaluation committee debriefed and submitted final scores. Below are the top four proposers:
 - Huron Consulting Group, Inc.
 - Innovative Emergency Management, Inc. (IEM)
 - Witt O'Brien's, LLC.
 - Indelible Solutions LLC.

Trajectory of the Work

- HERRC was originally focused on housing and wraparound services, but now includes the Arrival Center and broader exit planning work
- Multiple vendors with various flexibility will allow us to tap different vendors at different times for various projects, if needed
- There is no guaranteed work assignment for any vendor
- Over time, these project management services will be scaled down as new go-lives cease

Vendor Diversity

Vendor Name	MWBE Vendor	Subcontracted SOW	Certification	UP Goal %
Huron Group	MCCGusa	Project Mgmt Support	NYC/NYS Black MBE	35%
IEM	N/A	N/A	NYC Asian M/WBE	100%
Witt O'Brien's LLC	Grunewald Consulting	Strategic Planning & Implementation	NYC/NYS Non-Minority WBE	35%
	Karma Advisory	Data & Report Management	NYC/NYS Asian MBE	
Indelible Solutions LLC	N/A	N/A	NYC Black MBE	100%

- The Vendor Diversity team set a goal of **35%** on this solicitation.
- Two of the awarded vendors are MWBEs.
- The other two awarded vendors each submitted utilization plans meeting the 35% goal.
- Huron Group is an incumbent vendor with a current **30%** MWBE goal. To date, Huron has met that goal.

Vendor Performance History

Department of Supply Chain Vendor Performance Evaluation Huron Consulting Group, 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 extent applicable?	Yes
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	Satisfactory

M&PA and IT Committee Request

- Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute contracts with Huron Consulting Group, Inc., Innovative Emergency Management, Inc., Witt O’Brien’s, LLC, and Indelible Solutions LLC for HERRC project management services at a not to exceed amount of \$128,500,000 for a contract term of one year and two six-month renewal options exercisable at the discretion of the System.

RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the “**System**”) to enter into a contract with New York Legal Assistance Group (“**NYLAG**”) as the sole source vendor under which NYLAG will provide certain free legal services to the System’s patients for three years for an amount not to exceed \$7,862,000.

WHEREAS, NYLAG is a non-profit, civil legal services organization combating economic, racial, and social injustice by advocating for people experiencing poverty or in crisis; and

WHEREAS, the System’s relationship with NYLAG’s LegalHealth division dates back to 2002 when NYLAG started offering free legal services to the patients at NYC Health + Hospitals/Elmhurst from which the relationship expanded to virtually all of the System’s acute care hospitals, to several of its Gotham sites, and makes appointments available to residents of its Long-Term Care facilities as well; and

WHEREAS, the System issued a Request for Information (“RFI”) on June 23, 2023, which laid out new vision for the Medical Legal Partnership program (“MLP”), including deliverables that would be expected of vendors, and invited responders to share ideas for further innovation and collaboration; and

WHEREAS, NYLAG submitted the strongest proposal of the two vendors who responded to the RFI; and

WHEREAS, the System wishes to negotiate a three-year agreement with NYLAG; and

WHEREAS, the System’s Senior Vice President for Ambulatory Care and Population Health will be responsible for the management of the agreement.

NOW THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (the “**System**”) be and hereby is authorized to extend its contract with New York Legal Assistance Group (“**NYLAG**”) as the sole source vendor under which NYLAG provides certain free legal services to the System’s patients for three years for an amount not to exceed \$7,862,000.

**EXECUTIVE SUMMARY
AGREEMENT WITH
NEW YORK LEGAL ASSISTANCE GROUP
FOR LEGAL SERVICES PROVIDER FOR
MEDICAL LEGAL PARTNERSHIP**

- OVERVIEW:** NYLAG is a non-profit, civil legal services organization combatting economic, racial, and social injustice by advocating for people experiencing poverty or in crisis with which the System has worked since 2002. The Medical Legal Partnership (“MLP”) program provides great value to patients as well as support to the System’s frontline staff in addressing complex health-related social and legal needs. NYLAG attorneys will improve health outcomes by addressing corresponding legal needs, removing legal barriers to better health for patients with limited financial resources.
- PROCUREMENT:** The Request for Information for Legal Services Provider for Medical Legal Partnership was released on June 23, 2023 through the System’s Supply Chain Services Unit, under the supervision of the Contract Review Committee, leading to the selection of NYLAG to provide MLP program services.
- COSTS; TERMS:** The total amount for the full three-year term is not to exceed \$7,862,000. The System may terminate this agreement with or without cause at any time without liability for any damages resulting therefrom.
- MWBE:** NYLAG is a not-for-profit corporation and thus the System’s MWBE subcontracting goals are inapplicable.



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

From: Georgia Tsismenakis
Associate Counsel *GT*
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE Status for Board Review of Contract

Solicitation: RFI NYLAG

Date: November 2, 2023

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

<u>Vendor</u>	<u>Vendor Responsibility</u>	<u>EEO</u>	<u>MWBE</u>
New York Legal Assistance Group	Pending	Pending	Exempt, non-profit

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.

New York Legal Assistance Group (NYLAG)

Medical & Professional Affairs and Information Technology Committee November 20, 2023

**Nichola Davis, MD, Chief Population Health Officer
Emily Foote, Senior Director, Social Determinants of
Health Ambulatory Care and Population Health**

For Committee Consideration

- Authorizing New York City Health and Hospitals Corporation (the “System”) to enter into a contract with New York Legal Assistance Group (“NYLAG”) as the sole source vendor under which NYLAG will provide certain free legal services to the System’s patients for three years for an amount not to exceed \$7,862,000.

Background

- New York Legal Assistance Group (NYLAG) is a non profit, civil legal services organization combating economic, racial, and social injustice by advocating for people experiencing poverty or in crisis.
- NYLAG's LegalHealth division provides direct services to NYC Health + Hospitals patients at legal clinics across the system. LegalHealth attorneys work to improve health outcomes by addressing corresponding legal needs, removing legal barriers to better health for patients with limited financial resources. (The program overview and goals are in the appendix.)
- NYC Health + Hospitals has had a Medical Legal Partnership (MLP) agreement in place with NYLAG since 2002. The current contract is managed by the Office of Ambulatory Care and Population Health and expires on November 30, 2023.

Request for Sole Source Contract

- NYC Health + Hospitals issued an RFI in June 2023 to test the market for legal services vendors, and NYLAG submitted the strongest proposal.
- MLP program provides great value to patients as well as support to our frontline staff in addressing complex health-related social and legal needs.
- Additional investment needed of approximately 28% annually over current spending to cover staff salary increases and new deliverables including:
 - Improved systems for closing the loop on referrals and communications with staff
 - Standards for attorney documentation of patient outcomes
 - Provision of secure patient-level outcomes data
 - Participation in establishment of ongoing ROI analysis

Due Diligence

➤ **Request for Information (RFI) Results:**

- June 2023 – NYC Health + Hospitals released an RFI to test the market for legal services vendors
- RFI laid out new vision for the Medical Legal Partnership program, basic deliverables that would be expected of vendors, and invited responders to share ideas for further innovation and collaboration
- NYLAG’s submission was comprehensive and addressed every component of RFI
- Second organization spoke only to certain components; limited to working with patients who are immigrants

➤ **Intersecting funded services:**

- ActionNYC – immigration legal services funded by MOIA on site at 3 NYC H+H facilities
- Immigrant Health Initiative (IHI) – additional immigration legal services funded by City Council at NYC H+H

➤ **Pricing Due Diligence:**

- Attorneys are unionized and executed recent collective bargaining agreement.
- Additional increase in overall cost due to new deliverables – e.g. communications and data reporting systems

➤ **MWBE:** NYLAG is a non-profit vendor which is ineligible to qualify for MWBE certification and therefore excluded from MWBE requirements.

➤ **Performance:** NYLAG has maintained provision of legal services to NYC Health + Hospitals patients despite operational interruptions and barriers caused by the pandemic.

➤ **Cost Benefit Analysis:** Financial return based on establishment of Medicaid coverage for certain previously uninsured patients – e.g. immigrants who are Permanently Residing Under Color of Law (PRUCOL).

Medical Legal Partnership (MLP) Program

- 20+ year MLP between NYC Health + Hospitals and NYLAG
- Health care teams trained by NYLAG to identify legal needs and place referrals
- Attorneys on site at most legal clinics with option for virtual appointments
- 4,700 patients served in 2022
- A pioneering Epic-based referral and scheduling system launched in 2023 that provides previously unavailable patient-level data. Providers can refer patients and attorneys can access their appointment schedules directly within Epic.
- Preliminary analysis in September 2023 by the NYC Health + Hospitals internal budget team found positive financial return to the system among patients receiving an MLP intervention. Analysis looked at a subset of patients who received Medicaid Managed Care benefit after legal advocacy.

Vendor Performance Evaluation

**Department of Supply Chain
Vendor Performance Evaluation
New York Legal Assistance Group (NYLAG)**

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

M&PA Committee Request

- Authorizing New York City Health and Hospitals Corporation (the “System”) to enter into a contract with New York Legal Assistance Group (“NYLAG”) as the sole source vendor under which NYLAG will provide certain free legal services to the System’s patients for three years for an amount not to exceed \$7,862,000.

Appendix



Distinguishing features

- The LegalHealth medical-legal partnership at NYC Health + Hospitals provides:
 - direct legal assistance to patients by establishing attorneys as an extension of the care team
 - ongoing education and support to NYC Health + Hospitals staff managing complex social matters for patients, leading to legal referrals and remedies for patients
- Health-related legal services include assistance with public benefits, housing (eviction prevention and housing discrimination), immigration, health insurance, advance planning, employment, income maintenance, applications for green card or other immigration status, naturalization, sponsorship, and more.
- Level of service to patient ranges from advice-and-counsel to full representation

Overall Program Goal

- Sustain and strengthen medical-legal partnership to address health-harming legal needs of patients

Program Objectives

- Delivering effective, impactful health-related legal services through on-site, in-person and virtual appointments managed within NYC H+H's EMR system
- Education for NYC Health + Hospitals staff on health-harming legal issues (e.g. immigration, benefits denials, housing quality) and potential benefits of legal intervention
- Collection of robust patient-level data

Preliminary Epic Data

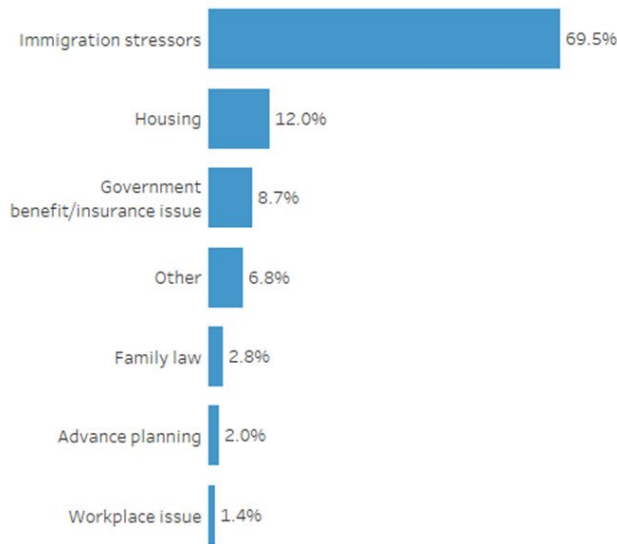
Patients Referred
955

Referral Schedule Rate
75.5%

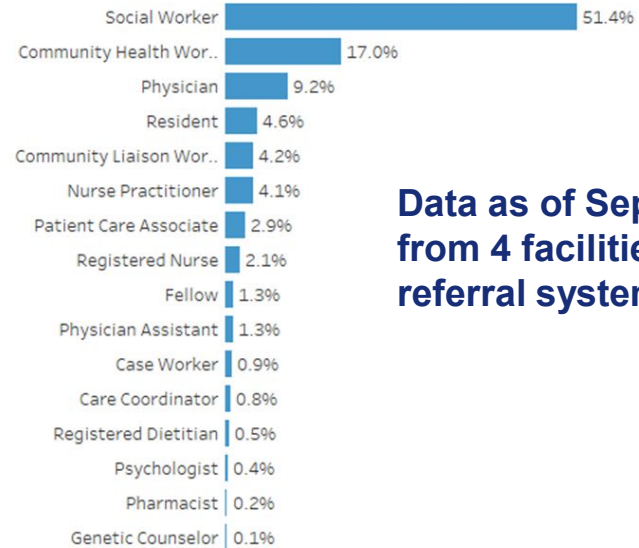
No Show Rate
20.9%

Median Days from Referral to Appointment
42.0

Reason for Referral

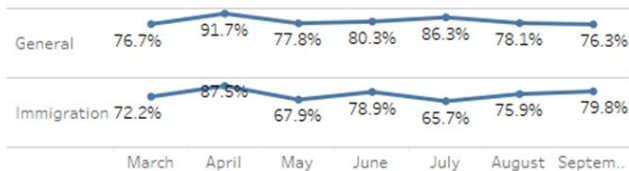


Referring Provider



Data as of September 2023 from 4 facilities live on Epic referral system

Utilization Rate

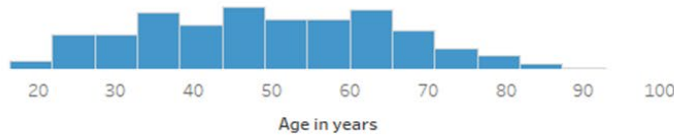


Median TNAA



Preliminary Epic Data

Age



Sex



Language



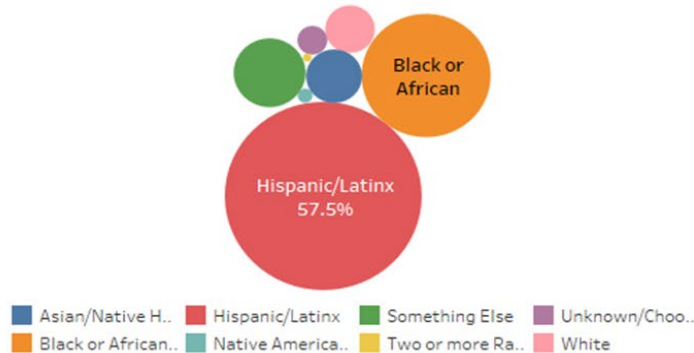
High Risk



NYC Care



Race/Ethnicity



Diagnoses

HTN



Diabetes



Cancer



Asthma



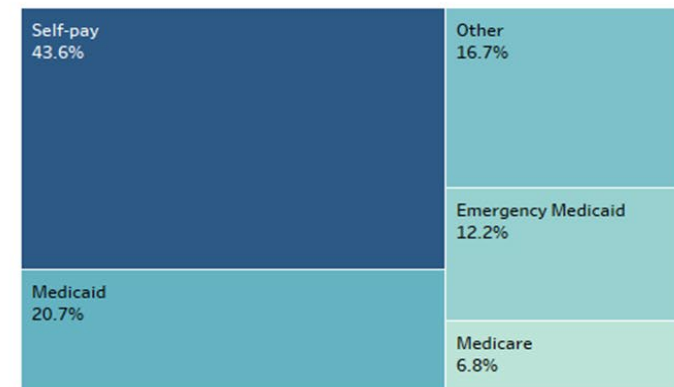
CKD



COPD



Primary Payer Group



Medical & Professional Affairs and Information Technology Committee Meeting

Chief Medical Officer's Report

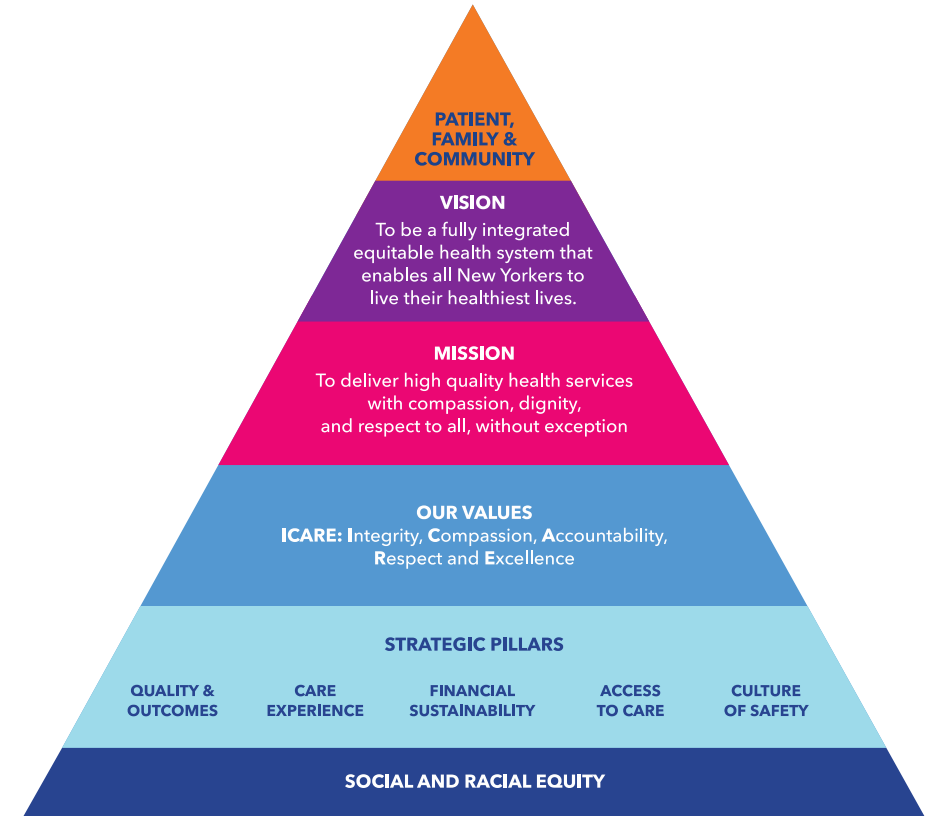
November 20, 2023

Machelle Allen, MD
Senior Vice President



Aligning M&PA Goals and Initiatives

- **Quality & Outcomes**
 - Lung Cancer Screening



Lung Cancer Screening Program

Introduction

- **The USPSTF recommendation** for lung cancer screening (LCS) is annual low-dose CT scans (LDCT) for select people.
- **Screening guidelines:**
 - People age 50-80 who have smoked at least 20 pack-years and who currently smoke or quit within the past 15 years
- **Proposed Business Plan** to enable a system-wide lung cancer screening model to offer the standard of care to all New Yorkers, address disparities in access, and attempt to decrease preventable deaths due to lung cancer in our population was approved by the Clinical Service Planning (CSP) Committee on April 29th, 2022

Central Office-based Program Management Team, Leaders and Key Stakeholders across the system

Executive Sponsors:

Machelle Allen, MD
Donnie Bell, MD

Central Office-based Program Management Team:

Albina Shkolnik, MJ, MPH
Jody Steinhardt, MPH, CHES

Key Stakeholders:

Radiology Council

Michael Ambrosino, MD
Alan Kantor, MD

Pulmonary Council

Ashwin Basavaraj, MD
Alfredo Astua, MD

Ambulatory Care Council

Andrew Wallach, MD

IT Team

Michael Bouton, MD

Office of Population Health

LCS Program Integrity and Effectiveness Monitoring

- **Operational metrics:**
 - Volume
 - Revenue
 - Staffing

- **Clinical metrics:**
 - Cancer diagnoses and stage
 - Biopsies
 - Resections

LCS Program Performance Report

Staffing

FY23:

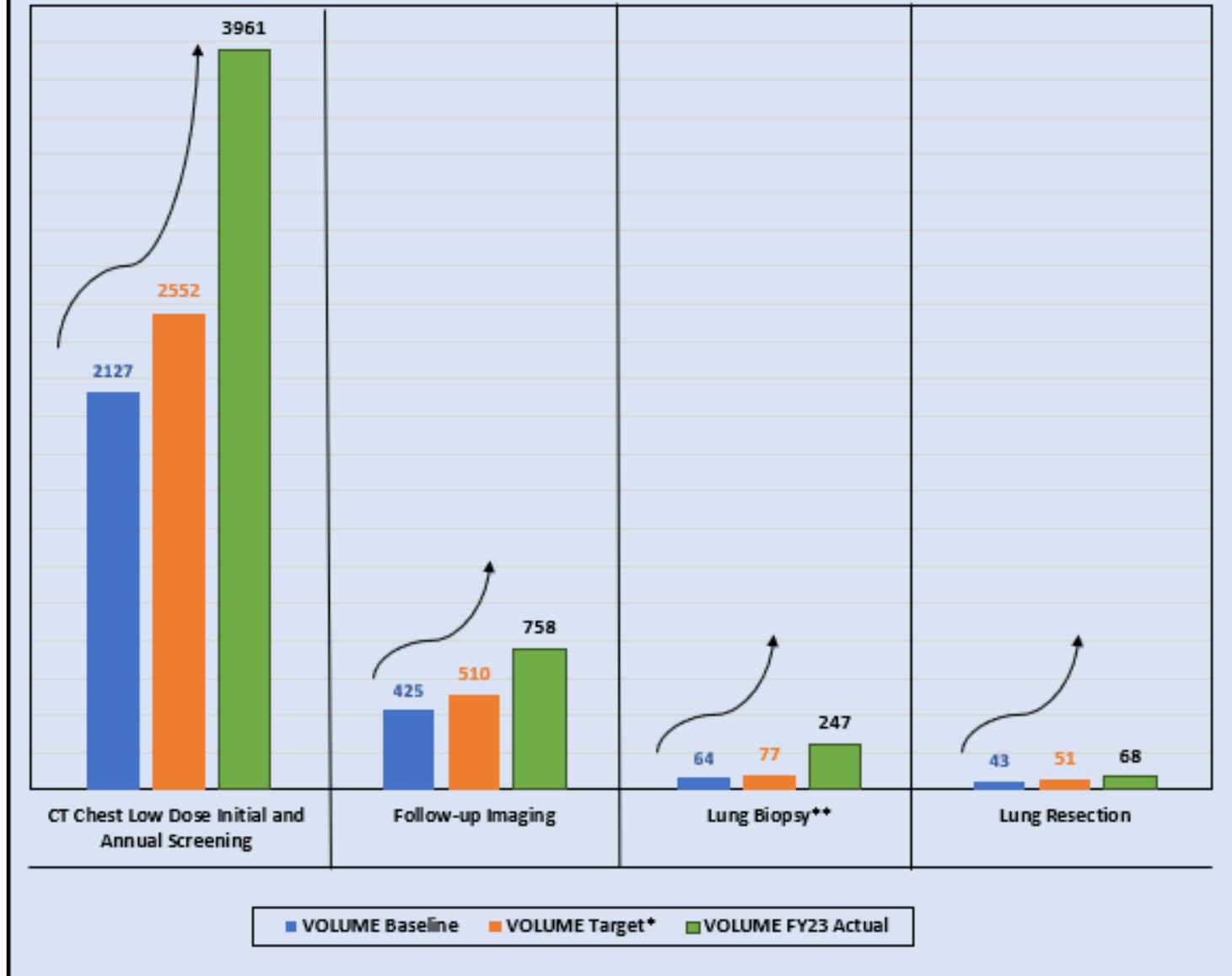
- System Program Manager – hired
- 3 Facilities: NP Navigators – hired

FY24:

- 2 Facilities: NP Navigators – hired
- 5 Facilities: NP Navigators – interviewing candidates

Volume

FY23 LCS Performance Report
VOLUME



* Volume Target: 20%

** Lung Biopsy

(Total number of FY23 lung biopsies reflecting bronchoscopies with biopsy, in addition to CT needle biopsy/IR imaging guided biopsy)

Revenue Targets

Financial Impact Summary					
	Business Plan Projections				
	FY2023	FY2024	FY2025	FY2026	FY2027
Total Projected Revenue	\$418,870	\$2,399,272	\$5,424,089	\$9,179,838	\$12,901,891
Expenses	\$1,577,937	\$2,156,461	\$2,768,276	\$3,516,725	\$3,922,227
Net Revenue	-\$1,159,067	\$242,811	\$2,655,812	\$5,663,112	\$8,979,664
	FY23 Actual	FY24 Projected [NEW]			
Total Revenue	\$4,676,902	\$7,108,890.43			
Expenses	\$700,241	\$1,938,877			
Net Revenue	\$3,976,661	\$5,170,014			

LCS Program Performance Report

Volume

Service Description	FY23 Actual Volume* [% above target]
CT Chest Low Dose Initial and Annual Screening	66%
Follow-up Imaging	58%
Lung Biopsy**	267%
Lung Resection	39%

* Volume Target: 20%

** Lung Biopsy

(Total number of FY23 lung biopsies reflecting bronchoscopies with biopsy, in addition to CT needle biopsy/IR imaging guided biopsy)

LCS Program Performance Report

Volume

Number of Cancers Detected by Stage	
Stage	Count by Stage
IA	4
IA1	6
IA2	9
IA3	1
IB	8
II	1
IIA	2
IIB	7
IIIA	7
IIIB	9
IIIC	1
IV	30
IVA	9
IVB	3
breast metastasis	1
not determined	4
not specified	2
pending	1
suspected stage IV	1
Detected / Stage Known	97
Suspected / Stage Unknown	9

Summary	
Number of Biopsies	247
Number of Cancers Detected	97
Number of Resections	68

LCS Program Performance Report

Summary	
# of cancers / # of scans	3%
# of resections / # of cancers	70%

LCS Program Performance Report

Reimbursements

Service Description	FY23 Total Average Reimbursement* [% above target]
CT Chest Low Dose Initial and Annual Screening	55%
Follow-up Imaging	49%
Lung Biopsy**	223%
Lung Resection	33%

* Volume Target: 20%

** Lung Biopsy

(Total number of FY23 lung biopsies reflecting bronchoscopies with biopsy, in addition to CT needle biopsy/IR imaging guided biopsy)

Net Revenue

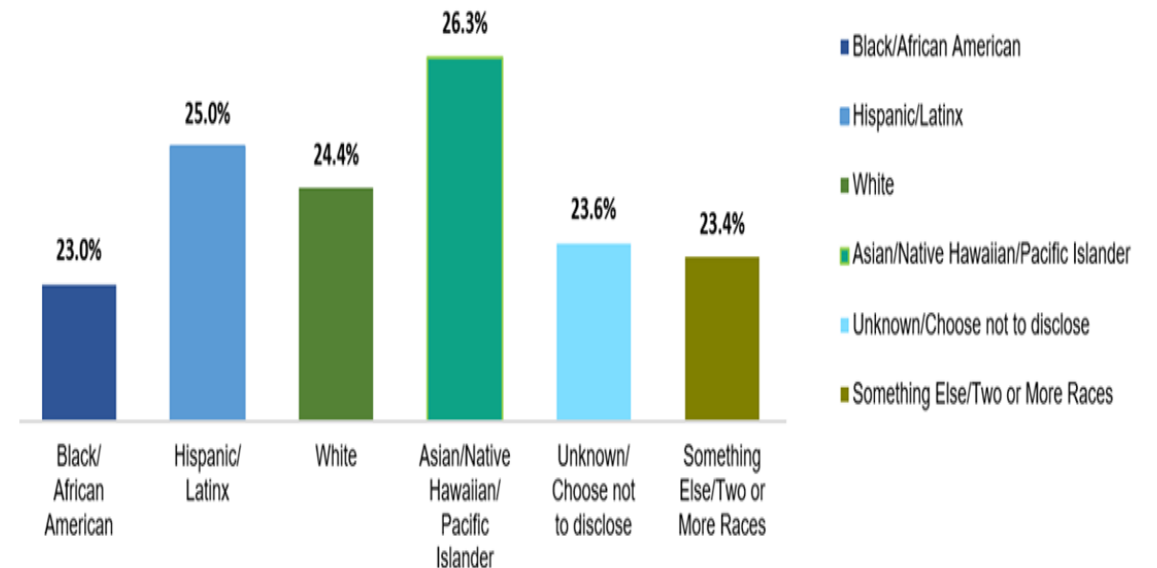
~ 200% above target

3 pilot sites

Access

- 19% Uninsured, 20% Medicare and 20% Medicaid
- Screening rate 24% (national average is 6%)
- 57% of those who had LDCT orders were completed, compared to 47% one year prior.

Race and ethnicity



Upcoming Events

- **Educational Series** – Quarterly 2023-2024
(*CME & CNE credits*)
- **Lung Cancer Screening Awareness Month** – November, 2023
- **Lung Force Walk** – May, 2024

Lung Cancer Screening Program

FY24 Goals

- **Robust LCS Program** at all NYC Health + Hospitals facilities
- Leadership, provider and support staff **education and engagement**
- Community **outreach**
- **EMR enhancement** to improve identification and tracking of eligible participants
- **Designated Lung Cancer Screening Center** for the system (ACR Accreditation)

THANK YOU

Questions?

Chief Medical Officer's Report - supplemental

Clinical Services Operations-

1. Continuing to collaborate with the Office of Quality and Safety High Value Care to:
 1. reduce inappropriate test utilization by developing focused interventions based on defined targets followed by ongoing measuring for improvement and real-time feedback
 2. During Nov, launching an enterprise wide patient centric focused patient blood management program, based on improving patient outcomes, continuous quality improvement, and strengthening transfusion data collection which will inform care team practices
2. Shared/Remote Clinical Services continues to develop with a primary focus of expanding access to subspecialty services while improving quality by leveraging clinical expertise across the system. Utilizing existing IT technology and infrastructure immediate areas of focus:
 1. Radiology after hours coverage (reading pool model)
 2. MFM consultative services
 3. Child and Adolescent Psychiatry Services
 4. Inpatient Rehab
 5. Outpatient Tele neurology

Behavioral Health

1. NYC Health + Hospitals has publicly committed to reopening all of the IP Psych beds converted to medical beds during COVID by the **end of 2023**
 1. Currently there are only **24** beds that have yet to be converted back to IP psych
2. At the same time during COVID, while there was a low census and staff redeployment, we closed an additional **201** beds to renovate for environment and safety
 1. Of these **201** beds, we have physically reopened **171** beds to date
 2. Reopening these beds has involved a significant amount of construction to update decades-old infrastructure and ensure that they are safe for patients and staff and compliant with updated regulations. This construction has included interior remodeling, replacing roofs, and conducting ligature removals to reduce the risk of suicide
 3. We expect these beds to be fully physically open by the **end of 2023**
3. In order to serve patients on these physically reopened beds we have been actively recruiting and hiring staff to ensure they are online/operational and able to treat patients
 1. Of the **171** reopened beds, as of **10/23/2023**, **101** beds are now online/operational

2. One of the primary drivers to ensuring we are maximizing our online beds has been staff hiring, in particular nursing staff, psychiatrists and psychiatric nurse practitioners
3. Progress has been made on nursing with the recent collective bargaining increases
4. It's important to note that the number of online/operational beds will never match the number of physically open beds due to day-to-day staffing variations, clinical, safety, and temporary environmental reasons

Low Dose CT Lung Cancer Screening Program

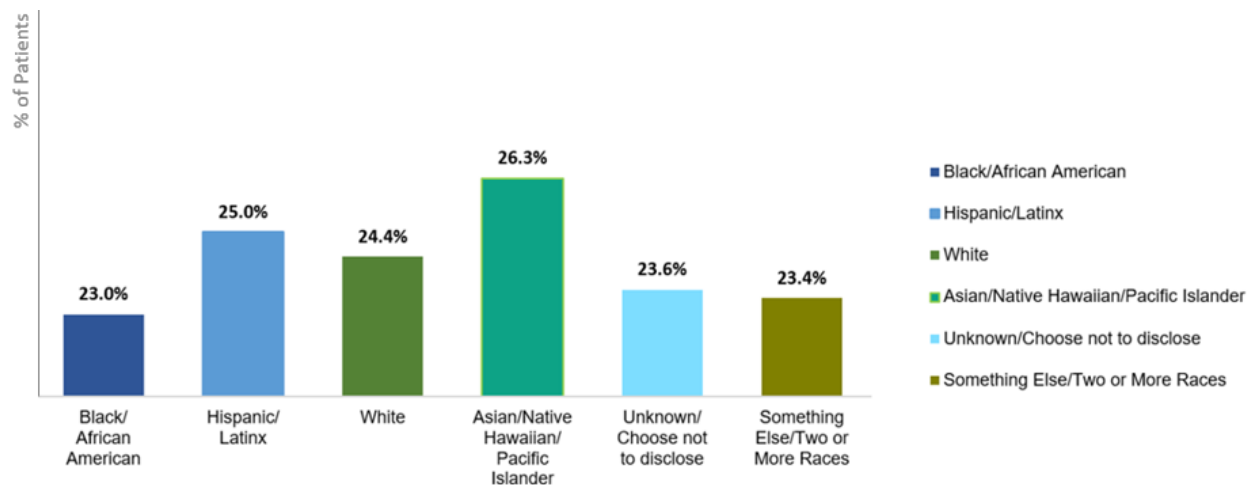
From September 2022 through September 2023, 4207 screening LDCT scans were performed at NYC H+H. Figure 1 shows demographics of those screened, which is markedly different than the cohort in the National Lung Screening Trial. Further, 19% of screened patients were uninsured and 20% had Medicare or Medicaid. At the three pilot sites, 57% of LDCT scan orders were completed compared to 47% from one year prior when patient navigators were not in place. Screening rates at our pilot sites were 24% which is significantly above the 6% national average.

- LCS CT orders that were completed increased from 47% to 57%

- LCS was offered across diverse ethnicities (24% white, 23% African American, 25% Hispanic, 26% Asian)

- Equitable access - 19% of those who had LCS performed were uninsured. 20% had Medicare and 20% had Medicaid

- Screen rate was 24% (above the national average which is 6%)



The Lung Cancer Screening Program also recently had our white ribbon ceremony celebrating the expansion of the program from 5 to 10 hospitals by the end of the year.

Surgery Operational Efficiency:

Perioperative Services

FY'20 to FY'23:

Volume increase

13.7% increase in Main OR weekly volume (from 1129 to 1284. FY'24 target = 1353)

40% increase in weekly surgery admit cases (from 105 to 148. FY'24 target)

Efficiency improvement

29.8% increase in First Case on Time starts (from 67% to 87%. FY'24 target > 90%)

12% increase in room utilization (from 64% to 72%. FY'24 target > 70%)

Robotic Surgery:

We now have 12 DaVinci surgical robots across the system with a plan to add up to 4 more during FY'24/25.

V EC abortion (Virtual Express Care – Abortion)

Virtual Expresscare is expanding to provide telehealth abortion care. Telehealth abortion will help our patients navigate the barriers they face in coming for in-person appointments, like the cost of transportation, childcare and income lost from missing work. With Telehealth abortion care, patients will speak to a

provider about their pregnancy and receiving counseling on demand. If a patient chooses medication abortion, they can receive the medication by mail to a NYC address in a few days.

Oncology

Committee on Cancer:

The following sites underwent successful Committee on Cancer site visits and have attained Cancer Accreditation:

Jacobi Medical Center; Queens Hospital; Kings County Hospital Center; Elmhurst Hospital. Bellevue underwent their site visit in late October. Very positive feedback. Final report pending.

Dr. Sewit Teckie

Promotion:

Dr. Teckie, radiation oncologist at KCHC and system chief of oncology services, recently promoted to Clinical Associate Professor in Radiation Oncology at the NYU School of Medicine, continues her system wide Cancer Education Series monthly conferences.

Panelist:

Opportunities for Investment and Impact in Health Equity and Justice.
Panel discussion. October 5, 2023. Columbia Business School

Publications past academic year:

- 1) <https://pubmed.ncbi.nlm.nih.gov/36399527/>

Review > Blood Adv. 2023 Apr 25;7(8):1496-1506, doi: 10.1182/bloodadvances.2022007772.

Predictors of survival in patients with MALT lymphoma: a retrospective, case-control study

Shunan Qi^{1,2}, Xin Liu², Ariela Noy^{3,4}, Jisun Lee¹, Sewit Teckie⁵, Carla Hajj¹, Erel Joffe³, Brandon S Imber¹, Joachim Yahalom^{1,4}

Affiliations + expand

PMID: 36399527 PMCID: PMC10125910 DOI: 10.1182/bloodadvances.2022007772

Free PMC article

- 2) <https://pubmed.ncbi.nlm.nih.gov/36922076/>

Comment > Int J Radiat Oncol Biol Phys. 2023 Apr 1;115(5):1027.

doi: 10.1016/j.ijrobp.2022.08.066.

Radiation Alone After Surgery: Avoiding Trimodality Therapy

Sewit Teckie¹, Salah Almokadem²

Affiliations + expand

PMID: 36922076 DOI: 10.1016/j.ijrobp.2022.08.066

- 3) <https://appliedradiationoncology.com/articles/digital-health-in-radiation-oncology-imagining-the-future-of-patient-management>
- 4) Guest Editorial last quarter (see page 4): <https://appliedradiationoncology.com/articles/digital-health-in-radiation-oncology-imagining-the-future-of-patient-management>

Other Presentations:

10/2/23. Virtual Express Care for Abortion. City Hall press conference. M. Nadas.

10/18/23. Healthcare Equity and Urine Toxicology Screening in Pregnant Women and Newborns. Cornell-Weil. DEI Town Hall. M. Allen; W. Wilcox.

10/24/23. Lecture on Menopause. NY Law Department Women's Health Fair. W. Wilcox. Panelist.

10/30/23. Lecture on Breast Cancer. CUNY Medical School. W. Wilcox.

SYSTEM CHIEF NURSE EXECUTIVE REPORT
Medical & Professional Affairs and Information
Technology Committee Meeting
November 20, 2023

September – October 2023



Office of Patient Centered Care (OPCC) Accomplishments

Nurse Residency Program (NRP) Celebration with NYC's Mayor Adams

- On October 24, New York City **Mayor Eric Adams** celebrated a major milestone of 5,000 new registered nurses (RNs) trained through the Citywide Nurse Residency Program since its launch in 2019, putting thousands of New Yorkers on the path to fulfilling, family-sustaining careers.
- As the nation's first city-led nurse residency consortium, the program offers on-the-job training and other supports to recently graduated, newly hired RNs.
- It has been implemented at over 28 health care facilities across the city and supported hospitals in training and retaining nurses — saving them millions of dollars — while also helping new nurses succeed in their early careers.



Office of Patient Centered Care (OPCC) Accomplishments

Nurse Residency Program (NRP) Celebration with NYC's Mayor Adams

- The program has helped average nurse retention exceed 96 percent year to date at participating NYC Health + Hospitals (H+H) campuses, far surpassing the national average of 84 percent.
- NYC Health + Hospitals is proud to have 1,677 nurses enrolled in the NRP program since the program started in 2019.
- Speakers included **Mayor Eric Adams, Natalia Cineas, DNP, RN, NEA-BC, FAAN**, as well as **Wendy Zhao**, staff nurse and NRP participant.
- Over 75 guests from NYC Health + Hospitals, other NYC Health Systems, GNYHA Leaders, the Mayor, Deputy Mayors and many more were in attendance.

Office of Patient Centered Care (OPCC) Accomplishments

Doctoral Circle of Excellence Celebration

- The second annual Doctoral Circle of Excellence was held last October 31st, 2023.
- This event recognizes doctorly prepared nurses and honor their highest academic achievement. This includes graduates of Doctor of Nursing Practice (DNP), Doctor of Philosophy (PhD), Doctor of Education (EdD), and Doctor of Health Administration (DHA) in nursing.
- The event included nursing doctoral graduates from June 2022 until May 2023 where 36 nurses across the health system were celebrated.

Office of Patient Centered Care (OPCC) Accomplishments

Doctoral Circle of Excellence Celebration

- **Mitchell Katz, MD**, President and CEO of NYC Health + Hospitals delivered his remarks and **Renee McLeod-Sordjan, DNP, PhD, RN, FNP-BC, Acute Care and Palliative Care NP-BC**, Dean and Professor at Hofstra-Northwell, School of Nursing was the Keynote Speaker.
- **Natalia Cineas, DNP, RN, NEA-BC, FAAN**, SVP and Chief Nursing Executive at NYC Health + Hospitals delivered both the opening and closing remarks for the event.
- **Cassundra Forbes-Jewel, PhD**, Director of Nursing at NYC Health + Hospitals/Woodhull and **Shyla Roshin, DNP**, Director of Nursing at NYC Health + Hospitals/Kings, delivered powerful speeches on their journeys to getting their doctoral degrees.

Office of Patient Centered Care (OPCC) Accomplishments

Respiratory Care Week Celebration Event

- The Office of Patient Centered Care (OPCC) hosted the Second Annual Systemwide Respiratory Care Celebration to celebrate and honor our respiratory therapists.
- The guest speaker for the event was **Vikramjit Mukherjee, MD**, Director of Medical ICU from NYC Health + Hospitals/Bellevue.
- **Annie George, PhD, RN, NEA-BC, NPD-BC, CCRN-K**, Senior Director of Nursing Excellence and Research delivered the closing remarks for the event.
- It was held virtually last October 26th, with over 105 respiratory therapists and guests attended this celebration.

Office of Patient Centered Care (OPCC) Accomplishments

Care Delivery Daily (CD²) Management System – Queens Hospital and Metropolitan Hospital

- Following a successful CD² roll out at Harlem, Lincoln, and South Brooklyn Hospitals, we implemented the Care Delivery Daily Management System at two additional facilities – Queens and Metropolitan Hospitals.
- The CD² training initiative, developed by senior nursing leadership, creates an evidence-based model that impacts excellence for all levels of nursing, starting with nurse leaders, and creates standardization for nursing processes as well as sets the standard for nursing excellence.
- Attended by Nurse Leaders from Med/Surg, Behavior Health, Critical Care, Emergency Medicine, and Maternal Child Health

Office of Patient Centered Care (OPCC) Accomplishments

Fireside Chat: NYSNA Contract

- Bi-monthly series that **Natalia Cineas, DNP, RN, NEA-BC, FAAN, SVP** and Chief Nursing Executive at NYC Health + Hospitals has an intimate chat about important topics within our Nursing System.
- The topic for this Fireside Chat held last October 17th focused on the recent NYSNA contract for nurses.
- It was a very well-attended event with over 300 people actively engaging and posting questions about the recent contract.

Office of Patient Centered Care (OPCC) Accomplishments

Quality/Excellence/Outcomes – ANCC’s Pathway to Excellence®



- NYC Health + Hospitals/**Queens** received the ANCC **Pathway to Excellence®** Designation on June 23, 2023 – our third facility under NYC Health + Hospitals.
- **NYC H+H/Kings County, South Brooklyn Health** and **Queens** were celebrated on stage by ANCC along with 65 other facilities nation wide at the ANCC Magnet/Pathway conference in Chicago on October 12, 2023.
- 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.

Office of Patient Centered Care (OPCC) Accomplishments Quality/Excellence/Outcomes – ANCC’s Pathway to Excellence®



- Below are the list of posters and presentations from the various facilities of NYC Health + Hospitals at the ANCC National Magnet Conference last October 12-14, 2023:
 - **The Intersection of Leadership and Practice Based Nurse Leader Led Research – Natalia Cineas, DNP, RN, NEA-BC, FAAN – Keynote Speaker at the Research Symposium**
 - **Podium Presentations:**
 - **Promoting Well-Being: A Multi-Dimensional Approach – NYC Health + Hospitals/Kings County**
 - **Transformative Front-Line Nurse Manager Role in an Era of Turbulence – NYC Health + Hospitals/North Central Bronx**
 - **Promoting Engagement through the application of the ANCC PTE standards – NYC Health + Hospitals/Queens**
 - **Holistic Well-Being Strategies Implemented to Combat Compassion Fatigue during the War in Ukraine – NYC Health + Hospitals/South Brooklyn Health**
 - **Promoting Shared Decision-Making & Continuous Learning Through the Implementation of a Nurse-Led Case Review Process – NYC Health + Hospitals/South Brooklyn Health**
 - **Development & Implementation of ‘Each One Teach One’ Program in the Ambulatory Care Service to Increase Certification – NYC Health + Hospitals/South Brooklyn Health**
 - **Nursing Involvement in New Technology Pilot and Success – NYC Health + Hospitals/South Brooklyn Health**

Office of Patient Centered Care (OPCC) Accomplishments Quality/Excellence/Outcomes – ANCC’s Pathway to Excellence®



- **Posters:**

- **Impact of Certified Wound Care Nurses on Pressure Injury Reductions (Magnet Poster) – NYC Health + Hospitals/Bellevue**
- **Utilization of StatLock Stabilization Devices – NYC Health + Hospitals/Harlem**
- **Barcoding and Medication Administration in Ambulatory Surgery – NYC Health + Hospitals/Jacobi**
- **A Multi-Disciplinary Approach in Fall Prevention – NYC Health + Hospitals/Kings County**
- **EBP to Decrease Unplanned Extubations in the ICU – NYC Health + Hospitals/Metropolitan**
- **Positioning Nulliparas for Labor to Decrease Cesarean Delivery – NYC Health + Hospitals/Queens**
- **Creating a Restraint Free Environment – NYC Health + Hospitals/Post-Acute Care**

Office of Patient Centered Care (OPCC) Accomplishments Quality/Excellence/Outcomes – ANCC’s Pathway to Excellence®



- **Posters (Continuation):**

- **Deprescribing to Enhance Quality of Life in Post-Acute – NYC Health + Hospitals/Post-Acute Care**
- **Developing and Implementing a Protocol on Direct Nurse Removal of Central Lines – NYC Health + Hospitals/South Brooklyn Health**
- **Reducing Central Line Associated Bloodstream Infections – NYC Health + Hospitals/South Brooklyn Health**
- **Increasing Staff and Patient Safety by Implementing Individual Crisis Prevention Plans for Behavioral Health Patients – NYC Health + Hospitals/South Brooklyn Health**
- **Burse-Led Validations, Safety Huddles, and Patient Rounds as HAPI Reduction Strategies – NYC Health + Hospitals/South Brooklyn Health**
- **The Implementation of Discharge Nurses to Improve Patients’ Experience – NYC Health + Hospitals/South Brooklyn Health**
- **Implementation of a Nursing Preceptor Program – NYC Health + Hospitals/South Brooklyn Health**

Office of Patient Centered Care (OPCC) Accomplishments

Quality/Excellence/Outcomes – Nursing Excellence Awards Winners

- NYC Health + Hospitals' Annual Nursing Excellence Award winners were announced on Sept 29, 2023.
- Total of 37 awards in Excellence in Clinical Nursing, System awards, DAISY awards for Health Equity, Structural Empowerment and Structural Transformation.
- Celebration is scheduled on November 30, 2023.

Office of Patient Centered Care (OPCC) Accomplishments

Quality/Excellence/Outcomes – New Pressure Injury Prevention Policy and Guidelines

- New pressure injury prevention policy and guidelines were rolled out at NYC Health + Hospitals/Harlem.
- The new guidelines will be rolled out strategically at all acute care hospitals and post acute care facilities across the health system.

Office of Patient Centered Care (OPCC) Accomplishments

Access to Care

Professional Shared Governance

- Completed 8 system wide reports (including 4 annual retreats) and 12 hospital wide report outs
- 93% active councils (n=186+ hospital councils)

Nurse Residency Program

- Graduated 27 cohorts (630+ graduates) to date
- 8 Active cohorts – new cohorts launched every 3 months, 4x a year
- 1725+ enrolled residents to date

RN Mentorship Program

- 60 trained NRP Alumni mentors

Office of Patient Centered Care (OPCC) Accomplishments

Culture of Safety

Behavioral Health Associate (BHA) Academy

- A total of 440 Behavioral Health Associate have graduated from the BHA Academy since November 2021. This is an interdepartmental initiative that includes Nursing, Behavioral Health, and Workforce Development.

Learning Management System

- **SHINE**, which stands for **S**ystems **H**ealthcare **I**nnovation **f**or **N**ursing **E**ducation is NYC H+H's new learning management system. Our new LMS is designed to provide a personalized learning experience for nursing and nursing support staff based on their clinical area of expertise.
- It was officially rolled out to the entire health system last June 2023.



Office of Patient Centered Care (OPCC) Accomplishments

Culture of Safety

Emergency Department Nursing Fellowship

- A 22-week fellowship program designed to build on foundational nursing skills to ensure nurses are equipped to deliver safe patient care in a fast-paced emergency department.
- The program involves the use of simulations that mirror real-life emergencies.
- On September 29th, graduation celebration of the first cohort with 11 Fellows was held.
- Second cohort started on August 21st with 23 Fellows from the following acute care facilities: Bellevue, Elmhurst, Jacobi, Kings, Metropolitan, North Central Bronx, and South Brooklyn Health.

Questions

Thank you!



Medical & Professional Affairs and Information Technology Committee Meeting

Enterprise Information Technology Services November 20th, 2023 Update

Kim Keziah Mendez, Senior Vice President- Corporate Chief Information Officer

EITS Update Agenda

- Introductions
- EITS Targeted November 2023 Updates
 - EITS Organizational Table & FY 2024 Goals
 - EITS Governance Structures updates
 - Infrastructure & Telecom:
 - Data Center Migration Initiative
 - Enterprise AV Solution
 - Clinical Applications & Information Services updates
 - EITS Customer Experience, Benchmarking & Training
 - ESS, Cybersecurity Awareness Month, KLAS, Epic Gold Star, Epic *Thrive* Program
 - Amazing Employees recognition
 - Q + A

CONSULTANT/ AFFILIATE	FTE
--------------------------	-----

Kim Mendez
Sr. Vice President
Corporate
Chief Information Officer

Angela Zumarán
AVP
EITS Enterprise Support
Services & Service
Management

Jeffrey Lutz
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Enterprise
Infrastructure +
Desktop Support

Katherine Thayer
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**Dr. Michael
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Chief Health & Medical
Information Officer

Janet Karageozian
Sr. AVP
Business Applications
and ERP

Michael Cosmi
Senior Director
IT Site Director
Gotham

Soma Bhaduri
Sr. AVP/CISO
Information Security
& Risk Management

Daryl Mannillo
AVP
PMO, APM &
Integration

Apoorva Karia
AVP
EITS Business
Operations, Finance
and Administration

**SITE
DIRECTORS**

**VACANT/David
Silvestri, MD interim**
Chief Data Officer
Office of Quality &
Safety/Care Experience

Anastasi Sotiriadis
Senior Director
IT Site Director
Woodhull, Kings
and McKinney

MD Alam
Senior Director
IT Site Director
Jacobi & NCB

James Carr
Senior Director
IT Site Director
Bellevue, Lincoln
& Guv

Vincent Smith
Senior Director
IT Site Director
Elmhurst &
Queens

Robert Kee
Senior Director
IT Site Director
South Brooklyn
Health, Seaview,
Harlem

Marvin Picon
Senior Director
IT Site Director
Coler, Carter &
Metropolitan



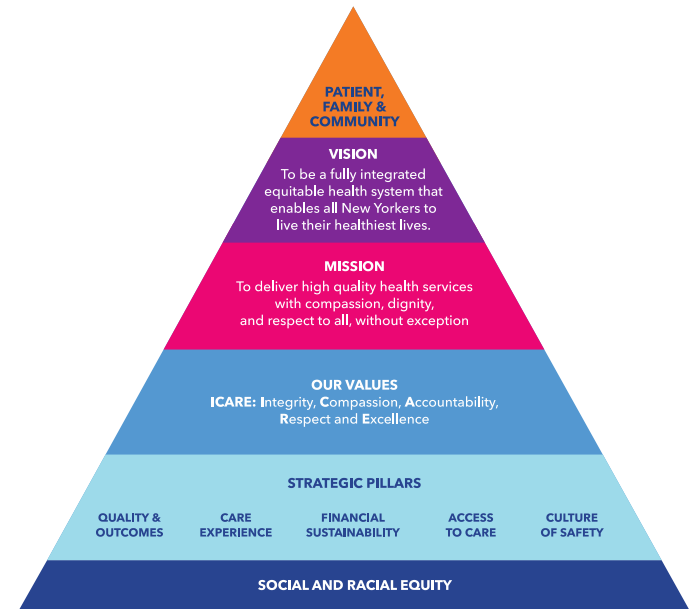
EITS Service Lines/Facilities & Leadership

- Infrastructure, desk top support, telecommunications (Jeff Lutz)
- Clinical Applications (CIS & Epic) (Dr. Mike Bouton & Katherine Thayer)
- Clinical Informatics (Dr. Mike Bouton)
- Business Operations, Finance, and Administration (Apoorva Karia)
- Business & Enterprise Resource Planning (ERP) applications (Janet Karageozian)
- Enterprise Support Services (ESS, ESD, Change Control) (Angela Zumaran)
- Data and Analytics (dotted line)
- Security & Risk Management (Soma Bhaduri)
- Project Management Office, Integration, Application Portfolio Management
- (Daryl Mannillo)
- IT Facility Site Directors (7) for 11 Acute , 5 Post Acute, LTACH, Gotham, Community Care:
 - Jacobi/NCB (Md Alam)
 - Queens/ Elmhurst (Vincent Smith)
 - Kings/ Woodhull (Anastasi Sotiriadis)
 - SBH/Harlem (Robert Kee)
 - Bellevue/ Lincoln (James Carr)
 - Gotham (Mike Cosmi)
 - Metropolitan/ Carter/Coler (Marvin Picon)



NYC H + H Information Technology FY 2024 Goals

- **EITS Infrastructure Enhancement (Financial Sustainability/ Quality & Outcomes)**
 - Go Live of Cyrus One Data Center CY 2023
 - Facility & Data Center Network Refresh
 - Enhanced telecommunication experience & device tracking
 - Enhanced Downtime & Business Continuity Access (BCA)
- **EITS Clinical Information Services Enhancement(Quality & Outcomes/ Access to Care)**
 - CQI of Clinical Applications & Integration
 - Enhanced Bio- Medical Device Management
- **Accelerated Digital Transformation (Quality & Outcomes/ Access to Care)**
 - Telehealth Expansion & Enhancement
 - CQI & Optimization of Patient Portal
- **Epic EHR Effective Use (Care Experience/ Quality & Outcomes / Social & Racial Equity)**
 - DOHMH – Epic Community Connect Go Live in CY 2024
 - Expansion & enhanced utilization of Epic EHR
- **EITS CQI (Quality & Outcomes)**
 - Implement Service Now Platform Enhanced Management & Roadmap
 - Security & Risk Assessment / Management
 - EITS Governance (ERP, HIT, COEI)
 - Application Learning Team Optimization
 - EITS Operational Enhancements: Position Management, On-Off Boarding, Budget Control
 - Enhanced EITS Customer Experience



EITS Governance Structure

- System Governance Structures
 - Health Information Technology (HIT) Prioritization Committee
 - Clinical Councils
 - Facility IT Steering Committees
 - Enterprise Resource Planning (ERP) Governance Committee
 - Bio-Medical Device Council
 - Data & Analytics (DnA) Governance Committee
 - Artificial Intelligence (AI) Council

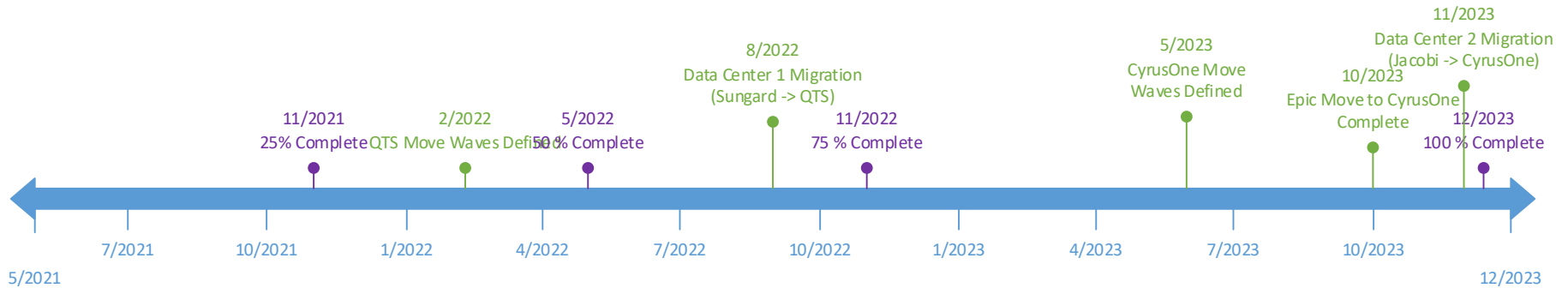


Data Center Migration November 2023 **(Financial Sustainability & Quality)**

- Enterprise Data Center Migration : Project Timeline 5/2021-12/2023
- Sungard to QTS transition completed Sept. 2022
- Cyrus One is at 96% completion
 - Infrastructure build complete August 1, including Wide Area Network, Security, Storage and Servers
 - Move Wave 12 of 13 was completed through November 2 with final to be the Internet facing applications in November. November timeline for Internet facing applications and Cerner Lab to ensure full redundancy and security for CyrusOne environment.
 - Epic (Production & Non-Production) is in place in CyrusOne, with production still running out of QTS. Planned swing of Epic Production being planned in alignment with other updates and planned downtime. This includes Clarity and Caboodle environment.
 - Migration by the number:
 - 13,000 VDI sessions available with Epic users running live at NDC
 - 1600 Virtual Servers migrated
 - 283 Physical ESXi
 - 4PB (PetaBytes) of SAN Storage replicated
 - 123 Physical Windows dedicated servers migrated + 45 New servers including Corporate SQL Cluster, Exchange, Backup, Storage



Data Center Migration Update



Discovery, Planning, and Design
5/1/2021 - 4/1/2022

QTS Build and Migration
7/1/2021 - 8/30/2022

CyrusOne Build and Migration
7/1/2022 - 12/31/2023



Audio/Visual Enterprise Solution

(Financial Sustainability & Quality)

- Established a seven year contract, with IVCI, LLC, for the design, installation and support of all audio / visual needs to be used across the enterprise for all facilities requiring these services including but not limited to: conference rooms, training rooms, auditoriums, board rooms, and emergency management command centers.
- New contract will allow NYC H+H to take a consolidate a two step process and save on cost of doing the design as well as launch system-wide standardization and alignment.
- Requests for services related to this contract will be handled through the EITS Demand process. Facilities will leverage this contract for needed services that align with their budgets. Our intake process will allow for tracking of the work and ensure further compliance for an enterprise standard throughout the length of the contract.

Clinical Informatics & Applications Updates **(Care Experience/ Quality & Outcomes / Social & Racial Equity)**

■ **CY 2023 Epic Upgrades/ Go-Lives**

- Epic Hyperdrive – Enterprise 4/18/2023
- Push Notification & Results Acknowledgement – 5/17/2023
- Business Continuity Access Web Data Entry (BCA WDE) – 5/17/2023
- Epic Transfer Center Woodhull > Bellevue go-live – TBA
- Epic Rehab Module go-live – 11/14/2023
- Epic Upgrade – 12/9/2023 last quarterly event this year

Clinical Informatics & Applications Updates **(Care Experience/ Quality & Outcomes / Social & Racial Equity)**

- **CY 2023 CIS Upgrades / Go-Lives**
 - BioMed Device Database (Nuvolo)
 - Muse EKG Implementation
 - Medication electronic prior authorization (Center-X)
 - Omnicell
 - Dragon Dictation

EITS Customer Experience, Benchmarking & Training (Care Experience/ Quality & Outcomes)

- Customer Experience & Benchmarking
 - Enterprise Support Services (ESS)
 - Epic Gold Star
 - KLAS
- Training
 - Cybersecurity Month Awareness
 - Epic *Thrive* Program

Enterprise Support Services: Customer Experience

- Enterprise Service Desk (ESD)

- The Enterprise Service Desk is a 24/7 single point of contact support for all end-users issues and requests providing efficient and effective support. **The average call volume is 55,238 and emails are 8,396 a month** supporting more than **3,580 different applications a month**.
- Customer Survey – Measuring and improving user satisfaction with feedback mechanisms

- IT Patient Support

- The IT Patient support is 24/7 support for patients with IT issues and requests with **my-chart**, the average **call volume is 8,158**, and **portal tickets are 10,842 a month**
- Patient Survey – Measuring and improving patient satisfaction with feedback mechanisms

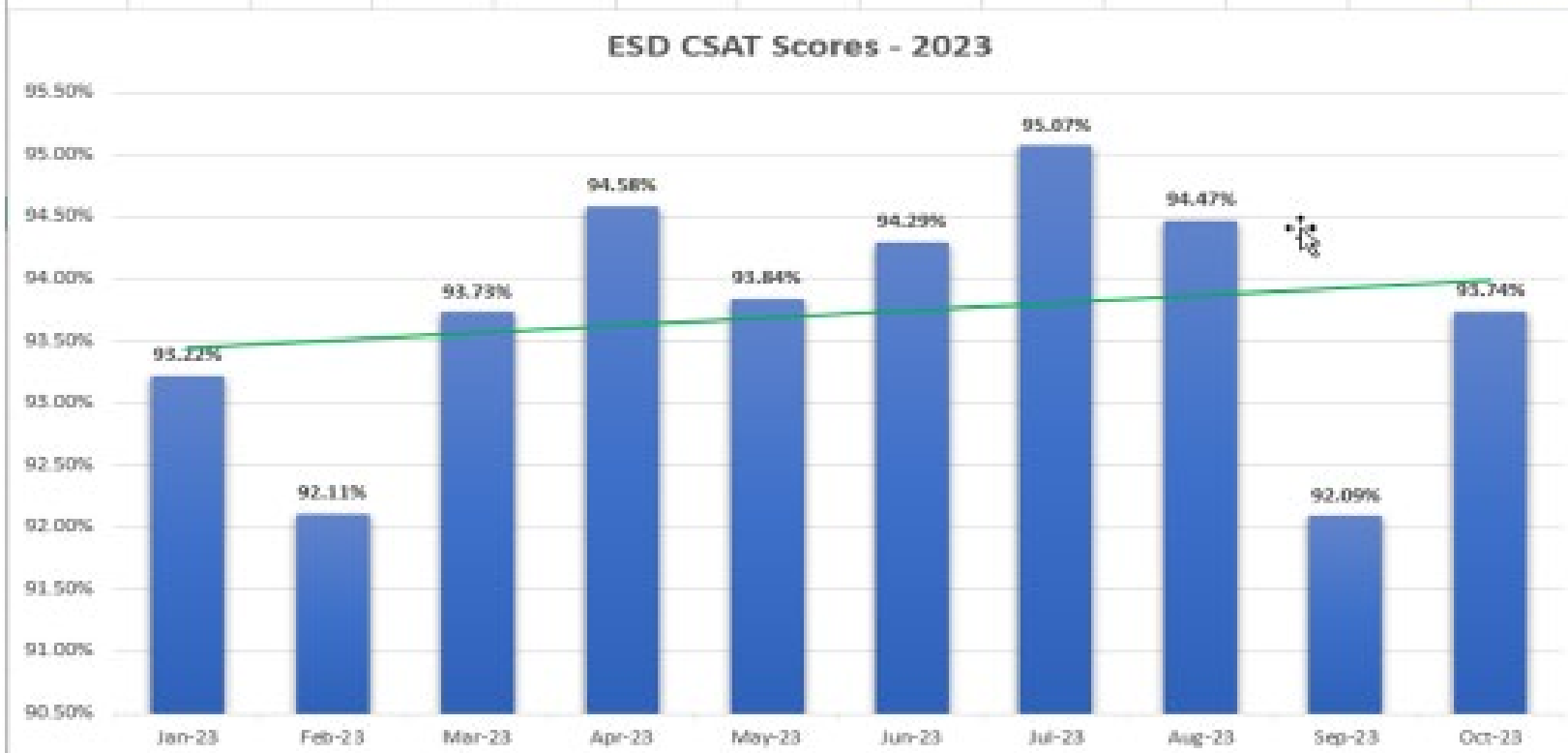
- Service Management Office

- Provides governance of EITS process management for Change, Problem, Incident, Request, Knowledge Management and CMDB
- Focus on continued service improvement
- Performance Metrics

Enterprise Support Services: Customer Experience

2023 ESD CSAT Scores

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	2023 AVE
93.22%	92.11%	93.73%	94.58%	93.84%	94.29%	95.07%	94.47%	92.09%	93.74%			93.71%



Gold Stars



FEATURE ADOPTION

Participating Organizations Distribution



Gold Stars Level



KLAS Survey

What Is the Arch Collaborative?

The Arch Collaborative is a provider-led effort to unlock the potential of EHRs in revolutionizing patient care. Through standardized surveys and benchmarking, healthcare organizations collaborate to uncover best practices and move the needle in healthcare IT. Currently, the Arch Collaborative is using measurement data to improve the EHR experience through training, personalized user experience, and shared ownership.

Measurement and Benchmarking

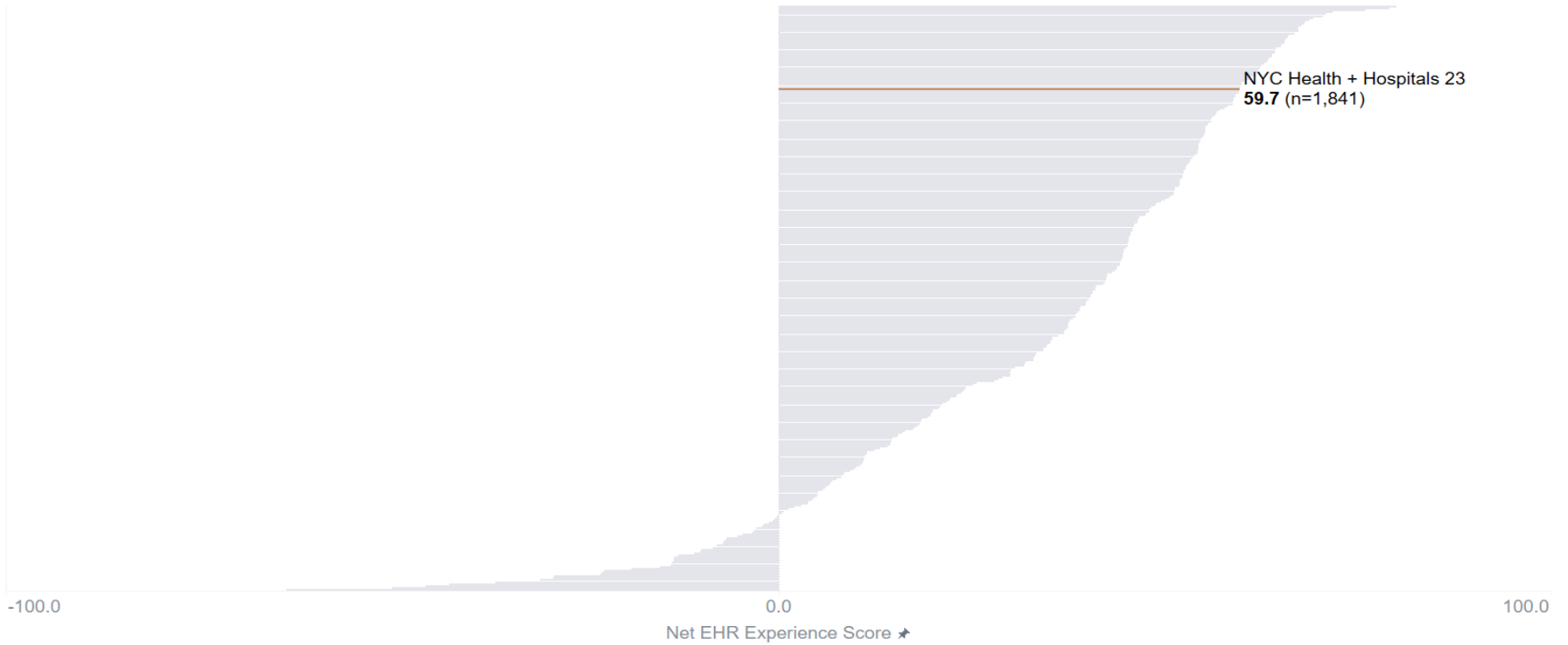
- 264 provider organizations measuring to date
- Over 280,000 clinicians participating
- 9 Countries
- 35 Questions, 10 Minutes

Collaboration

- 100+ case studies of high-performing organizations
- Best practice reports
- Webinars
- Yearly Summits
- Quality and satisfaction benchmarking



Net EHR Experience Score
All respondents



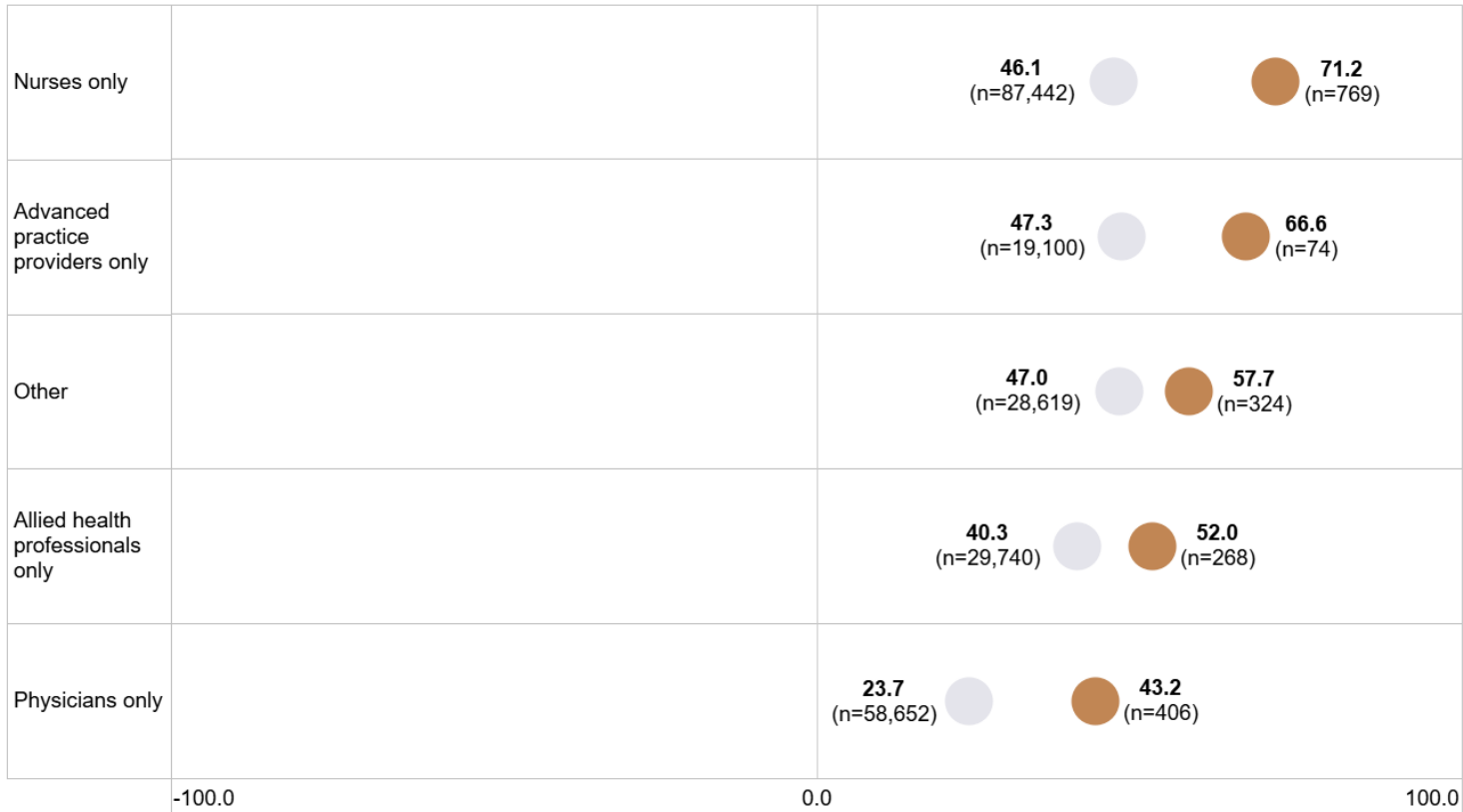
Net EHR Experience Score	Current Score	Rank: Collaborative	Rank: EHR	Rank: Similar Organizations
	59.7 (n=1,841)	86th Percentile	77th Percentile	80th Percentile



Net EHR Experience Score—by Clinical Background Benchmarked

All respondents (n>5)

■ NYC Health + Hospitals 23
● Overall Collaborative



Training: October 2023

Cyber Security Awareness Month



Live Events

Week 1: *A Whole Lotta BS (Behavioral Science) About Cybersecurity*

10/5/2023

Soma Bhaduri - Opening Remarks

Lisa Plaggemier (National Cybersecurity Alliance)

Week 3: *Emerging Threats, How to Protect Your Data from Cyber-Monsters*

10/19/2023

Kim Mendez - Opening Remarks

Keith Henkell (NYC Health + Hospitals)

Week 2: *Security is Everyone's Business*

10/12/2023

Joanna Huisman (KnowBe4)

Week 4: *Governance Documents and their role in an Information Security Program*

10/26/2023

Sandra Sierra (NYC Health + Hospitals)

Skills Testing & Reinforcement

- ✓ Test your knowledge with a [Cybersecurity Awareness Month Crossword 2023](#). This ties into the monthly newsletters so readers have an advantage.
- ✓ Try your hand at 2 new video games: *Double Trouble Trivia* and *Spot the Phish Reloaded!* These interactive games are available in our new Security and Awareness Training platform: <https://sat.nychhc.org> - Hosted by KnowBe4.

Video Reinforcement



New: we are kicking off the *Inside Man* video series. At under 10 minutes an episode, this series features a compelling story but also demonstrates actual real-world scenarios and how they impact a modern workforce.

Provider Personalization & Technology Fairs In - Person, One - One, & Walk-in

Offering	Description	Harlem	Jacobi	NCB	TOTALS
Personalization	Providers learned tips & tricks to make their charting easier and take less time	50	52	37	139
Dragon	Voice recognition technology that integrates with Epic and allows for efficient dictation. Providers were oriented to the functionality of Dragon, and applied for a license.	81	43	34	158
Haiku	Assisted providers in downloading this application on their personal cellular phone. This allows them to access Epic on the go.	33	37	23	93

Next Site: Queens Dec 5th & 7th, 2023

January to May 2024: Metropolitan, Elmhurst, SBH, Lincoln, KCHC, Bellevue & Woodhull



Provider Personalization & Technology Fair Photos Harlem, Jacobi & NCB Hospitals



AMAZING EMPLOYEES RECOGNITION



AMAZING EMPLOYEES RECOGNITION

The SBH EITS team members are as follows:

Robert Kee – EITS Site Director
Michael Kay – EITS WCG Director
Jose Torres – UC Network Director
Soul Ming Cheung – UC Telecom
Director
Kathleen Terrio – Coordinating
Manager
Tracey Lynch – SCM – Project Manager
Jacob Abraham – Lead Desktop
Technician
Adrian Dewsbury - Desktop Technician
Mike Drossos - Desktop Technician
Jagdish Jakaria - Desktop Technician
Wei Liu - Network Engineer

Anthony McLeod – Telecom Engineer
David Mirzakandov - Desktop
Technician
Samuel Ramos - Desktop Technician
Beverly Reeves – WCG Coordinating
Manager
William Samuels Lead Desktop
Technician
Ahmad Sattar - Desktop Technician
Mark Shirley – Telecom Engineer
Arif Tarafder - Network Engineer
Steven Tobin - Desktop Technician
Alex Zuk – Desktop Technician
(retired)

Thank You!



MetroPlusHealth

NYC Health + Hospitals

Medical & Professional Affairs and Information
Technology Committee Meeting

Monday, November 20th, 2023

Dr. Talya Schwartz, President & CEO



MetroPlusHealth

Recertification Updates



Recertification Updates

June	July	August	September
80.22%	79.47%	77.71%	74.95%

- Recertification hovers around 80% for completed months.
- CVS HealthTag Pilot program launched for November recertifications, further expanding our efforts for hard-to-reach populations.
- Focused attention has recently been placed to ensure our homeless population successfully recertifies, in addition, we are looking to strengthen our partnership with local community-based organizations, particularly for certain ethnic populations where we are realizing a lower recertification success rate to ensure proper support and education is provided.



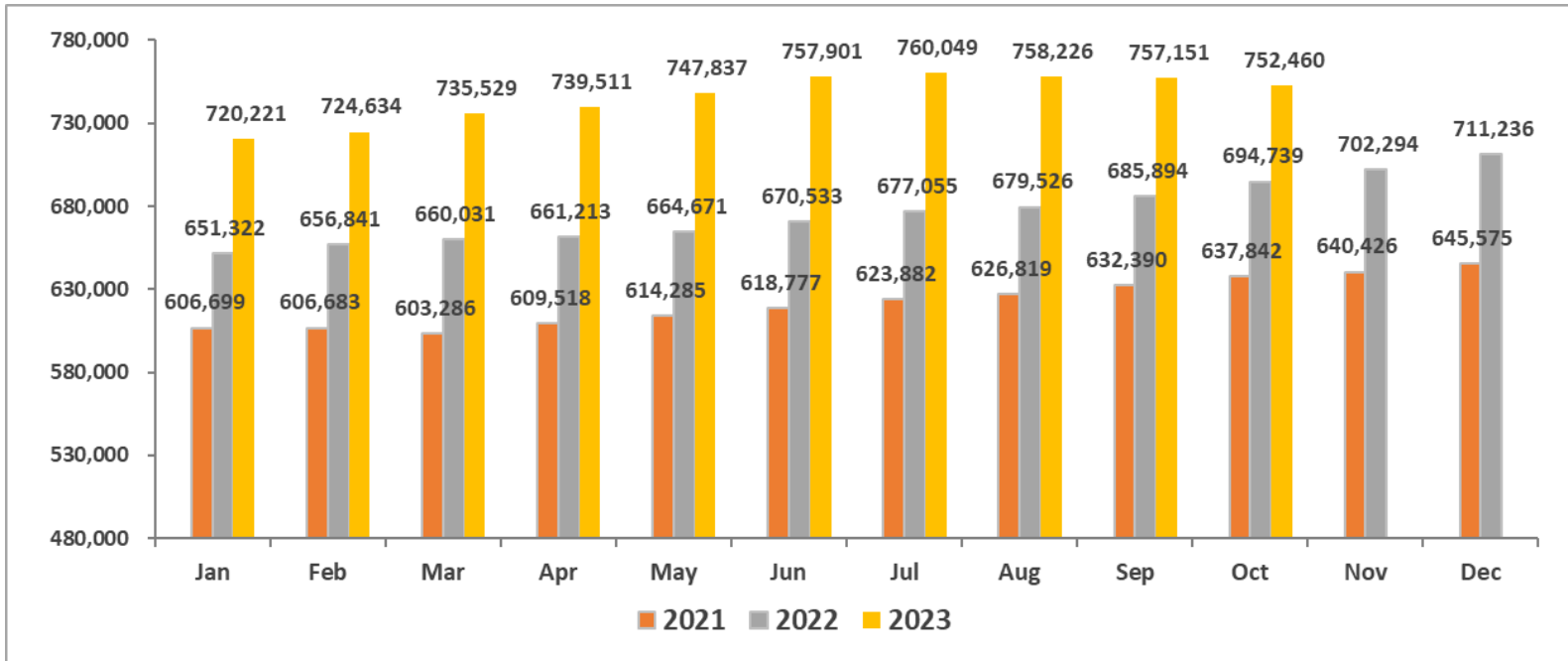
Provider Outreach Strategy

- **Provider Outreach:**
 - Member lists distributed to top 50 Providers with highest member attribution.
 - As a result, providers are utilizing these lists to send text messages encouraging members to recertify and contact MetroPlusHealth for assistance.
- **Provider Communications**
 - Summer and Fall Provider Newsletter, eBlasts, website updates, Provider portal updates.
- **Provider rosters available on Provider Portal.**
- **Quality report addition.**



Membership Remains Strong

- Membership shows minor decline but still well over projections:
 - Up 4.3% since December of 2022 due to strong acquisition trend in Medicaid, Essential Plan, and CHP lines of business.
- November numbers are not yet final.



MetroPlusHealth

Quality Ranking



Top Tier in MLTC Quality Incentive-2022

- MetroPlusHealth's Managed Long Term Care (MLTC) Plan achieved a tier 3 ranking, the highest possible tier. This reflects a tremendous amount of work over the past few years and caps a several-year trajectory of efforts to improve the overall score and tier.
- The 2022 Quality Incentive methodology incorporated results related to care quality, member satisfaction, and plan compliance.
- Members reported high levels of satisfaction with the quality of their care manager (96% rated them as good or excellent) and with the helpfulness of the Plan in assisting them and their family to manage their illnesses (92% rated the plan as good or excellent).



HIV-SNP #1 in NYS for 2021

- The **HIV Special Needs Plan (SNP)** is a **Medicaid** plan for **people living with HIV or at risk for HIV**.
- Only 3 HIV SNPs in NYS, MetroPlusHealth is one of them, serving 10,000 members.
- MetroPlusHealth ranked as the top plan based on quality composite score.

#1 for HIV Health Outcomes

- 82% of HIV-positive members had no detectable virus in their blood.

#1 for Overall Quality Outcomes

- 83% of women received Cervical Cancer screening.
- 69% of women received Breast Cancer screening.
- 76% of members with well-controlled Blood Pressure.
- 81% of members with well controlled Diabetes.



MetroPlusHealth

Membership Services



Member Experience Enhancements

- **Uber Health**| Launched in July 2023. Serves as a safety net to further support the transportation needs of our members. This platform allows MetroPlusHealth to arrange rides and services on behalf of our members if their originally scheduled transportation provider cancels or is delayed.
- **ZocDoc**| Launched September 1st. Plan has launched a pilot program with ZocDoc offering the ability of our Customer Service Representatives access to real time provider availability to seamlessly book an appointment on behalf of our member at the point of member call to further enhance member experience.
- **H+H Appointment Scheduling**| Integrates H+H online 1st time PCP appointment scheduler allowing MPH Customer Service to schedule appointments real-time directly from Salesforce. Expected launch 1Q24.





Member Experience Enhancements

- **Virtual Care Partner (ElliQ)** - AI Companion designed to address loneliness and isolation of homebound seniors while improving their health and independence.
 - A proactive voice platform with a caregiver portal that offers 2-way voice service.
 - Older homebound members with chronic conditions need interactive monitoring.
 - Reminders to take medication, drink, eat healthy and exercise.
 - Follows up on their individualized care plans.
 - Launched in November for Medicare members with



Lincoln & MetroPlusHealth Concierge Station Partnership

- Lincoln Hospital has more than **46.5k of Plan's members**.
- The Hospital gave us access to a new highly visible location to enroll new members and provide services to existing members: The former 1st floor gift shop.
- We created an inviting and branded space that will increase foot traffic.
- This initiative aligns with Dr. Katz's 5-year strategic plan objective to *"Improve MetroPlusHealth and NYC Health + Hospitals patient satisfaction scores to make it the best health insurance plan/provider partnership for low-income New Yorkers."*

EXTERIOR:
BEFORE ANDVISION



The Power of AI

The Plan initiated the use of Artificial Intelligence (AI) proof of concept projects which heralds a new era of technological advancement in our operations.

- **Translations**

- AI translation of any written text into a foreign language with significant context-based accuracy.
- Will lead to increased efficiency and turnaround time for translating materials.

- **Medical Records**

- Medical records reviews and summary information and diagnostic codes extraction performed by AI instead of individuals performing manual and time consuming reviews.



2024 Most Competitive Medicare Bid To-Date

Advantage and MAP

Members will receive \$155 per month loaded into a card that can be used for the following:

- OTC, utilities, groceries, PERS, safety devices.
- 8 Visits for Podiatry (up from 4 in 2023).
- 48 one-way non-emergent transportation trips (up from 14 in 2023).
- Hearing Aid benefit \$500 per year (up from \$500 per 3 years).
- Vision Benefit up to \$450 annually for eyeglasses, contacts (up from \$350 annually).

New Benefits:

- 20 Acupuncture visits.
- 6 nutritional/dietary visits per year .

