NYC HEALTH+ HOSPITALS

AGENDA

MEDICAL AND PROFESSIONAL AFFAIRS AND INFORMATION TECHNOLOGY COMMITTEE

Date: **February 5th, 2024**
Time: **9:00 AM**
Location: **50 Water St. New York, NY 10004 Room 1701**

BOARD OF DIRECTORS

CALL TO ORDER   DR. CALAMIA

ADOPTION OF MINUTES – November 20, 2023

ACTION ITEMS:

1) Authorizing New York City Health and Hospitals Corporation (the "System") to execute agreements to create a pool of vendor contracts with each of the following vendors: Forerunner Technologies, Inc., Mason Technologies Inc., Coranet Corp and Interface Cable Assemblies & Services (ICAS) for the provision of Cabling Services on behalf of the System for an initial period of three-years with two one-year renewal options, exercisable at the discretion of the System, for an amount not to exceed $85,000,000 over the potential five-year term, and to permit the System to add additional vendors to the pool should the need for additional vendors arise and should such vendors meet the same minimum criteria and receive from an evaluation committee a score of 7.25 or greater.   DR. MENDEZ

Vendex: All Approved
EEO: All Pending

CHIEF MEDICAL OFFICER REPORT   DR. ALLEN

CHIEF NURSE EXECUTIVE REPORT   DR. CINEAS

CHIEF INFORMATION OFFICER REPORT   DR. MENDEZ

METROPLUS HEALTH PLAN   DR. SCHWARTZ

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

Dr. Vincent Calamia, Chairman of the committee, called the meeting to order at 9:04AM.

Dr. Calamia 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:

Sally Hernandez-Piñero has requested that Erin Kelly representing Anne Williams Isom be counted for the purposes of quorum and voting on her behalf. The request was approved.

On motion made and seconded, the Committee adopted the minutes of the July 10th, 2023 Medical and Professional Affairs committee and the September 11, 2023 Information Technology Committee.

ACTION ITEM:
Chris Keely, Senior Assistant Vice President, Office of Ambulatory Care presented the resolution to the committee –

> **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.**

This project is to 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 24/7, and that is running across a variety of locations. The scope of services includes supplemental planning, strategic support, project management and primarily help with go-lives. Proposed vendors will help as a new site launches, as a new element of program launches, and help through planning and implementations.

One existing contract with Huron Consulting Services LLC is currently being used with a historical spend of 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 and no ancillary costs.

The RFP was done to competitively bid for these services and identify additional vendors and to discontinue the use of emergency contract. All expenses will be covered by HERRC MOU with the Mayor's Office.

RFP Criteria, overview of the procurement process and evaluation committee was reviewed.

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

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.

The Board commended the idea of getting off emergency contract and that 2 of the vendors are 100 percent WMBE and 2 are greater than 35 percent and advance planning in response to an evolving and unpredictable situation is also commendable.

Questioned raised by the board: *who gets involved with the job placements etc. Mr. Keely response: That would be the case manager that helps individuals plan their exit from the housing support. They would not be the one sitting down with the individuals having the conversation about what is your situation or how can we help, but they are the ones who would be helping us plan on how do we have those conversations. Like how do we track the data, how do we organize it so that we know which family is currently engaged in planning and which is not. They help build those systems on the front end so that we can have an organized infrastructure. They organize the training materials on the from end so the case management exit planning staff know what resources are available.*

Questioned raised by the board: *What constitutes Project management services and those that are provided by you on or before at the onset and what additional services will the other contractors bring. An example was given, if a new hotel site or a new semi congregate site in a couple of weeks is schedule to go-live, Hurons or any of these project management firms going forward would make sure all of the boxes are checked going into it. They have helped build out a universal check list. If it is a family site, making sure all of the supplies for families are there. Making sure that the hospitality and logistics team is bringing in the baby formula and diapers, that the services are lined up with laundry vendors. Working with FDNY to make sure all of the approvals are received in advance. They are going to work with us to keep the checklist and project managed while our individual operational teams are doing that execution, they help us organized to make sure none of*

the checklist boxes are missed. Over time as we get use to opening these sites more and more, we will need them less for some of the go-lives.

Questioned raised by the board: *what triggers go-lives? The go-lives are driven by the City. When they are looking at it overall, and seeing the numbers of folks coming into the City and the need for housing increase and a new location is needed, it could be for single men, or for families with children. They go out and find a location, make arrangement and drive the go-live and the need for a go-live. There are various agency partners who are doing different bodies of work.*

Questions raised by the board: *Were there other services that the other firms bring that you chose them? Mr. Keely responded; if things continue as they have in recent weeks, hopefully stay quiet, those supplemental supports that we need we might be able to transition into some of those agencies.*

After discussion the resolution were duly seconded, discussed and unanimously adopted by the Committee for consideration by the full board.

Nichola Davis, MD Chief Population Health Officer, Office of Population Health presented the resolution to the committee –

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 information on New York Legal Assistance Group (NYLAG) as a nonprofit, civil legal services organization combating economic, racial, and social injustice by advocating for people experiencing poverty or in crisis was included. 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.

NYC Health + Hospitals issued an RFI in June 2023 to test the market for legal services vendors, and NYLAG submitted the strongest proposal and the sole source rationale was provided.

Health + Hospitals conducted due diligence as a result of the RFI that included testing the market, intersecting of funding sources, pricing, MWBE analysis, performance and a cost benefit analysis. As a non- profit, NYLAG is ineligible to quality for MWBE certification and therefore excluded from the MWBE requirements. A preliminary financial analysis was conducted this fall by the budget team and found a positive return to Health + Hospitals among patients who received legal health intervention. That was largely given the number of patients who are able to enroll in health insurance coverage as a result of the legal health assistance.

Highlight of key aspects of this medical legal partnership program, it's been in place for 2 decades. Our healthcare staff receives training on how to spot potentially health harming legal needs, and how to place referrals. Attorneys

are on site at most of our facilities, providing in person appointment and we have virtual appointments available as well. Approximately 4,700 patients were served in 2022. This year we launched an innovative new system to manage referrals and scheduling that lives in out EMR, that allows providers to place a direct referral and it provides population health with previous unavailable patient level data. We now have a sense of the financial return to Health + Hospitals as a result of this program, our new contract does include a provision to develop a more comprehensive ROI within one year of signing. We are improving the data systems to better understand and measure importantly, the program's health impacts for out patient populations.

Questions raised by the board: on the analysis Dr. Davis responded; there are several ways we are planning on looking at the ROI, one is the conversion to insurance, then their other things that NYLAG does, like support patients who are seeking disability and being able to appeal those types of cases, and now you have enhanced reimbursement for those who successfully now have SSI disability. We are looking into all the different ways that legal intervention can make our patients more insurable and enhance the reimbursement to H+H, that's some of the foundations to ROI. Dr Katz mentioned not our ROI but, that these services are very effective with preventing evictions which is the city ROI. There are also, H+H patient who are hospitalized not because they need the level of medical care but because they are not safe for discharge and require a level of service at home that they cannot qualify for without Medicaid. When NYLAG intervenes and get Medicaid for those patients they can be discharged safely home, resulting in a better quality of life and saving for H+H.

Questioned raised by the board: is there such a thing as an emergency or expedited situation? Emily response: one of the benefits for the new referral and scheduling system that was launched this year, for the first time we have access to see these numbers, it's allowing us to better track the needs, and now in place is a foundational system to manage some of these urgent referrals with urgent slots reserved at every clinic. They open up 72 hours prior to the appointment. We are able to access those for some of these more urgent cases and continue to refine the criteria to screen for those most urgent referrals.

Questioned raised by the board: immigration services are the bulk of the services that you are providing, yet the securing of temporary visas is difficult, what are kinds of services provided by the lawyers in connection with the immigration plan. Emily response; it depends on what the patient underlying legal need is. If they are requesting assistance with an immigration need, the first thing that the attorney will do is a comprehensive immigration legal screening to assess what their path to residency to the United States was and what legal remedies may be available. Some of those are short term visas, there are other types of petition that can be filed, family petition, and there is a Medicaid eligibility category called PRUCOL – standing for Permanent Residency under Color of Law. This allows undocumented immigrants qualify for full Medicaid in New York State.

Questioned raised by the board: Do we have a large number of bilingual providers? Emily response; NYLAG does have a number of bilingual Spanish

speaking attorneys, 1 or 2 Creole speaking, we do rely on our language line to support this contract for translation.

Questioned raised by the board: *is there any help from CMS? Dr. Davis response; for CMS focus on food, transportation and housing. The ROI has not been as well documented nor has the focus from it. We are probably leading their medical legal partnership in other areas. It allows H+H to be leaders in this way where we can look at the health impacts of these legal interventions. We are a unique System in terms of the number of patients that we do take care of the have this legal need.*

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

CHIEF MEDICAL OFFICER REPORT
Machelle Allen MD, System Chief Medical Officer/Sr. Vice President of Medical and Professionals Affairs, and Ashwin Basavaraj, MD, System Chief of Pulmonary Medicine, Bellevue Hospital highlighted the following:

Clinical Services Operations-
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

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. **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**

Low Dose CT Lung Cancer Screening Program
From September 2022 through September 2023, 4207 screening LDCT scans were performed at NYC H+H.

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.

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.

Lung Cancer Screening Program
This is an update on our lung cancer program for the system. November is lung cancer awareness month. Lung cancer is the third most common cancer worldwide, and the leading cause of cancer death, it has more cancer death than breast, prostate and colon cancer combined. Bio literature from the National screening trials suggested that, it takes 320 low dose CT to save 1 life for lung cancer, which is actually much more favorable compared to some of our other cancers, and its heavily underutilized nationally. Low dose CT for lung cancer screening in those that are eligible are utilize less than 10 percent. Screening guidelines are for people age 50 to 80 who have smoked at least 20 pack-years and who currently smoke or quit within the past 15 years. Society is actually removing that, which is going to increase the number of eligible participants moving forward. The proposed Business Plan was to enable a system-wide lung cancer screening model to offer the standard of care to all New Yorkers.

The Central Office leadership and key stakeholders across the system are, implemented a lung cancer screening programs at each of the sites. Fiscal year 23 we hired system program manager at 3 pilot sites, we had Nurse Practitioner

implemented at 3 sites, Bellevue, Metropolitan, and Woodhull and were the first sites where we hired NPs and they are really working.

LCS Program Performance Report, indicated the percentages of the screening number, biopsies and resection above target the percentages were well above the target numbers. CT Chest Low Dose Initial and Annual screening 66%, Follow up imaging 58%, Lung Biopsy 267%, and Lung resection 39%. LCS program performance report; a snap shot was shown of a cancer staging based on patients that had lung cancer, there was close to over 3000 low dose CT performance part of the screen program. About 250 biopsies were performed. Close to 100 cancers that were detected and the number of resections were around 70. Stages 1 and 2 are often curable lung resection. Whereas stage 3 and 4 ends up going to chemo and radiation. As the program becomes more robust, we are hoping to see more of the stage 4 cancer become stage 1 and 2 and we can offer earlier detection and cure of long reception to those patients.

Dr. Katz, made clear that the screening program only works if you can find the early cancers, it is not a great service to tell someone they have inoperable lung cancer. When you can find the 1 and 2 if you can resect lung cancer, you usually have a cure. The determination of efficacy of this program is focused on the 1 and 2s, rather than the way most screening test you would focus on the number of positives you get.

Questioned raised by the board: Of the people 50 to 80 that fit into the definition that you explained, how many of them get screening? Dr. Basavaraj response; it is up to the provider to offer screening, patients are not coming to the office for a screening, they are coming for their general checkups or because they want to stop smoking. It is up to the provider to recognize what the guidelines suggested and then offer it to the patient. It is more education to the community, to patients, and to the providers.

Questions raised by the board: isn't better to reach out to patients and to the provider to find out how many people we are reaching out to that should be screened? Dr. Katz response; To make clear, so you can understand the landscape, this technology has not been uniformly embraced by primary care in generalist. Part of it is that we have never had data like this. The concern is which totally justified on the case of generalist and primary care doctors, is this really an effective intervention. Some of the candidates have stopped smoking because of this program. Data like this can help people define what the benefits is and whether their generalist and the primary care doctors to agree. We do have high rates of mammogram screening and of colon cancer screening and it reflects that people are ordering them believe in it, but have not been entirely sold on this as of yet.

Questioned raised by a board member: how does second hand smoke fit into the screening? Dr. Basavaraj response; a clinical judgement would be made to getting screening if you have been exposed to second hand smoke.

*Questioned raised by the board: **Patient is totally asymptomatic, 25 years actively or recently stopped smoking is he referring to this program**? Dr. Basavaraj response; this model has been talked about in the pulmonary council. What's the best way to refer, do we want to have a direct system where we*

refer a patient to the screening program or do we want a hybrid model, where primary care would want to order the scan or give them the option to directly. Primary care wants the pictures, they want to keep these patients because they feel the screening is part of their responsibility. The council approved a hybrid model for the system where, they can order the CT scan themselves if it's abnormal, they can then refer to the screening program. They have the option to directly report. We are leaving it up to the primary care to see which way they want to go. Dr. Katz mentioned the primary care mostly order. It's no harder than ordering a blood test.

The percentage above target in terms of reimbursement was shared. The lung biopsy was highlighted, they implemented robotic bronchoscopies last year. We were the first public site in the Northeast to have a robotic bronchoscopy at Bellevue. Data from the tobacco registry dashboard was shared. It showed a subset of patients from a lung cancer screening program that tells us who is getting low dose CT in our System and it is diverse. The rate and recent ethnicities are about 23 percent of African American patients have low dose CT, 25 percent Hispanic, 24 percent white, and 26 percent Asian. 19 percent uninsured, 20 percent Medicare and 20 percent Medicaid were part of who received low dose CT, that is what is unique about the program. This is not published in terms of the public health system in cancer screening. This is something that we submitted for publication and American Thoracic Society, and waiting to hear and answer. Our screening rate also was 24 percent after implementation of the nurse practitioners at our 3 piolet sites and is well above the national screen average of 6 percent. That shows us that the utility of having this nurse practitioner model and increasing the amount CT that are being performed. The low dose CT that were ordered increased by 10 percent, the completion rate with having nurse practitioners on-board and doing follow ups on having the orders completed. This is some good initial data from the program and hope to improve moving forward.

There will be an educational campaign for lung cancer screening. There will be a lung cancer force walk for H+H in May of 2024. The goals for 2024 is to continue to create a robust lung cancer screening program, offer education and engagement to the community. We are going to enhance our EMR, we have a Epic model radiant that is going to be coming out, that is going to capture a lot of data. Once we have more Nurse Practitioners in place we will become a designated site for lung cancer screening from the American College of Radiology. We will be putting an application in for that.

Questioned raised by the board: *what is the reason for the low rate? Dr. Basavaraj response; There are several reasons, it's a matter of the patient following through with the order. This is when the NP follows up and remind them they are due for your low dose CT. Also, EMR enhancement that was referenced part of that is, the automated reach out to those patients that have a CT order, in addition reaching to the Nurse Practitioner reaching out.* The Board commended Dr. Basavaraj on the work.

SYSTEM CHIEF NURSE EXECUTIVE REPORT
Mr. Albert Belaro, Director of Nursing, Office of Patient Center Care, presented on behalf of Dr. Natalia Cineas, System Chief Nurse Executive, highlighted the following –

The Nurse residence program celebrated with the Mayor's Office on October 24th. It celebrated the new NYC H+H consortium for its residency programs. There were several speakers at the celebration, the speakers included Mayor Eric Adams, Natalia Cineas, DNP, RN, as well as Wendy Zhao, staff nurse and NRP participants.

A doctoral circle of excellence was held on October 31st recognizing doctorly prepared nurses and hour their highest academic achievement.

Respiratory Care week celebration was held, the guest speaker was Dr/ Vikramjit Mukherjee from Bellevue.

Care delivery model was successfully implemented at Queens and Metropolitan.

Fireside chats are going on, these are intimate chats with the nurse executives and frontline staff on specific topics. The focus of the last ones was mostly on the new contract with NYSNA.

The magnet conference that they attended October 24th in Chicago, H+H was well represented. They had 7 podium presentations and 14 posters presentations.

A nursing excellence award ceremony is being held November 30th. There is new pressure injury prevention guideline being rolled out. Shared governance is still active and ongoing, new residency program is continuing and ongoing. The mentorship program is also happening in partnership with Human Resources. We have graduated 440 Behavioral Health Associates. We have a learning management system that was launched recently. An emergency department nursing fellowship has been stared. This concluded the Nursing report.
The board commended the nursing department on their work.

CHIEF INFORMATION OFFICER REPORT
Dr. Kim Keziah Mendez, Senior Vice President and Corporate Chief Information Officer was joined by Jeff Lutz, Chief Technology Officer, Dr. Michael Bouton, Chief Health & Medical Information Officer, and Katherine Thayer, Chief Applications Officer to present to the committee.

Dr. Mendez provided an updated table of organization, fiscal year 2024 goals and the leads of the different areas within the EITS department. She then presented a slide with the various governance structures in place such as the Biomedical Device Council and Data and Analytics. The AI (Artificial Intelligence) Councils, in partnership with Data and Analytics has had their initial meeting and a charter is in development.

Dr. Mendez provide an update regarding the data center migration. A complete transition from SunGard to QTS has been completed as of last year September 2022. The current migration from Jacobi Data Center to CyrusOne is on track and on budget to be completed by December 2023. At the next time of the next meeting, the team will be fully engaged in both of our 2 new data centers.
Dr. Mendez then reported on the new audio-visual contract that was approved at the last board meeting. The significance here is that this will actually help with cost savings across the entire enterprise. This is for audio visual

equipment such as training rooms, auditoriums, and emergency. By having an enterprise solution that everyone can utilize, helps with cost savings and standardization.

Dr. Mendez then turned the presentation over to Ms. Thayer to provide the update regarding some of the major efficiencies and functionality for Epic and other clinical applications. As one of department goals to better utilize Epic, upgrading the foundation that Epic sits on, called Epic Hyperdrive, will support smoother operations. Dr. Mendez made note as part of business continuity process, downtime is an area that is tested as part of the tabletop exercise for cyber security and is included in training as well. Ms. Thayer then discuss the Biomed device database that the team is actively working on to get up and running to allow for better tracking of the devices and scanning for securities. She also mentions other ongoing implementations such as Omnicell and utilizing Dragon licenses.

Dr. Mendez continues the update by highlighting 3 areas that include EITS customer service, national benchmarking and training. Enterprise Support Services (ESS) receives on average of over 8,000 emails and 55,000 calls, such as password reset requests, each month. The presentation slide shows the customer satisfaction score based upon a survey that is send out after each call. The current average is around 92%, as the national benchmark is 85%, so ESS actually benchmarking against itself at this time. In addition to internal support, ESS helps with MyChart set up for patients if they need assistance.

Dr. Mendez turned the presentation over to Dr. Bouton to give an update regarding Epic Gold Star, the national benchmarking system, as well as the KLAS report. For one of the external benchmarking systems, the system is currently within the top 25 which is the top 3rd percent of the country nationally on Epic features that were adopted. As of this past week for another benchmarking system, Epic Honor Roll, the system was in the top quarter based upon how features are being implemented and the usage. The Arch Collaborative (KLAS) is a group of sites of approximately 300 organizations across the country. Participants have access to a standard question bank to survey the providers and nurses, and show how they rate as a system. Although is an external survey, it allows to benchmark ourselves internally. Overall, the system finished in the 86 percentiles nationally across all users and of similar size organizations. Dr. Bouton intends on the system to continue with adding gold stars and taking feedback from end user surveys to try to make the system better.

Dr. Mendez proceeded to highlight training, which included efforts during October which was cyber security awareness month. She additionally highlighted the Thrive Program and its opportunity for providers to have in-person training sessions on various applications. As part of the Thrive Program, technology fairs are held on site to assist with personalization or specific application such as Haiku and Dragon.

Three facilities have been completed and there is a plan to move forward with all the other sites throughout the end of this year as well as in 2024.

Dr. Katz confirmed as a user that it would not have been possible to survive transfers during COVID19 without having the foundation of Epic in place. He also mentions that as a provider, it would not have been possible to learn all of Epic functionality in the beginning stages, but as time went on was able to absorb better and easier ways of using Epic. Dr. Bouton then mentions one of the results of the arch collaborative (KLAS) data that went out was that very point. Providers and nurses are actually asking for more training. Virtual training has always been available but the in-person adds a nicer touch. Some people that need help with electronic medical record will do better with in-person if it is for their own personalization.

Dr Mendez closes out the update by highlighting some of the amazing employees of the South Brooklyn team, previously known as the Coney Island team that helped from an EITS perspective launching the new facility.

METROPLUS HEALTH PLAN, INC.
Talya Schwartz, MD, President and CEO, MetroPlus Health Plan reported to the committee, a full report is included in the materials, with the following highlights-

The recertifications goals were set back in June. We were trying to get to 80 percent recertifications. In general, what is being seen across New York State who is the leader in recertifications is between 70 to 83 percent. We fit nicely into the New York State benchmark. We have multiple teams who are working on recertifications and there are teams at H+H as well, and both teams work together. This is the customer success operations, our sales team who initially enrolled those individuals, stay on the dashboard, it is a State dashboard. The sale teams are not just selling and trying to bring in new members, they are also responsible to recertify the members they signed up in the first place. The financial counselors on H+H side are working on the people they signed up.

Also, are working with CVS reminders on the CVS packets for people who need to recertification, and working with various CBOs. There are a number of CBOs who have enrollers, it is certainly a very multi-pronged approach to make sure that we are capturing as many eligible individuals as possible. They enroll some of our members, and those members are on their dashboard.
Questioned raised by the board: *Do we have some sense of how many of those that will qualify for Medicaid, are going on the other programs and then can we retain them? Dr. Schwartz response; yes, we have significant movement from Medicaid to the next level, which is the essential plan. The number reflects the entire enterprise, it captures people who move to other lines of business, the 80 percent is people who stayed somewhere in any of line of business within the plan.*

We are in the top tier for our MLTC program. Tier 3 is the top tier for MLTC, we are proud that we landed the top tier. Out of the metrics where members reported high level of satisfaction with the quality of their care managers upwards of 96 percent and rated their experience as good or excellent. These people really need close interaction with the care managers to makes sure all of their needs are being met, that the aides are showing up on time, and the

other services are being rendered. These people have significant and complex needs, it is important that they get them in a timely fashion.

MetroPlus was ranked number 1 for HIV SNP in New York State. There are Approximately 10,000 people in this program. The most important metric is the 82 percent of HIV positive members had no detected virus in their blood. We really work hard on this, it is a difficult population, some of them are hard to find and a lot are homeless, 82 percent undetectable is something that we are proud of.

Enhancements to the member experience; we are aware that there are issues with transportation, sometimes not showing up on time, not showing up at all, and members are not able to make their appointments, sometimes critical appointments. At this point we have uber health, which is kind of a backup transportation in case there is any kind of delay or no show with our vendors. We also currently have ZocDoc, where we are able to schedule appointment online for our members.

We introduced a new AI tool, it is called ElliQ, it was distributed to elderly adults to tackle loneliness and also issues with adhering to their plans of care and interacting in general. You can upload any kind of information you would like, either from a provider or caregiver and ElliQ interact with the patient throughout the day, makes sure they are not lonely, and reminds them of things they need to do, like take your medicine, appointment, and eating and drinking. It's in place, so far so good, and it has been deployed into patients' home and we are hearing positive feedback.

Board member raised a question: can the patient schedule appointment through the system, response was through MYCHart, you can schedule many different service lines including primary care and sub specialties. It is not universal on all of them, there has to be agreements on both sides.

Question from board: you had to already have a visit through MyChart? Response; you have to sign up for MyChart, and then there are abilities to schedule outside of MyChart, but that is getting ahead of ourselves.

There being no further business, the meeting was adjourned 10:25AM.

RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the "System") to execute agreements to create a pool of vendor contracts with each of the following vendors: Forerunner Technologies, Inc., Mason Technologies Inc., Coranet Corp and Interface Cable Assemblies & Services (ICAS) for the provision of Cabling Services on behalf of the System for an initial period of three-years with two one-year renewal options, exercisable at the discretion of the System, for an amount not to exceed $85,000,000 over the potential five-year term, and to permit the System to add additional vendors to the pool should the need for additional vendors arise and should such vendors meet the same minimum criteria and receive from an evaluation committee a score of 7.25 or greater.

WHEREAS, Cabling Vendors provide all labor, equipment and materials necessary to structure cabling services and rack/cabinet solutions in order to establish a network connection between devices and LAN/WAN Systems throughout the enterprise; and

WHEREAS, the Request for Proposals for the provision of Cabling Services was released on August 2, 2023 through its Supply Chain Services Unit, followed by a pre-proposal conference, attended by fourteen vendors; and

WHEREAS, of the fourteen vendors that attended the pre-proposal conference, seven vendors submitted proposals; and

WHEREAS, in conformance with its procurement operating procedure, the System received and evaluated proposals from seven vendors and evaluated such proposals among a diverse evaluation committee; and

WHEREAS, the following four vendors were selected to receive contract awards: Forerunner Technologies, Inc., Mason Technologies Inc., Coranet Corp and Interface Cable Assemblies & Services (ICAS) ; and

WHEREAS, the Senior Vice President for Enterprise Information Technology Services will be responsible for the administration of the proposed agreement.

NOW THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation, be and hereby is authorized, to execute agreements with each of the four vendors Forerunner Technologies, Inc., Mason Technologies Inc., Coranet Corp, and Interface Cable Assemblies & Services (ICAS) for Cabling Services on behalf of the System. The initial term shall be three-years and two one-year renewal options, solely exercisable by the System. The total contract value shall not exceed $85,000,000 over the potential five-year term.

EXECUTIVE SUMMARY
RESOLUTION TO AUTHORIZE CONTRACT
WITH
FOUR VENDORS

OVERVIEW The purpose of this agreement is to provide Cabling Services.

PROCUREMENT The System undertook an RFP to procure vendors to provide Cabling Services.   Seven vendors provided proposals.   After evaluation, the following four vendors were selected to provide services: Forerunner Technologies, Inc., Mason Technologies Inc., Coranet Corp and Interface Cable Assemblies & Services (ICAS)

NEED Cabling Vendors provide all labor, equipment and materials necessary to structure cabling services and rack/cabinet solutions in order to establish a network connection between devices and LAN/WAN Systems throughout the enterprise.

TERMS The total not-to-exceed cost for the five-year contract is $85,000,000.

MWBE All proposers were required to meet an M/WBE goal of 30%. Forerunner Technologies, Inc. and Interface Cable Assemblies & Services (ICAS) will meet a 30% M/WBE goal. Mason Technologies Inc. and Coranet Corp will meet a 100% M/WBE goal.

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

From: Name
           Title
           Office of Legal Affairs

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

Contract: Cabling Services Request for Proposals

Date: Jan 16, 2024

Irmali Rivera-Bazan

Digitally signed by Irmali Rivera-Bazan
Date: 2024.01.18 11:04:24 -05'00'

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

Vendor Name	**Vendor Responsibility**	**EEO**	**MWBE**
Forerunner Technologies, Inc.	Approved	Pending	30%
Mason Technologies Inc.	Approved	Pending	100%
Coranet Corp	Approved	Pending	100%
Interface Cable Assemblies & Services (ICAS)	Approved	Pending	30%

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.

Cabling Services Contract - Application to Award Contract - Forerunner Technologies, Inc., Mason Technologies Inc., Coranet Corp and Interface Cable Assemblies & Services (ICAS)

Medical and Professional Affairs / Information Technology Committee
February 5, 2024

Jeffrey Lutz - Senior AVP / Chief Technology Officer
Enterprise IT Services

For Committee Consideration

➤ Authorizing New York City Health and Hospitals Corporation (the "System") to execute agreements to create a pool of vendor contracts with each of the following vendors: **Forerunner Technologies, Inc., Mason Technologies Inc., Coranet Corp and Interface Cable Assemblies & Services (ICAS)** for the provision of Cabling Services on behalf of the System for an initial period of three-years with two one-year renewal options, exercisable at the discretion of the System, for an amount not to exceed $85,000,000 over the potential five-year term:

➤ And to permit the System to add additional vendors to the pool should the need for additional vendors arise and should such vendors meet the same minimum criteria and receive from an evaluation committee a score of 7.25 or greater.

Overview

➢ RFP was done to enter into a pricing contract with cabling vendors to provide all labor, equipment and materials necessary to structured cabling services and rack/cabinet solutions in order to establish a network connection between devices and LAN/WAN Systems throughout the enterprise.

➢ Provide services for both project and support based needs with a not to exceed of $85M. Estimates are based on historical and known spend, along with projected projects. This is aligned with the not to exceed amount of the previous contract.

➢ Contracts would be for three years with two one-year renewal options. Similar structure to city-wide contract.

➢ Working to ensure this is in place for early fiscal year 2024 to ease supply chain process and ensure quick delivery of service at the sites to meet demands.

➢ Replaces existing contract due to Mason acquisition of G-Systems and limited participation of Coranet.

➢ We are also seeking approval to allow additional vendors into the pool should the pool of four selected vendors become unable to meet our operational needs, by allowing any vendors that, under substantially the same selection process, evaluation committee membership, and the same scoring criteria, score above 7.25.

  ▪ Historically vendors have merged resulting in too few vendors in the pool to meet our needs.

  ▪ Not having to re-issue an RFP and proceed through the approval process will allow EITS to more timely meet the System's cabling needs without affecting the quality of the vendor pool since such vendors will be admitted to the pool on the same criteria.

  ▪ These additional vendors would be through an open invitation process using the scoring system and diverse panel of subject matter experts to select those that score above 7.25.

➢ **And to permit the System to add additional vendors to the pool should the need for additional vendors arise and should such vendors meet the same minimum criteria and receive from an evaluation committee a score of 7.25 or greater.**

➢ In order to modify the vendor pool a process similar to the standard procurement process will be followed:
  ▪ A solicitation will be posted on City Record
  ▪ The same evaluation criteria will be utilized to score the proposals
  ▪ An evaluation committee consistent with the procurement policies will evaluate proposals
  ▪ Any vendor with a score above 7.25 will be selected
  ▪ EITS will present the proposed award to the CRC for the CRC's consideration
  ▪ EITS will inform the M&PA/IT Committee

RFP Criteria

- Minimum criteria:
  - Experience: 5 years providing cabling services of similar size and scope in healthcare facilities, including acute post-acute care environments
  - Technical Resources: personnel must have all certifications necessary to install the equipment
  - Financial Capacity: must have operating revenues of at least $10 million annually for the 3 preceding years
  - MWBE Utilization Plan, Waiver, or MWBE Certification

- Substantive Criteria
  - Experience   35%
  - Technical Proposal   30%
  - Cost   25%
  - MWBE Utilization   10%

- Evaluation Committee:
  - Capital Budget, OFD
  - Senior Director, EITS
  - Network Deployment, UC, EITS
  - Senior Director, EITS
  - Senior Director, EITS

Overview of Procurement

➤ 02/28/23: Application to issue request for proposals approved by CRC

➤ 08/02/23: RFP Posted on City Record, sent directly to eight vendors

➤ 08/16/23: Pre-proposal conference held, 14 vendors attended

➤ 08/22/23: Walkthrough of Kings County Hospital held to show the differing rooms

➤ 09/13/23: Proposals due, seven proposals received

➤ 11/02/23: Evaluation committee debriefed and submitted final scores. 2 out of the 7 proposals did not meet minimum criteria and were disqualified. Below are the top 4 proposers:

　　➤Forerunner Technologies, Inc.

　　➤Mason Technologies Inc.

　　➤Coranet Corp

　　➤Interface Cable Assemblies & Services (ICAS)**

▪ **New Vendor to NYC H+H and reference checks were performed as part of the due diligence*

Vendor Diversity

Vendor Name	Name of Subcontractor	Subcontractor SOW	M/WBE UP Goal	NYC/NYS Ethnicity	NYC/NYS Gender
Forerunner Technologies	Argent Technologies	Materials and Support	30%	Hispanic	Female
Mason Technologies	N/A	N/A	100%	Non-Minority	Female
Coranet	N/A	N/A	100%	Non-Minority	Female
ICAS	Montana Datacom	Materials and Support	30%	Non-Minority	Female
	Third Wave Technologies	Materials and Support		Hispanic	Male

➢ MWBE Goal set on this Solicitation was 30%.

Vendor Performance History

Department of Supply Chain	
Vendor Performance Evaluation	
Forerunner Technologies, Inc.	
DESCRIPTION	**ANSWER**
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extend applicable?	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

Department of Supply Chain

Vendor Performance Evaluation

Mason Technologies Inc.

DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extend applicable?	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
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Performance and Overall Quality Rating Satisfactory	Satisfactory

Vendor Performance History

Department of Supply Chain	
Vendor Performance Evaluation	
Coranet Corp	
DESCRIPTION	**ANSWER**
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extend applicable?	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
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M&PA/IT Committee Request

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Medical & Professional Affairs and Information Technology Committee Meeting
Chief Medical Officer's Report

February 5, 2024

Machelle Allen, MD
Senior Vice President

Aligning M&PA Goals and Initiatives

- **Access to Care**
  - **Behavioral Health**

Pyramid diagram:
- PATIENT, FAMILY & COMMUNITY
- VISION: To be a fully integrated equitable health system that enables all New Yorkers to live their healthiest lives.
- MISSION: To deliver high quality health services with compassion, dignity, and respect to all, without exception
- OUR VALUES: ICARE: Integrity, Compassion, Accountability, Respect and Excellence
- STRATEGIC PILLARS: QUALITY & OUTCOMES | CARE EXPERIENCE | FINANCIAL SUSTAINABILITY | ACCESS TO CARE | CULTURE OF SAFETY
- SOCIAL AND RACIAL EQUITY

OBH Aligned Accomplishments: Access to Care

Distribute **$1 million in debt relief** to 27 behavioral health providers in exchange for a three-year commitment to serving our health system. Secured an additional **$4 million to double grants** to providers over the next 2 years.

Opened a new **Extended Care Unit** at Kings County for patients who can stay up to 90 days to work on rehabilitation, reintegrating into the community, and housing. The ECU at Kings joins a successful program at Bellevue launched in 2020.

Expanded our **services for survivors of domestic violence** by bringing Behavioral Health Services to the city's domestic violence shelter system, providing on-site services to adults and children. The initiative started in 9 shelters in 2023 and included two specialized mental health clinics for survivors at Lincoln and Kings.

We **restored 225 psychiatric beds** across six facilities that were repurposed during COVID-19 bringing the system's capacity up to nearly 1,000 psychiatric beds.

Rolled out **standardized visit types across 11 acute sites**, taking 500 visit types and consolidating to 24, creating a standard way to schedule adult appointments across our sites, **provider booking rates increased by 20%**, yielding a 6% increase in patient volume in 2023.

SYSTEM CHIEF NURSE EXECUTIVE REPORT
Medical & Professional Affairs and Information Technology Committee Meeting

NYC Health + Hospitals

November – December 2023

Office of Patient Centered Care (OPCC) Accomplishments

Fireside Chat: ACLS/BLS

- **Brief:** This is the ninth iteration of the bi-monthly series that **Natalia Cineas, DNP, RN, NEA-BC, FAAN** has an intimate chat about important topics within our Nursing System. The topic is ACLS/BLS.

- The guest speaker was **Nicole Morris, MSN, RNC-OB, C-EFM**, Senior Director of Nurse Education, who gave insight on steps on how to obtain the certification and the importance of getting certified in ACLS/BLS.

- The engaging Q&A were addressed by both Dr. Cineas and Ms. Morris.

- Event was held on November 29th from 3:00 – 4:00 PM

- Attendance: >147 people

NYC HEALTH+HOSPITALS | NURSING

Office of Patient Centered Care (OPCC) Accomplishments

System Chief Nursing Executive (CNE) Town Hall

- **Brief:** The third town hall of the year where **Natalia Cineas, DNP, RN, NEA-BC, FAAN,** Senior Vice President and Chief Nursing Executive, addressed Nursing Leadership specifically about the NYSNA Contract.

- The town hall allowed nursing leadership to pose questions directly to the System's CNE and received direct answers to their queries.

- Event was held on December 7th at 10 AM and 2 PM

- Attendance: >280 people

Office of Patient Centered Care (OPCC) Accomplishments

Care Delivery Daily (CD^2) Management System – Elmhurst

- Following a successful CD^2 roll out at five acute care hospitals, we implemented the Care Delivery Daily Management System at **Elmhurst** last November. This is the sixth hospital to complete the CD^2 training and roll out.

- The goals of CD^2 include:
  - Standardize communication huddles from top to bottom in order to provide the best possible outcomes for our patients

  - Improve communication amongst nurses and nurse leaders

  - Escalate any issues for awareness and additional support as needed

  - Organize and consistent nursing care that is patient centric

  - Reinforce the nursing process and standard of care

- Attended by Nurse Leaders from Med/Surg, Behavior Health, Critical Care, Emergency Medicine, and Maternal Child Health

Office of Patient Centered Care (OPCC) Accomplishments

Quality/Excellence/Outcomes – Nursing Excellence Awards (NXA) Celebrations

- The Annual Nursing Excellence Awards was held last November 30th, 2023.

- This event embodies our organization's guiding principles of always keeping patients first while pursuing excellence in the clinical, educational, leadership and service.

- The nurses/facilities recognized each year demonstrated a commitment to providing the best possible care experience for every patient, every time.

- For 2023, we received a total of **430 nominations**. 35 individual nurses were recognized with NX awards. They represented each of our facilities and clinical services, from acute care to post-acute, correctional health to ambulatory care, and MetroPLUS, all of whom that exemplified and demonstrated excellence in specific area – Clinical Nursing, Education, Mentorship, Volunteerism and Service, Home, Community or Ambulatory Care, and Nursing Leadership.

Office of Patient Centered Care (OPCC) Accomplishments

Quality/Excellence/Outcomes – Nursing Excellence Awards (NXA) Celebrations

- Two facilities were recognized: **South Brooklyn Health** for Structural Empowerment award and **Harlem** for Structural Transformation award.

- **Mitchell Katz, MD**, President and CEO of NYC Health + Hospitals delivered his remarks.

- **Ernest J. Grant, PhD, RN, FAAN,** Immediate Past President of the American Nurses Association, and Vice Dean at Duke University was the Keynote Speaker and recipient of the Josephine Bolus Nursing Champion Award.

NYC HEALTH+HOSPITALS | NURSING

Office of Patient Centered Care (OPCC) Accomplishments

Quality/Excellence/Outcomes – Beacon Awards

- The **Medical Intensive Care Unit (MICU)** at NYC Health + Hospitals**/Bellevue** is the latest to join a select group of organizations that have received a **gold-level Beacon Award for Excellence** from the American Association of Critical-Care Nurses (AACN) on November 8th, 2023.

- The **Medical Intensive Care Unit (MICU)** at NYC Health + Hospitals**/Lincoln** also received a **silver-level Beacon Award for Excellence** from AACN on December 5th, 2023.

- On December 27th, 2023, the **Burn Intensive Care Unit at** NYC Health + Hospitals**/Harlem** received a **silver-level Beacon Award for Excellence**. **This recognition from AACN is the 1st in New York City and 4th in the country.**

Office of Patient Centered Care (OPCC) Accomplishments

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

- Fall and Injury Prevention Summit: Nursing leadership team from the eleven acute care hospitals came together on December 11th, 2023 to review approved policy guidelines, assess equipment for injury prevention and present plans for developing a comprehensive fall and injury prevention program for each hospital.

- The summit was attended by 95 nurse leaders where Chief Nursing Officers, Directors of Nursing, Nurse Educators, Wound Care Nurses gathered and learned about the policy, equipment for injury prevention, and plans for comprehensive fall and injury prevention program for each hospital.

Office of Patient Centered Care (OPCC) Accomplishments

Access to Care

Professional Shared Governance

- Completed 7 system wide reports (including 4 annual retreats) and 15 hospital wide report outs

Nurse Residency Program

- Graduated 27 cohorts to date
- 8 Active cohorts – new cohorts launched every 3 months, 4x a year
- 1839 enrolled residents to date, program retention rate (2019-2024) is 83%, 2023 12 month retention is 94%

Office of Patient Centered Care (OPCC) Accomplishments

Culture of Safety

Behavioral Health Associate (BHA) Academy

- A total of 481 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.

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.

- ED Fellowship admits candidates twice monthly with 27 cohorts projected for 2024 schedule

- Cohort three started on December 5th, 2023, with 103 ED Fellows from the following acute care facilities: Bellevue, Elmhurst, Jacobi, Kings, Metropolitan, North Central Bronx, Harlem, Queens, and South Brooklyn Health.

Nursing Finance – Recruitment Events/Job Fairs

Site Specific Job Fairs - Weekly

- Held at local facilities

System Wide Job Fairs - Quarterly

- On December 12th, we held the 1st system wide recruitment event at 50 Water Street where 95 applicants checked in.
- 68 candidates received preliminary offer letters from acute care hospital and one candidate for Post-Acute Care
- 54 are being onboarded

System Wide Nurse Educator Job Fairs - Quarterly

- On December 19th, 2023, we held a nurse educator event at 55 Water Street. There were 24 applicants who checked in
- 9 candidates received offers from acute care hospitals
- 6 are being onboarded

Questions

Thank you!

Enterprise Information Technology Services February 5th, 2024 Update

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

EITS Update Agenda

- Introductions
- EITS FY 2024 Goals
- EITS 2023 Year in Review Highlights
- Q + A

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)
  - Develop System Architect Office & Cloud Strategy
- **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
  - Collaborate on System AI Strategy
- **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

PATIENT, FAMILY & COMMUNITY

VISION
To be a fully integrated equitable health system that enables all New Yorkers to live their healthiest lives.

MISSION
To deliver high quality health services with compassion, dignity, and respect to all, without exception

OUR VALUES
ICARE: Integrity, Compassion, Accountability, Respect and Excellence

STRATEGIC PILLARS

| QUALITY & OUTCOMES | CARE EXPERIENCE | FINANCIAL SUSTAINABILITY | ACCESS TO CARE | CULTURE OF SAFETY |

SOCIAL AND RACIAL EQUITY

OKR Cascade – EITS FY 2024 Objectives

Objective: Enhancement of EITS Infrastructure

Key Result(s):

KR #1 – Cyrus One Data Center Go Live December 2023
KR #2 – Refresh Network for FY 24 planned facilities
KR #3 – Enhance telecommunication experience & device tracking
KR #4 – Improve downtime & business continuity access workflows & capabilities
KR#5- Develop Roadmap for System Architect, AI Ops, and Cloud Strategy

Objective: Enhancement of Clinical Application Services

Key Result(s):

KR #1 – CQI of Clinical Applications & Integration
KR #2 – Launch new Bio-Medical Device Management solution & organizational framework

Objective: Improve Effective Use of Epic EHR

KR # 1- Re-launch Epic Community Connect w/ DOHMH (planned date TBA)
KR# 2- Expand & enhance utilization of Epic EHR

Objective: Accelerate Digital Transformation

Key Result(s):

KR #1 – Enhance & Expand Telehealth opportunities
KR #2 – CQI & Optimization of My Chart Patient Portal
KR# 3- Collaborate on System AI Strategy development

Objective: EITS CQI

KR#1 –Develop & Implement Service Now FY 24 Roadmap
KR#2- Security & Risk Management assessment findings mitigation plan developed, launched, and tracked to conclusion.
KR#3- Ongoing enhancement of EITS Governance (HIT, ERP, COEI, AI)
KR#4- EITS Operational improvements developed & implemented: position management, on-off boarding, budget control
KR#5- Improvement of EITS Customer Service

EITS CY 2023 Year in Review Highlights

- Infrastructure
- Clinical & Revenue Cycle Applications
- Security & Risk Management
- Business Operations
- Project Management, Governance & Integration
- Enterprise Support Services
- Business Applications
- Facility IT Departments, Gotham & Community Care

Data Center Migration January 2024
(Financial Sustainability & Quality)

- Enterprise Data Center Migration : Project Timeline 5/2021-12/2023

- Sungard to QTS transition completed 9/30/2022

- Jacobi to Cyrus One is at 100% completion as of 12/31/2023.

  - Work is now underway to transform the legacy Jacobi data center into being one of two new MDF locations (along with Building 1) to support the Jacobi campus, replacing the aging location in Building 2.

- Thank you to everyone for all the support in making this a successful transition!
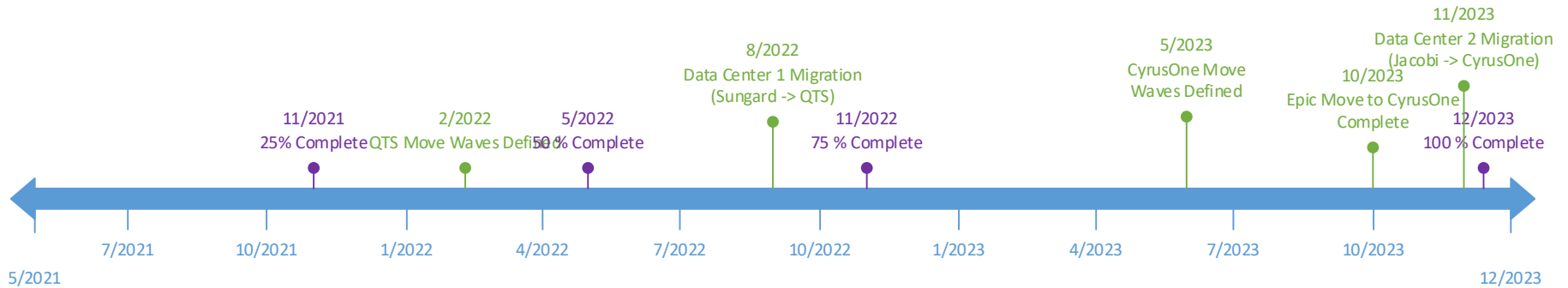
NYC Health and Hospitals - Wide Area Network (WAN)

NYC Health + Hospitals Wide Area Network

— Data Center Ring
— Facility Ring
— Clinics
   Network

Updated 12/19/2023

Clinical + Revenue Cycle Applications: 2023 Highlights

CIS/Biomed/Imaging+/Lab

- Replaced **6,310** IV Pumps
- Standardized **~316** monitoring devices to Philips platform - including anesthesia carts and spot vitals monitors
- Integrated **700+** Outpatient Spot Vitals Monitors
- Supported **31** Omnicell go-lives at **5** facilities with **348** Automatic Dispensing Cabinets, **83** Anesthesia workstations & **4** Controlled Substance Managers.
  - **297** Pyxis Medstations removed at 5 facilities going live with Omnicell.
- Baxter Hill-Rom Nurse Call Upgrade to **404.02** was completed at **7** sites
- Expanded use and adoption of enterprise dictation licenses up to **1,500**
- Completed historical data migration, consolidation, and decommissioning of end-of-life platforms: Watch Child Fetal Monitoring, NMIS, Dynacad, Viewpoint, Xeleris,+
- Standardized devices and cameras for Ophthalmology
- Upgraded & deployed Maclab hemodynamic system eliminating end-of-life devices and software
- Replaced end-of-live ultrasound devices across the enterprise
- Standardized Roche Chemistry Critical Values
- Replaced Dot Matrix printers with Lasers across the enterprise
- Implemented Natera Interface

EPIC

- **$9.7 million** increase in AR- mass resubmission on aged claims which resulted in $9.7 million increase in AR!
- MyChart went live in **10** languages
- **~3500** active users for EpicCare Link
- **550** Kiosks installed across **17** Gotham sites
- Implemented push notifications to Inbasket + Haiku for critical lab results
- Completed **494** IP Clinical Enterprise-wide optimizations
  - E-Rx @ HJC; Rehab; + Epic Monitor
- Completed **135** Ambulatory demands + new features and functionality as part of HP **4.0 +** regulatory requirements for Home Health
  - Urgent Care; Center X

1 year of all teams keeping up with **multiple:**

- Data Center move waves
- Projects – SBH; SBH HERRC+
- Implementations
- System Upgrades - Hyperdrive
- Security remediations and mitigations
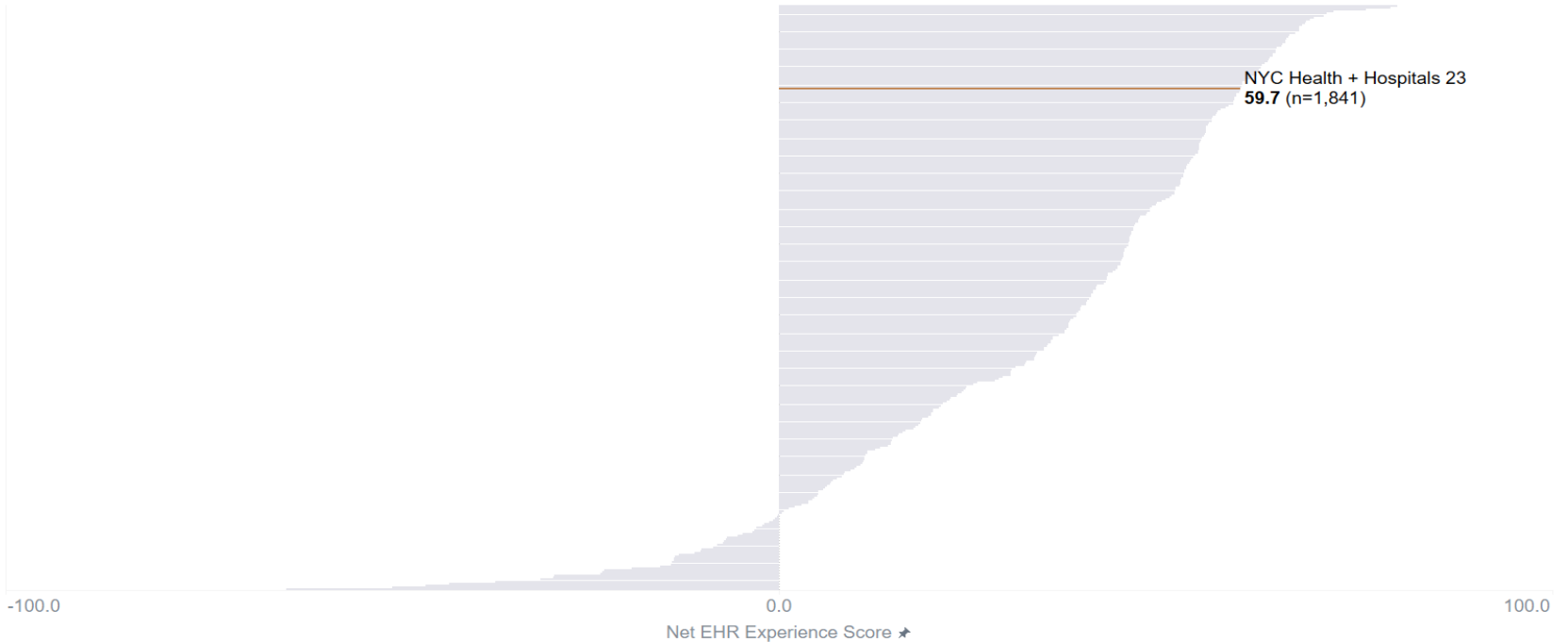- **Hundreds** of tickets – incidents, changes, requests

NYC HEALTH + HOSPITALS

HONOR ROLL

Epic

Cum Laude

time 2 achiever

Gold Stars Level

8

Net EHR Experience Score
All respondents

NYC Health + Hospitals 23
59.7 (n=1,841)

-100.0   0.0   100.0

Net EHR Experience Score ★

Information Security & Risk Management : Key 2023 Accomplishments

- Coordinated with Office of Corporate Compliance and Coalfire to conduct annual HIPAA Risk and security assessment
- Completed NIST CSF assessment , controls implementation with notable improvements.
- Conducted initial Zero Trust assessment towards improving cybersecurity program.
- Reviewed, updated, and published EITS policies, Plans, Standards and SoPs
- Conducted Cyber Security Awareness Month Program with partners in EITS and US CISA NY Office
- Conducted 180 security reviews
- Upgraded security infrastructure to ensure latest threats are prevented, detected and monitored
- 1.35 Billion ePHI blocked, 36.4 Million phishing attempts blocked, 1.56 Billion events blocked on perimeter IPS, 13, 000 malware deleted
- Enabled DLP blocking of Webmail downloads containing ePHI when off the H+H network
- Blocked TikTok and locked Appstore on Corporate owned devices
- Reviewed and resolved over 200 incident response cases related to advisories received from various external resources
- Worked across various teams to remediate several critical vulnerabilities spanning Microsoft Windows, F5 and Cisco products, Apple iOS, Exchange, Oracle, and WordPress
- Continual review and remediation of identified high impact infrastructure & medical device vulnerabilities
- Worked with Windows/SCCM teams in increasing patch compliance for Windows servers
- Completed Asimily- Cisco ISE Integration to proactively limit access points
- Successfully completed July 2023 Resident and Medical Student Go Live- Onboarded ,2500 users
- Onboarded 25,060 new Epic users; resolved 35,600 tickets
- Built and expanded Security Awareness training program to include multiple new specialty based training campaigns
- Coordinated and participated in leadership cybersecurity tabletop exercises
- Completed a full year of automated phishing testing for all workforce members
    - Improved our workforce member Phish prone rate from 8.7% to 3.6% in December, industry average 5%

EITS Business Operations: 2023 Highlights

- **Staffing / Position Control Strides**

  - Overall positive increase in FTE hires and decrease in use of supplement staff.

  - Operational efficiency gains in leveraging technology to support supplemental staffing processes, timekeeping and tracking functionalities. All required departments are in the workflow (EITS Operations and Program, HR, HRSS, etc.)

- **Restructuring & rightsizing** of the EITS Business Operations teams to align with deliverables and services we provide to EITS

- **Substantial strides** achieved in forecasting a long-term baseline operating as well as capital budget, consistently aligning them with the needs of all areas within H+H. Significant progress has been made to ensure that EITS plays a significant role in H+H's comprehensive capital planning as it relates to technology needs.

- **Currently creating** a framework to start applying for alternative funding sources such as grants available through NYS, federal programs and/or non-profit and private entities.

- **EITS Staff Engagement**: The summer employee engagement event was a success! We will continue to brainstorm new ideas to network and connect with various EITS teams.

EITS Project Management Office & Governance

Demands by year
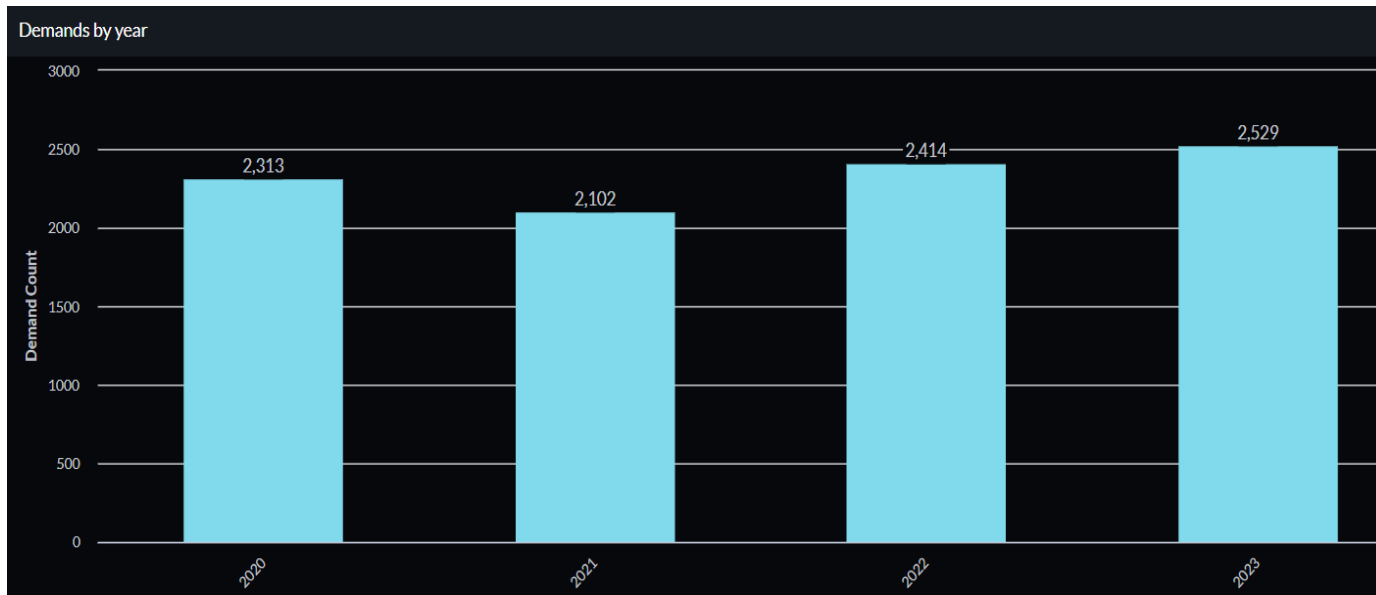
2023 was a record year for EITS with 2,529 demands submitted

A demand is required, through ServiceNow, for all EITS-related requests pertaining to biomedical devices, information systems and applications, including optimizations, that comprise the NYC Health + Hospitals network and all the electronic information (data) and communication contained within the network. This pertains to net new or existing solutions

EITS 2023 System Governance

- 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) Advisory Council

Enterprise Support Services: Customer Experience

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%	95.36%	95.52%	**94.00%**

ESD CSAT Scores – 2023
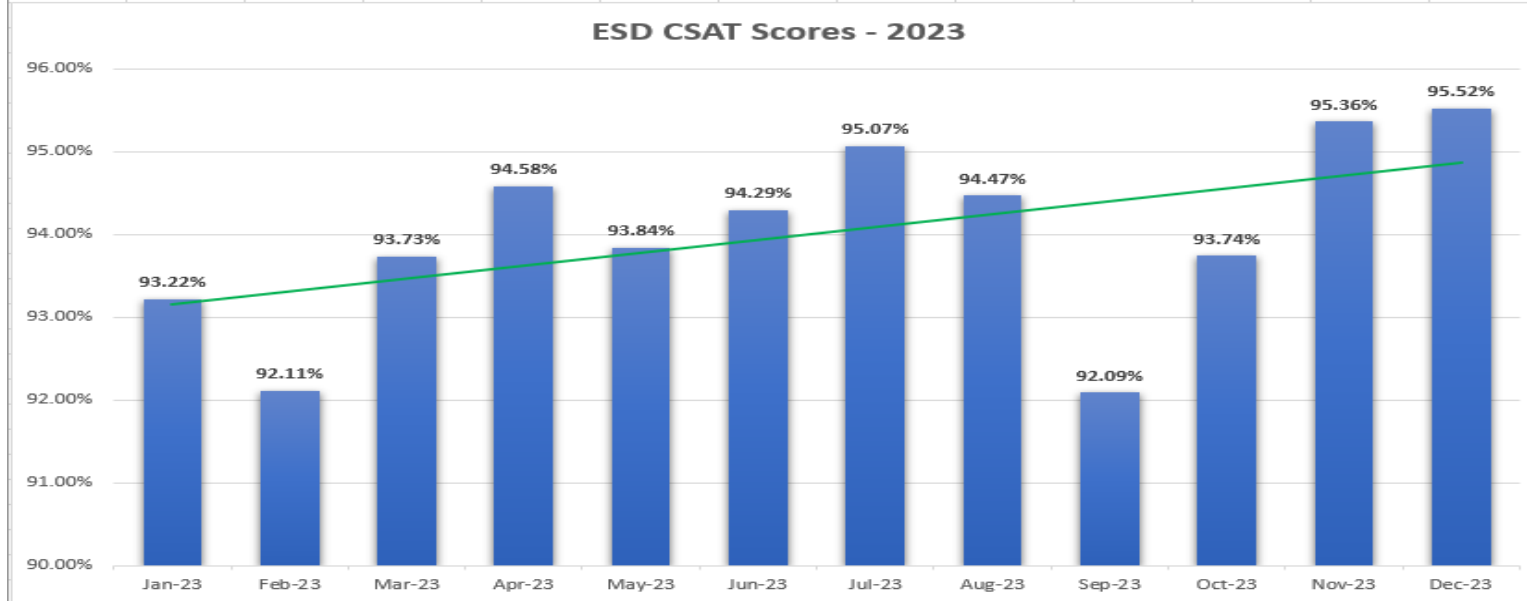
Business Applications: 2023 Highlights

- Upgraded WebTerm and OnDemand (Mainframe)
- Upgraded GHX to CP4 application
- Implemented Kibana data analytics for managers
- Implemented integration between PeopleSoft and Kahua for proper planning, management, administration, and reporting of OFD Capital Projects
- Implemented ELM Auto Enrollment & Customizations
- Implemented various vendor integrations for the Voluntary Defined Contribution retirement benefit plan
- Implemented interfaces from PeopleSoft to Cornerstone, MentorcliQ, ElmStars (HALO)
- Implemented new functionality in PeopleSoft including tuition reimbursement and preliminary offer letter for Nursing
- Supported the UKG Initiative
- Supported the Data Center Migrations
- Supported 39 Labor Relations Orders/Longevity
- Enhanced Webclock functionality
- Enhanced IIQ process by adding additional custom mapping, vendor, employee type
- Migrated NALU (Name Address Look-Up) and EHIS (Employment history) data from legacy system into PeopleSoft
- Implemented new guided Self-Service functionality for Employees and Managers
- Implemented HR Portal modifications and DnA access
- Built Robotic Process Automation in OnBase
- Built functionality in OnBase for Records Management
- Deployed Infinity Web 2.0 for improved scripting tool & additional functionality for Patient Contact Center/Patient Appointment Center users
- Upgraded Enterprise Passage Point Visitor Management System for system-wide scalability
- Upgrading PeopleSoft HR, Financial, and Supply Chain applications to the latest version
- Upgrading Hyperion Planning and Cost Accounting applications and changing platform from AIX (Unix) to Window

NYC Health + Hospitals/Kings

2023 Highlights:

- SDA Migration started Entire facility
  - Cardiology Surveillance and Overviews
  - IT devices Computers, Printers and Phones completed D&S buildings
  - Clinical equipment migration is running in parallel.
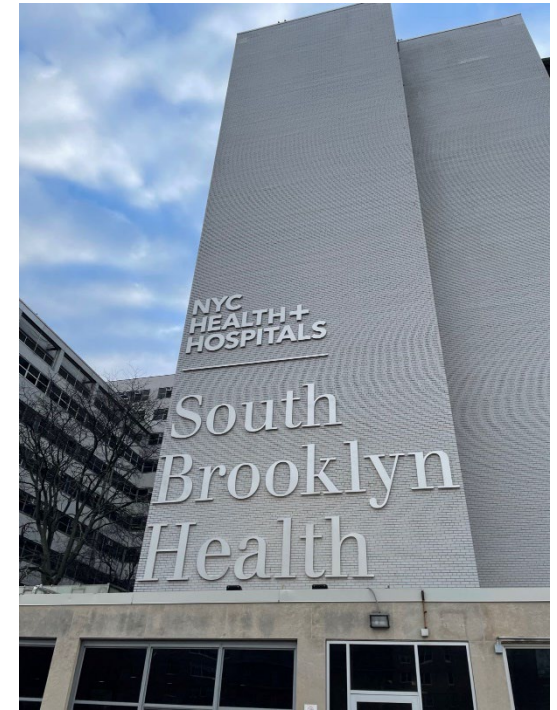- Site Director Dashboard Service-Now across all IT service lines

Completing the Journey :
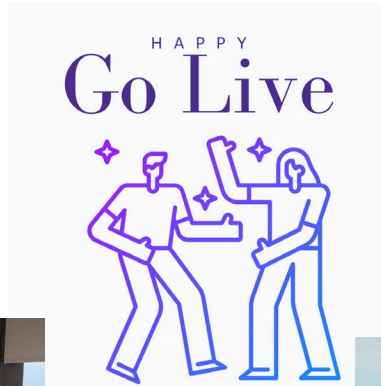**Coney Island Hospital to South Brooklyn Health**

RBG Hospital Bldg
Opened
May 7, 2023

South Brooklyn Health: May 2023 Go-Live!

- The South Brooklyn Transformation – Ruth Bader Ginsburg Hospital went live on May 7th, 2023 4:45 AM
- No major issues during cut-over
- EITS Staff was onsite to support the Go-live
- The Support Bridge was closed on Tuesday, 5/9/2023 at 5:00 PM
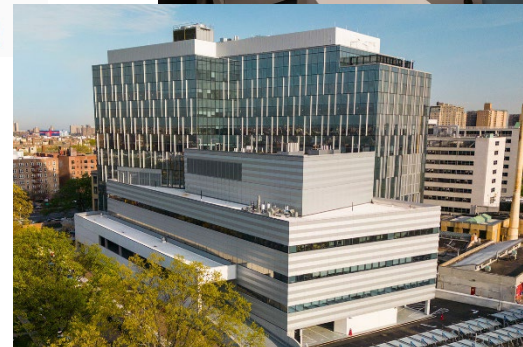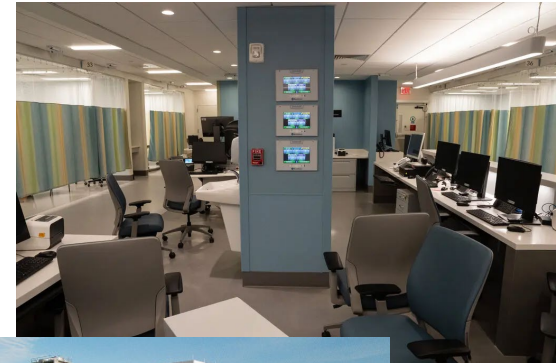
2023 EITS Awards & Recognition

2023 SBH EITS TEAM: AMAZING EMPLOYEES RECOGNITION

NYC Health + Hospitals/ Jacobi & NCB : 2023 Recognition

Thank You!

MetroPlusHealth

NYC Health + Hospitals

Medical & Professional Affairs and Information Technology Committee Report

Monday, February 5th, 2024

Dr. Talya Schwartz, President & CEO

Regulatory Highlights

1115 MRT Waiver Amendment

- CMS formally approved New York State's 1115 MRT Waiver amendment, through the end of the current waiver period on March 31, 2027 – giving the State three years, instead of the usual five.

- CMS authorizes the state to draw down "up to" $6B in federal funds in that time, down from the $13B requested over five years.

- There is additional State tax contribution of at least $1.8B.

- Plans will have a more central role in this waiver, but details are still to be worked out.

1115 MRT Waiver Amendment

The Amendment includes the following four new initiatives:

1. **Health-Related Social Needs (HRSN):** $500M + $3.173B

2. **Health Equity Regional Organization (HERO):** $125M

3. **Medicaid Hospital Global Budget Initiative:** $2.2B

4. **Strengthen the Workforce:** $694M

The amendment also "supports" the state's preparation for participation in two Center for Medicare and Medicaid Innovation (CMMI) alternate payment models:

1. Making Care Primary

2. States Advancing All-Payer Health Equity Approaches and Development (AHEAD)

Goals of this Amendment

- Investments in HRSN via greater integration between primary care providers and community-based organizations (CBOs).

- Improving quality and outcomes for enrollees in areas with historical health disparities and disengagement from the health system, including an incentive for safety net providers serving these enrollees.

- Focus on integrated primary care, behavioral health (BH), and HRSN to improve population health and health equity outcomes for high-risk enrollees.

- Workforce investments

- Developing regionally focused approaches, including new VBP programs, to improve health, outcomes, and equity.

MetroPlusHealth BH Collaborative Model

Behavioral Health (BH) Care Management (CM) Redesign

Since the pandemic, we have seen a great impact on the Behavioral Health System in NYC. While COVID 19 crisis did have a positive impact on reducing stigma on behavioral health conditions, negative consequences remain.

- BH services transitioned to telehealth, reducing in-person access
- Inpatient psychiatric beds reduced
- Increased demand for BH services
- Historical opioid overdoses
- BH workforce shortages

In broad collaboration with H+H, MetroPlusHealth's BH Department has redesigned its care management program to focus on transitions of care after a BH admission to reduce readmissions, and support outpatient engagement with both behavioral health care and physical health care.

Plan-Delivery System Integration

MetroPlusHealth enhanced CM resources to members with histories of unsuccessful transitions of care from inpatient MH/SUD settings.

The Plan provides real-time member utilization data that is not readily available to hospital colleagues as discharge plans are developed. For example:
- Recent pharmacy, BH and PH utilization outside of the H+H system.
- BH and PH quality gaps in care.
- History of non H+H SUD outpatient and inpatient utilization (often missing in Epic Care Everywhere).

Redesigned CM includes **five-tier levels of care model** that added high-intensity, community-based presence (<u>onsite CM, "PODs", peer support, long-term monitoring, and telephonic CM</u>).

To fully integrate the "POD" CM model with hospitals, MetroPlusHealth deployed full time care managers at Metropolitan, Kings and Jacobi in close collaboration and guidance from H+H Office of BH.

Care Management for Transitions of Care

NYC HEALTH+ HOSPITALS

Facility Based Care Manager
Member engagement and discharge planning support.

Onsite BH CMs at H+H facilities

Onsite BH CMs at high volume inpatient Substance use facilities

Transitions of Care
Members linked to BH care management to best support their behavioral and physical health aftercare.

Community Outreach Pod (POD)
- Inpatient member engagement.
- Day of discharge escort home as clinically needed.
- Community-based follow up post discharge.

Telephonic Care Management
- Telephonic care management for transition of care.

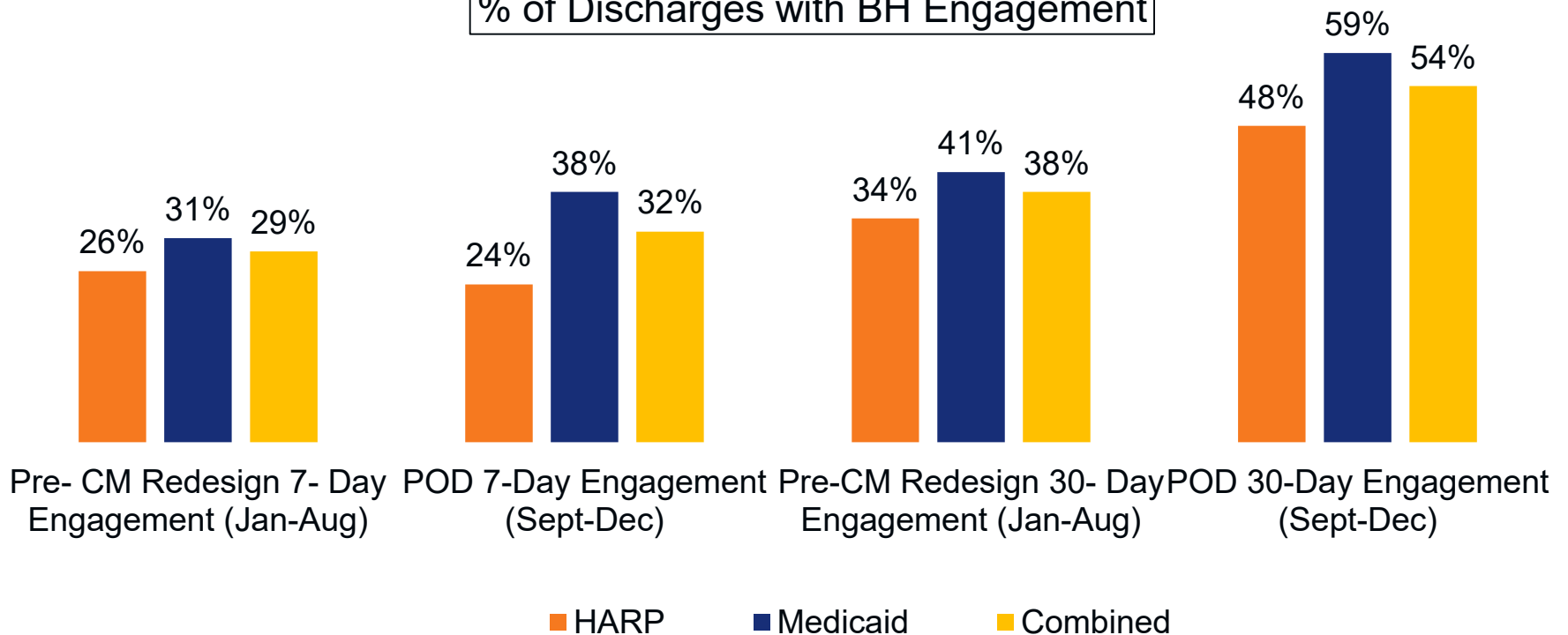## Long-Term Care Management Monitoring
- Collaboration with high-intensity BH providers to support member's care plan.

Peer Specialist Support
- Peer Specialists engage members.
- Assist with entitlements, attending. appointments, housing interviews, transitions in care and crisis intervention.
- Members engaged w/peer specialist up to 6 months based on recovery needs.

Engagement Increase with Program Redesign

% of Discharges with BH Engagement

Pre- CM Redesign 7- Day Engagement (Jan-Aug)
- HARP: 26%
- Medicaid: 31%
- Combined: 29%

POD 7-Day Engagement (Sept-Dec)
- HARP: 24%
- Medicaid: 38%
- Combined: 32%

Pre-CM Redesign 30- Day Engagement (Jan-Aug)
- HARP: 34%
- Medicaid: 41%
- Combined: 38%

POD 30-Day Engagement (Sept-Dec)
- HARP: 48%
- Medicaid: 59%
- Combined: 54%
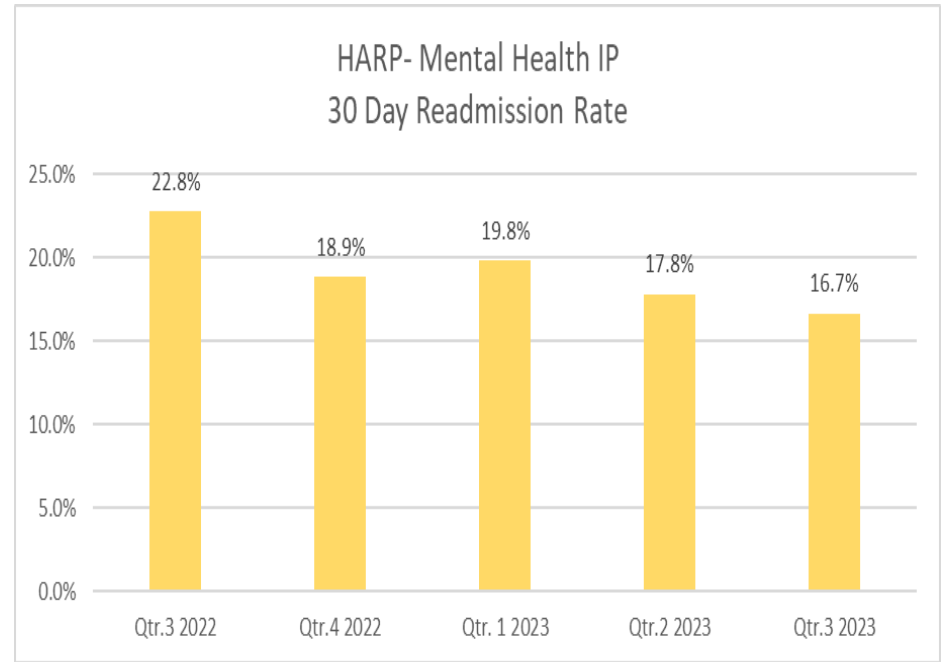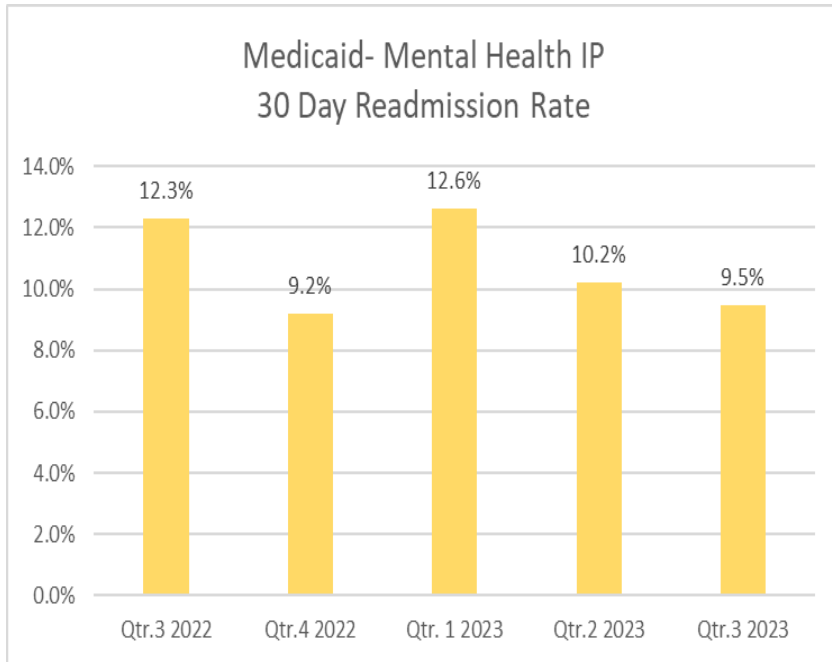
Legend:
- HARP
- Medicaid
- Combined

Favorable Follow Up Rates
Post Discharge

The onsite Care Management and POD model demonstrates MCO and Hospitals partnership sought by NYS OMH to improve transitions care. In a short few months, we are seeing a positive impact.

Post Discharge Outcomes	Metropolitan Post-Onsite/POD (Oct-Dec)
7- Day Engagement	+38%
30-Day Engagement	+32%

MCO Leader In The Performance Opportunity Project (POP)

- MetroPlusHealth is participating in a NY State Office of Mental Health (SOMH) Performance Opportunity Project (POP), that aims to increase the utilization of clozapine to treat clinically appropriate patients diagnosed with schizophrenia who are high utilizers of inpatient and/or emergency services for psychiatric conditions.

- Clozapine is an oral antipsychotic medicine used to treat schizophrenia in patients whose symptoms are not adequately controlled with standard antipsychotic drugs.

- By end of Q2, MetroPlusHealth was the highest performing Medicaid Plan in NYS POP, representing a 74% improvement in 12 months.

BH Centers of Excellence (COE)

BH Centers of Excellence (COE)

- The New York State Office of Mental Health (OMH) has leveraged federal Medicaid managed care incentive authority to fund the COE for Medicaid MCOs to incentivize providers to develop Behavioral Health System capacity and address critical gaps in inpatient, outpatient, and care management services in New York City.

- OMH has designated MetroPlusHealth and two other MCOs to administer the COE for hospitals, $33.3M per plan (less administrative fees).

BH Centers of Excellence (COE) | NYC H+H

MetroPlusHealth and H+H Center of Excellence Program focused on:

- Pre-COVID inpatient psychiatric inpatient bed capacity.

- Expansion of crisis services for children.

- Outpatient treatment program for high-risk children/adolescents.

- Community Health Worker expansion for emergency room discharges.

- Expansion of Virtual Care for BH.

BH Provider Alignment

Innovate Provider Offerings

Pay for performance for Medication Assisted Treatment (MAT) for alcohol and opioid use disorders
- Go-live 1/1/24.
- Performance payment for starting members on medication during inpatient admission, kept 7-day post discharge appointment and continuation of MAT within 30 days of discharge.

BH Transition Aged Youth Services
- Transition Aged Youth are 16-25 year old members transitioning from the child mental health system to the adult system of care.
- Over 90% stop mental health treatment between the age of 18-21years old.
- MetroPlusHealth is funding two Transition Aged Youth Programs at Health + Hospitals (Queens and Brooklyn).
- Launching Q2 2024.

Project Teach Expansion with Health + Hospitals
- Project Teach provides telephonic consultations and training to pediatric and maternal primary care providers to support managing children and pregnant members experiencing mild to moderate BH conditions.
- Decreases strain on access to BH network.

HIV Services – Advanced Care Management (ACM) at MetroPlusHealth

- Effective July 1, 2023, the Advanced Care Management (ACM) program allows HIV SNPs to serve and support their complex populations with care management services that are not currently being provided, to address risk factors around homelessness, sexual health, viral load suppression, and initiation and/or adherence to Antiretroviral Therapy.

- The program includes integration of health promoting activities, such as targeted care coordination, supportive services and supportive education, pharmacological assistance, and engagement in care activities to engage members to promote optimal health outcomes.

- The ACM program is intended to serve all qualifying members who are enrolled in an HIV SNP but are **NOT** enrolled in a Medicaid Health Home (HH) or Health Home Plus (HH+) program at the time of service.