

AGENDA

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

Date: April 13th, 2026
Time: 9:00am
Location: 50 Water St. New York, NY
10004 Room 1701

BOARD OF DIRECTORS

CALL TO ORDER

JOSÉ PAGÁN

ADOPTION OF MINUTES – February 9th 2026

JOSÉ PAGÁN

ACTION ITEM:

I) Authorizing the New York City Health and Hospitals Corporation (the “**System**”) to execute a contract with Rapid Reliable Care NY by DocGo, LLC for the Ambulatory Care Street Health Outreach and Wellness Program at a not to exceed amount of \$28,089,000, which includes a 30% contingency, for a contract term of three years and two one-year renewal options exercisable at the discretion of the System.

DR. LONG

METROPLUS HEALTH PLAN REPORT

DR. SCHWARTZ

CHIEF INFORMATION OFFICER REPORT

DR. MENDEZ

CHIEF NURSE EXECUTIVE REPORT

DR. CINEAS

AMBULATORY CARE REPORT

DR. LONG

OLD BUSINESS

JOSÉ PAGÁN

NEW BUSINESS

ADJOURNMENT

Medical and Professional Affairs / Information Technology Committee-
February 9th, 2026

As Reported by Dr. Vincent Calamia

Committee Members Present- José Pagán, Dr. Mitchell Katz, Dr. Vincent Calamia, Dr. Patricia Marthone.

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 9:07AM.

Adoption of the minutes of the November 3rd, 2025 Medical and Professional Affairs/Information Technology Committee. Upon motion made, was seconded and approved.

Enterprise Clinical Operations Report

Sewit Teckie, MD Systems Chief Clinical Service Operations, Albina Shkolnik, Senior Director, and Wendy Wilcox, Chief Women's Health Officer, presented to the committee:

GME Strategic Program Growth and Resident Cap Awards Impact:

In 2021 and 2023, Congress authorized new Medicare-funded Graduate Medical Education positions through the Consolidated Appropriations Act to address national physician workforce shortages, with a focus on Health Professional Shortage Area hospitals.

Many NYC Health + Hospitals facilities qualify as HPSAs, positioning the System to compete successfully for these awards.

Over a four-year period (2023-2026), as a System we have secured 75 new Medicare-funded GME slots across multiple facilities and high-need specialties.

These awards are particularly meaningful because they are permanent. They allow us to expand ACGME-accredited residency and fellowship programs and, importantly, to do so under NYC Health + Hospitals sponsorship, strengthening our long-term academic and workforce infrastructure.

NYC Health + Hospitals operates one of the largest public Graduate Medical Education enterprises in the country, spanning 11 hospitals across the System. We support more than 2,900 trainees, including over 1,200 H+H sponsored trainees.

Across the enterprise, we oversee 349 GME programs, including 60 programs directly sponsored by H+H. Over time, the number of H+H-sponsored programs has significantly increased, and we will continue to expand strategically. Our training infrastructure includes 16 sponsoring institutions and 7 medical school partners.

Collectively, our GME enterprise generated \$592 million in Medicaid and Medicare revenue in FY25. We host one of the largest public GME enterprises in the United States.

Medicare-funded "cap slots" support resident and fellow training: Medicare supports training through two funding streams: Direct Medical Education, which covers resident salaries and educational cost and indirect Medical Education, which supports the higher cost of care in teaching hospitals. When we use the term cap, we're referring to the maximum number of resident and fellow full-time equivalent positions at a hospital that are eligible for Medicare GME funding.

Importantly, there is not a limit on how many trainees a hospital may have, but rather a limit on how many positions Medicare will fund. Our strategy is to maximize both DGME and IME cap slots, because increasing the cap permanently increases federal funding and supports sustainable program growth.

Another important feature of cap slot is their flexibility. Once awarded, they can be shared between NYC Health + Hospitals facilities, and approved partner institutions.

The Board raised a question; what is the difference between direct and indirect GME)? Albina responded; Direct supports training salaries and education expenses, indirect covers higher cost of care in teaching hospitals, but not educational expense.

GME Slot awarded summary:

From FY2023 through FY2026, we've been awarded more than 70 permanent Medicare-funded GME slots across primary care, surgery, and high-need medical and behavioral health specialties. Over this four-year period, our largest investments have been in psychiatry with 19 slots, internal medicine with 17, and general surgery with 11, followed by primary care with 7, and targeted growth in emergency medicine and OB-GYN. These federal awards helped establish brand new develop brand new residency and fellowship programs.

Impact of Medicare-Funded GME Expansion:

The strategic impact of these awards is significant. They support sustainable, long-term growth of our training programs with associated Federal funding. The CMS Section 126 and 4122 awards are permanent, meaning they provide lasting support for our GME enterprise. The FTEs are flexible and phased in over time, allowing us to scale responsibly and align growth with operational readiness. The success depends on collaborative, long-term planning across clinical, academic, and financial teams.

Select programs will continue to transition to NYC Health + Hospitals sponsorship, deliberately expanding our sponsored GME portfolio in a way that aligns with workforce needs, accreditation standards, and system priorities.

The Board raised a question; do you expect the awards to end? Dr. Teckie responded; their one more round of CMS slots that can be applied for, which we are actively applying for, the deadline is March currently being applied for. There is none announced future funding from the Government as of now, this is the last chance for now.

Additional mentioning/question raised by the Board;

1. one of the goals is to obtain a family practice residency, the understanding is until you have the residency you can't apply for slots. For clarity, could Slots be borrowed from other departments? And once the family practice residency is created we can use some slots to pay for it. Dr. Teckie explained the process; there is a surplus of IME slots across the System and they are shared throughout the facilities and new programs. Slots are also received from some partner and slots are also given to other facilities for exchange. There is a market place within these slots that are consolidated the market place internally so that we can grow internally. This has helped us maintain maximum funding and it helps us maintain sustainability.
2. If we get a family practice started are there slots associate with that or do we have to borrow from our already approved slots? Dr. Teckie responded; slots can be borrowed, there are no slots assigned to that program because its not ACMG accredited, these require that the program already be accredited. For family medical programs we are modeling that we are borrowing IME slots from the surplus that we currently have. We do not have surplus direct GME slots that can be borrowed from.
3. There is family medical practice residency within our partner groups, have we utilized their program? Dr. Long responded; on the family medicine side we are working with others that have a lot of experience with setting up programs, and on a good path to have a family medical residency program. Once it gets accredited we will be able to use the slots. Board question; is there a site that is being thought of currently? A discussion for the future. In interim medical training program only 1 out of 5 people will go into primary care. Interim Primary Care medical training programs 1 out of 3 will go into Primary Care, still 2 third

don't. In family medicine almost, everyone goes into Primary Care. This is a great way for us to recruit Primary Care doctors.

4. *Do we have any problems with recruitment, are we filling the slots?* Dr. Teckie responded; we have success with filling the slots, people want to train in New York, and our programs are good training grounds. Because we are open to foreign grads, that helps us recruit from a diverse group of people. There has been no conversation of having problem filling slots.
5. *Do we need additional faculty or will we be able to rearrange the faculty that we have to accommodate the additional slots?* Dr. Teckie responded; every program has it required ratio of faculty to residents, if we haven't meant that ratio with that current faculty, then we do need to grow. There are some programs where a program director will be hired a year in advance of that program starting. In other setting a person is already identified who can serve as the program director to assure the program is up and running.

PeriGen Vigilance Enterprise Fetal Monitoring Project:

PeriGen Vigilance is a fetal monitoring program, that will help to improved and provide safer care to the moms and babies. There are hidden threats in patient safety, that vary from team dynamics such as; hesitation to escalate, business, missing ques, fatigue and burnouts. Being aware of changes in the mom and signs that can happen to the fetal heart rate tracing, which can lead to outcomes that can affect the babies.

PeriGen Vigilance is a maternal-fetal early warning software system that will interact both with our existing Phillips interspace fetal heart rate monitoring system, as well as our Epic EMR. It is tools that is design to give visual alerts to the team to make it easier to recognize when maternal vital signs and or the fetal monitoring tracing is worsening. There is a board, called the hub board that the whole clinical team can see in different spaces in the labor and birthing units that will indicate worrisome vital signs and keep everyone on alert on situations that need to be addressed.

Board raised a question; *is there someone that also sits at a station and monitor the board?* Dr. Wilcox responded; *There is a monitoring system where a group of highly specialized certified nurses, who specialize in fetal heart rate monitoring watch over the entire system and are able to communicate with teams on the floor. We are in stage 2 and have been*

implemented at all of our sites, a walk through was done with the vigilance team to see where all the monitors should be placed, and we are actively pursuing stage 3.

There is a single patient view that is helpful for our nurses, what does this does is when they are in the room with the patient they see from a dual stand monitor, where one monitor keeps the EMR where they can actively document and the other monitor can have this single patient view. On the top of this screen you can see the fetal heart rate pattern and, in the middle, you can decide how long of a view you want to look, so at sign out you may want the 12-hour view to let the next shift know what has been going on for the last 12 hours. If you were worried about any portion of the tracing you can take that time line and break in down into smaller hours and look at individual sections.

This project had an extensive clinical leadership evaluation. There were 4 leading vendor fetal monitoring systems. All facilities were represented by physicians and nurses. PeriGen Vigilance was selected as the vendor, the Golive pilot is being done at North Central Bronx Hospital, the schedule will be implemented at the other facilities. The schedule will include timed learning sessions for the nursing teams and super users, and an education session with the provider teams.

Questions raised by the Board; *can you share the timeline from triage to when they get a fetal monitor on? Dr. Wilcox responded; there is a delay between Phillip and Vigilance, the Vigilance is reding from Phillips, that is the tracing of records. Patients are put on monitors when they enter triage room and assessed by the nurse. A few minutes after, tracing is going then PeriGen Vigilance. This will be in all the triage rooms, labor and birthing rooms, in the ORs rooms and the postpartum suites.*

Additional question raised; *if a patient has to be housed in a different area of the hospital are you able to have this technology applied once they get there? Dr. Wilcox responded; yes, there are mobile carts available that can tie into the Central system. Because of the way this is being implemented because of a over lay of Phillips, it has to have an actual computer assigned to it. IT is involved to ensure that this happens, the mobile cart will not only need the fetal heart monitor but a computer t go along with it. Special attention has been paid to the ER and ICU.*

Question raised; *mobile is used anywhere in the hospital? Dr. Wilcox responded; those department are most likely where patients would be, Dr. Wilcox understood the board members concerned, the mobile cart would have to be moved to another area, would it work. Dr. Wilcox explained, this was discussed and the most likely area a patient would need monitoring off of the labor and delivery suites would be the Emergency Department and the Intensive Care unit. In the antipartum patients in some places are on the*

labor and delivery unit, and some are on the post-partum unit. In the postpartum design with implementation with PeriGen, the antipartum beds have been included to feed into the central hub in labor and delivery. The board raises a question; how does this system feed into Epic? Dr. Wilcox responded, the system of record is going to remain in Phillips and teleispace and Epic, this pulls information from Epic and Phillips but does not live permanently into the record, the colors don't go into Epic it pulls information from Epic. When an exam happens that will be entered into the flow sheet, that will pull flow sheet and give a prediction on how someone labor curve is going. Dr. Bouton explained the process; Phillips is where the info is looked, Epic is feeding the data, flow sheet is an Epic field on when patient is progressing, this is a visualization on what is happening in real time.

METROPLUS HEALTH PLAN, INC.

Dr. Sanjiv Shah, Chief Medical Officer, MetroPlus Health System, provided the following highlights:

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.

MetroPlus Health decided to pursue a CPS Transformation. They operate an antiquated claims system dating back more than 30 years, they process close to 9M claims a year using a legacy system which has difficulty supporting complex NY State requirements.

There is a need of a system that is more 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, and more real time information. This is what Project Edge will deliver for MertoPlus.

The first plan that will go live is the HIV-SNP, it is a Medicaid line of business. This was chosen because it is smaller number, less business, has all the attribute of Medicaid, and has utilization management, complex care and disease management for a population living with HIV. The scope took a lot of time spent to outlining all the requirements of Medicaid, creating all the test case to be executed, resolving defects, and creating a readiness for the employees. They all had to be trained on the new system, and on the policy and procedures.

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.

Medicare Adherence:

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 CY-2025 increased by 1,050%; 2400 vs. 500 vs. 230-member calls made in 2025, 2024, 2023, respectively. The outreached resulted in improvement in adherence from 2024 to 2025

HARP Withhold Quality Improvement:

The State has a focus on the health and recovery plan and decides who are eligible base on measure of serious mental and substance abuse. MetroPlus has about 13000 members who the State designated that are eligible. The State withholds 2% of the premium and if you do well in quality outcome they will return the premium back to you. It's a withhold mechanism that translate about 10 million dollars of funds that are help behind. They focus on both quality of care, 80 % of the score, as well as satisfaction of the membership. Quality of care measures include, Primary Care, HIV, Mental Health, and Substance Abuse.

The plans have 2 ways to points of 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%. These Quality performance in the Behavioral Health domain drives overall withhold performance, as most of the medical measures are Pay-For-Report. The Plan achieved 100% withhold returned in Measurement Year 2023 (results shared in August of 2025).

Impact of RHIO:

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).

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 outcome. MetroPlus partners with Healthix and the Bronx RHIO to provide, Admission-Discharge Transfer (ADT) alerts, and Continuity of Care Documents (CCD) data.

MetroPlus has been working with Healthix since 2022. They connect over 9000 facilities serving over 20 million patients across New York City and Long Island. Leveraged by MetroPlus for non-H+H Hospital sites across NYC excluding sites located in the Bronx. Bronx RHIO connects nearly 250 healthcare organizations across 1,000+ locations for integrated patient records.

The partnership has been instrumental around these critical transitions. 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.

The Board raised a question; when you look at ADT data, how is it different what H+H Hospital sees? Dr. Shah responded; on an ED visit that information comes directly to MetroPlus feeds that have been established with H+H. H+H participates the Healthix and the Bronx RHIO. They don't rely on that inform because they have established those linkages long standing. Healthix and RHIO help us with non-H+H, the admissions that occur at Bronx care, or SUNY Downstate, or Mamominies, all those come in through Healthix or the Bronx RHIO. In real time they come across the system and determine the discharge that has occurred and use that to determine the outreach to see where the patient is going to follow up after the ED visit for both substance abuse and mental health. There is no difference for hat is received currently from H+H, it strengthens the mechanism through the RIHO for non-H+H sites.

Question raised by the Board; Do we have staff that can react right away? Dr. Shah responded; H+H reacts without the plan, they can act with social workers in the ER, there is an initiative now to strength that connection in the ED before the person leaves. If this didn't happen, MetroPlus could reach out to the indivuial in realist time as possible.

Question raised by the Board; does patient have to give permission? Dr. Shah responded; When the patient enrolls with the plan, they allow for the plan to react on their behalf, there extra sensitivity to substance abuse. Once staff is alerted a patient is in the ED communication is started to see how they can help the patient with after care back into the community.

CHIEF INFORMATION OFFICER REPORT

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

Dr Kim Mendez highlighted significant organizational transitions and technological advancements aimed at improving patient engagement and operational efficiency. A primary administrative update included the

introduction of Ammu Menon as the interim Chief Data and AI Officer following the departure of Divya Pathak. Mendez also reported the success of the enterprise-wide "Unprint" initiative, which has successfully reduced overall volume of printing and costs by 16% across the system, with central office achieving a 30% decrease in CY 2025.

Dr. Michael Bouton then continued the presentation which focused on the substantial impact of the System's digital health expansion in 2025, particularly through the use of SMS communication. Dr. Bouton reported that approximately one million patients confirmed their visits via text, while 100,000 cancellations allowed the System to better optimize clinician schedules. Furthermore, the "Fast Pass" pathway utilized text messaging to fill 13,000 appointment slots from waitlists. These efforts have resulted in a 6% lower no-show rate among patients who opt into text communications. The organization now boasts a MyChart activation rate that is 2% higher than the national Epic average and 7% higher than other safety-net systems, marking a significant ascent from the bottom quartile of national performance. In addition to engagement metrics, Dr. Bouton emphasized the commitment to language access by adding Wolof, Urdu, and Albanian to the MyChart platform. This expansion solidifies the System's position as a national leader in providing multilingual digital health tools.

A discussion that included Dr. Mitchell Katz, Dr. Ted Long, Dr. Natalia Cineas regarding the limitations imposed by current regulatory and privacy frameworks on clinicians expressed frustration that HIPAA concerns and "double authentication" requirements often act as a barrier to communication, particularly for younger patients who find logging into a portal cumbersome compared to direct texting.

There was a consensus that NYC Health + Hospitals, as the nation's largest public health system, should take a proactive role in regulatory advocacy. Leadership plans to collaborate with legal teams to explore informed consent models that might allow for more direct text-based clinical communication. There is also an intent to engage with CMS and legislative bodies to modernize policies, ensuring that the drive for patient privacy does not inadvertently hinder the delivery of timely and effective medical care.

SYSTEM CHIEF NURSE EXECUTIVE REPORT

Natalia Cineas, DNP, System Chief Nurse Executive, Office of Patient Center Care, provided the following highlights.

Care Delivery and Daily Management:

completed the training for Care Delivery & Daily Management (CD²) at Kings county Hospital, where over a thousand nurses and support staff

were trained, on communication, escalation, and back to basic of nursing practice. Central Office has launched a Breast Cancer Team.

Care Experience/Nursing Excellence:

This year there were over 500 nominees for the nursing excellence award, where 35 nurses. 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.

As the nursing excellence journey is continued, all of the sites were encouraged to apply for the Beacon Award for Excellence from the American Association of Critical-Care Nurses(AACN), which is a prestigious, three-year designation. 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

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. The Association of periOperative Registered Nurses (AORN's) Enhanced Recovery After Surgery (ERAS), another department to be proud of.

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.

Professional development is being promoted for the nurses, they deployed Nurse Builders at no cost to our nurses, resulting in over 4000 active users, studying for certification across the System.

The Behavioral Health Nursing Career Ladder, has eight support staff enrolled in Associate in Nursing degree was launched at La Guardia and Queenborough Community College. This is a grant that was received from Sloan Summerfield Foundation and a second Cohort is enrolling. These nurses will ultimately work at NYC Health + hospitals. A med surge career ladder was just launched as well.

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. This milestone was celebrated with staff from the Mayor's Office Talent and Workforce Development, and New York Alliance for Careers in Healthcare (NYACH) were in attendance.

The Board commended Dr.CNO excellent work with the nurses, and bringing them back to the basic.

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

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a contract with Rapid Reliable Care NY by DocGo, LLC for the Ambulatory Care Street Health Outreach and Wellness Program at a not to exceed amount of \$28,089,000, which includes a 30% contingency, for a contract term of three years and two one-year renewal options exercisable at the discretion of the System.

WHEREAS, The Ambulatory Care Street Health Outreach and Wellness Program provides essential primary care, as well as harm reduction and behavioral health services, via mobile units, to New Yorkers who are unsheltered or living on the street; and

WHEREAS, the System has identified a need for a vendor to provide, maintain, and operate the mobile units from which the Ambulatory Care Street Health Outreach and Wellness team operates; and

WHEREAS, the System has been utilizing Rapid Reliable Care NY by DocGo, LLC to provide Street Health Outreach and Wellness services since 2022; and

WHEREAS, the System conducted an open and competitive RFP process under the supervision, and with the assistance, of Supply Chain Services to select a vendor to provide Street Health Outreach and Wellness services, in which two firms attended a pre-proposal conference and two subsequently submitted proposals; and

WHEREAS, of the two proposals submitted, the vendor who received the highest rating has been selected for award; and

WHEREAS, the Senior Vice President of Ambulatory Care Operations will be responsible for the management of the proposed contract.

NOW THEREFORE, be it

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized to execute a contract with Rapid Reliable Care NY by DocGo, LLC for Ambulatory Care Street Health Outreach and Wellness Program services at a not to exceed amount of \$28,089,000, which includes a 30% contingency, for a contract term of three years and two one-year renewal options exercisable at the discretion of the System.

EXECUTIVE SUMMARY
AMBULATORY CARE STREET HEALTH OUTREACH AND WELLNESS PROGRAM
SERVICES
AGREEMENT(S) WITH
RAPID RELIABLE CARE NY BY DOCGO, LLC

OVERVIEW: The purpose of this agreement is to provide Ambulatory Care Street Health Outreach and Wellness Program services to provide essential primary care, as well as harm reduction and behavioral health services, via mobile units, to New Yorkers who are unsheltered or living on the street.

PROCUREMENT: The System conducted an open and competitive Request for Proposals (“RFP”) to procure a vendor to provide Ambulatory Care Street Health Outreach and Wellness Program services to the System on an as-needed basis. The RFP was sent directly to three prospective vendors, and two prospective vendors attended a pre-proposal conference. A total of two firms submitted proposals and, of the proposals submitted, the Evaluation Committee selected the top-rated proposer to provide Ambulatory Care Street Health Outreach and Wellness Program services to the System.

COSTS: The total not-to-exceed cost for the proposed contract over its full, potential five (5) year term is not to exceed \$28,089,000, which includes a 30% contingency.

The program is fully supported by City Tax Levy and Opioid Settlement funds with a baseline allocation for six mobile clinics.

MWBE: An overall MWBE utilization goal of 30% has been established and accepted by the selected vendor.



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

From: Arman Smigielski, Esq.
Senior Staff Officer
Corporate Supply Chain

Re: Vendor Responsibility, EEO and MWBE status for Board review of contracts for Ambulatory Care Street Health Outreach and Wellness Program

Date: 3/26/26

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

<u>Vendor Legal Name</u>	<u>Vendor Responsibility</u>	<u>EEO</u>	<u>MWBE</u>
Rapid Reliable Care NY by DocGo, LLC	Pending	Approved	30%

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

**Ambulatory Care Street Health Outreach and
Wellness Program Application to Enter into
Contract with Rapid Reliable Care NY by
DocGo, LLC**

**MPA/IT Committee Meeting
April 13, 2026**

**Dr. Ted Long, Senior Vice President
Dr. Amanda Johnson, Senior Assistant Vice President
Andrew Cook, Deputy Director
Ambulatory Care Operations**

- AUTHORIZING THE NEW YORK CITY HEALTH AND HOSPITALS CORPORATION (THE “SYSTEM”) TO EXECUTE A CONTRACT WITH RAPID RELIABLE CARE NY BY DOCGO, LLC FOR THE AMBULATORY CARE STREET HEALTH OUTREACH AND WELLNESS PROGRAM AT A NOT TO EXCEED AMOUNT OF \$28,089,000, WHICH INCLUDES A 30% CONTINGENCY, FOR A CONTRACT TERM OF THREE YEARS AND TWO ONE-YEAR RENEWAL OPTIONS EXERCISABLE AT THE DISCRETION OF THE SYSTEM.

SHOW Program Initiative

- The Street Health Outreach and Wellness (SHOW) program provides essential primary care, as well as harm reduction and behavioral health services, via mobile units, to New Yorkers who are unsheltered or living on the street.
 - The SHOW program has engaged with over 50,000 individuals and conducted more than 11,000 street-based clinical encounters since January 2023. Greater than 50% of SHOW participants have two or more visits.
 - The program currently operates 6 units, each affiliated with an NYC Health + Hospital facility (Bellevue, Elmhurst, Lincoln, Woodhull).
 - The program is fully supported by City Tax Levy and Opioid Settlement funds with a baseline allocation for six mobile clinics.
 - The SHOW program is entirely funded by City dollars.
- The SHOW team is partnering with NYU to analyze encounter data to better understand the impact of SHOW on downstream patient utilization and clinical outcomes.

Background

- These services were procured through a competitive RFP process in November 2021. The contract was approved by the Board in December 2021. NYC Health + Hospitals entered into an agreement with DocGo/Ambulnz in August 2022 for a two-year initial term with two one-year renewal options.
 - The current contract expires on August 14, 2026, making it necessary to issue an RFP and award a vendor for continuation of SHOW program operations.
- The City allocates funding each year to NYC Health + Hospitals to run the SHOW program. In recent years, this allocation has been \$13.2M annually.
- The current contract spend with DocGo to implement the NYC Health + Hospitals-staffed version of the program is \$5.35 million starting in January 2023.
 - The SHOW program was initially run as a vendor-staffed model and has transitioned to a NYC Health + Hospitals-staffed model.
 - The scaling of the mobile unit fleet from one to six H+H-staffed SHOW units generated lower spend in the early months of the program.
 - To ensure uninterrupted services during the transition, the SHOW program spent \$25.9 million from 2022 - 2025 on the vendor-staffed version of SHOW.
- Once all six units are operating full-time, spending will be approximately \$4.3 million per year. A 30% contingency is included in the NTE request to account for new city initiatives.

RFP Criteria

- **Minimum Criteria**
 - Three years of prior work experience providing a client with at least 5 mobile medical units.
 - Three years of prior work experience outfitting, maintaining, and operating a fleet of at least 5 mobile medical units (or similar services) for a client.
 - Provide attestation letter that mobile units will be ready to use by August 16, 2026.
 - 5 years in business
 - \$5,000,000 in annual revenue for each of its last three (3) fiscal years.
 - MWBE certification, utilization plan, or waiver

- **Substantive Criteria**
 - 60% - Ability and Feasibility to meet the SOW
 - 15% - Vendor Experience
 - 15% - Cost
 - 10% - MWBE

- **Evaluation Committee**
 - Deputy Director, Operations, SHOW Program
 - PORT Clinic Medical Director
 - Director of Nursing, Ambulatory Care Operations
 - Assistant Director, Quality and Safety
 - Project Manager, Central Office Behavioral Health
 - Sr. Management Consultant, Central Office Finance

Overview of Procurement

- 9/9/25: Application to issue a request for proposals approved by CRC
- 9/19/25: RFP posted on City Record, sent directly to three vendors
- 9/26/25: Pre-proposal conference held, two vendors attended
- 11/5/25: Proposals due, two proposals received
- 1/8/26: Vendor Presentations held, two vendors were invited to participate
- 2/26/26: Evaluation committee submitted final scores. Below is the top scoring proposer:
 - Rapid Reliable Care NY by DocGo, LLC

Vendor Diversity

- Utilization Plan Summary

MWBE Vendor	Subcontracted Scope of Work	Certification	Goal %
Judit, Inc	Driver Staffing	NYC WBE	9%
Alante Security Group, Inc.	Security Staffing	NYC MBE	15%
Blessed Rodah	Security Staffing	NYC/NYS MBE	5%
Hey Girlie	Hygiene Kits	NYC M/WBE	1%
Total Diverse Vendor Component Percentage			30%

The Vendor Diversity team recommended a 30% diverse vendor component percentage for this solicitation.

For MPA/IT Committee Approval

- AUTHORIZING THE NEW YORK CITY HEALTH AND HOSPITALS CORPORATION (THE “SYSTEM”) TO EXECUTE A CONTRACT WITH RAPID RELIABLE CARE NY BY DOCGO, LLC FOR THE AMBULATORY CARE STREET HEALTH OUTREACH AND WELLNESS PROGRAM AT A NOT TO EXCEED AMOUNT OF \$28,089,000, WHICH INCLUDES A 30% CONTINGENCY, FOR A CONTRACT TERM OF THREE YEARS AND TWO ONE-YEAR RENEWAL OPTIONS EXERCISABLE AT THE DISCRETION OF THE SYSTEM.

MetroPlusHealth

NYC Health + Hospitals

Medical & Professional Affairs Committee Report

April 13th, 2026

Dr. Talya Schwartz, President & CEO

MetroPlus/H+H Collaboration | H+H Contact Center

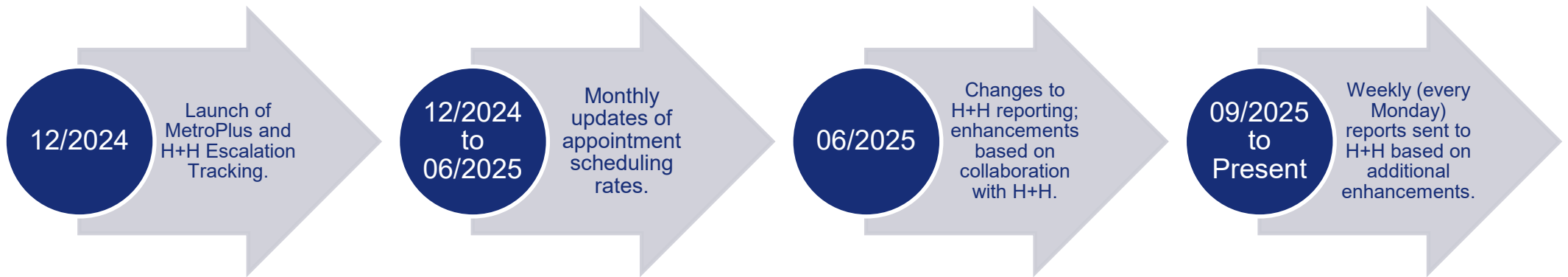
Background

- MetroPlus and H+H are working together to improve timely access to care for MetroPlus members and support **stronger performance in key Consumer Assessment of Healthcare Providers and Systems (CAHPS)** domains, such as Getting Needed Care and Getting Care Quickly. MetroPlus and the H+H Contact Center have been partnering to:
 1. Monitor the rate of scheduled appointments for MetroPlus members through the H+H Contact Center.
 2. Track the timeliness of those scheduled appointments from initial H+H Contact Center contact.
 3. Identify appointment scheduling delays for certain specialties.

Current Collaboration: CAHPS performance, especially around transitions of care (i.e., from inpatient to outpatient care) has been an area of focus for admissions extramural to H+H of H+H attributed primary care patients enrolled with MetroPlus.

- Collaboration began in December 2024 with shared tracking of appointment scheduling through the H+H Contact Center and the MetroPlus funded Escalation Team. More than **1100 cases** have been tracked since launch, including 616 since June 30, 2025.
- Efforts have evolved into a working level partnership with **weekly actionable lists focused on members who do not receive a Primary Care or Transition of Care appointment within seven days of their initial call.** H+H reviews these cases to identify process gaps and site level access issues.

Timeline



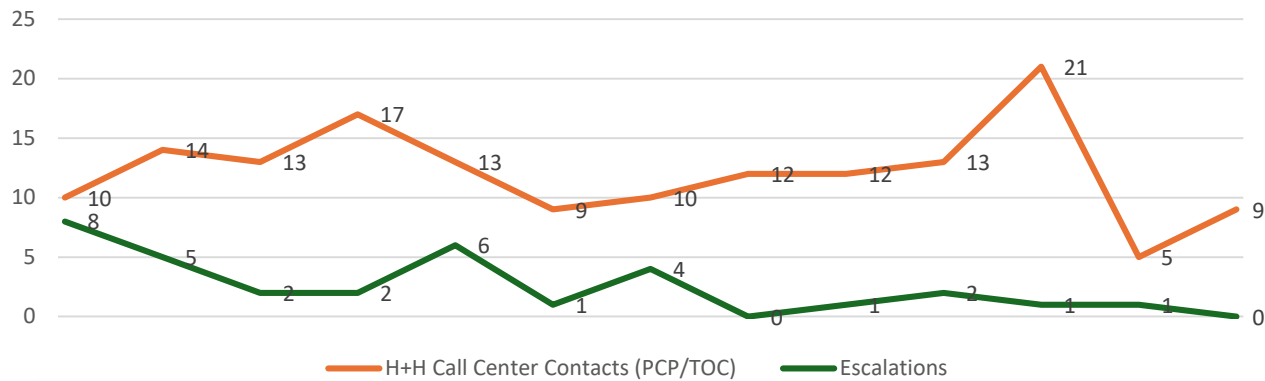
Enhancements designed to focus efforts on case review for members who did not obtain a PCP or Transition of Care (TOC) appointment at the time of the initial call to the Contact Center.

Process and Expectations

- The Escalation Team follows facility and department scheduling rules, which sometimes prevent direct booking by the team. When agents can schedule directly, they may be limited by provider availability.
 - Since the Escalation Team is best positioned to influence PCP and Transition of Care (TOC) appointments, these were made the central focus of the weekly actionable exchanges.
- If an agent is unable to directly schedule an appointment, they can place members on site wait lists, which clinics manage and use to arrange appointments once capacity opens.
- Case reviews of members who did not have an appointment scheduled during the call or within 7 days (based on MetroPlus' Epic review protocol) have helped refine these workflows by highlighting where steps were missed and where clinic specific rules or capacity limitations created bottlenecks.
- The reviews have also supported coaching and training updates, and they have offered early insight into the impact of SMS Fast Pass enhancements, which allow members to accept appointment slots by text after an initial unscheduled call.

Results

Weekly PCP/TOC H+H Contact Center Contacts vs Escalations
Q4 2025



- Since the exchange of unscheduled appointments began, **escalated cases have decreased even as call volume has remained steady, showing progress in securing timely visits and reducing the need for follow up intervention.**

- The Medicaid adult CAHPS survey was completed in January of 2026, with results provided in March. MetroPlus observed significant improvements in Medicaid, HIVSNP and HARP (Medicaid results seen here). While many Plan efforts went into improving CAHPS scores, the partnership between H+H and MetroPlus was, and still is, key.

2023

2025

Plans	Getting Needed Care (Usually or Always)	Getting Care Quickly (Usually or Always)	How Well Doctors Communicate (Usually or Always)	Customer Service (Usually or Always)	Rating of all health care	Rating of personal doctor	Rating of specialist talked to most often	Rating of health plan	Rating of treatment or counseling
MMC Statewide	78	79	93	86	73	80	81	74	56
NYC	75	73	90	83	73	79	81	72	50
Rest of State	81	81	94	87	74	80	81	75	59
MetroPlus Health Plan	67 ▼	71 ▼	87 ▼	75 ▼	60 ▼	76	77	65 ▼	44
Plans	Getting Needed Care (Usually or Always)	Getting Care Quickly (Usually or Always)	How Well Doctors Communicate (Usually or Always)	Customer Service (Usually or Always)	Rating of all health care	Rating of personal doctor	Rating of specialist talked to most often	Rating of health plan	Rating of treatment or counseling
MMC Statewide	79	78	93	87	76	84	81	75	60
NYC	76	71	91	86	74	83	80	76	52
Rest of State	81	82	94	87	77	84	81	74	65
MetroPlus Health Plan	76	73	92	84	76	90 ▲	90 ▲	81 ▲	45

▲▼ Statistically significantly better/worse than MMC Statewide 2025.

Next Steps

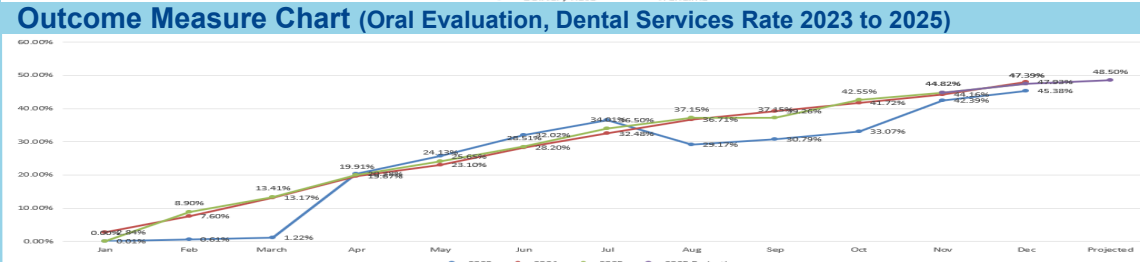
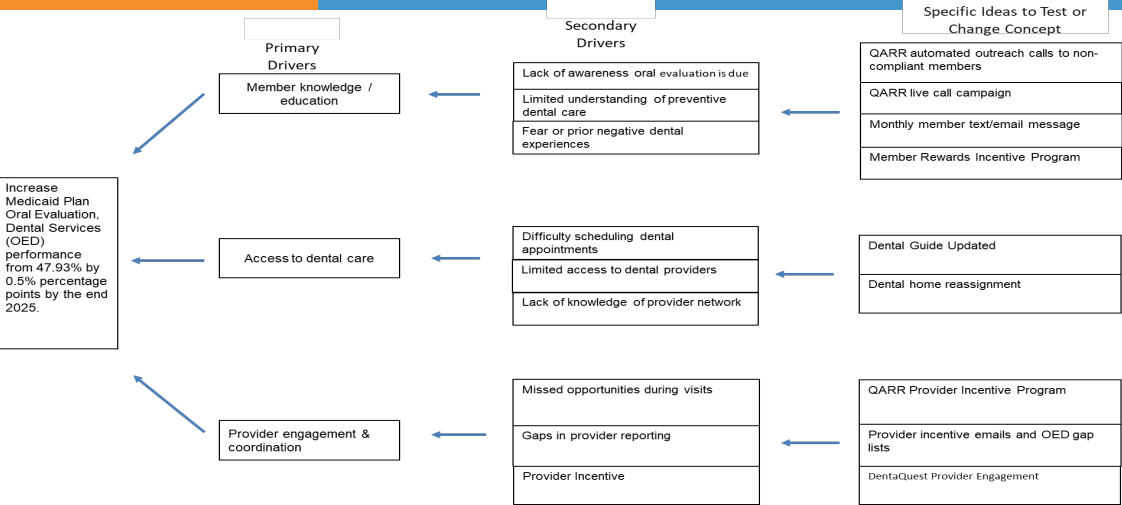
- Although CAHPS results showed improvements that may be related to this work, CAHPS can be highly variable, and continued focus on process improvement remains essential.
 - It is important to consider not only whether appointments were secured but also whether they met the timing needs of each member, clinically and experientially.
- MetroPlus and H+H will continue to review weekly case lists, share member level data, and collaborate to address site specific scheduling barriers.
- The teams may expand the scope to include specialty appointment pathways and use these insights to further strengthen Escalation Team workflows.
- Ongoing monitoring will help assess the impact of recent SMS Fast Pass enhancements and will guide future improvements that support timely access, reduce scheduling gaps, and improve the member experience

Improving Oral Pediatric Evaluation

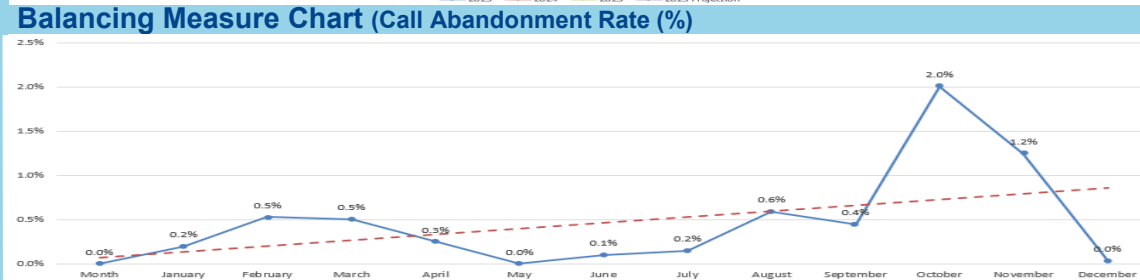
Project Title: *Improving Dental Oral Evaluation for Medicaid Pediatric Members*
 Project Leader: *Elizabeth Rodriguez, MBA*
 Executive Sponsors: *Sanjiv Shah, MD*
 Team Members: *Keith McMaster, Jennifer Chow*

AIM STATEMENT

Increase Medicaid Plan Oral Evaluation, Dental Services (OED) performance from the 2024 final rate of 47.93% by 0.5% to reach 48.43% by the end of 2025.



	PDSA / ACTION PLANS	RESPONSIBLE PARTY
1	QARR automated and live outreach calls; monthly text message campaigns, biannual email campaigns.	Quality Management/Dental Vendor
2	Member Rewards Incentive Program	Quality Management
3	Provider education and OED gap list distribution.	Quality Management
4	Dental home reassignment to members without an active dental provider.	Dental Vendor
5	QARR Provider Incentive Program; distribution of providers incentive emails	Quality / Provider Network
	Long-Term Sustainability Plan	IMPA
1	Continue multi-modal member outreach (calls, email, text) emphasizing the importance of routine pediatric oral evaluations.	Quality Management/Dental Vendor
2	Maintain partnerships with dental providers to monitor OED performance trends and address access barriers.	Quality Management/ Dental Vendor
3	Continue provider incentives and routine gap reporting to drive sustained compliance.	Provider Network/Quality Management
4	Annual dental home reassignment process to ensure members have access to in-network dental providers.	Dental Vendor





Primary Drivers

Member knowledge / education

Access to dental care

Provider engagement & coordination

Secondary Drivers

Lack of awareness oral evaluation is due
Limited understanding of preventive dental care
Fear or prior negative dental experiences

Difficulty scheduling dental appointments
Limited access to dental providers
Lack of knowledge of provider network

Missed opportunities during visits
Gaps in provider reporting
Provider Incentive

Specific Ideas to Test or Change Concept

QARR automated outreach calls to non-compliant members
QARR live call campaign
Monthly member text/email message
Member Rewards Incentive Program

Dental Guide Updated
Dental home reassignment

QARR Provider Incentive Program
Provider incentive emails and OED gap lists
DentaQuest Provider Engagement

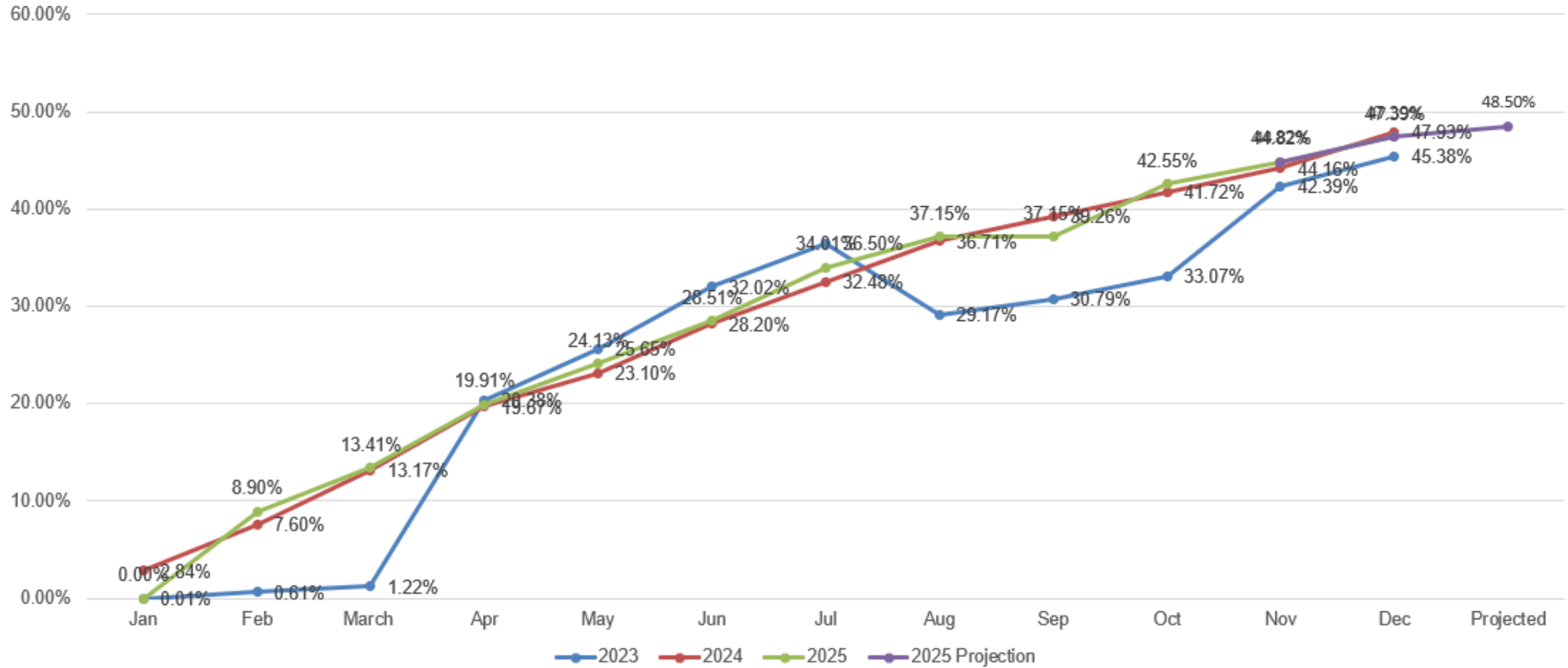
Increase Medicaid Plan Oral Evaluation, Dental Services (OED) performance from 47.93% by 0.5% percentage points by the end 2025.

	PDSA / ACTION PLANS	RESPONSIBLE PARTY
1	QARR automated and live outreach calls; monthly text message campaigns.	Quality Management/Dental Vendor
2	Email outreach to non-compliant members with education and scheduling instructions.	Quality Management
3	Provider incentive emails and OED gap list distribution.	Quality Management
4	Dental home reassignment to members without an active dental provider.	Dental Vendor
5	Implementation of QARR Provider Incentive Program.	Quality / Provider Network

	Long-Term Sustainability Plan	IMPA
1	Continue multi-modal member outreach (calls, email, text) emphasizing the importance of routine pediatric oral evaluations.	Quality Management
2	Maintain partnerships with dental providers to monitor OED performance trends and address access barriers.	Quality Management/ Denta Vendor
3	Continue provider incentives and routine gap reporting to drive sustained compliance.	Provider Network/Quality Management
4	Ongoing dental home reassignment process to ensure members have access to in-network dental providers.	Dental Vendor

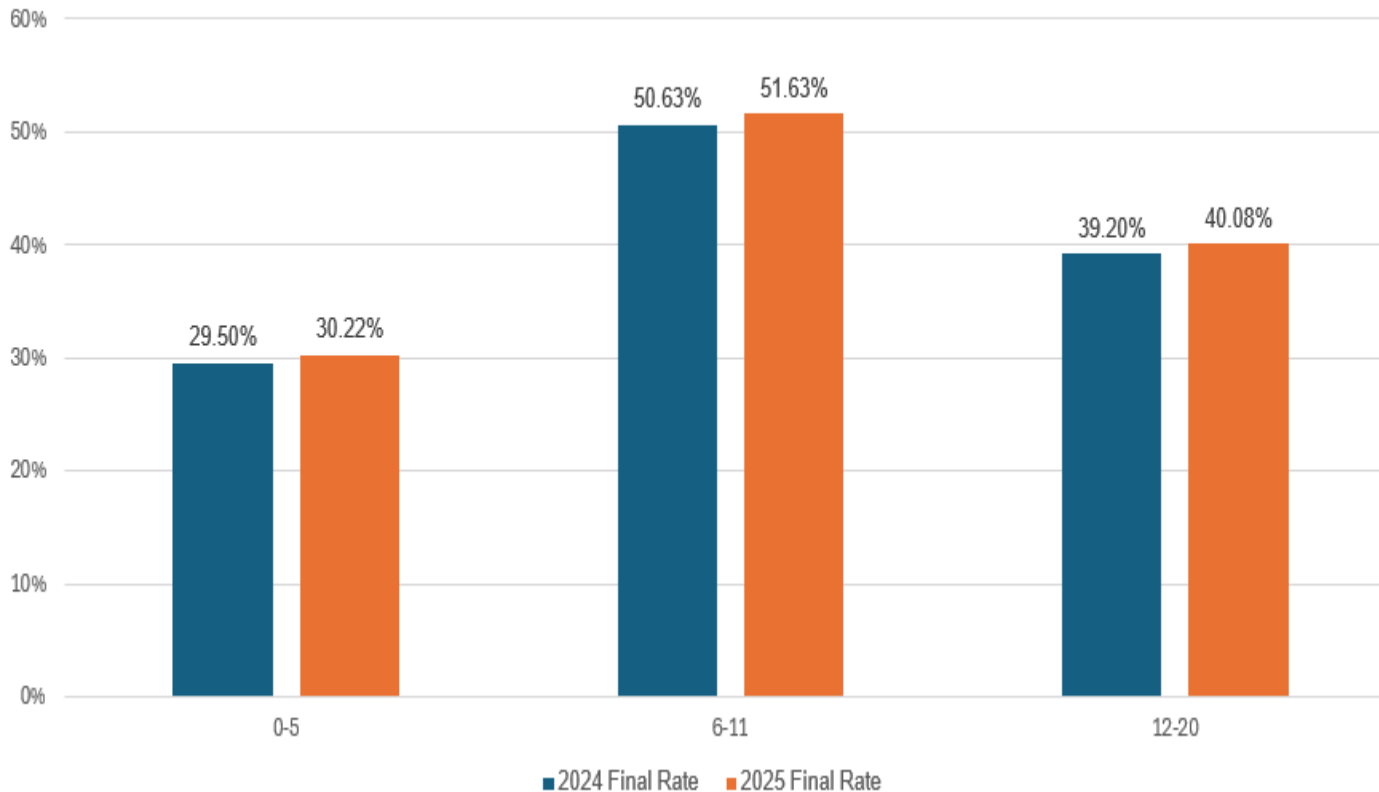
Outcome Measure Trend with 2025 Projection

(Oral Evaluation, Dental Services Rate)



Equity Lens

Compliance by Age Band
(Oral Evaluation, Dental Services Measure 2024 vs. 2025)



Observations:

- Compliance improved across all age bands from 2024 to 2025.
- School-age children (6-11) maintain the strongest performance.
- Children 0-5 remain the lowest-performing group, though improvements is noted.

Next Steps:

- Strengthen caregiver outreach for children under 5.
- Expand reminder campaigns.
- Reinforce provider education
- Ensure that H+H sites are disseminating the list of dental providers available in the community and that these extramural dental sites truly have timely access.

Project Edge

Our Journey | From Opportunity to Impact



The WHY

The ACHIEVEMENTS

Our core system dated back 30+ years and required significant effort to maintain.

We need to modernize workflows and increase automation to stay competitive.

We need an agile platform to comply with the rapid pace of change in rules and regulations.

01

4,900+ HIV-SNP members and our network of providers transitioned to new HealthEdge platforms.

02

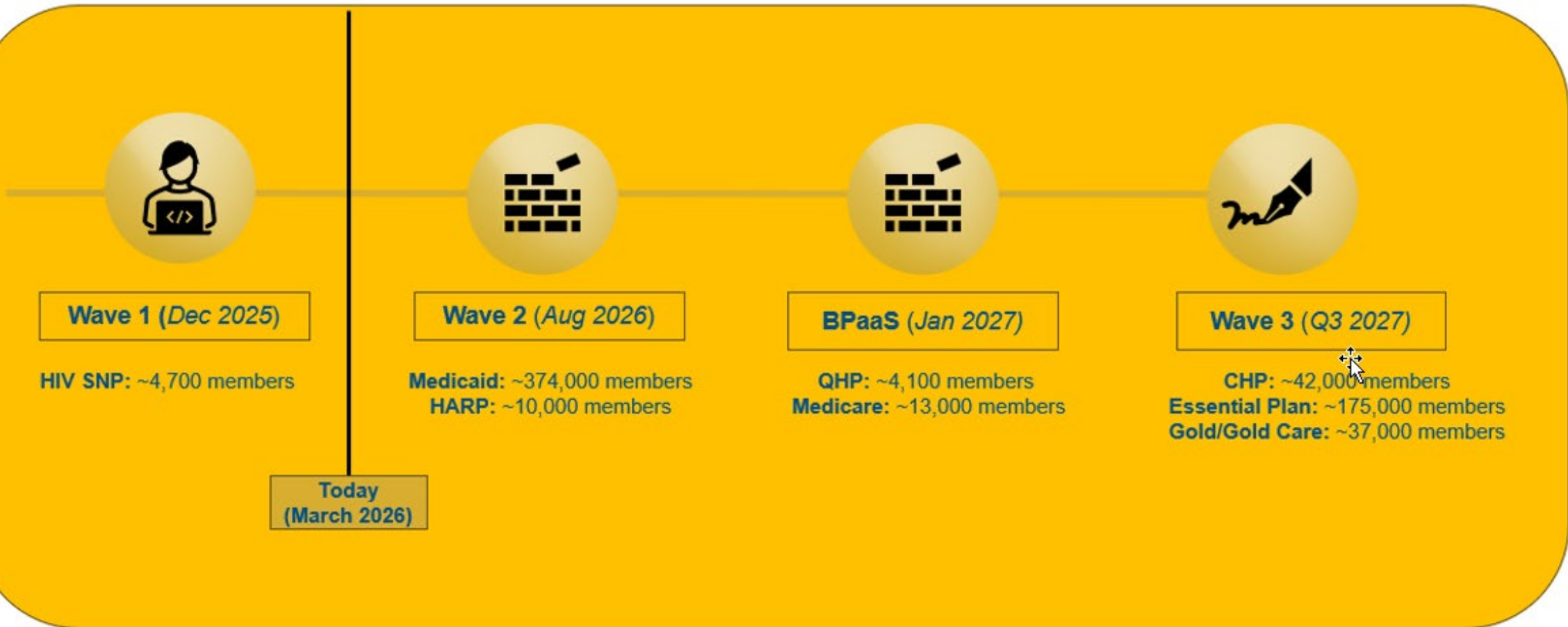
CM and UM teams operate within a single integrated system streamlining coordination.

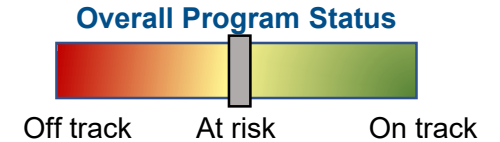
03

8,700+ care interactions and 13,000+ claims per month are processed using the new platforms.



Our Roadmap to Transformation





Program Status | Wave 2

Key Accomplishments | Wave 2 (Medicaid and HARP)

- Assembled and onboarded a program team and replaced longstanding partner support under MPH leadership.
- Procured and provisioned new environments to enable execution of Wave 2 conversion and testing activities.
- Developed a test strategy specific to each domain to mitigate the risk of an extended stabilization and errors.
- Developed a program schedule for an August go-live with an extensive testing windows (5 months of testing).
- Completed requirement gathering and finalized both configurable and development scope for Wave 2.
- Executed first data conversion load with Wave 2 data.

Member Rewards

Member Rewards Overview

- **The member rewards program is designed to:**
 - Increase member satisfaction and retention.
 - Encourage preventive care and quality-driven behaviors.
 - Support quality-related metrics (HEDIS, Stars/CAHPS, etc.).
- **Members earn rewards for completing eligible activities**
 - These are typically health-related activities, both clinical and behavioral.
 - Examples of eligible activities (varies by line of business):

Annual Physical	Walking/Steps
Breast Cancer Screening	Sunscreen Use
Flu Shot	Mental Health Screening
Dental Visit	Colon Cancer Screening
- **The program has been administered by InComm/Convey since early 2024.**



How It Works

- Most MetroPlusHealth members are eligible for rewards.
- Members are informed of the rewards program in many ways, including enrollment materials, onboarding journey text messages, call center IVR message, website/portal placement, etc.
- Once registered, members receive a card with loaded \$s in the mail after completing their first eligible activity. Eligible activities are recorded either through:
 - Claims activity load to the vendor (most common).
 - Member self-attestation (less common).
 - In either case, no documentation is required from the member, simplifying the process.
- Member wallet balance is updated after each eligible activity.
- Member can redeem the rewards* at thousands of physical locations or through major online retailers (including Walmart, Walgreens, Instacart and Amazon).
- Members can carry-over rewards earned in one year partially into the following year.
- MPH's call center can address all member questions/concerns about their rewards.

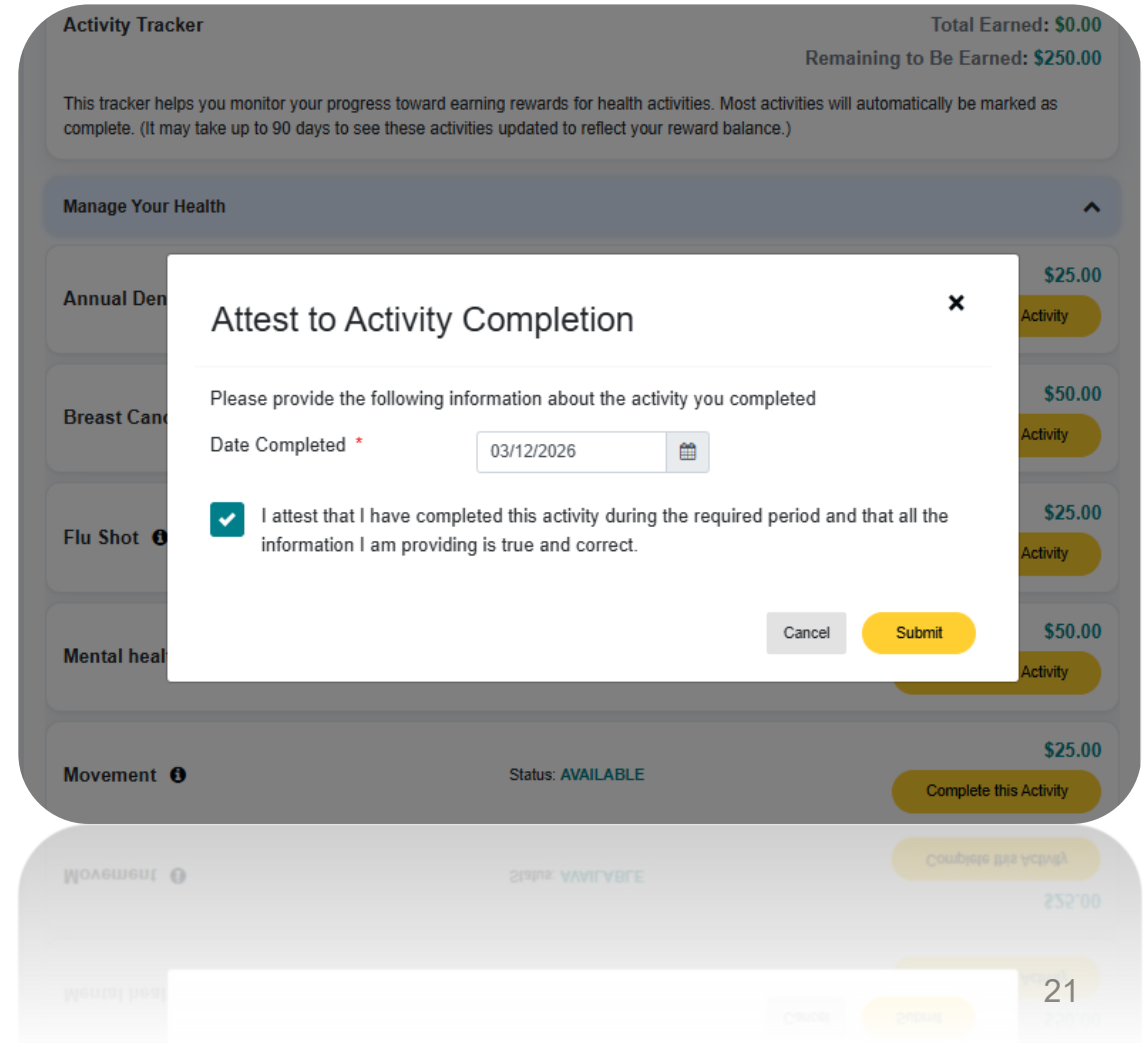
*Member Reward \$s cannot be used for tobacco, alcohol, lottery tickets

Gold Member Rewards

- Rewards for Gold members began in September 2025.
- All Gold subscribers are eligible.
- Designed with simplicity in mind: all eligible activities are member self-attested.

Summary of rewards program:

Activity Name	Reward Value
Annual Dental Visit	\$25
Breast Cancer Screening	\$50
Flu Shot	\$25
Mental health screening	\$50
Movement	\$25
Annual PCP Visit	\$50
Sunscreen use	\$25



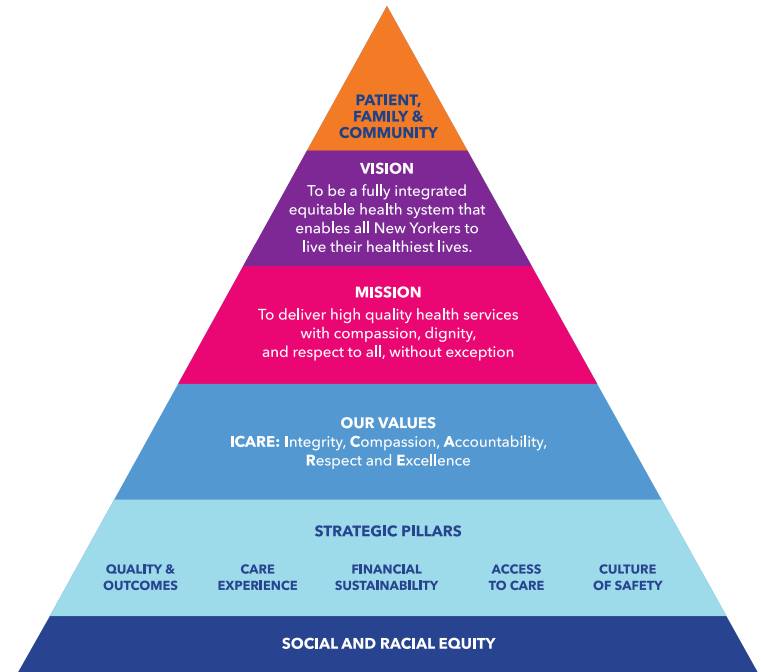
MPA/IT Committee Meeting

EITS BOD Update

Kim K. Mendez, EdD, ANP, RN
Sr. Vice President/ Corporate CIO
April 13, 2026

EITS Update Agenda

- Introductions
- HIT Project(s) Updates
 - Abridge + Epic Ambient AI
 - iCAD Pro Found AI
 - Epic Video Client
 - B. Braun Infusion Pump –Epic Integration
 - New Password Standard
- DnA & AI Update
- AI Corner
- Q + A





Abridge + Epic Ambient AI Project Status

Summary

Abridge Ambient Listening AI is a sophisticated generative AI solution that captures and synthesizes clinician-patient encounters in real-time. It securely captures, transcribes, and analyzes the entire interaction to generate high-quality clinical notes before the visit concludes.

This project aims to implement Abridge Ambient AI as a seamless background assistant for clinicians, ensuring full integration within our existing Epic H2O ecosystem using Epic Haiku. Phase 1 and initial scope includes approximately 450 clinicians across all primary care departments and select subspecialties who opted-into the first cohort.

The project is currently Green, On Track.

Accomplishments

- Contract fully executed – 2/25/2026
- Project resources assigned
- Project Kick-off completed – 3/6/2026

Top Risks and Issues

Upcoming Milestones	End Date	Status	Comments/Notes
Application/Technical Build	4/3/2026	On Track	EITS teams: Digital Health, ECSAs, SSO, Integrations, DnA
Application and Integrated Testing	4/24/2026	Not Started	
Super User Training	5/8/2026	Not Started	
Super User Pilot Go-Live	5/11/2026	Not Started	<ul style="list-style-type: none"> • Aligned with Q2 Epic/H2O & Iris for Health Upgrade • Two weeks of super user go-live support planned
End User Training	5/22/2026	Not Started	
Enterprise Go-Live	5/26/2026	Not Started	

iCAD ProFound AI®

Project Scope and Background

- NYC H+H endeavors to implement iCAD ProFound AI® which will improve breast cancer screening at NYC H+H by enabling earlier, more accurate detection and personalized risk assessment. iCAD ProFound will be seamlessly integrated with DICOM/PACS. It enhances workflows for better outcomes.
- This rollout across all NYC H+H and Gotham Health facilities standardizes interpretation, suppresses unnecessary callbacks, reduces patient anxiety, and optimizes resource use through a unified platform.
- The EITS teams have completed the following; Security, Architecture, AI Legal, and EITS Service Lines Reviews. Presentation to CMIOs is pending.
- The EITS landscape will be impacted due to the fact that this migration encompasses iCAD ProFound moving from on-Premises to the Cloud Solution.

Timeline

- Timeline and proposed Go Live – 3 Months
- Roll Out is Enterprise. This is a Cross Facility Radiology Program under System Radiology Chief, Dr. Steven Pulitzer, and will be led by Dr. Neesha Patel

Funding & Level of Effort

- Funding: OTPS (Operating)
- EITS/DnA Level of Effort: An estimated total of 185 resource hours allocated over a 13-week period for this Medium T-shirt size project.

Implementation of new Password Standard - AD Integrated Accounts

Project Scope and Background

- The Security Team will be updating our system password standards to align with NIST800-63B (*National Institute of Standards and Technology*), and OTI (*NYS Office of Technology & Innovation*)
- Key updates to **password length** requirements; removal of existing password complexity and expiration rule; adding Dynamic Blocking feature which allows checking new passwords against list of breached/blacklist passwords
- Changes will impact everything that authenticates with passwords – all system end users, devices, application on network or stand-alone
- EITS Active Directory (AD) team will apply approved updated password policy; affected IT Owner team will conduct validation of their devices and systems
- There are no expected impact to the EMR; application portfolio that currently uses password will be affected

Timeline

- Rollout will be Enterprise in two projects
- **Project 1** - Rollout to all users & AD integrated applications and devices by end of 2Q2026
- **Project 2** - Will manage all non-AD integrated systems and devices. Target date TBD once assessment on inventory and impact is completed. Separate Demand will manage this scope of work

Funding, Supply Chain & Level of Effort

- No funding required. Fully supported by internal team (s) and existing technology & infrastructure
- EITS/ISRM Level of Effort: Estimate of total hours planned for all project team resources: Being finalized for Project 2

Epic Video Client

Project Scope and Background

- Epic Video Client (EVC) will be used for one on one outpatient video visits using MyChart. EVC will replace Caregility for ambulatory 1:1 telehealth visits only
- At \$0.35 per EVC session versus \$1.50 per Caregility session, EVC offers significant savings. Assuming a similar annual volume to the 250k successful video visits completed YTD 2025, that's a saving of approximately \$300k for the organization.
- Using EVC will provide an integrated telehealth experience within the Epic ecosystem as EVC will integrate with MyChart; Caregility will remain in use to support group visits

Timeline

- Implementation timeline estimated to take about 2-3 months from kick-off to go-live
- Enterprise roll-out across Ambulatory Care

Funding, Supply Chain & Level of Effort

- Funding: EITS Operating
- This initiative leverages existing integrations. No additional procurement is required
- EITS/DnA Level of Effort: Medium T-shirt Size with a 2-3 month implementation timeline



Epic Integration of B. Braun Infusion Pumps

Summary

In 2022, NYC Health + Hospitals launched an initiative to upgrade its IV infusion pump fleet with state-of-the-art, Wi-Fi-enabled smart pumps from B. Braun. Key features include integration with a single enterprise-wide drug library, bi-directional communication with Epic for IV infusion tracking, Improved patient safety, clinician efficiency, and medication administration documentation.

Planned Rollout:

- Pilot site go-live: Lincoln Hospital on 10/21/2025 (Complete)
- Next go-live: Harlem Hospital planned for 6/2/2026
- Final site go-live by August 2027

Accomplishments

- Lincoln Hospital (Pilot Site) – Completed 10/21/26
 - Pump Compliance is at 54% (65% w/o ED) as of 3/1/2026
- Harlem Kick-Off (All Stakeholders) - Completed 1/6/2026

Top Risks and Issues

- No notable risks at this time

Upcoming Milestones

End Date

Status

Comments/Notes

Metropolitan Kick-Off

3/16/2026



The 3rd site will kick-off concurrently

Harlem B. Braun Field Service Visit

4/28/2026



Field service begins 4/7/2026

Super User and End User Training

5/29/2026



Super User and End User training will be led by Harlem Nursing Ed.

Harlem Go-Live

6/2/2026



2nd Site is planned to go-live on 6/2/2026

NYC HEALTH+ HOSPITALS Office of Data & AI Highlights

January 1, 2026 - February 28, 2026

AI & Automation @ Work

\$21M in realized revenue
from investments in AI
throughout the revenue
cycle pipeline

**4,900+ hours saved in
2026** reducing high volume
manual work/processing
time through our
automation pipeline

Kicked off Ambient AI
implementation with a
targeted launch in May
2026 and a pilot cohort of
nearly 500 physicians

Data @ Work

**Launched Pulmonary
Embolism Insights** to
identify opportunities to
improve timely diagnosis
and time to treatment

**Launched HR
Compliance Product**
increasing staff
credentialing visibility and
reducing regulatory risk

**Continued enabling
self-service** on the
enterprise data platform to
shorten time to insights

AI Corner Update

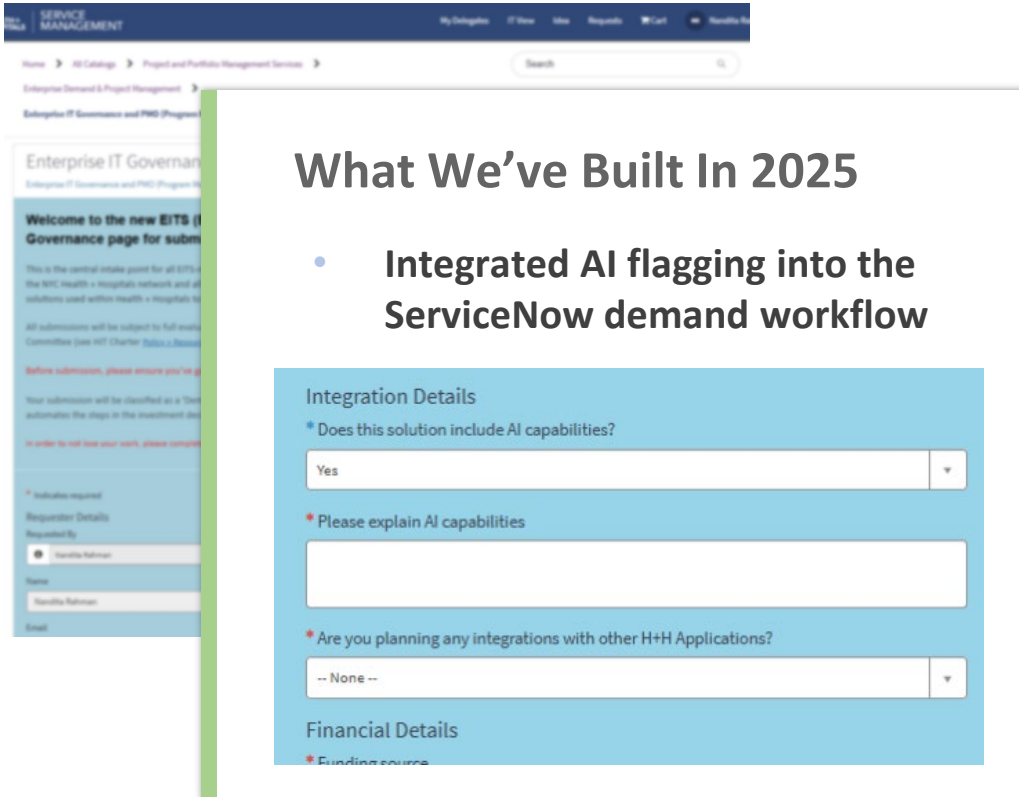
Bottom Line Upfront (BLUF)

In the coming months you will see some changes in our **Demand Request Process**, specifically for AI Requests

The screenshot shows a ServiceNow interface for a Demand Request. The header includes 'NYC HEALTH+ HOSPITALS SERVICE MANAGEMENT' and navigation links like 'My Delegations', 'IT View', 'Ideas', 'Requests', 'Cart', and a user profile for 'Nandita Ra'. The breadcrumb trail is 'Home > All Catalogs > Project and Portfolio Management Services > Enterprise Demand & Project Management > Enterprise IT Governance and PMO (Program Management Office) - Demand Request'. The main content area has a title 'Enterprise IT Governance and PMO (Program Management Office) - Demand Request' and a sub-header 'Enterprise IT Governance and PMO (Program Management Office)'. A blue banner reads: 'Welcome to the new EITS (Enterprise Information Technology Services) Project Management Office and Governance page for submitting new IT-related business requests.' Below this, there is explanatory text about the central intake point for EITS-related requests and a note that all submissions will be subject to full evaluation. A red warning message states: 'Before submission, please ensure you've gathered leadership, enterprise sponsor, and budget approval. ServiceNow Demand Request automates the steps in the investment decision process.' Another red warning message says: 'In order to not lose your work, please complete the form and submit it in one session.' The form fields include 'Requested By' and 'Requested For', both with dropdown menus showing 'Nandita Rahman'. Below these are 'Name' and 'Email' fields, each with a text input box containing 'Nandita Rahman'.

Coming soon to a ServiceNow near you!

Where We Started



Result: Improved Visibility of AI Assets and Tools Used at Enterprise-level, previously none existed

Opportunities To Build in 2026

*Does your request include AI?
Yes or No"*

One Question to Rule Them All

One question used to trigger tracking AI assets, limited ability to create central authoritative view of AI tools in use across the organization

Growing Demand, Static Capacity

AI requests are coming in faster than ever. Need for automated way to **consistently** inventory, track, and monitor AI assets across their lifecycle

AI Governance is Not One-Size-Fits-All

Need for differentiating between low-risk administrative tools and clinical decision tools so we can **fast track innovation** while protecting patient safety

ONLINE PACKAGE TRACKING:

PROs:
CONVENIENT
USEFUL

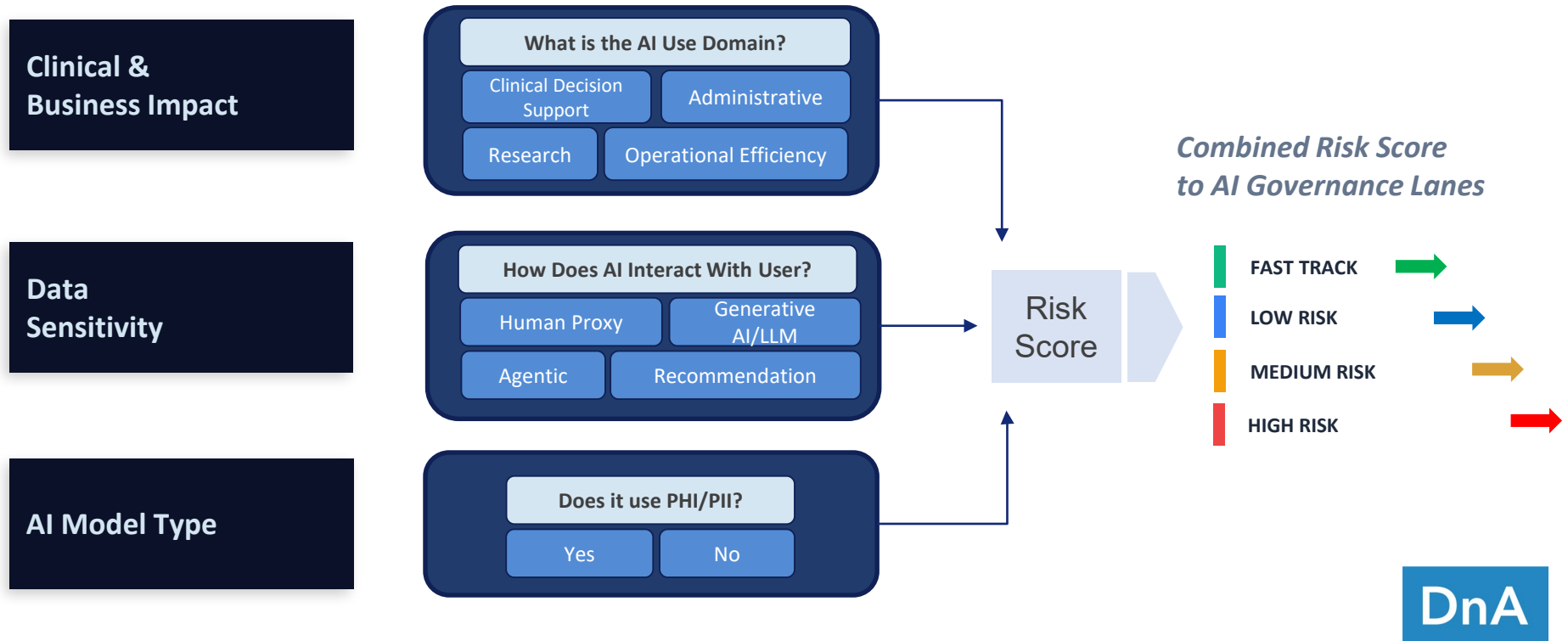
CONS:
MAKES YOU
CRAZY

REFRESH
| Aww, STILL IN MEMPHIS.
REFRESH |
| Aww, STILL IN MEMPHIS.
REFRESH |
| Aww, STILL IN MEMPHIS.



Our Approach: Risk-Based Intake & Triage

Standardized questions embedded in the existing ServiceNow demand process across key areas.



What This Positions Us To Deliver

Maimonides Readiness

A comprehensive AI asset inventory with risk profiles, ownership, and lifecycle status giving leadership the data for to make informed decisions whether to merge, sunset, or retain AI tools

Faster Time to Value

Risk-based triage fast-tracks low-risk tools in while routing clinical AI for deeper review, improving AI Governance SLAs and ensuring governance supports the pace of innovation

Patient Safety & Regulatory

Structured documentation forms, attestation agreements aligned to Section 1557, HIPAA, and FDA standards alongside existing NYC H+H documentation captured during demand workflows

Improved Situational Awareness

Self-service inventory displaying AI portfolio by risk tier, governance status, department, and lifecycle stage, real-time visibility for leadership without manual reporting or query

Responsible AI innovation by documenting as we deploy

Updated AI Intake Process | Targeting Q2 organization-wide launch

Q & A

Thank
you

System Chief Nurse Executive (CNE) Report

M&PA/IT Committee Meeting

Natalia Cineas, DNP, MSM-N, MBA, RN, NEA-BC, FAAN, FADLN

Senior Vice President, Chief Nursing Executive; Chief Executive Officer & Executive Sponsor, Community Care; and Co-Chair, Equity and Access Council

Office of Patient Centered Care

April 13, 2026

Education Programs

CULTURE OF SAFETY

NURSE LEADER ACADEMY

Nurse Leader Academy – Launch

- The Nurse Leader Academy (NLA) was launched in **NYC Health + Hospitals/Queens** last February 17th to 19th attended by all nurse leaders from Assistant Directors of Nursing (ADNs) all the way to the Chief Nursing Officer (CNO).
- This three-day intensive, in-person program was designed by the Office of Patient Centered Care (OPCC) to empower both new and experienced nurse leaders with the advanced skills and perspectives required to drive transformation across the health system.
- The NLA integrated expertise from diverse departments to provide a holistic view of leadership. OPCC partnered with **Human Resources, Labor Relations, Quality and Regulatory, Finance, Talent and Development, and Information Technology.**

Nurse Leader Academy – Launch

- The academy's curriculum was organized around the American Organization for Nursing Leadership's (AONL) Nurse Leadership Competencies. There were five core pillars:
 - **Business Skills and Principles** – mastering the financial and operational mechanics of healthcare delivery.
 - **Communication and Relationship Building** – fostering collaborative environments and high-performing teams.
 - **Knowledge of the Healthcare Environment** – navigating the complexities of policy, clinical practice, and patient safety.
 - **Professionalism** – modeling ethical practice and commitment to lifelong learning.
 - **Leadership** – driving vision and change management within the nursing profession.

Nurse Leader Academy - Queens



NYC Health + Hospitals//Queens nursing leadership along with Natalia Cineas, DNP, MSM-N, MBA, RN, NEA-BC, FAAN, FADLN and OPCC facilitators.

EMERGING LEADERS (SUCCESSION PLANNING) PROGRAM

Emerging Leaders (Succession Planning) Program

- The Emerging Leaders (Succession Planning) Program was also launched at **NYC Health + Hospitals/Queens** last February 26th.
- The program is designed to ensure a strong pipeline of nursing leaders prepared to assume management, director, and executive-level roles while fostering leadership growth, retention, and organizational stability.
- The learning focus includes: identification of key roles and pathways, talent assessment and readiness levels, development planning, implementation and monitoring, and emerging leader program guardrails.
- It was attended by nurse leaders from Assistant/Associate Directors of Nursing (ADNs) to the Chief Nursing Officer (CNO).

Emerging Leaders (Succession Planning) Program



NYC Health + Hospitals//Queens nurse leaders taken during the Emerging Leaders (Succession Planning) session on February 26, 2026.

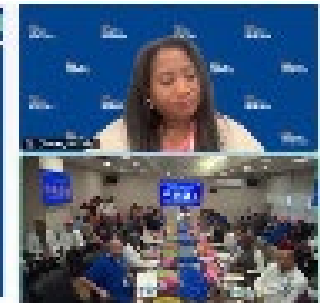
Awards, Certification and Programs

CARE EXPERIENCE / NURSING EXCELLENCE

PROFESSIONAL GOVERNANCE ANNUAL RETREAT

Professional Governance Annual Retreat

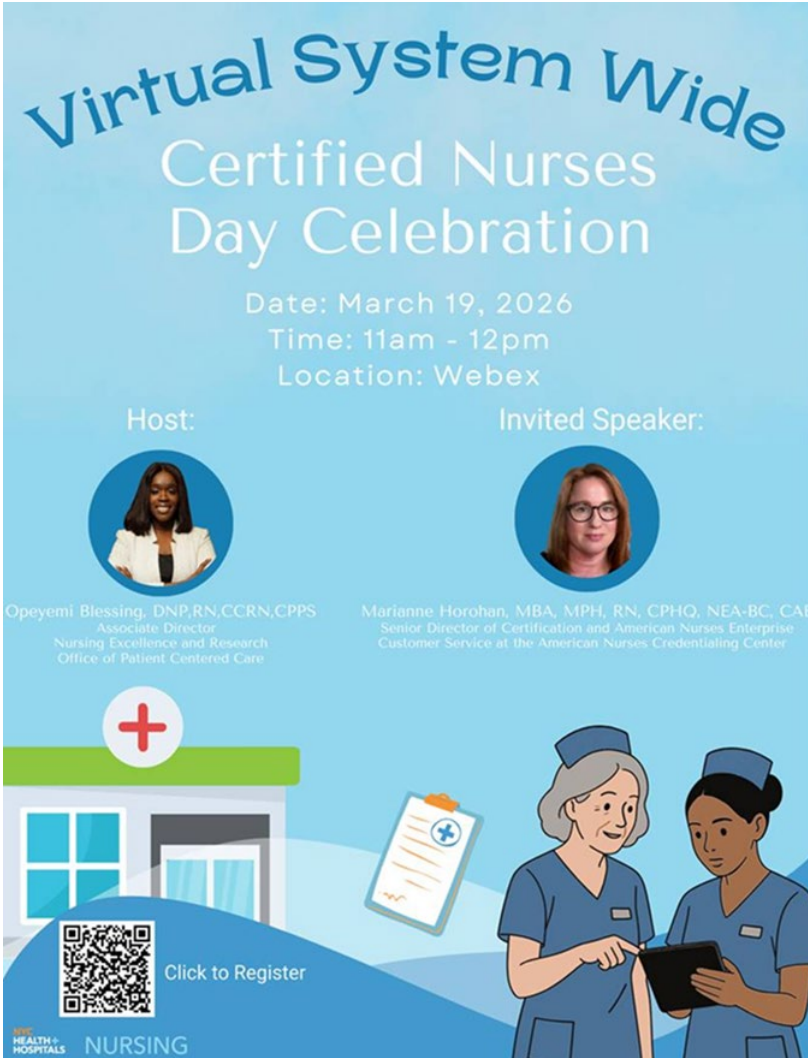
- The 2026 Nursing Professional Governance (PG) Annual Retreat took place on February 9 & 11, 2026, in continued **collaboration with NYSNA**.
- Attended by ~400 frontline staff and leaders, where the amazing work of all 211 councils reported their accomplishments in clinical outcomes, turnover, recognition, and future priorities in improving patient transfers, addressing disparities, preventing burnout, and many more to the SCNE, Natalia Cineas, DNP, MSM-N, MBA, RN, NEA-BC, FAAN, FADLN.
- The Research and Innovation Council is a newly established council and active at all hospitals.



NURSING CERTIFICATION & CERTIFIED NURSES CELEBRATION

Systemwide Certified Nurse Virtual Celebration


- Certified Nurses Day is celebrated annual on March 19th.
- A systemwide virtual celebration took place on March 19 to honor more than 2,100 certified nurses in the system, featuring keynote speaker MBA, MPH, RN, NEA-BC, CPHQ from the American Nurses Credentialing Center (ANCC), with 190 nurses in attendance.



Virtual System Wide
Certified Nurses
Day Celebration


Date: March 19, 2026
Time: 11am - 12pm
Location: Webex

Host:




Opeyemi Blessing, DNP,RN,CCRN,CPPS
Associate Director
Nursing Excellence and Research
Office of Patient Centered Care


Invited Speaker:



Marianne Horohan, MBA, MPH, RN, CPHQ, NEA-BC, CAE
Senior Director of Certification and American Nurses Enterprise
Customer Service at the American Nurses Credentialing Center



Click to Register



NYC HEALTH+ HOSPITALS NURSING

NYC HEALTH+ HOSPITALS Facility Certified Nurse Celebrations



BEACON AWARD CELEBRATIONS

Beacon Award Celebrations



- The American Nurses Credentialing Center awards Beacon honors to recognize units with excellence in nursing care, strong patient outcomes, and healthy work environments, while promoting best practices and continuous improvement.
- A few of our facilities received Beacon Awards and held celebrations recently:
 - NYC Health + Hospitals/**Elmhurst – Beacon Silver (Re-Designation) – CCU and MICU**
 - NYC Health + Hospitals/**Kings – Beacon Silver – ICU/SICU and NSICU**
 - NYC Health + Hospitals/**South Brooklyn Health – Beacon Silver (Re-Designation) – SICU & MICU T7E**

Beacon Award Celebrations - Elmhurst



Elmhurst's executive and clinical leadership led by the new CEO, Alina Moran and new CNO, Devon Bennett.



Elmhurst's CEO, Alina Moran, CNO, Devon Bennett and nursing leadership with the critical care unit (CCU) and medical intensive care unit (MICU) team members.

Beacon Award Celebrations - Kings

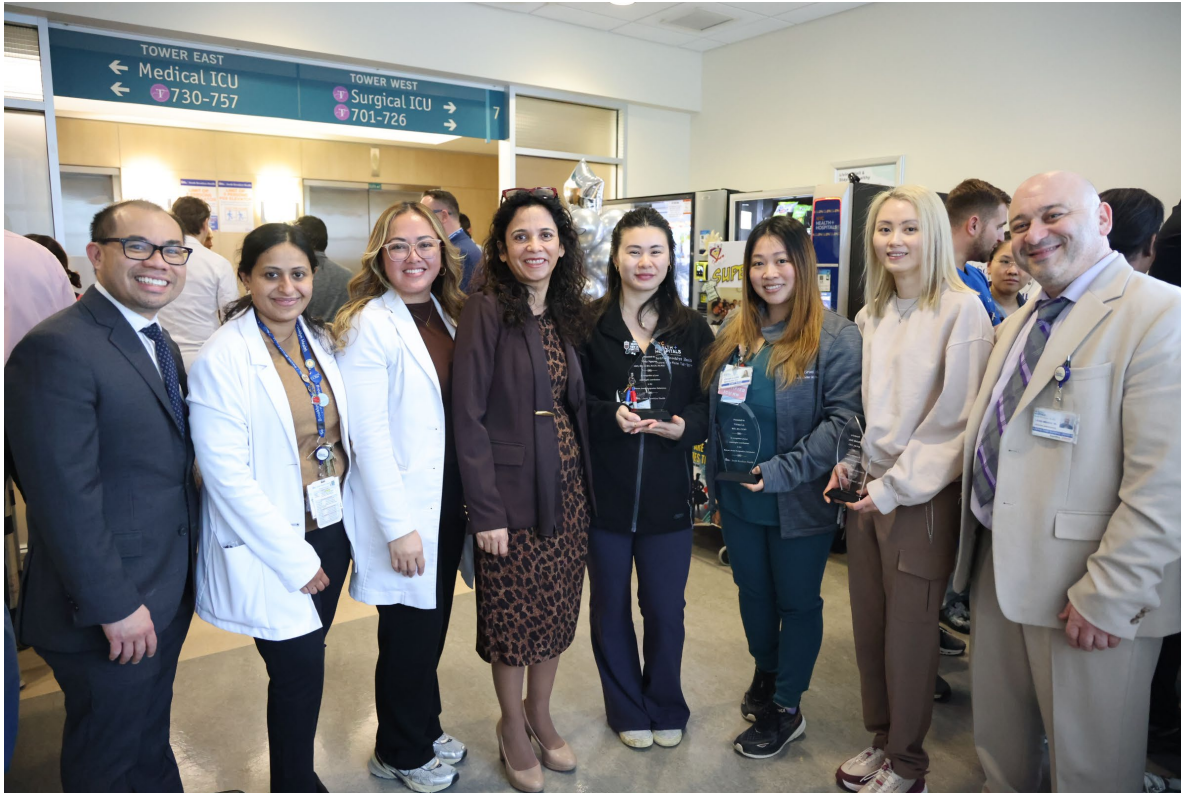


Kings' nursing team with CEO, Sheldon McLeod and System CNE, Natalia Cineas, DNP, MSM-N, MBA, RN, NEA-BC, FAAN, FADLN



Kings' CEO, Sheldon McLeod and nursing leadership with the critical care unit (CCU) and medical intensive care unit (MICU) team members.

Beacon Award Celebrations – South Brooklyn Health



South Brooklyn Health executive and nursing leadership led by the new CEO, Manjinder Kaur, DNP, RN, NEA-BC, FACHE and interim CNO, Leonid Mirakov



SBH's CEO, Manjinder Kaur, Interim CNO, Leonid Mirakov and nursing leadership with the surgical intensive care unit (SICU) and medical intensive care unit (*MICU) team members.

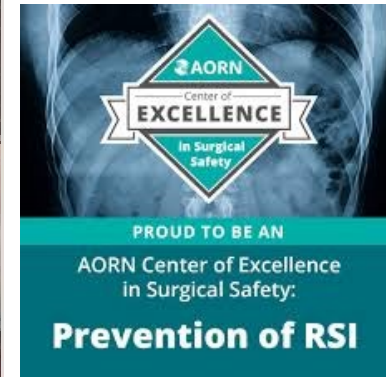
AORN: CENTER OF EXCELLENCE IN SURGICAL SAFETY RSI & GO-CLEAR

Center of Excellence in Surgical Safety RSI & Go-Clear



- On March 9th, **NYC Health + Hospitals/Woodhull** received from the Association of periOperative Registered Nurses (AORN's) designation as a **Center of Excellence in Surgical Safety**:
 - **Go-Clear Award** – recognizes facilities that have successfully eliminated surgical smoke from their operating rooms.
 - **Retained Surgical Instruments (RSI)** – given to facilities that implement AORN's strict multidisciplinary counting protocols and adjunct technologies (like RFID-tagged sponges).

Center of Excellence in Surgical Safety RSI & Go-Clear



NYC Health + Hospitals/Woodhull received the Center of Excellence in Surgical Safety: Prevention of Retained Surgical Instruments (RSI) Award and the Go Clear Award. Taken in Woodhull with Sandra Sneed, CEO, Althea Senior Morris, CNO, and other executive and nursing leadership with the surgical team.

QUESTIONS AND THANK YOU!

Clinical Councils Strategy Kick-Off

**Medical & Professional Affairs /
Information Technology Committee**

April 13th, 2026

**Ted Long, MD
Senior Vice President
Ambulatory Care Operations**

Clinical Councils As The Engine for Change

Up Until Now...

- Absence of single Clinical Council Strategy
- Highly variable clinical standards, best practices, and workflows
- Limited peer learning across facilities
- Duplicated or conflicting efforts by Councils to solve the same problems
- Inconsistent connection and alignment between Councils and system priorities
- Some specialties not represented by Council

Moving Forward From Now...

- Uniform Clinical Council Strategy
- Aligned clinical standards and best practices
- Standardized approaches systemwide
- Shared solutions to common challenges
- Regular collaboration & knowledge-sharing
- Aligned care delivery across H+H
- Consistent specialty Council representation

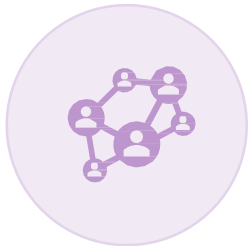
The **collective shared purpose** of the Clinical Councils is to:



Drive outcomes within a specialty, including in clinical excellence, operational efficiency, patient experience, and financial sustainability



Enhance collaboration within a specialty, including through shared priorities, collective decision-making, and systemwide quality improvement



Improve alignment systemwide, including across facilities within a specialty, across specialties, and with system strategic priorities

When Clinical Councils are **operating effectively**, they will:

- ✓ **Share goals and priorities** across sites, and address priorities as a unit
- ✓ **Establish best practices** and set standards of care for each specialty
- ✓ **Proactively identify barriers** to improving clinical, operational, or financial outcomes
- ✓ **Contribute to shared solutions** using principles of performance improvement
- ✓ **Standardize resources**, including specialty equipment, technology, and formularies
- ✓ **Advance operational integration** across the system within each specialty
- ✓ **Foster sharing and collaboration** across sites and across specialties

Each Clinical Council will have a **similar composition**:



Council Leadership

- Council Chair and Co-Chair elected biannually by voting members
- Existing/Incumbent Co-Chairs provided opportunity to continue for one year (2026)



Council Voting Membership

- Certain Council decisions may require voting
- Voting members include Dept/Division Chairs from each facility in specialty



Council Non-Voting Membership

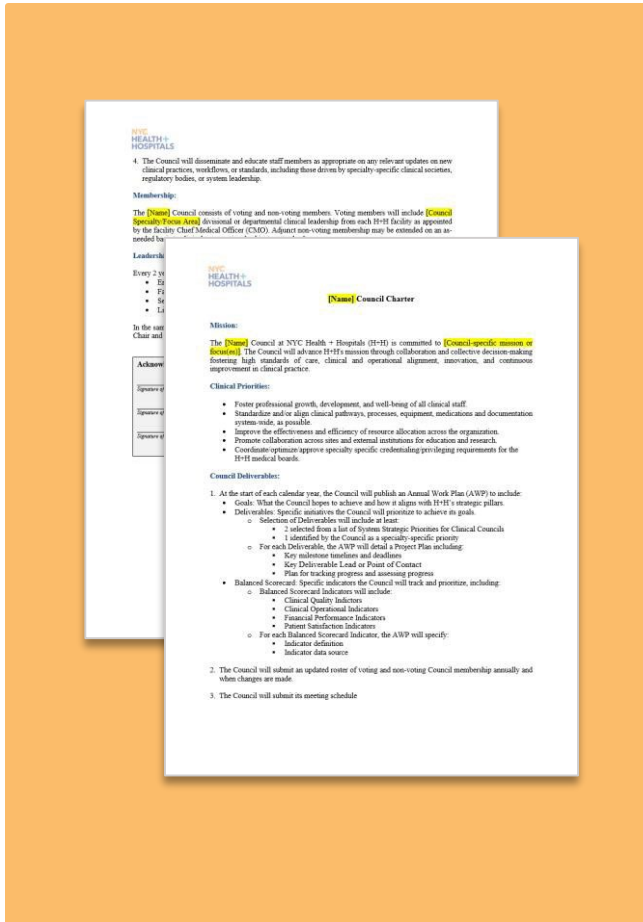
- Council progress may benefit from regular participation from other clinical leaders
- May include deputies, sub-specialty leaders, administrative & nursing leaders

Each Clinical Council will establish a Council Charter:

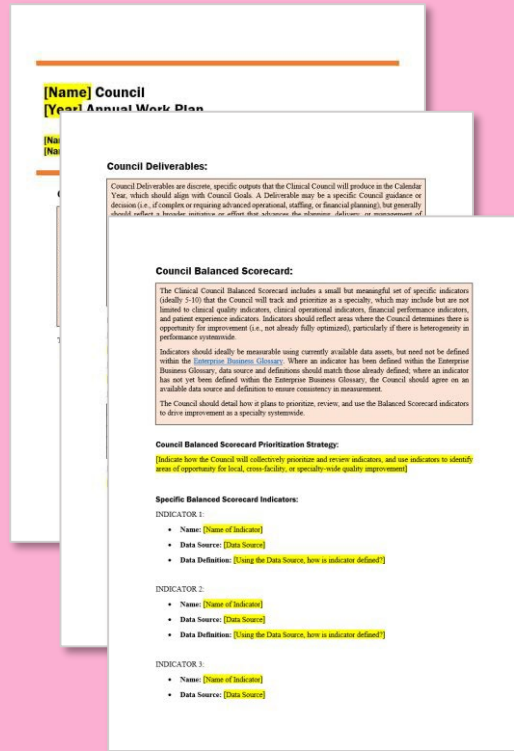
- Charter establishes **Council Norms** for how the Council...
 - Sets goals, establishes deliverables, and aligns measurement
 - Manages its roster of voting and non-voting members
 - Elects Council leaders and assigns responsibilities
 - Disseminates Council proceedings to dept members

- CO will provide a **Charter Template**...
 - Councils w/existing charters should ensure alignment
 - Councils w/o charters should draft using template

- Councils **annually review & amend** existing Charter



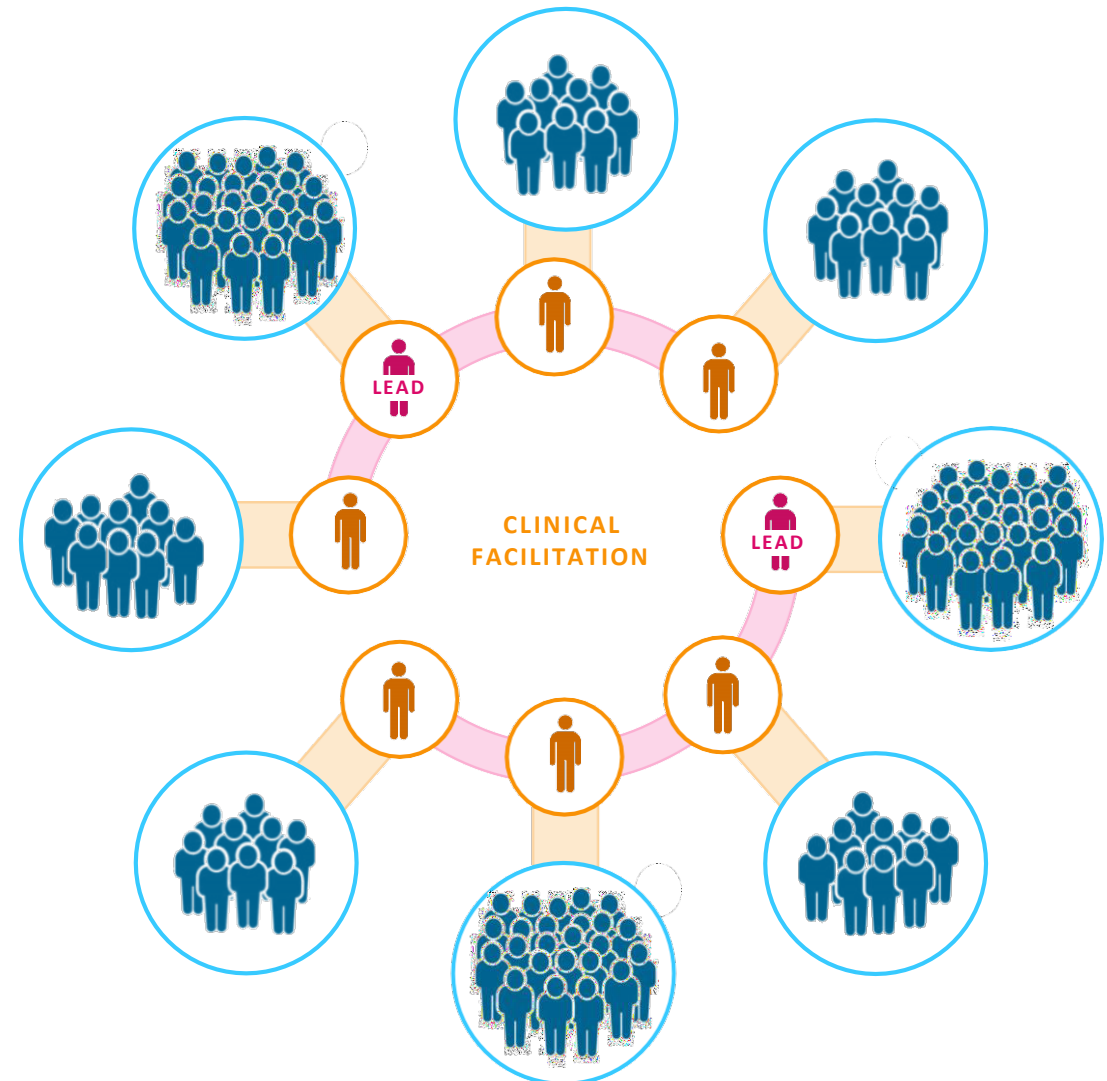
Each Clinical Council will **establish an Annual Work Plan** every year...



- **AWP establishes Council Priorities** for the Calendar Year...
 - **Council Goals:** A Council’s overarching priorities for the CY
 - **Council Deliverables:** Discrete, specific outputs that the Council will produce in the CY (aligning with Council Goals)
 - **Balanced Scorecard:** Small meaningful set of specific indicators that Council will track and prioritize as a specialty
- CO will provide an **Annual Work Plan template**
 - Councils should draft using template
- Councils **annually define new AWP** for the ensuing year

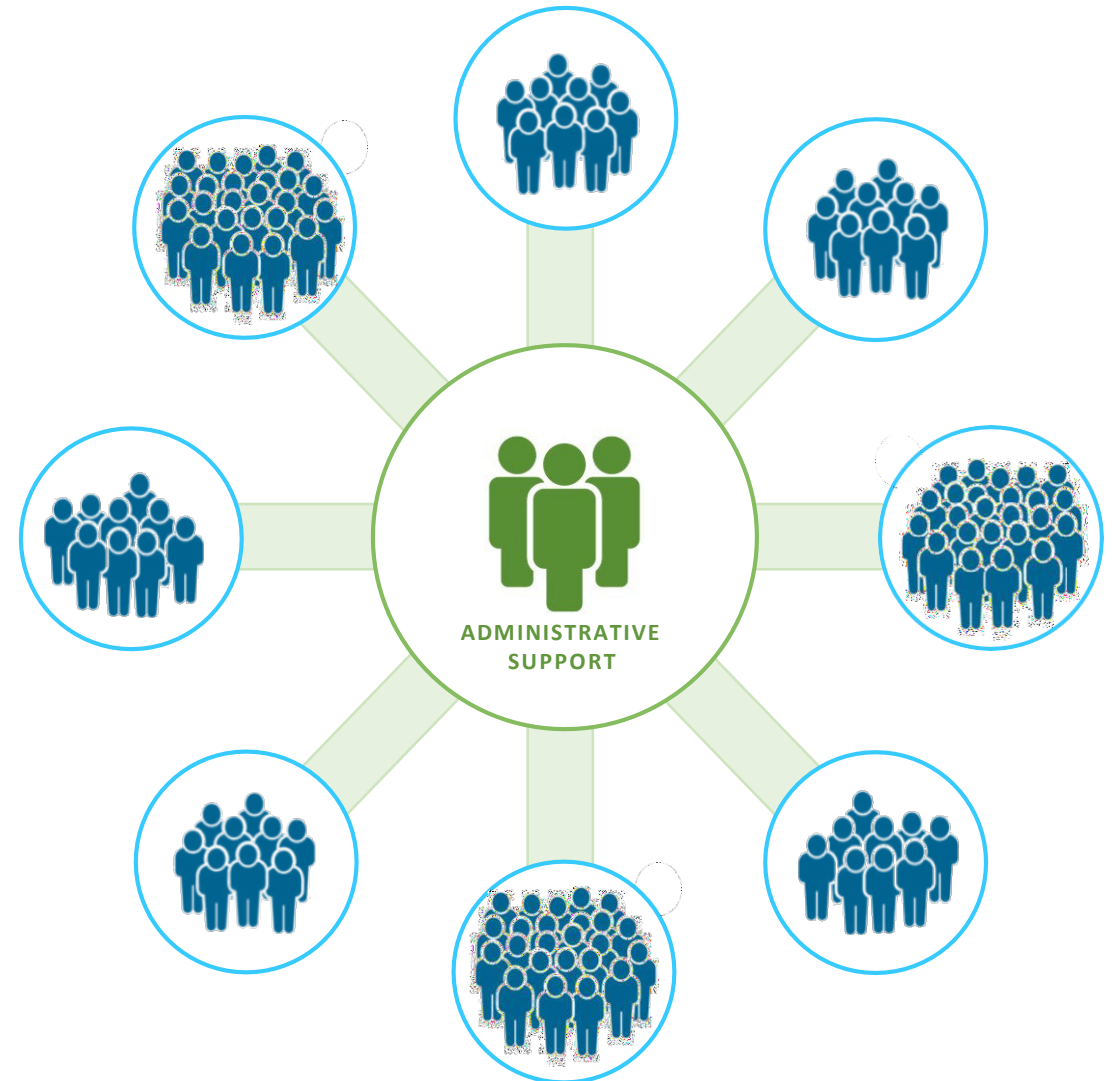
Central Office Clinical Support

- Each Council assigned a **Central Office Physician Facilitator**, whose role is to:
 - Support Council Chairs in drafting Council Charters and Annual Work Plans
 - Facilitate progress toward AWP, including by helping Council connect and partner with appropriate system teams and resources
 - Support Councils in aligning w/system strategy
 - Liaise between Council Co-Chairs and CO Clinical Council Executive Leadership
- All facilitators arranged in teams, led by **Lead Physician Facilitators**, ensuring layered clinical support while fostering alignment across Councils



- Each Council will receive **Central Office Administrative Support** for:
 - Council meeting scheduling
 - Roster management
 - Charter & AWP cataloguing
- Shared administrative support designed to foster **greater transparency and collaboration across Councils**

Central Office Administrative Support



Central Office Governance

- Central Office **Clinical Council Executive Leadership** whose role is to:
 - Set Clinical Council strategy
 - Support Physician Facilitators & Leads
 - Ensure alignment across Councils
 - Ensure alignment with system priorities
- **Councils set their own priorities** based on specialty needs—while aligning with system strategic goals

