NYC HEALTH+ HOSPITALS

AGENDA

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

Date: **February 9th, 2026**
Time: **9:00am**
Location: **50 Water St. New York, NY
10004 Room 1701**

BOARD OF DIRECTORS

CALL TO ORDER

ADOPTION OF MINUTES – November 3rd 2025

CLINICAL OPERATIONS UPDATES   **DR. TECKIE**

METROPLUS HEALTH PLAN   **DR. SCHWARTZ**

CHIEF INFORMATION OFFICER REPORT   **DR. MENDEZ**

CHIEF NURSE EXECUTIVE REPORT   **DR. CINEAS**

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

NYC HEALTH+ HOSPITALS

Medical and Professional Affairs / Information Technology Committee–November 3rd, 2025
As Reported by Dr. Vincent Calamia
Committee Members Present- José Pagán, Dr. Mitchell Katz, Dr. Michael Espiritu, Dr. Vincent Calamia, Dr. Patricia Marthone.

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 9:02AM.

Adoption of the minutes of the September 8th, 2025 Medical and Professional Affairs/Information Technology Committee. Upon motion made, was seconded and approved by Dr. Calamia.

Action Item
Sewit Teckie, MD Systems Chief Clinical Service Operations, Wendy Wilcox, Chief Women's Health Officer, and Melissa Hilaire, Assistant Vice President presented to the committee:

> **Authorizing the New York City Health and Hospitals Corporation (the "System") to increase funding by $29,922,455, which includes a 10% contingency, to its previously negotiated and executed contract with Natera, Inc. ("Natera") for prenatal testing services. The cumulative not to exceed value for services provided by Natera shall increase from $15,000,000 to $44,922,455 for the remainder of the contract term, which continues until 12/31/2027, including two, one-year renewal options exercisable at the discretion of the System.**

Ms. Hilaire provided a rationale for the sizable ask of the funding increase. The presentation focuses on prenatal genetic test, an essential pillar of the prenatal care program. These prenatal genetic tests enable early on to place critical information in the patient's hands, empowering them to make the best decisions for themselves and their families. Equally important these test results guide the pregnancy and medial management of the pregnant mother and their babies. While monitoring the contract spend it was noticed that the disbursements were out pacing the NTE value, this is because the cost for carrier screens were not included in the original financial projections.

The prenatal screening program is designed around 2 core services: Non-invasive prenatal test, which analyses the fetal DNA to detect common chromosomal abnormalities such as Down Syndrome, and Carrier screening, which is Testing of the parents' DNA, before or during pregnancy; or to identify hidden genetic mutations that could put a child at risk for a serious condition. This is considered part of routine care. Health + hospitals aligns with both NYS Department of Health and (NYSDOH) and American College of Obstetricians and Gynecologists (ACOG).

These services are reimbursable by third-party payers; a conservative estimate showed $24 million collected for the period of calendar year 2023 through July 2025, which is expected to fully offset the contract's cost.

The reason for this request is that the original NTE amount only covered the cost of Non-invasive Prenatal Test (NIPTs)and did not include the cost associated with the Carrier Screening, and was not calculated into the NTE due to our inability to quantify utilization across the health system, and the demands for NIPTs exceeded the original forecast. The contract value will rise from 15 million to approximately 44 million through 2027.

Board member raised a question: *how is the family counseled if the family is positive? Response from Dr. Wilcox; there are counselor at all the site and they are referred if the family needs them, if the counselors need answers themselves they can call Natera.* ***Board member raised a question:*** *does Medicaid pay for this? Dr. Wilcox responded that Medicaid pays for both.*

The resolution was duly seconded, and unanimously adopted by the Committee for consideration by the full Board.

Theodore Long, MD Senior Vice President Ambulatory Care Operations, and Chris Keeley, Senior Assistant Vice President Ambulatory Care Operations presented to the committee:

> **Authorizing the New York City Health and Hospitals Corporation (the "System") to execute contracts with Rapid Reliable Care NY by DocGo, LLC, AC Disaster Consulting, Premier Assist LLC, Cherokee Nation Management & Consulting, LLC, and Medrite LLC for public health rapid response services at a not to exceed amount of $75,000,000 for a contract term of three years and two one-year renewal options exercisable at the discretion of the System.**

Ambulatory Care Operations is seeking to contract with multiple vendors for citywide mobile testing, treatment, and vaccine services during possible outbreaks, including COVID-19, Mpox, measles, and tuberculosis. This pooled contract will ensure that vendors are pre-approved for emergency response, avoiding the need for emergency contracting during a crisis.

The scope of work for these services is modeled on the successful mobile strategy implemented during the COVID-19 and Mpox emergency responses, where NYC Health + Hospitals played a critical role in supporting the City's public health response to those outbreaks. Pricing for these services is primarily based on a per-team-per-day basis.

In the event of an activation, vendors will be expected to deploy 5 or more mobile units per day, operating 5-7 days a week, starting immediately after activation. Mobile services may include medical care provided from units like Sprinter vans, tents set up on city sidewalks, or at indoor locations that the vendor is responsible for setting up and breaking down. The vendors will be responsible for staffing, patient notification, mitigation planning, response logistics, data and reporting, and daily coordination with NYC Health + Hospitals; they will be expected to meet performance KPIs, including mobilization time, response time, and provide all reporting as requested.

Vendors will be managed by existing staff under the Office of Ambulatory Care. No additional internal resources are expected to be required for most small to medium size responses utilizing these contracts. Vendors will be assigned work based on their expertise and capacity. Whatever the response size needed, NYC Health + Hospitals will require written authorization from its President/CEO to activate operation under these agreements. The Health + Hospitals Board and OMB will be informed of the President/CEO approval and OMB will be asked to provide agreement to cover incurred costs, prior to vendors beginning service.

The NTE was calculated on activations 16 teams/day for 120 days/year for each of the up-to-five years of the contract. Vendors are only paid for activation time (i.e., there is no retainer structure), and there is no minimum work guaranteed under the contract.

Board member raised a question: what happens with small out-breaks and did we use this many vendor before, how effective was it, and do we anticipating any small out-breaks coming? Mr. Keeley responded; from the prior experience on a smaller out that was used on breakout on Mpox, a half of dozen teams at any given time for about four months, using six teams, in COVID it was about 130 mobile units were out on any given day operating for 12 hours a day 7 days a week for about 15 months. The focus now is to see what does it look like to have a medium size response; for this contract it would be a, 4-month response 16 teams every year for 5 years. This contract would prepare us for the future if we need it. In regards to the usage Dr. Long provided the reasoning; there has been success with this structure, lesson learned from COVID. The other is when the Mpox outbreak began, community members would reach out at 2:00AM letting them know that there was an immediate at high risk venue. Because the structure was in place they were able to mobilize immediately, and were able to vaccinate 60% of people. These supports will have us ready for any situation.

Board member raised a question: what if the disaster is flooding or bad air quality, are we fine for these contracts to go into effect? Mr. Keeley responded; The system currently has a contract for the emergency response activation sites, those can be used for a number of different emergencies, such as hurricanes and other wide spread evacuation scenarios, even a large fire. If there are individuals that would need more than what a shelter could provide but less than what a hospital would provide, the intent of that contract is to have that in between capacity so that if needed a field clinic. The contract also allows for a short order response for isolation quarantine at hotels if an infectious disease breakout happens. This allows a good amount of flexibility. This is the mobile response contract.

Board member raised a question: which is the new vendor on this contract and how does the vendors sustain the staff/equipment and be ready to respond right away where there is no retainer fee? AC Disaster is the new vendor. Rapid Reliable, Medrite and Premier are medical urgent care companies, they have several sites, plenty of staff and a supply infrastructure that's in place and they are all local entities. Cherokee Nation Management & Consulting LLC, and AC Disaster Consulting, they are use to getting calls for a hurricane and they need to deploy in 3 days, they can pull staff from all over the country, they have supply chain teams that can respond in a middle of a hurricane. Some of them are for local response and the others are for the heathier task, depending on the type of response there are a variety to choose from at ready availability.

The resolution was duly seconded, and unanimously adopted by the Committee for consideration by the full Board.

Theodore Long, MD Ambulatory Care Operation, and Dr. Steven Pulitzer, Director, Enterprise Radiology, presented to the committee:

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a contract with Lenox Hill Radiology and Medical Imaging Associates, P.C. for outpatient radiology imaging services at a not to exceed amount of $12,228,746, which includes a 20% contingency, for a contract term of three years and two 1-year renewal options exercisable at the discretion of the System.

Health + Hospitals currently contract with a vendor to provide studies we cannot perform in the volume we need. Those studies are subspecialties exams for PET/CT for cancer patients, and advance cardiac imaging for cardiac disease. The ask is to expand on this contract to allow sites that are currently not using that vendor to have access to that vendor for their patients. The resulting contract will be available to all eligible NYC Health + Hospitals facilities and patient populations. The radiology imaging services have the following goals:

- Provide all patient populations a consistent level of access to Radiology PET/CT, Cardiac CT/MRI, and other advanced imaging procedures, and minimize the potential risk of extended wait times while the health system builds capacity to support these exams. Establish a clear governance mechanism to decide when and where the external third party service provider should be engaged for in-scope services.
- Define a vendor clinical and operational performance standard.
- Track Radiology services that are referred to the third-party service provider.

Contracting with a third-party imaging service provider will help address long wait-times for in-scope advanced imaging procedures resulting from new patient demand growth and capacity limitations at facilities. NYC Health + Hospitals would activate third party referrals when patient wait time extends

beyond our target Turnaround-Time (TAT) objectives. The future external referral volume will reflect the actual patient demand. The vendor contract is a bridge to NYC Health + Hospitals Enterprise Radiology building the infrastructure to provide the services on-site at our acute care hospitals and outpatient imaging centers. Currently active planning stage for addition of 2 PET/CT scanners at 2 acute sites. Currently there is implementation of Cardiac MRI Imaging program at one of the Gotham sites, set to go live in January.

The current vendor is Lenox Hill Radiology and Medical Imaging Associates, P.C., a RadNet affiliated imaging center. To date, only Bellevue Hospital has an account with Lenox Hill Radiology and Medical Imaging Associates, P.C. through this contract. The contract value vs. NYC Health + Hospitals Annual Vendor Payments; NYC Health + Hospitals pays Lenox Hill Radiology and Medical Imaging Associates, P.C. plus approx. payment by 3rd party/insurance. NYC Health + Hospitals currently pays to Lenox Hill Radiology and Medical Imaging Associates, P.C. annually: $816,000 (based on CY2024), this includes uninsured and Medicaid patients.

For uninsured patients there is a contracted rate with the vendor which is the Medicaid rate that would be billed for that patient. It will keep track of which patient have insurance and which do not before they go there. The insured patients are then billed by the carrier at the carrier's rate. Should a patient present a non-participating insurance plan, the patient would be notified before the service of the amount expected and requested to sign a waiver of consent before receiving service from Lenox Hill Radiology and Medical Imaging Associates, P.C., ensuring transparency and understanding. If there is a delinquency on a co-pay or an amount of excess of what the carrier paid for the privately insured patients, the vendor will treat them as their own patient and look at as a case by case basis and decide with the patient on the owed amount.

Board member raised a question: *for an insured patient we might end up paying more for them than for an uninsured at the CMS rate?*
Board member responded; *for the uninsured we pay Medicaid. The co-pay should be less than the Medicaid rate. Dr. Long, mentioned the goal is to have these imaging in house.* **Board member raised a question:** *How do our doctors get a copy of the images, and an interfacing is being looked at? Dr. Pulitzer responded; there is an electronic space that is being put in place. Right now, the reports can be faxed and there is a system called power shared to review the images and the reports at the same time. Epic is in the implementation phase. Dr. Bouton commented that, the reports you can get through the portal, we will go live with Epic then the reports will be available. The reference quality images will be available through Epic when they transition. Diagnostic is through power share is a way to transmit images, and can get images and report between facilities.*

The resolution was duly seconded, and unanimously adopted by the Committee for consideration by the full Board.

SYSTEM CHIEF NURSE EXECUTIVE REPORT
Natalia Cineas, DNP, System Chief Nurse Executive, Office of Patient Center Care, provided the following highlights.

There have been several achievements, including the launch of the inaugural Nurse Educator Fellowship Program in partnership with Mercy University made possible with the grant received from Mother Cabrini Health Foundation, allowing the ten educators to complete the Advanced Nurse Educator Certificate Program, tuition-free.

The system also held a celebration for the Nursing Clinical Ladder Program. This year's celebration honored 1,930 participants from the 2024 program year and featured 13 exceptional NCLP projects led by nurses representing facilities throughout the system. It was attended by ~50 in person, and hundreds virtually.

A new groundbreaking Neonatal Intensive Care Fellowship Program for new graduate nurses. The first NICU (Neonatal Intensive Care Unit) Fellowship cohort on September 22, 2025 at NYC Health + Hospitals with four fellows. This is a groundbreaking program designed to support newly licensed nurses as they build the specialized skills, confidence, and resilience needed to care for our most fragile patients.

National recognition was given to Metropolitan and Carter, with Carter being the first LTAC in the country to receive the Pathway to Excellence with distinction designation. Three sites, Metropolitan, South Brooklyn, and PAC were able to present poster at the Magnet and Pathway conference. The 4th annual Nursing Doctoral Circle, was held and recognized 16 nurse leaders who had attained their doctoral-level education. The 4th annual virtual Respiratory Care celebration was held on October 2th.

CLINICAL SERVICES OPERATION REPORT
Dr. Theodore Long, Ambulatory Care Operation, provided the following highlights.

Dr. Long presented a major milestone in Primary Care, and discussed how they are starting to track data from 2015.   He explained that while 2015 data showed 453,000 patients, those figures were going down every year, we were losing our patient. Several issues were the cause of this decrease. When changes started to be made, like cutting down wait-time by 50%, which gave more opportunities for more patients to get care in our systems. NYC care was started, which treated people with Human Rights. A Board member made a comment to elaborate on how much more this drop and increase impacted the patient count being referred to in the system. Included in that count, non-primary care visits coming in for other treatment. Since establishing a true, conservative baseline, the patient panel has grown consistently. To

date, Health + Hospitals now has more patients in primary care than at any point in its "recorded history". This growth in access has been matched by an increase in quality. Dr. Long mentioned the quality is the highest it has ever been. Recently at Morrisania, they received an award for hypertension control, where their patient have the best hypertension control. The hypertension control rate is at 86%, the best in all of New York State.

CHIEF INFORMATION OFFICER REPORT

Dr. Kim Mendez, Senior Vice President and Corporate Chief Information Officer, provided the following highlights:

Dr. Mendez opened the EITS update by thanking the Board for the recent opportunity to provide the Cyber Security Overview presentation enterprise-wide training is and highlighted that October is Cyber Security awareness month and enterprise training is underway. The discussion then moved to technology, reporting that the AI service line is actively being built with established governance and a formal intake process in place, a recent focus on key areas like the revenue cycle, automation of quality metrics collection and ambient listening noted as a forthcoming technology. An update on the Oracle Cloud implementation for payroll and scheduling confirmed the project is in test phase two and on track.

Dr. Michael Bouton then presented two initiatives: first, a patient outreach system that identifies patients missing necessary care, such as cancer screenings, and proactively sends a "scheduling ticket" with an open appointment slot for targeted guidance; and second, a new personalized training solution for providers and nurses that uses brief, customized modules to decrease time commitment and maximize educational benefit, featuring the spokesman "Professor Drop".

Dr. Mendez then gave a high-level update on printing metrics, noting that since tracking began in November 2024, the focus on reducing expensive color printing has led to significant results. Overall print volume has decreased by approximately 35% across the System, specifically a 63% reduction in color printing and a 32% reduction in black and white printing, leading to corresponding cost savings, with a full "year in review" expected at the next EITS Update. Dr. Mendez concluded the report by mentioning the EITS "Stars of Excellence" ceremony held in September, which honored 10 recipients from EITS.

METROPLUS HEALTH PLAN, INC.

Dr. Tayla Schwartz, President and CEO, MetroPlus Health Plan, provided the following highlights:

Noting that the plan achieved a **3.5-star rating** for 2026, narrowly missing the 4-star cutoff by just 0.05 points. About 60% of MetroPlus member who have Medicaid received their services at Health + Hospitals, when reported on improvement it is a testament to MetroPlus and the care they receive at

Health + Hospitals. Despite this, the plan showed significant improvements in 21 out of 45 quality measures and declined in 5. We improved on Part D, Hypertension Medication, Operational which measures the disenrollment of member, and patient satisfaction, which has been driven with their care providers. CHAPS improvement had a meaningful impact on the overall rating of the health plan.

The call center volume declined due to being proactive, by addressing people questions, there are automated reminders, and the member can do more functions themselves without needing to speak to a live person. With this there are less issues to address, which results in a decrease. Dr. Schwartz shared how proud they were of the Net Promoter. The Net Promoter Scores (NPS), hit an all-time high, NPS is whether a person will recommend the plan to others, or against it. One of the reasons the NPS is high, is that the issue is resolved 93% of all-time high, with 93%. The reason for 100% may not been achieved, is because sometimes it is a benefit package and the State says what can and cannot be provided. MetroPlus is doing well across the board with Net Promoter Score. Overall customer satisfaction was rated 4.7 out of 5.

There being no further business, the meeting was adjourned 10:06AM.

Enterprise Clinical Operations Updates:

GME Strategic Program Growth and Resident Cap Awards Impact

MPA/IT Committee
February, 9th 2026

Sewit Teckie, MD, MBA

Vice President, Enterprise Clinical Operations

Albina Shkolnik, MJ, MPH

Senior Director, Enterprise Clinical Operations

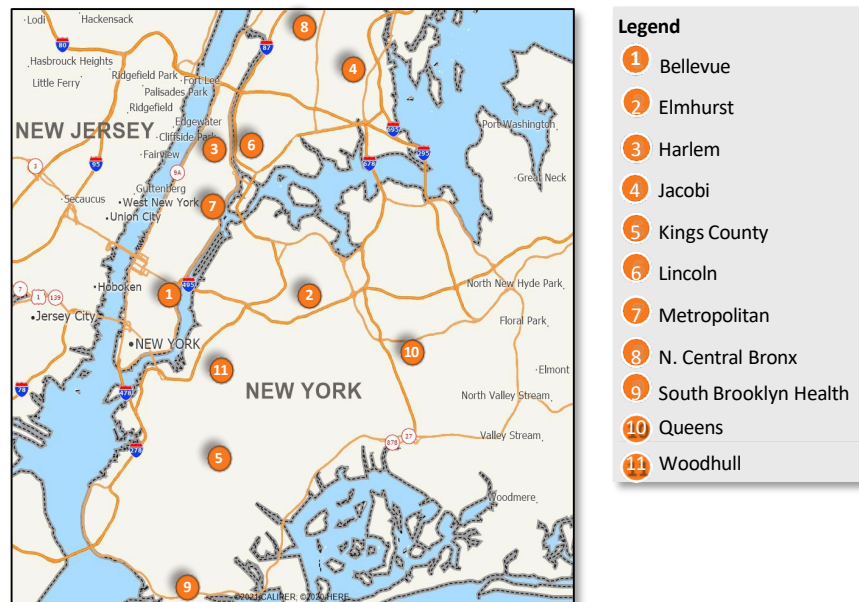# Executive Summary

National Workforce Investment:

- In 2021 and 2023, Congress authorized new Medicare-funded GME positions to address national workforce shortages for Health Professional Shortage Area hospitals; many of our hospitals qualify as HPSA and we applied in each round, from 2022 to 2026.

  - 1) CAA 126: 1,000 slots over 5 yrs.   2) CAA 4122: 200 slots, 1 time.

System Success, Sustainable Growth:

- We have secured 75 slots across multiple facilities and specialties as part of our strategy to directly sponsor more training programs

- Awards are permanent and support expansion of ACGME-accredited residency and fellowship programs; this expansion aligns with workforce needs and growth of high-need specialties.

NYC Health + Hospitals GME Enterprise at a Glance

NYC H+H Hospitals	**11**
NYC H+H Trainee FTEs	**2900+**
GME Programs	**349**
NYC H+H Sponsored Programs	**60**
Sponsoring Institutions	**16**
Medical Schools Partners	**7+**
FY25 GME Revenue (Medicaid and Medicare)	**$592M**

Legend
1. Bellevue
2. Elmhurst
3. Harlem
4. Jacobi
5. Kings County
6. Lincoln
7. Metropolitan
8. N. Central Bronx
9. South Brooklyn Health
10. Queens
11. Woodhull

We host one of the largest public GME enterprises in the United States.

Overview: How Medicare Funded "Cap Slots" Support Resident and Fellow Training

- 2 types of slots: Direct (DGME) and Indirect (IME); both are associated with federal funding from Medicare.
  - We aim to maximize both DGME and IME cap slots allocated to our hospitals and training programs

- Cap slots are flexible resources that can be shared:
  - Across programs within a facility
  - Between NYC Health + Hospitals facilities
  - Between H+H and approved partner institutions

GME Slots Awards Summary

Over 70 permanent FTE cap slots secured across four rounds, from FY2023-FY2026.

- We have been awarded slots across multiple primary care fields, surgery, specialties, and sub-specialties:

  - FY2023: Psychiatry, OB GYN, Internal Medicine, Primary Care

  - FY2024: General Surgery, Pulmonary Critical Care, Internal Medicine

  - FY2025: General Surgery, Gastroenterology, Psychiatry, Hematology Oncology, Internal Medicine

  - FY2026: General Surgery, Emergency Medicine, Psychiatry, Internal Medicine

NEW Residency/Fellowship Programs

Federal awards enabled entirely new programs in high-need specialties.

- **2023**
  - SBH: Surgery

- **2024**
  - Metropolitan: Hematology-Oncology Fellowship
  - Queens: Psychiatry

- **2025**
  - SBH: Anesthesiology

Impact of Medicare-Funded GME Expansion

- **Strategic Impact:**
  - Supports sustainable long-term program growth with associated funding.
  - Strengthens pipeline in high-need and safety-net specialties.
  - Advances health equity and access to care.

- **Key Takeaways and Future Growth Strategy:**
  - CMS Section 126 and 4122 awards are permanent.
  - FTEs are flexible and phased over time.
  - Collaborative, long-term planning ensures success of new and expanded programs.
  - We aim to continue transitioning select programs to H+H sponsorship, expanding our sponsored GME portfolio in a deliberate manner aligned with workforce needs, accreditation standards, and system priorities.

Acknowledgements and Thank You

- **Acknowledgements**
  - Dr. Katz
  - Our Board
  - NYC Health + Hospitals Senior Leadership at each Facility
  - NYC Health + Hospitals GME Finance Team
  - GME Teams at each Facility

As part of an ongoing commitment to enhancing safety and improving outcomes in labor and delivery, NYC Health + Hospitals is partnering with PeriGen to implement **PeriWatch Vigilance** — an advanced maternal-fetal early warning system currently scheduled for deployment in 2026.

Hidden Threats to Patient Safety

- **Culture & Team Dynamics:**
  - Hesitation to escalate
  - Hierarchy silencing nurses
  - Fear of being labeled 'difficult'

- **Processes & Systems:**
  - Inconsistent risk stratification
  - Delayed response to vitals
  - Poor handoffs (triage ↔ L&D ↔ postpartum)

- **Workforce & Environment:**
  - Staffing gaps, fatigue
  - Competing priorities (throughput vs safety)
  - Crowded units

- **Equity & Bias:**
  - Symptoms minimized
  - Pain and hypertension under-treated
  - Language barriers

How does Vigilance work?

- Vigilance is a maternal-fetal early warning system and clinical decision support tool that is designed to:
  - Notify the care teams of possible concerning maternal or fetal trends.
  - Assist the care team with situational awareness and prioritization.
  - Provide comprehensive patient data on one screen.
  - Enhance patient care delivery.
- Vigilance utilizes color coded notifications and sorting which enables early recognition and intervention
- The care team can quickly identify the patients displaying potential concerning trends:
  - Vital signs which lie outside of normal parameters
  - Concerning fetal heart rate patterns which are color coded according to severity
  - Concerning trends are sorted to the top of the Hub board   and notifications can be sent out to identified workstations

Vigilance Hub Board

- Consolidates critical data including vital signs, fetal status, and labor progress for all patients , all sites.
- Displays values with color coding based on NYCHH selected parameters.
- Dynamic sorting places patients with potential concerns at the top of the Hub board.
- One click access to patient details in the Single Patient View

Single Patient View

- Consolidates critical data in one screen
- Produces a composite overview of 4 or 12 hour trends in maternal vital signs, fetal status, and labor progress to assist the care team in decision making.

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Project Timeline

- January 26, 2023 - August 2023 Clinical Leadership evaluation of four (4) leading vendor fetal monitoring systems.

- September 20, 2023 In person meeting to select vendor. All facilities were represented by physicians and nurses—BHC, MET, HLM, LHC, JMC, NCB, ELM, QHC, SBH, WHH, KHC as well as CO, Nursing, IT, Procurement. **PeriGen Vigilance selected**.

- May 7, 2025 Contract finalized between NYC H+H and PeriGen, Inc.

- October 15, 2025 In-person PeriGen Clinical Steering Committee Meeting

- January 20-29, 2026 Site Assessments

- March 26, 2026 Go Live with Pilot Site, North Central Bronx

- May – December 2026 Facility Implementation Schedule

MetroPlusHealth

NYC Health + Hospitals

Medical & Professional Affairs/

Information Technology Committee

February 9th, 2026

**Dr. Talya Schwartz, President & CEO**

Project Edge Wave 1 is Live

Project Edge | MetroPlusHealth Transformation

What is Project Edge?

Project Edge is our business-driven core processing system modernization program.

A Core Processing System is the engine every healthcare insurer users to pay claims, manage the network, as well as member's eligibility and access to care.
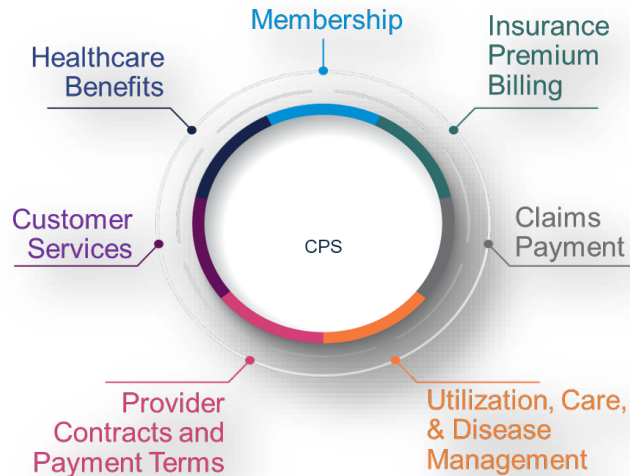
Why MPH decided to pursue a CPS Transformation?

We operate an antiquated claims system dating back more than 30 years and continually invest significant resources and effort to maintain and enhance it.

We process close to 9M claims a year using a legacy system which has difficulty supporting complex NY State requirements, sometimes leaving us only with manual solutions.

The automation and flexibility offered through a modern platform is more efficient and will improve experience for our stakeholders (by reducing manual processes, errors, and effort associated with issue remediation).

Lastly, support for our current platforms is being sunset making remaining on our current systems not a viable option for MetroPlusHealth.

Project Edge Wave 1 | A Milestone In Our Transformation Journey

MPH successfully transitioned its 4,900+ HIV-SNP members and their providers to the new, modern, and scalable platform.

Scope

- 200,000+ hours invested
- 1,920 business requirements
- 140+ contributors
- 100+ design artifacts

Quality

- 8,000+ test cases executed
- 1,400+ defects identified & resolved
- 160+ dashboards and reports

Readiness

- 340+ employees trained
- 190+ training artifacts
- 520+ P&Ps and DLPs

Project Edge Wave 1 Go-Live | What It Took To Get Here

The Wave 1 go-live was possible because of the investment and commitment from leaders and contributors across the organization and our partners. Over 200,000 hours of effort was invested implementing Wave 1.

2023   2024   2025   2026
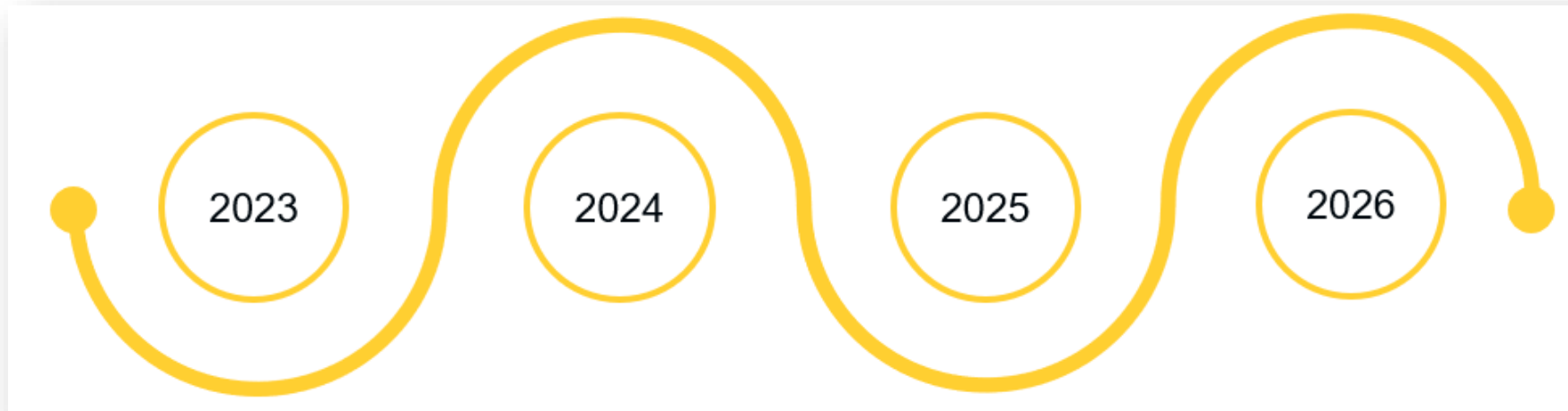
- Transformation Decision
- RFP and Contracting

- Design and Discovery

- Requirements completed
- Program Re-org
- Build Complete
- Training Began
- Testing Complete
- Go-Live - December 15th

- Wave 1 Stabilization
- Wave 2 Go-Live
- Enhancements & Automation

Medicare Adherence Improvment

Adherence Improvement in Medicare Members

- Medical Management team initiated an updated process to conduct more member centric outreach to ensure members pick up refilled medications, make appointments with providers when necessary for refills, address barriers to adherence and address any other questions members may have related to their adherence medications. Calls are conducted by Pharmacy Technicians to members, providers and pharmacies.

- YOY Member outreach calls for CY2025 increased by 1,050%; 2400 vs. 500 vs. 230 member calls made in 2025, 2024, 2023, respectively.
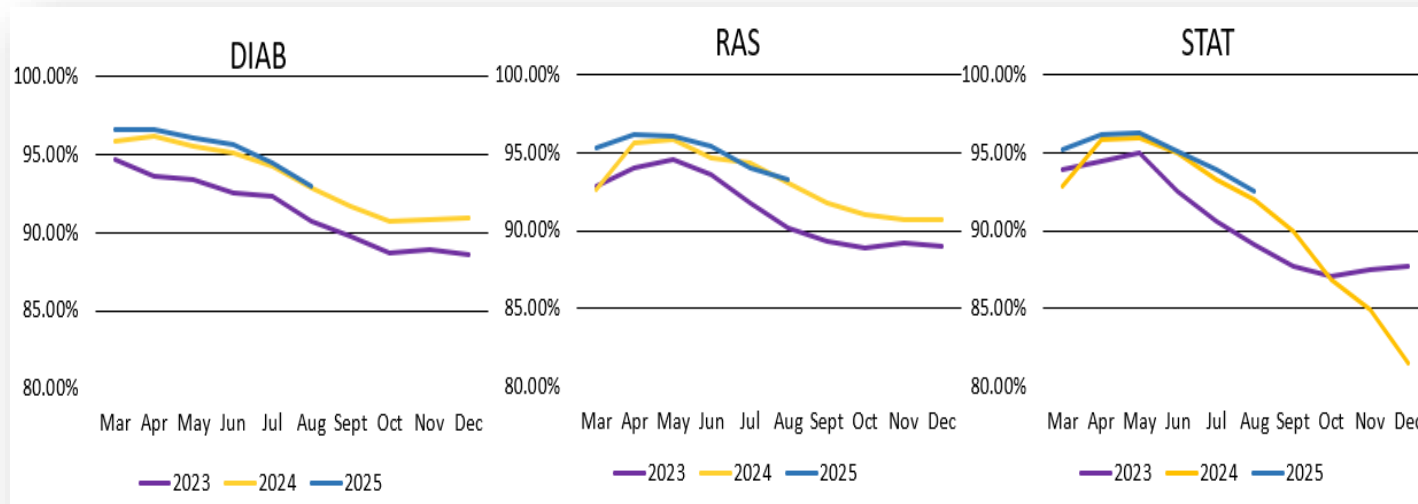

YOY Member Calls Conducted
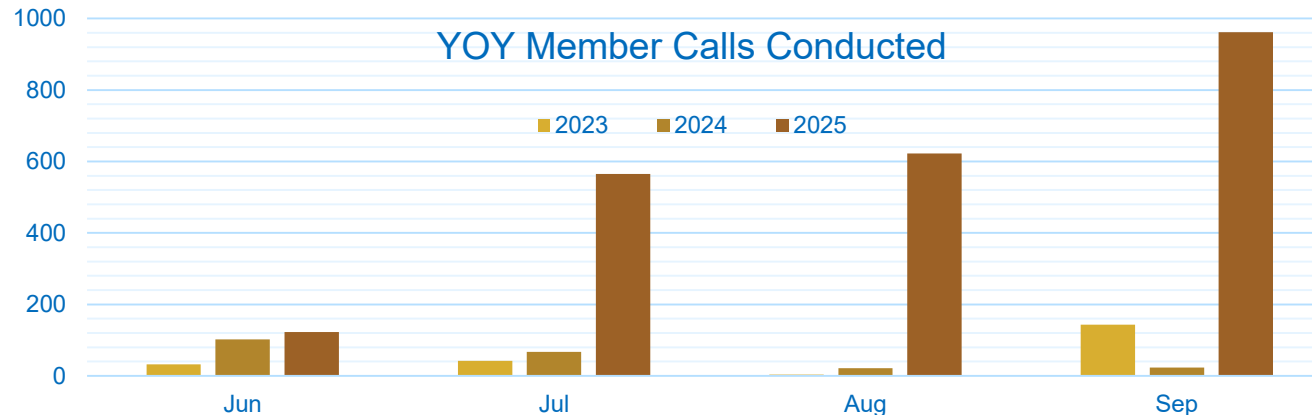
Adherence Improvement in Medicare Members

- The outreach resulted in the following improvement in adherence from 2024 to 2025:

  - **Diabetes:** 0.6% increase

  - **Ras:** 0.7% increase

  - **Statin:** 1.6% increase

2025 HARP Withhold Methodology

HARP Withold Quality Improvement

- **2025 HARP Withhold Quality Improvement incorporates results from**
  - MY 2025 QARR submission – Quality of Care (80%)
  - CAHPS satisfaction measures – Experience of Care (20%)

- **Methodology – Quality of Care Measures**
  - Quality measures included align with measures in State's Value-Based Payment arrangements. Domains are as follows:
    - Primary Care and HIV Care
    - Mental Health
    - Substance Use

  - **Plans have 2 ways to earn points for each measure:**
    - If plan meets prior year 50th percentile for the measure, or
    - If plan closes the gap between their prior year performance and the prior year 50th percentile by 10%.

- *Quality performance in the Behavioral Health domain drives overall withhold performance, as most of the medical measures are Pay-For-Report.*

HARP Withold Quality Improvement

- Plans are subject to a 2% withhold in State Fiscal Year 2025-2026 based on quality performance.

- Quality withhold payments are determined based on the total amount of quality points earned.

- The amount of withhold payment returned will be based on a tiered scale using the following bands:

Final Percentage Range	Percent of Withhold Returned
80%+	100%
60-79%	75%
40-59%	50%
20-39%	25%
0-19%	0%

The Plan achieved 100% withhold returned in Measurement Year 2023 (results shared in August of 2025).

Impact of RHIO Partnerships | 2025 Year End Review

Background

- HIE (Health Information Exchange) is a system enabling electronic sharing of health data among providers, payers, and patients to improve care continuity. The Statewide Health Information Network for New York (SHIN-NY) consists of eight regional HIEs, known as Qualified Entities (QEs).
- Regional Health Information Organizations (RHIOs) operate HIEs locally, providing infrastructure for data exchange within geographic areas.
  - Enable secure electronic exchange of health information across multiple healthcare organizations within a region.
  - Improve safety, quality, and efficiency by providing comprehensive patient data for informed decision-making.
- RHIOs supports Care Coordination by integrating data from hospitals, labs, and clinics, to enhance care coordination and reduce medical errors. They also provide aggregated data for public health initiatives and research to improve population health outcomes.
- MetroPlus partners with Healthix and the Bronx RHIO to provide:
  - Admission-Discharge-Transfer (ADT) alerts.
  - Continuity of Care Documents (CCD) data.

RHIO Overview & Coverage

HEALTHIX

- Healthix connects over 9,000 facilities serving 21 million patients across NYC and Long Island.

- Leveraged by MetroPlus for non-H+H, NYC-based (excluding sites located in the Bronx) clinical data.

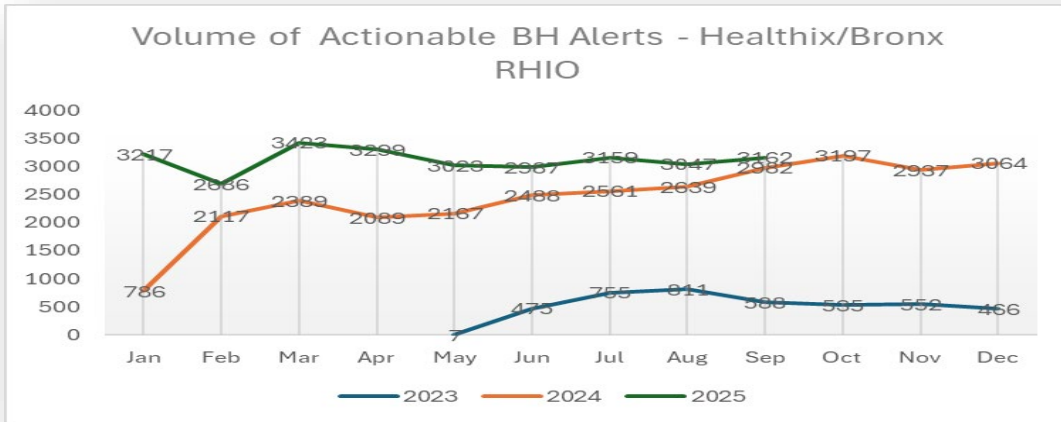- **Timeline:** As of 2022

BRONX RHIO

- Bronx RHIO connects nearly 250 healthcare organizations across 1,000+ locations for integrated patient records.

- Leveraged by MetroPlus for non-H+H, Bronx-based clinical data.

- **Timeline:** As of 2024

HIE Strategy

- Through partnerships with Healthix and Bronx RHIO, MetroPlus has gained substantial visibility into real-time, comprehensive clinical data across NYC-based facilities.

- MetroPlus receives ADT and CCD data—delivered by the OneCity team—directly from NYC Health + Hospitals. Thus, the RHIOs are considered critical for *non-H+H facilities*.

- Unlocking the full value of ADT and CCD data required a highly collaborative and integrated approach among Healthix, Bronx RHIO, and MetroPlus.

ADT Alert Impact

Volume of Actionable BH Alerts - Healthix/Bronx RHIO

FUA Performance, Year-Over-Year

FUM Performance, Year-Over-Year

- MetroPlus leverages ADT alerts to initiate telephonic bridge visits for members discharged from emergency settings with a behavioral health diagnosis.

- These standalone **bridge visits qualify as follow-up events**, ensuring compliance with the Follow-Up After ED Visit for SUD and MH HEDIS measures.

  - *Members with a bridge visit were almost 1.5-times more likely to engage in longitudinal MH care.*

- Actionable ADT Alerts have **significantly increased since 2023**.

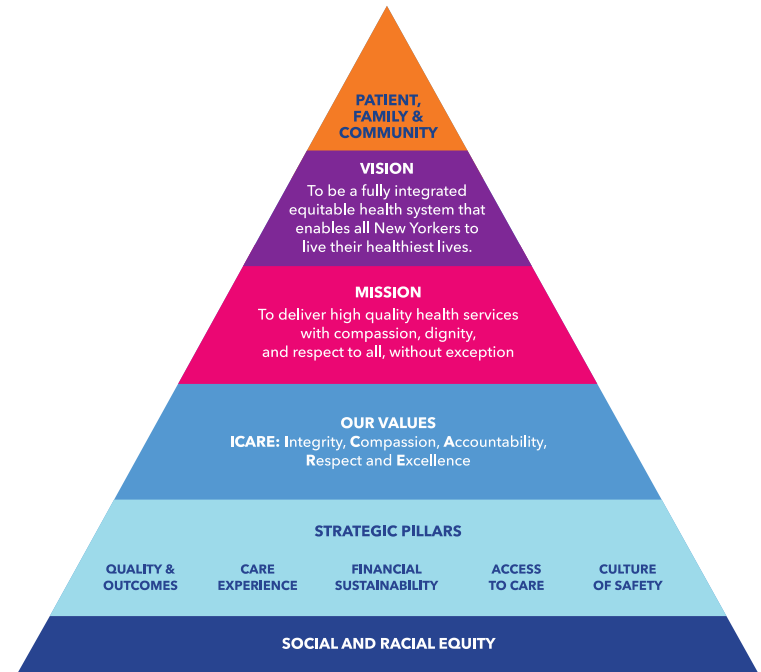- With this increase, measures rates have also improved dramatically.
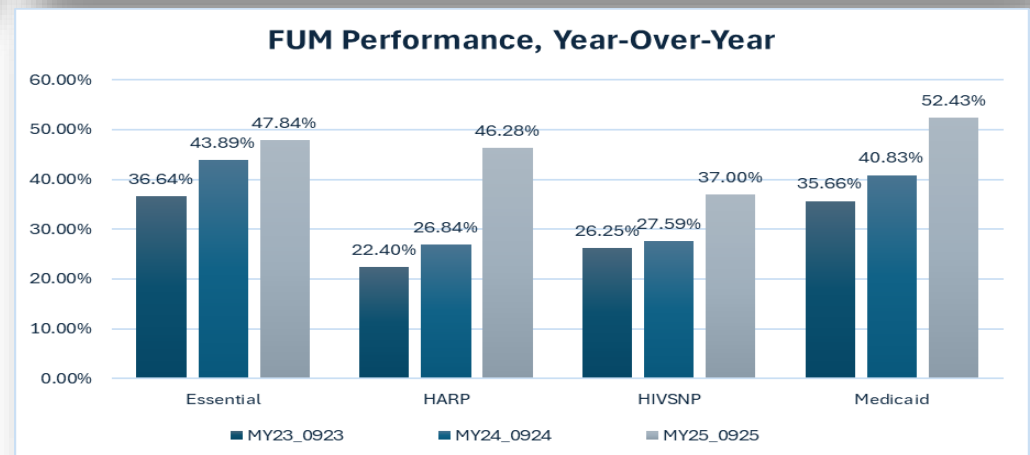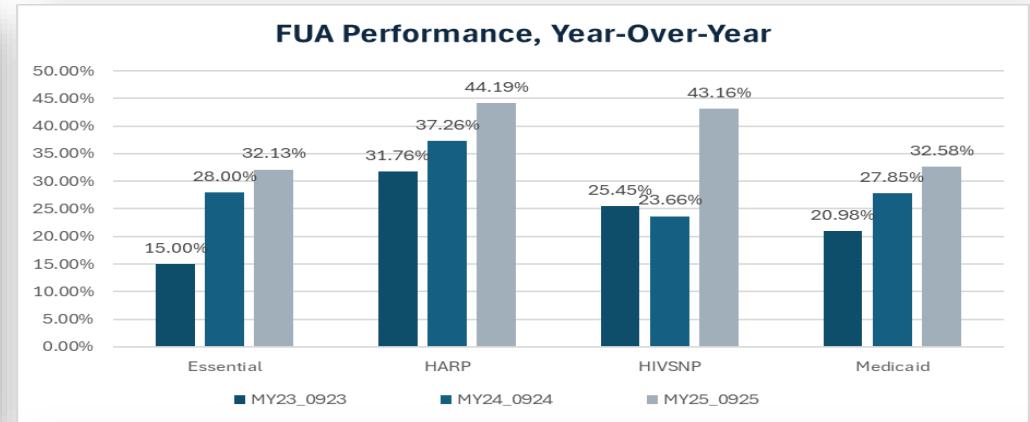
MPA/IT Committee Meeting EITS BOD Update

Kim K. Mendez, EdD, ANP, RN

Sr. Vice President/ Corporate CIO

February 9, 2025

EITS Update Agenda

- Introductions
- Focused EITS 2025 Year in Review Updates
  - Digital Health & MyChart
  - DnA, AI, and DIS Update
  - EITS UnPrint Initiative- 4Q 2025 Update

- Q + A

Digital Health Project Updates

2025 Stats:

1. Appointments confirmed – 1,268,461
2. Appointments canceled – 110,085
3. Fast Pass offers accepted via SMS– 13,334
4. Payments made – 1,402
5. No Show Rate is **6% lower** for SMS-Notified Appointments

Digital Health Training Days

NYC HEALTH+ HOSPITALS

Onsite training and support for all digital health programs

- Video Visits
- MyChart
- In-basket Work
- Kiosks
- Tele-retinal Screening
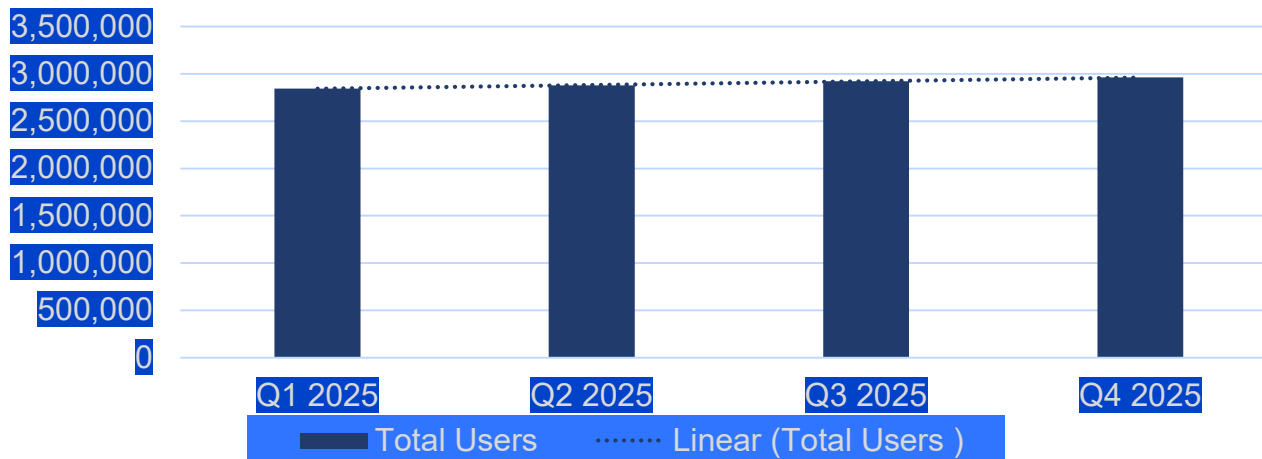
- **Completed sites:**
  - ✓ Woodhull
  - ✓ Metropolitan
  - ✓ North Central Bronx
  - ✓ South Brooklyn
  - ✓ Jacobi
  - ✓ Lincoln
  - ✓ Kings County
  - ✓ Queens
  - ✓ Bellevue
  - ✓ *Next: East New York*

MyChart Scorecard Q4 2024-Q3 2025
Quality + Outcomes

Primary Pillar Alignment	Metric Definition & Data Source	Q1 2025		Q2 2025		Q3 2025		Q4 2025	
Quality & Outcomes	**Total MyChart Users** (Cumulative number of unique users that have ever logged into MyChart) *Epic MyChart Utilization Dashboard*	2,843,619		2,879,117		2,922,551		2,962,116	
	MyChart Activation (Percentage of patients seen in last 12 months active on MyChart) *Epic MyChart Utilization Dashboard*	63%	743,574	64%	755,603	65%	761,852	66%	770,880
			1,186,677		1,117,789		1,172,288		1,163,853

2% over Epic Avg
7% over Safety Net

Chart: Total Users by quarter (Q1 2025 – Q4 2025) with Linear (Total Users) trendline, y-axis from 0 to 3,500,000.

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Recent addition of 3 languages: Most of Any Epic Customer

✓ **Wolof**
✓ **Urdu**
✓ **Albanian**

English	Traditional Chinese
Bangla	Arabic
French	Hindi
Haitian Creole	Korean
Russian	Polish
Spanish	Korean
Simplified Chinese	

Who is scheduling?

Mostly **patient**-initiated (5% of online scheduling is from a ticket invitation vs. 3.4% in 2024)

Mostly MyChart **active** (97% of online scheduling is from MyChart active patients)

Most scheduled: PC Revisit (80k), GYN Revisit (40k), Peds PC Revisit (40k)

What's new?

Spring: Updated FastPass to send more offers available for only 1 hour

- Spring-Now reviewed templates to improve FastPass availability

October-May (annually): Adult Flu/COVID Vax Scheduling

- Oct-Dec 2025: 663 scheduled

October: Expanded Bariatric ticket eligibility

December 10: Geriatric Referral + Revisit scheduling

Campaigns:

- Pediatric Visits

- Pediatric Immunizations

- Cervical Cancer

- Care Gaps

Rescheduling is being updated

✓ Online rescheduling has been a significant success (40k appts/quarter; only 0.3% complaint rate 😊)

Two proposed changes:
1. Simplify the system logic
2. Shorter 4 week rescheduling window from the original appointment date

NYC HEALTH+ HOSPITALS

Who We Are

Architects of NYC Health + Hospitals' data and digital future, bringing AI, Product Management, and Digital Innovation Solutions together to help drive real value and strategic impact. We deliver scalable, secure solutions that strengthen operations, empower the workforce, and support better patient care.

What We Do

AI
Advanced AI solutions accelerating care and operational impact.

Enterprise Data Foundations
Robust data foundations enabling enterprise insight and scale

Product Management
Strategic product leadership delivering value at scale.

Digital Innovation Solutions
Transformative digital solutions enabling operational and workforce efficiencies to help support better patient outcomes.

Enablement & Support
Scaling expertise and ensuring reliable, high-quality services.

Data & AI Governance
Trusted data and AI through ethics, compliance, and standards.

2025 Highlights: Top Contributions to our Strategic Pillars

Access to Care	Care Experience	Culture of Safety	Financial Sustainability	Quality & Outcomes
>7,300 patients screened and >15,000 referrals made via One Stop Benefits AI enabled platform (public benefits screening, referral, & enrollment) Designed & launched Digital Language Cards, Bridge to Home platform (guest management), Affiliate Request Management System (ARMS), B-Heard, Provider Recruitment website update and 14 other "Access to Care" supporting solutions/updates	>29,000 hours saved via Digital Innovation Solutions automation efforts >21,800 total recognitions submitted via "Stars" peer-to-peer recognition platform Automated digital birthday card greetings at Bellevue and DnA Achieved 91% (n=117) participation in the *2025 Employee Feedback Survey*	Established AI Governance framework and AI Governance Committee, approving 14 requests to date Authored inaugural *Responsible AI Use Policy* to steer safe and responsible use of AI tools enterprise-wide Epic Analytics Catalog Upgrade: Enhanced Search & Tableau Dashboards to empower Data Champions in their build of needed reports & dashboards	>$5m revenue secured via Appeals Automation and Charge Capture product >$1.2m revenue secured via payment variance product and Utilization Management/BetterDx product Designed & launched the Capital Eligible Project Tracker, Provider Authorization Bot and several other applications supporting Financial Sustainability	>2,000 enhancements made to existing apps & products >200 net new production releases >1,990 tickets closed (SLA Met) Launched Corrective Action Planning platform and redesigned Performance Improvement solution

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Office of DnA & AI 2026 Strategic Goals

Access to Care	Care Experience	Culture of Safety	Financial Sustainability	Quality & Outcomes
AI Assurance Pipeline for Epic Discharge Summary Application Ambient Listening AI product launch Launch Capacity Management product	Formalize AI Governance Organizational Structure Publish enterprise-wide core AI policy directives Establish AI Registry and Governance Stage-gates including end-to-end AI Governance Process Map	Revamp Data Platform Architecture, Data Champions Engagement and Product Delivery in continued effort to advance access to high impact data Expand Snowflake Curated layer to advanced Data Champions to increase data democratization across our sites	PD-40 Strategy, Operating Model and Roadmap Financial Counseling AI Agent product launch: *An AI driven voice and workflow application to assist patients in completing Medicaid, NYC Care & financial assistance renewals/applications* >$5.7m revenue secured via Payment Variance platform	Design and launch AI training modules for executives, Data Champions, and Data Citizens Open the *Advanced Data Champion* certification program Bring the *Data Champion Digital Hub* online as a landing space for case studies, resources and information exchange
Several new upcoming solutions also queued up and on the roadmap to provide future value.				

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Q4 2025 UnPrint Update

Deliverables	Delivery Date
Finance Resource Page	12/1/2025
Complete Finance Walkthroughs	1/1/2026
Printing limits across the system	1/1/2026
UnPack messaging rollout	2/1/2026
Determine macro high impact Workflow for Finance	3/1/2026
Printing limits across the system – No bypass	4/1/2026

Current Status:
- Monthly meeting with finance champions and sub department leads
- Socializing the UnPrint Essentials/UnPrint Pack
  - RightFax e-Fax
  - Adobe Acrobat Pro w/signature pad
  - Hyland On-Base
  - KiteWorks
- Collaborating with project champions to prioritize high-impact workflow transformations.
- Rolling out Printing limits message for volume printing limits

Highlights:
- Finance UnPrint Resource page for Champions and leads is live

Green indicates current progress to date = 30% completion

Volume Trend Total
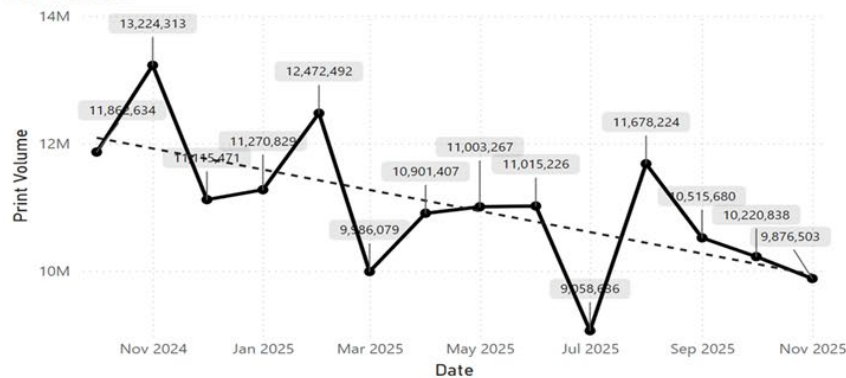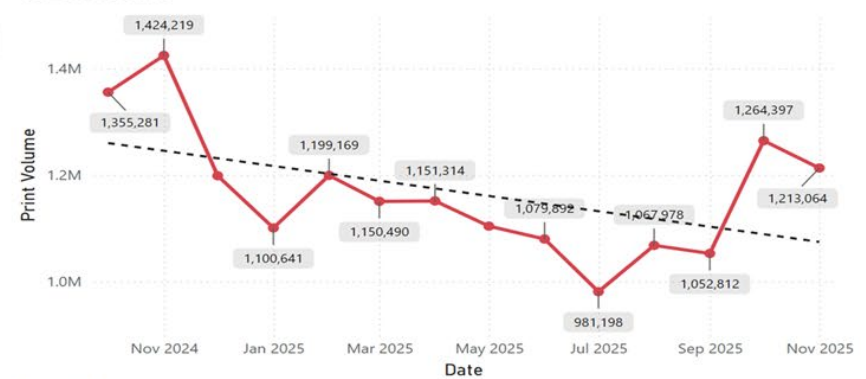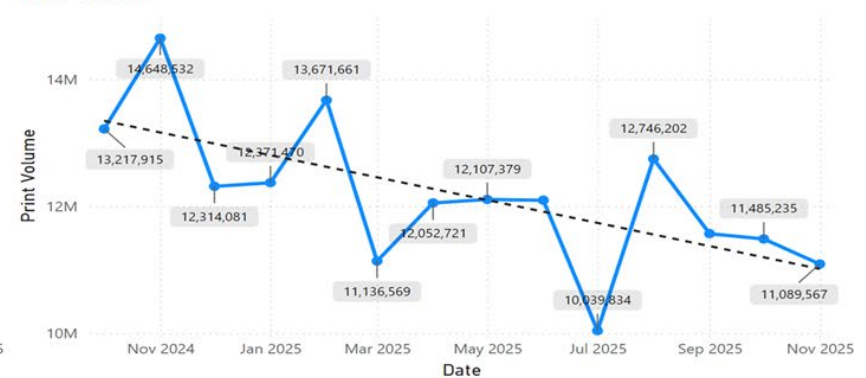
Cost Trend Total

PowerPoint Volume
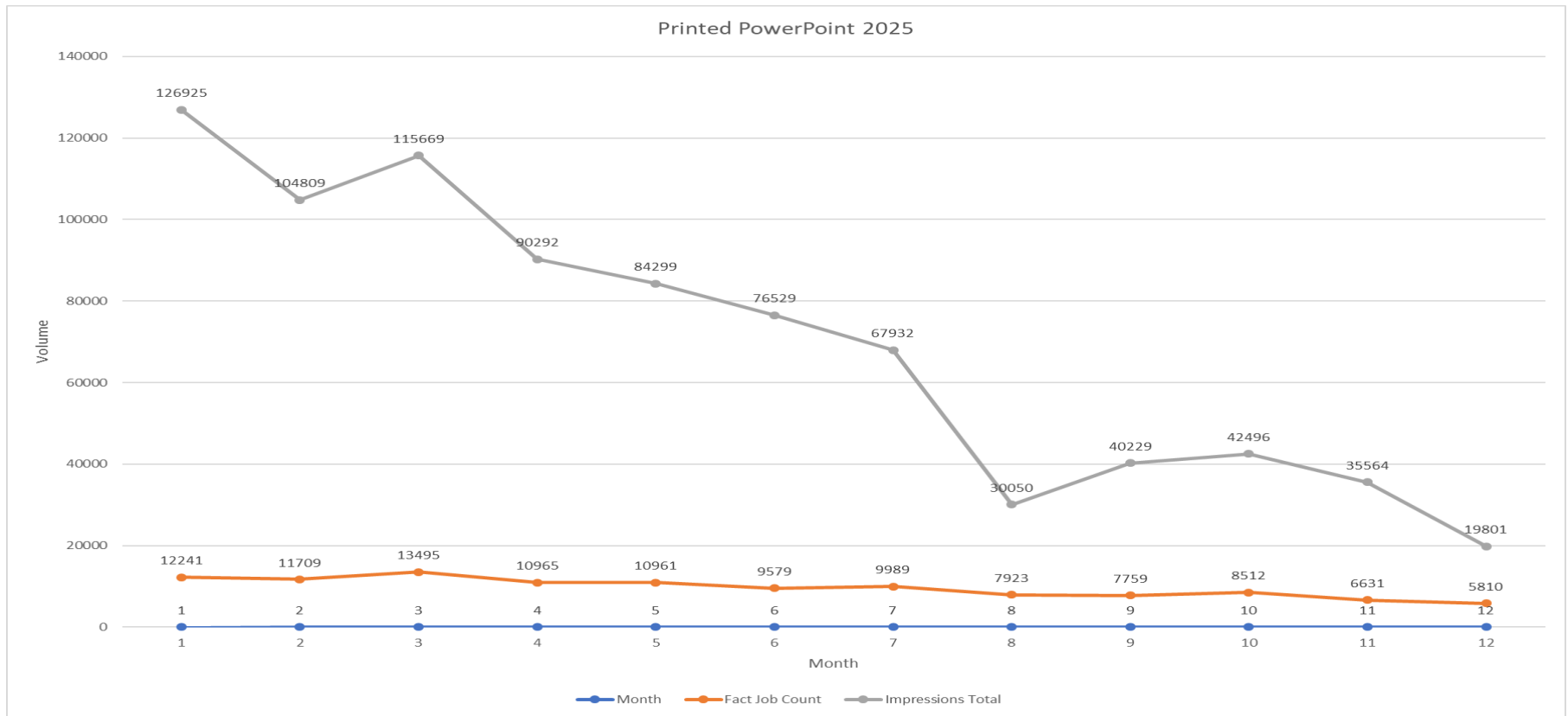
Email Volume
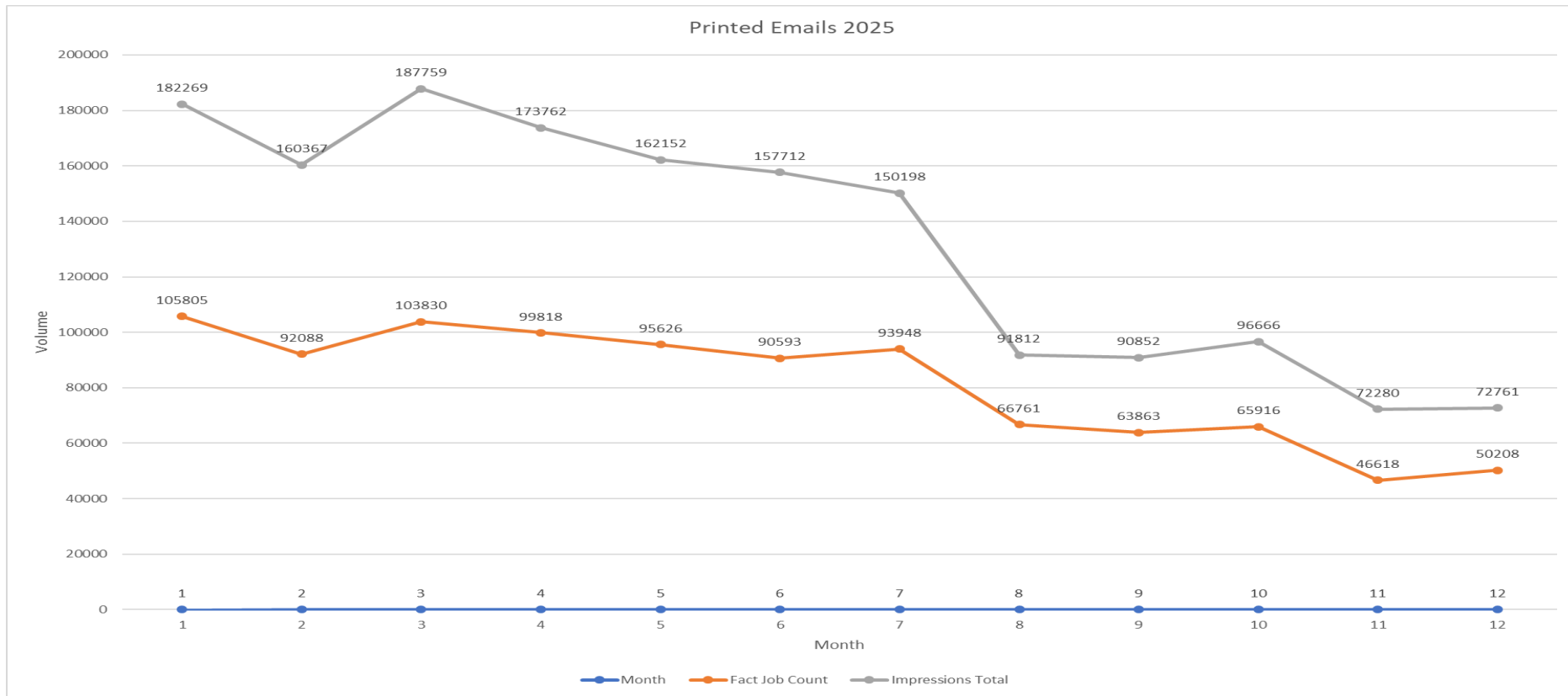
2024 vs 2025 Printing Volume

2024 Total – 182M

- Color 16M

- B&W 165M

2025 Total – 153M*

- Color 15M*

- B&W 138M*

Percent Reduction : 16%

Unprint.
Keep your information accessible, secure, and eco-friendly.

2024 vs 2025 Facility Breakdown

Year
- 2024
- 2025

Facility	2024	2025
BELLEVUE	23.5M	19.8M
ELMHURST	20.7M	15.7M
KINGS COUNTY HOSP	19.7M	14.7M
JACOBI	16.9M	12.6M
LINCOLN HOSPITAL	15.5M	11.3M
QUEENS HOSPITAL	13.0M	10.1M
CONEY ISLAND	10.4M	8.6M
METROPOLITAN	9.9M	8.9M
CENTRAL OFFICE	10.2M	7.3M
N CENTRAL BRONX HOSP	8.0M	6.0M
WOODHULL	7.8M	5.2M
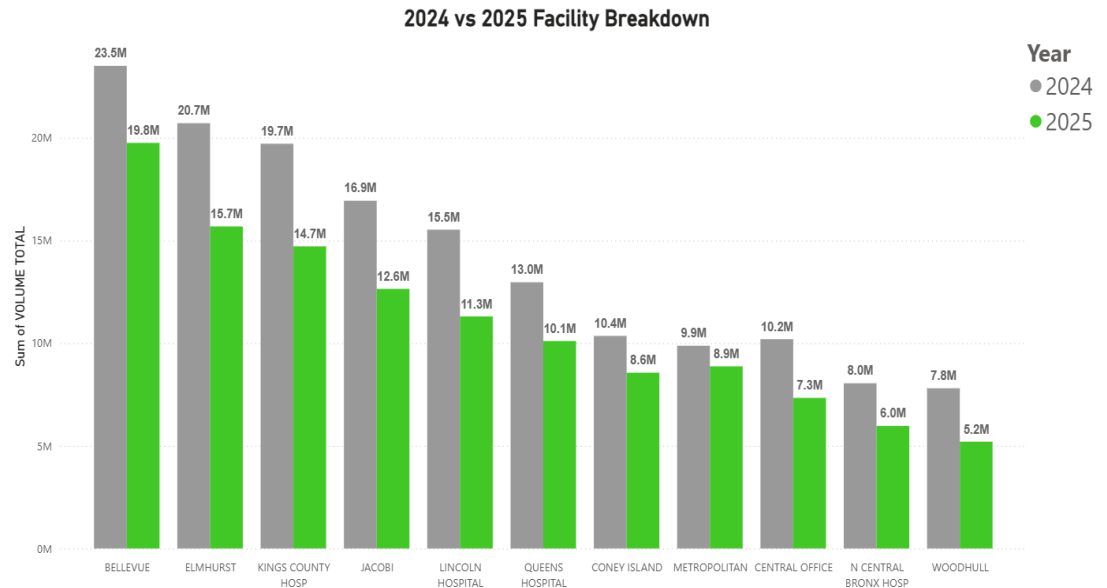
*December 2025 volume is an avergae– awaiting final data)

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Q & A

System Chief Nurse Executive (CNE) Report - Natalia Cineas

M&PA/IT Committee Meeting

February 9, 2026

Office of Patient Centered Care (OPCC) Accomplishments

Care Delivery and Daily Management

- **NYC Health + Hospitals/Kings -** completed the training for Care Delivery & Daily Management (CD^2) to all RNs and ancillary staff last December 2025. The staff were trained on:

  - Standardized communication huddles from top to bottom 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

  - Organized and consistent nursing care that is patient centric

  - Reinforce the nursing process and standards of care

NYC Health + Hospitals/Kings' nursing leadership and staff along with Natalia Cineas, DNP, MSM-N, MBA, RN, NEA-BC, FAAN, FADLN at the conclusion of the CD2 rollout in Kings.

Making Strides Against Breast Cancer Walk of Central Park

- **NYC Health + Hospitals** proudly participated in the **Making Strides Against Breast Cancer Walk** in Central Park on October 19th.

- As Flagship sponsor, hundreds of **NYC Health + Hospitals** employees walked the 4-mile route, demonstrating our commitment to community health, advocacy, and the power of collective action.

Awards, Certification and Programs

Care Experience/Nursing Excellence

Nursing Excellence Awards

- The **Annual Nursing Excellence Awards,** was held on November 20th, recognizing 35 nurses and **NYC Health + Hospitals/ Metropolitan** for their excellence in nursing with over 100 guests in attendance.

- The keynote address was made by **Ena Williams, PhD, MBA, RN, CENP, FAAN, FADLN,** Chief Nurse Executive at Yale New Haven Health, who delivered an inspirational keynote on the importance of nursing excellence. She was also presented the **Josephine Bolus Nursing Champion Award,** by **Mr. Michael Bolus.**

- The afternoon featured opening and closing remarks by **Natalia Cineas, DNP, MSM-N, MBA, RN, NEA-BC, FAAN, FADLN, Senior Vice-President and Chief Nursing Executive** alongside supportive remarks by **Dr. Mitchell Katz, President and Chief Executive Officer of NYC Health + Hospitals.**

Nursing Excellence Awardees with Distinguished Leadership Presence, Dr. Mitch Katz (President & CEO), Natalia Cineas (SVP & CNE), and Ena Williams (CNE, Yale New Haven Health System) – Keynote Speaker.

Beacon Awards

- Building on the momentum of the Nursing Excellence Awards, we are proud to announce that several units across the system have been honored with the **Beacon Award for Excellence from the American Association of Critical-Care Nurses (AACN).**

- **Beacon Award for Excellence** is a prestigious, three-year, three-level (gold, silver, bronze) designation recognizing individual hospital units that achieve high-quality patient outcomes, healthier work environments, and evidence-based practice.

- It serves as a, "beacon of excellence," for nursing units to improve care, boost staff morale, and align with standards similar to the ANCC Magnet® Recognition Program.

Beacon Awards 2025

- **December 2025 Beacon Award Recipients:**
  - NYC Health + Hospitals/**Queens – Beacon Gold** (Initial) – **NICU**
  - NYC Health + Hospitals/**Metropolitan – Beacon Gold** (Re-Designation) – **ICU 9B**
  - NYC Health + Hospitals/**Elmhurst – Beacon Silver** (Re-Designation) – **CCU**
  - NYC Health + Hospitals/**Elmhurst – Beacon Silver** (Re-Designation) – **MICU**
  - NYC Health + Hospitals/**South Brooklyn Health – Beacon Silver** (Re-Designation) – **SICU & MICU T7E**

Beacon Awards 2025

The staff of 9B, Metropolitan Hospital's Adult ICU, celebrate their third consecutive Beacon Award. This sustained recognition also places Metropolitan Hospital among only 24 ICUs nationally to earn consecutive Gold-level awards in 2024 and 2025 and one of just four in New York State.

Center of Excellence in Surgical Safety Designation

AORN CENTER OF EXCELLENCE IN SURGICAL SAFETY:
ENHANCED RECOVERY AFTER SURGERY (ERAS)

- **The Association of periOperative Registered Nurses (AORN's) Enhanced Recovery After Surgery (ERAS)** is a patient-centered interdisciplinary, and evidence-based approach designed to minimize the physiological, and psychological stress of surgery, optimize patient recovery, and shorten hospital stays.

- It involves standardized, multidisciplinary protocols across the entire pre-operative, intraoperative and postoperative phases.

Center of Excellence in Surgical Safety Designation

Mary Philip, wearing a green jacket, leads her exceptional surgical team at NYC Health + Hospitals/Queens, exemplifying excellence in patient care and safety.

- On December 23rd, NYC Health + Hospitals/Queens announced its designation as a **Center of Excellence in Surgical Safety: Enhanced Recovery After Surgery (ERAS)** by **the Association of perioperative Registered Nurses (AORN).**

- This recognition honors Queens Hospital's as the **very first facility nationwide** to receive this designation.

Nursing Certification

- Deployed **Nurse Builders** as a no-cost, comprehensive review platform, providing all staff nurses with high-quality preparatory resources for specialty certification.

- Leveraged the platform to remove barriers to advanced clinical credentials, successfully fostering a culture of nursing excellence and specialized practice.

- Achieved a significant uptick in adoption, resulting in a total of **4,872 active users** across the health system.

Behavioral Health Nursing Career Ladder

Taken during the breakfast event welcoming the inaugural cohort last July 29th.

Photos from left to right:
Standing: Dr. Omar Fattal, Sophie Pauze, Jamal Khan, Paschal Mbakwem (Woodhull), Natalia Cineas, Elaine Barker-Douglas(Lincoln), Samantha Mathews (Lincoln)

Seated: Sarah Jane Jo (Elmhurst), Sang Mo (Gouverneur Health), Mariama Barry (Metropolitan)

- The **Behavioral Health Nursing Career Ladder** was launched in June 2025 to support frontline behavioral health staff in earning their Associate's in Nursing through CUNY.

- The program provides tuition coverage, admissions support, and NCLEX preparation to help staff advance their careers while maintaining their current positions.

- This program is made possible with the **grant received** from **Sloan Summerfield Foundation**, and delivered in partnership with La Guardia and Queensborough Community College.

Nurse Residency Program

(R-L) Our Chief Nurse Executive Dr. Natalia Cineas, CNO Marian McNamara, CNO Maria Scaramuzzino, Yasmin Henry (Metropolitan), Sonia Lawrence (NYSNA – Guest Speaker), Jasmine Vega-Pegram (NYC Mayor's Office of Talent and Workforce Development – Guest Speaker), Dr. Belaro, Deepa Dhawan (NYACH – Guest Speaker), Lovely Varghese (Harlem) during the December 16th celebration.

Dr. Albert Belaro, DNP, MA, RN; Senior Director, Nursing Professional Practice / Education, with Jasmine Vega-Pegram, Executive Director, NYC Mayor's Office of Talent & Workforce Development, and Deepa Dhawan, Director, New York Alliance for Careers in Healthcare NYACH

- **NYC Health + Hospitals' Nurse Residency Program (NRP)** celebrates a major milestone: the launch of the 50th cohort, with total enrollment in this specialized, advanced training program now reaching 2800+ nurses.

- To help celebrate the event, **Jasmine Vega-Pegram**, Executive Director from **NYC Mayor's Office of Talent and Workforce Development** and **Deepa Dhawan,** Director from **New York Alliance for Careers in Healthcare (NYACH)** were in attendance.

Nurse Residency Program

Taken last December 16th with NRP participants to celebrate an important milestone for our Nurse Residency Program with Sonia Lawrence (NYSNA – Guest Speaker), Jasmine Vega-Pegram (NYC Mayor's Office of Talent and Workforce Development – Guest Speaker), Deepa Dhawan (NYACH – Guest Speaker), and other nursing leadership in attendance.

- The 12-month program provided newly hired nurses with specialized training, education, and mentoring and is nationally recognized, evidence-based practice for improving nurse satisfaction, performance and retention.

![NYC HEALTH+ HOSPITALS logo]

Preceptor Development Program

Taken last Sept 9th – Pilot Course with Metropolitan Hospital Director of Nursing Education, Nurse Educator, and Staff RN/New Preceptor

- A new Preceptor Development Program (PDP) was created to strengthen support for nurses transitioning into professional practice.

- Designed to align with the recommendations of the **American Nurses Credentialing Center's (ANCC) Practice Transition Accreditation Program (PTAP),** this initiative equips preceptors with enhanced skills in clinical teaching, coaching, and professional role-modeling.

- Promotes consistent, evidence-based precepting practices that foster confidence, competence, and long-term success for nurses entering the workforce.

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Preceptor Development Program

- Preceptor Development Program was held last January 13, 2026.

- 48 Registered Nurses have successfully completed the specialized preceptor training to date.

- Nine Directors of Nursing Education have been formally vetted and certified as master trainers and expand the course content.

Taken last January 13, 2026 – Training Course with Directors of Nursing Education from all the facilities.

Fellowship Programs

Culture of Safety

Nursing Fellowship Programs

- **Emergency Department** Cohorts 1-34
  - 641 nurse fellows completed the six-month fellowship program (Cohorts 1-27)
  - 164 nurse fellows currently in program (Cohorts 28-34)

- **Critical Care Department** Cohorts 1-20 (Includes Medical ICU, Surgical ICU, & PACU)
  - 140 nurse fellows completed the six-month fellowship program (Cohorts 1-14)
  - 54 nurse fellows currently in program (Cohorts 15-20)

- **Peri-Operative** Cohorts 1-17
  - 56 nurse fellows completed the six-month fellowship program (Cohorts 1-10)
  - 78 nurse fellows currently in program (Cohorts 11-17)

- **Neonatal ICU** Cohorts 1-5
  - 10 nurse fellows currently in program (Cohorts 1-5)

- **Total Number of Fellows All Programs**
  - Completed Program = 837 Nurse Fellows
  - In Progress = 296 Nurse Fellows
  - **Combined = 1133 Nurse Fellows**

Questions and Thank You!