

AGENDA

MEDICAL AND PROFESSIONAL AFFAIRS
COMMITTEE

Meeting Date: January 23, 2016

Time: 9:00 AM

Location: 125 Worth Street, Room 532

BOARD OF DIRECTORS

CALL TO ORDER

DR. CALAMIA

ADOPTION OF MINUTES

October 11th 2016

June 9th, 2016

CHIEF MEDICAL OFFICER REPORT

DR. ALLEN

CHIEF NURSE EXECUTIVE REPORT

MS. MENDEZ

METROPLUS HEALTH PLAN

DR. SAPERSTEIN

ACTION ITEM:

- 1) Authorizing the New York City Health and Hospitals Corporation (the "System") to execute an agreement with ten law firms to provide legal defense services for medical malpractice, regulatory and health law matters as requested by the System. The ten firms are Aaronson Rappaport Feinstein & Deutsch, LLP; Heidell, Pittoni, Murphy & Bach, LLP; Schiavetti, Corgan, DiEdwards, Weinberg & Nicholson, LLP; DeCorato, Cohen, Sheehan & Federico, LLP; McAloon & Friedman, P.C.; Ekblom & Partners, LLP; Furman Kornfeld & Brennan, LLP; Gordon & Silber, P.C.; DOPF, PC; and Vigorito, Barker, Porter & Patterson, LLP. Each agreement shall be for an initial term of four years with an option for one additional two-year renewal term exercisable solely by the System. For the initial term, fees to these firms shall be \$235 per hour for senior trial partners, \$205 per hour for partners, \$175 per hour for senior associates, \$165 per hour for junior associates, \$100 per hour for nurse-investigators, and \$75 per hour for paralegals.

MS. KELLER

2) Authorizing the New York City Health and Hospitals Corporation (the "NYC Health + Hospitals") to execute a five year dialysis services agreement with River Renal Dialysis (RD) Services ("RRD") renewing and modifying the arrangement by which RRD currently provides dialysis services to inpatients at Bellevue Hospital Center ("Bellevue") at rates listed in Exhibit A to this Resolution subject to an annual increase of 2.6% subject to earlier termination if the companion license agreement is terminated for an amount not to exceed \$7,950,000

DR. ALLEN

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

MINUTES

MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE

Meeting Date: October 11th, 2016

BOARD OF DIRECTORS

ATTENDEES

COMMITTEE MEMBERS

Vincent Calamia, MD, Committee Chair
Ram Raju, MD President

OTHER BOARD MEMBERS PRESENT

Josephine Bolus, RN

HHC CENTRAL OFFICE STAFF:

Sharon Abbott, Assistant Director, Corporate Planning
Paul Albertson, Senior Vice President, Operation
Machelle Allen, MD, Interim Chief Medical Officer, Office of Health Care Improvement
Monefa Anderson, Senior Director, Office of Patient Centered Care
Charles Barron, Director of Psychiatry, Office of Behavioral Health
Janette Baxter, Senior Director, Risk Management
Eytan, Behiri, MD, Chief Medical Information Officer
Angelo Belfiore, Assistant Director, Office of Emergency Management
Jennifer Bender, Assistant Director, Communication and Marketing
Alice Berkowitz, Assistant Director, Finance
Steven Bussey, Chief for Ambulatory Care
Kenra Ford, Assistant Vice President Clinical Lab Operations/M&PA
Richard Gannotta, Senior Vice President
Terry Hamilton, Assistant Vice President, HIV Services
Colicia Hercules, Chief of Staff to the Board Chair
David Larish, Director, Supply Chain Services
Ivellesse Mendez-Justiniano, Assistant Vice President, Workforce Development
Patricia Lockhart, Secretary to the Corporation
Maureen McClusky, Senior Vice President, Post Acute/Ling Term Care
Ann Ormsby, Senior Director, Communication and Marketing
Margaret Ramirez, Communication and marketing
Salvatore Russo, Senior Vice President & General Counsel, Legal Affairs
Maritza Salamone-Gleason, Assistant Vice President, Enterprise Information Technology System
Jesse Singer, Senior Director, Medical and Professional Affairs
Diane E. Toppin, Senior Director Medical and Professional Affairs
Yvette Villanueva, Senior Assistant Vice President, Human Resoucrs
Kathleen Whyte, Senior Director, Intergovernmental Relations
Ross Wilson, MD, Senior Vice President/Chief Transformation Officer, Office of Transformation

FACILITY STAFF:

Joan Gabrielle, Queens Hospital Center
Noreen Brennon, Deputy Director, Metropolitan Hospital
Arnold Saperstein, MD Executive Director, MetroPlus Health Plan

OTHERS PRESENT:

Justine DeGeorge, Office of State Comptroller
Tyler DeRibio
Joni Watson, OSDC
Shaylee Wheeler, OMB

**MEDICAL AND PROFESSIONAL AFFAIRS
COMMITTEE
Tuesday, October 11th, 2016**

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 10:00 AM. There was no quorum, the adoption of the minutes was forward to the next Medical & Professional Affairs Committee meeting.

CHIEF MEDICAL OFFICER REPORT

Machelle Allen MD, Interim Chief Medical Officer, reported on the following initiatives.

Zika

The System-wide Zika Town Hall Webinar conducted 8/12/2016 discussed NYC Health + Hospitals overall preparedness and response to Zika. This included an overview of the Zika virus, advice to at-risk populations including pregnant females, what a Zika diagnosis means, and what NYC Health + Hospitals is currently doing in response to the ongoing threat of Zika. Frequently asked question related to Zika were addressed and a Zika-specific email was announced for all future Zika questions and concerns. Over 700 employees across NYC Health + Hospitals participated in this webinar. In addition there were 350 visits to the H+H Zika website related to the webinar. From January 1, 2016 through August 31, 2016 NYCH+H has tested 1439 pregnant women none of whom had Zika infected newborns.

ACO

- In late August, Medicare released 2015 national performance results for Accountable Care Organizations (ACOs) in the Medicare Shared Savings Program. Each year, around one-quarter of ACOs in the country are able to successfully meet cost and quality performance targets to generate a shared savings earned incentive payment. For the third consecutive year, the NYC Health + Hospitals ACO was among this top tier of high-performing ACOs in the country.

The performance data reveal that 2015 was the ACO's strongest year yet. Through reducing rates of avoidable ED visits and hospitalizations among our most vulnerable patients, we reduced costs by \$13 million. Meanwhile, our quality score improved substantially from 76% to 94%. Our percentage cost reduction and quality improvement results were both #1 in New York State, and the ACO's overall performance was among the top 5% nationally.

- The ACO was recognized as a 2016 Gage Award Remarkable Project by America's Essential Hospitals at their annual national meeting in Boston. Abstract from conference promotional materials is pasted below.
- In partnership with colleagues in Finance and Operations, the ACO hosted a kickoff event to launch efforts to improve care for episodes of major joint replacement under the Medicare Comprehensive Care for Joint Replacement (CJR) program. Under this new value-based payment model, NYC Health + Hospitals facilities are accountable for costs and quality across the continuum of care for a 90-day episode after surgery. At the kickoff event, stakeholders from clinical, financial, and operations leadership got together to review program components and initiate strategic planning efforts, which continue under the direction of designated CJR Leads at each hospital.
- On July 25th, CMS proposed a new suite of cardiac and orthopedic episodes to be added to joint replacements in 2017 under Medicare's mandatory bundled payment program. Under the proposed rule, the number of DRGs subject to mandatory bundled payment under Medicare Fee-for-Service will increase from 2 to 20. This announcement reaffirms the CMS commitment to have 50% of Medicare payments tied to quality or value

through alternative payment models by 2018, starting with ACOs and increasingly via (DRG + 90days) episode bundled payments.

America's Essential Hospitals 2016 Gage Award Remarkable Project

NYC Health + Hospitals

HHC ACO Saves Medicare Dollars, Improves Quality

Team lead: Ross Wilson, MD, Chief Executive Officer

Team members: N. Stine, M. Cunningham, S. Cirilo, J. Haven, J. Turi

Project Description:

Health care delivery and payment models are undergoing radical redesign efforts focusing on the provision of high-quality, lower-cost care. Over the next few years, a significant portion of Medicare and Medicaid payments will become tied to value, and health systems that care for the vulnerable will be particularly pressed to demonstrate success in this new payment landscape, as subsidies for care of uninsured individuals are reduced.

To that end, NYC Health + Hospitals joined other physicians groups in 2013 to form a subsidiary nonprofit accountable care organization (ACO) that participates in the Medicare Shared Savings Program (MSSP). An analysis of Medicare claims data indicated that the greatest opportunity for the NYC Health + Hospitals ACO to improve the health of its target population was to reduce emergency department (ED) visits and inpatient admissions.

The ACO was among the top-performing ACOs in the nation in 2013 and 2014, demonstrating that better connecting patients to robust primary care and supporting care coordination can significantly reduce ED visits and inpatient admissions. HHC ACO had an overall quality score in the 76th percentile and was among just 15 percent of MSSP ACOs to generate savings in both 2013 and 2014, saving Medicare \$7.2 million and \$7.1 million, respectively.

Office of Population Health

Patient Flow in Primary Care

- In collaboration with the Breakthrough office, the Office of Population Health has been working with adult primary care practices at Kings County and Morrisania to improve in-clinic patient flow.
- Methods and improvement strategies were codified in a playbook that lays the groundwork for enterprise-wide efforts on primary care patient flow during the Board QA Committee's Q3 Performance Improvement project starting in July.

Patient-Centered Medical Home (PCMH) Recognition

- NYC Health + Hospitals/North Central Bronx, NYC Health + Hospitals/Elmhurst, NYC Health + Hospitals/Coney Island, and NYC Health + Hospitals/Woodhull all received high scores on their corporate PCMH applications to NCQA, positioning them to receive Level 3 recognition after site-specific applications are submitted in the coming months.
- In total, we are pursuing NCQA recognition for 56 of our primary care sites, to demonstrate our ability to deliver superior care; receive increased reimbursement rates from payers; and meet our transformation requirements under DSRIP.

Data Core

- OPH is developing and optimizing a risk scoring algorithm to understand and predict high utilization in the Emergency Department and Inpatient settings for all patients at H+H independent of payer.

- A new version of the Depression Registry launched on July 28. This updated version simplifies and makes for more efficient workflows for facilities and provides better data access for our central office staff. All facilities are using CIP for patients in the Depression Collaborative, and most facilities are beginning to use it for hypertension patients in the RN Treat 2 Target program. Central office staff will provide summary reports to facilities to inform performance improvement efforts.
- H+H facilities received HIV awards for \$1.4M in FY 16. For FY 17, to date, Harlem has received a grant to focus on PREP.
- The 2nd quarter Board performance improvement project, with a focus on BP management for hypertension patients, has completed, and facilities presented their data to present to the QA Board in September and October. Among 17 facilities, 13 saw improvement and 9 reached the target of 5% improvement relative to baseline. Four sites saw decreased BP control, including both EPIC sites and one site with a data issue. Key elements of successful projects included expanding the RN Treat 2 Target program, training on BP measurement, and transparent sharing of monthly provider- level performance metrics.
- Dr. Susan Kansagra presented on H+H's approach to addressing social resource needs at America's Essential Hospitals' Vital Conference in June. In the last 6 months, over 10,000 families were screened for social resource needs thru the Health Leads program. Twenty percent of patients screened positive for a resource need, e.g. food, job training, baby supplies, and were referred to the program for assistance in accessing community-based and governmental resources.
- Jennifer Fuld, PhD started as Clinical Translational Science Institute Director and is developing a research priorities agenda for the organization to grow our research partnerships.

Behavioral Health

The Office of Behavioral Health with Ambulatory Care, Women's Health and Pediatrics is implementing a process to screen for depression in pregnant women from prenatal through the postpartum aspects of delivery as part of NYC Thrive. Pilots are focused at Gouverneur, Kings County, Woodhull, and Coney Island. As of May 2016, the prenatal screening rate in Maternal Health is 95%, pre-natal positive rate is 7%, and referral rate is 60%. For Post-partum screening the rate is 98%, positive screen rate is 6.5%, and the referral rate is 82%. Individuals who screen positive are further evaluated by a social worker and if indicated, they are referred for behavioral health treatment.

The Office of Behavioral Health is coordinating a work group related to the management of violence, involving the Councils of Emergency Medicine and Psychiatry. The plan focuses on identification, reporting and data collection. Standard work for all facilities involve risk assessment and engagement of patients. OBH has initiated a "real-time" tracking mechanism to capture all staff injuries related to patient care in Behavioral Health in collaboration with the Safety Office and Risk Management.

OBH is working with each facility related to workforce development. Current strategies include: changing the model of inpatient care using physician extenders; development of use of tele-psychiatry (pilot at Harlem Hospital focused on child psychiatry consultation), and streamlining the onboarding process for clinical staff.

OBH continues to work on the following: Establishment of on-site assessment and short-term treatment in the Family Justice Centers providing increased mental health services to victims of domestic violence. There will be one in each borough for a total of five sites. NYC Health + Hospitals will provide screening, assessment and short-term mental

health services at these sites. The five sites are currently recruiting with two sites (Kings and Queens) possibly ready for operation by November 2016.

OBH in collaboration with the Interim Chief Medical Officer has developed standard credential and privileges for the entire system for psychiatrists, psychologists, and psychiatric nurse practitioners. These are being distributed to the facility credentials committees for approval and implementation.

NYC Health & Hospitals Behavioral Health is collaborating with Ambulatory Care in increasing access to all mental health ambulatory care centers. Focus has been on decreasing wait time until first and follow-up appointments. Significant results have been achieved by most facilities with average TNAA (Third Next Available Appointment) of 5 days with continued efforts to decrease to 3 days or lower.

In addition NYCH+H has collaborated with the NYDOHMH Hunter College NYThrive collaborative program with placing 21 early career social workers in 15 primary care practices and 8 psychologists or social workers in 4 of our behavioral health sites.

Pharmacy

Formulary Standardization:

The System's Pharmacy and Therapeutics Formulary Committee formulary standardization is moving forward. In addition to the initial threshold of 43% of formulary standardization achieved for EPIC Queens and Elmhurst which equates to 1720 of 4000 medications line items; a 33% formulary standardization has been achieved across 11 facilities equating to 1200 line items of 3900 medication line item. Of note the average large medical center has no less than 3500 medication line items. This threshold achieved is based on both purchasing and dispensing data points, and what is on the facilities actual formulary list. Along with the ongoing drug class reviews work being done by subject matter experts from various councils formulary standardization is moving forward at a healthy pace. Additionally 400 records of intravenous admixtures have been standardized amongst 4 facilities (Queens, Elmhurst, Jacobi, and NCBH). The off shoot of the IV admixture standardization has been a standardization of workflow and facilitation of resolved EPIC related tickets.

Teen Health

The YouthHealth website launched on April 28th with 130 staff members, city agencies and community based organizations in attendance at the launch event. The website contains information on youth health clinics throughout H+H with the goal of increasing adolescent awareness of health services and engaging them in care.

On July 18th the social media component of the YouthHealth Campaign was launched. Using Facebook, Instagram and other social media platforms we will promote NYC H+H's primary care, reproductive health, and behavioral health services to NYC adolescents. As of August 10th the website (NYCYouthHealth.org) has received 14,572 unique hits.

Delivery System Reform Incentive Payment (DSRIP) Program

OneCity Health continues to progress with clinical project implementation, network development and distribution of funds with a model to be used through March, 2017.

Funds Flow and Network Development

OneCity Health has allocated \$55M for DSRIP project implementation through March 31, 2017 for transformation efforts in care management, primary care and behavioral health integration, and chronic disease improvement. Since issuing contracts (called Schedules B) in July, partners have executed 149 (of 182) agreements. OneCity Health has added eight (8) Medicaid billing organizations to its partner network under permission granted to all Performing

Provider Systems (PPSs) as part of a New York State Department of Health-required DSRIP Program Mid-Point Assessment. These organizations provide primary care, behavioral health, care management, and other services and will further strengthen the care continuum for the New Yorkers under care. OneCity Health is in active review of the quality and breadth of social services offered across each of its four hubs and may add these non-Medicaid billing organizations to the partnership at any time.

Clinical Project Implementation

To support the building of a high quality primary care network, the OneCity Health team is supporting Patient Centered Medical Home (PCMH) certification for over 80 community primary care partners; the first of two cohorts of primary care organizations are working with technical assistance to achieve PCMH requirements. NYC Health + Hospitals facilities will achieve certification via in-house efforts, as was successfully done in the past.

Five NYC Health + Hospitals sites and five community partner behavioral health and primary care sites have been selected as pilots for intensive support in implementing co-located services for primary care and behavioral health and will begin site-level diagnostics and implementation planning.

At two NYC Health + Hospitals facilities, transition management teams continue to provide 30 days of supportive care management for patients at high risk of readmission. Since piloting, the teams have supported 248 patients with 29 readmissions within the group.

OneCity Health, in conjunction with three other Performing Provider Systems, Community Care of Brooklyn, Bronx Health Access and Bronx Partners for Healthy Communities, launched the 100 Schools Project in September to address mental health disorders in adolescents, beginning with 10 schools across Brooklyn and the Bronx. The PPSs are funding and overseeing the project, while the Jewish Board of Family and Children's Services is coordinating the initiative and will teach schools how to connect students who have emotional, behavioral and substance-abuse challenges with top-tier local mental health providers while enabling the students to remain in school.

Workforce Seminar

In September, OneCity Health held an educational session with nineteen (19) members from its OneCity Health Workforce Committee and observers regarding clinical interventions and their associated training requirements. This session was a part of OneCity Health's required workforce planning and broader efforts to engage labor partners through committee meetings and additional venues.

Community Engagement

OneCity Health was selected to present at a Greater New York Hospital Association symposium in November to discuss successfully partnering with community-based organizations in outreach and engagement of uninsured New Yorkers to connect them with insurance and primary care. NYC Health + Hospitals and 35 community-based organizations are collaborating in the effort.

PATIENT CENTER CARE

Nurse Excellence Award Ceremony

October 25, 20216
2 to 4 PM
NYU Kimmell Center
Rosenthal Pavilion

**MetroPlus Health Plan, Inc.
Report to the
H+H Medical and Professional Affairs Committee
October 11, 2016**

Total plan enrollment as of September 1, 2016 was 500,420. Breakdown of plan enrollment by line of business is as follows:

Medicaid	378,395
Child Health Plus	14,018
MetroPlus Gold	5,342
Partnership in Care (HIV/SNP)	4,420
Medicare	8,484
MLTC	1,273
QHP	18,823
SHOP	1,002
FIDA	169
HARP	8,135
Essential Plan	60,359

On September 27, 2016, the Daycare Workers of Union local 1707 approved a new contract. Under the agreement, MetroPlus' Gold Care will be the health plan offered to New York City resident employees. The workers involved are not city employees but are employed by over a hundred not-for-profit agencies throughout the city. These employees were previously offered coverage under an Emblem plan but the premium contribution was high and only approximately half the employees enrolled. Gold Care with monthly member premiums as low as \$15 offers two coverage options. Gold Care I provides a range of community physicians and the Health + Hospitals network for hospital based care (except on Staten Island). Gold Care II has higher premium contribution but offers a wider range of community physicians, retains the Health + Hospitals as its base network but also includes other hospitals. Enrollment will begin in mid-October and coverage on December 1, 2016. We will be working closely with all H+H facilities to ensure members receive prompt access to care and high quality services.

I have previously mentioned our work with ZocDoc which began about a month ago. Under our partnership, MetroPlus members searching our provider directory will see a "Book Now" button next to the name of any ZocDoc enrolled physician. By clicking on the button they are taken to ZocDoc's site where they can immediately book an appointment. To date, about 500 individuals have gone from MetroPlus' web page to ZocDoc's and about 50 have booked appointments. We will continue to promote this relationship in the months ahead.

The MetroPlus board recently authorized negotiation of a contract with General Dynamics for fraud waste and abuse services. While MetroPlus has previously had a data mining contract this is the first time we will have a contract to review our data for potentially fraudulent claims and attempt to recover from providers who are billing fraudulently. As we grow and expand the network, it becomes even more critical that we closely monitor our providers. Furthermore, the State has been mandating greater recovery efforts by plans. We will be working closely with our H+H partners and the new vendor to identify errors and work to quickly correct them.

As you know, fall is open enrollment for many of the products we offer and we have begun our efforts to enroll individuals. The open enrollment period for City employees begins on October 11, 2016 and we are in a promotional campaign for MetroPlus Gold. The MetroPlus Gold is has grown by nearly 50% since last year and is now over 5,200

members. This year, because of changes made by other plans, Gold is the only plan to have no employee premium and no co-pays for a wide range of in network services. We are also offering a gym membership benefit for the first time. In

advance of open enrollment we have attended open houses at agencies and employers such as several CUNY schools, the Department of Education, NYCERS and a number of community boards. We are also attending events at Health + Hospitals facilities and will be participating at multiple agency events in the weeks ahead.

With the opening of public schools we have increased our relationships with schools throughout the city. In many schools we have been able to develop a relationship with the parent coordinators. The parent coordinator invites us to parent association events at the beginning of the year, when they are most heavily attended, and also makes referrals of parents they come in contact with who are uninsured. We hope in the course of the year to expand this model throughout the city.

On October 6, 2016, in collaboration with Elmhurst Hospital, we are hosting a Latin-American health summit. This event, part of Elmhurst's annual Hispanic Heritage Month celebrations, will focus on health challenges faced by Latino immigrants and their families and explore ways to improve access to healthcare in those communities. Elmhurst physicians will deliver presentations concerning Women's Health, Children's Health, and information regarding the Zika virus. MetroPlus representatives will also be on hand to discuss accessing health insurance plans and medical coverage.

I also wanted to highlight an enrollment effort we are making at the city's airports. We started working at the airports with the food vendor "Flying Foods" that provides meals for airport employees and have more recently built relationships with JetBlue and Chef Gourmet over time. We are allowed to market in their cafeteria while their employees have lunch. At this time we have two reps who are on site during their Open Enrollment Period in November and by appointment or specified days during the rest of the year. When a new employee is hired, the HR department contacts us and we conduct a presentation. Over the last several months we have been able to enroll over 400 airport employees.

Our Medicare STAR rating increased to 3.5 stars and we are working diligently to increase it further for next year. Our new P4P, which indicates for each provider their earning potential with improved quality scores, was launched the end of July and was well received. We expect this revised incentive to support our efforts in improving our QARR scores. Each facility now has a dedicated MetroPlus quality navigator who operates out of the facility and is responsible for addressing all the gaps in care associated with members attributed to the facility.

ACTION ITEM:

Roselyn Weinstein, Senior Assistant Vice President of Operation present to the committee

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute an agreement with the Advisory Board to provide subscriptions and memberships to research databases, leadership and fellowship trainings, talent development, and technology tools for revenue optimization for a term of five years, for an amount not-to-exceed \$5,680,997 including a 2% contingency.

The consensus of the members present was to forward to the board for full consideration.

INFORMATION

Katie Walker, Assistant Vice President of IMSAL presented an update on the Simulation Center.

There being no further business, the meeting was adjourned 11:00 AM.

MINUTES

MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE

Meeting Date: June 9, 2016

BOARD OF DIRECTORS

ATTENDEES

COMMITTEE MEMBERS

Vincent Calamia, MD, Committee Chair
Lilliam Barrios-Paoli, Chair, PhD
Helen Landaverde
Barbara Lowe, RN
Ram Raju, MD President
Hillary Kunins, MD (representing Dr. Gary Belkin in a voting capacity)

HHC CENTRAL OFFICE STAFF:

Sharon Abbott, Assistant Director, Corporate Planning
Paul Albertson, Senior Vice President, Operation
Machelle Allen, MD, Deputy Chief Medical Officer, Office of Health Care Improvement
Chalice Averett, Director, Office of Internal Audit
Janette Baxter, Senior Director, Risk Management
Rosalind Barrow, Deputy Director, Labor Relation
Eytan, Behiri, MD, Chief Medical Information Officer
Angelo Belfiore, Assistant Director, Office of Emergency Management
Jennifer Bender, Assistant Director, Communication and Marketing
Alice Berkowitz, Assistant Director, Finance
Charles Borden, Senior Assistant Vice President, Quality
Steven Bussey, Chief for Ambulatory Care
Nicholas Cagliuso, Sr., Assistant Vice President, Office of Emergency Management
Eunice Casey, Director, HIV Services
Victor Cohen, Assistant Vice President, Corporate Pharmacy
Nelson Conde, Senior Director, Affiliation
Kenra Ford, Assistant Vice President Clinical Lab Operations/M&PA
Juliet Gaengan, Senior Director, Quality
Richard Gannotta, Senior Vice President
Sal Guido, Acting Chief Information Officer, Enterprise Information Technology System
Terry Hamilton, Assistant Vice President, HIV Services
Colicia Hercules, Chief of Staff to the Board Chair
Lauren Johnston, RN, Senior Assistant Vice President, Patient Center Care
Michael Keil, Assistant Vice President, Enterprise Information Technology System
Syrá Madad, Director, Office of Emergency Management
Patricia Lockhart, Secretary to the Corporation
Andreea Mera, Special Assistant, MetroPlus Health Plan
Ana Marengo, Senior Vice President, Communications & Marketing
Ann Ormsby, Senior Director, Communication and Marketing
Margaret Ramirez, Communication and marketing
Salvatore Russo, Senior Vice President & General Counsel, Legal Affairs
Maritza Salamone-Gleason, Assistant Vice President, Enterprise Information Technology System
Jesse Singer, Senior Director, Medical and Professional Affairs
David Shi, Senior Director, Medical and Professional Affairs

Nicholas Stine, Chief Medical Officer, Accountable Care Organization
Madeline Tavarez, Director, Office of Emergency Management
Diane E. Toppin, Senior Director Medical and Professional Affairs
Elizabeth Udeji, Director, Quality
Katie Walker, Assistant Vice President, IMSAL
Ross Wilson, MD, Senior Vice President/Corporate Chief Medical Officer, Medical & Professional Affairs

FACILITY STAFF:

Ernest Baptiste, Chief Executive Officer, Kings County Hospital
Darren Collinting, Associate Executive Director, Coney Island Hospital
Duncan Huie, Associate Executive Director, Coney Island Hospital
Paul Pandolfini, Chief Financial Officer, Seaview Hospital
Arnold Saperstein, MD Executive Director, MetroPlus Health Plan
Anthony Saul, Assistant Vice President, Kings County Hospital
Talya Schwartz, Chief Medical Officer, MetroPlus
Wehbeh Webbeh, MD Chief Medical Officer, Coney Island Hospital

OTHERS PRESENT:

Larry Garvey, Cerner
Scott Hill, Account Executive, Quadramed
David N. Hoffman, Compliance Officer, PAGNY
Joni Watson, OSDC
Shaylee Wheeler, OMB

**MEDICAL AND PROFESSIONAL AFFAIRS
COMMITTEE
Thursday, June 9, 2016**

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 3:15 PM. The minutes of the May 12, 2016 Medical & Professional Affairs Committee meeting were adopted.

CHIEF MEDICAL OFFICER REPORT

Ross Wilson MD, Senior Vice President/Corporate Chief Medical Officer, reported on the following initiatives.

Zika

As the knowledge about Zika, its risks and its transmission, are increasingly appreciated, our system-wide preparations are being stepped up. We are guided from CDC and DOHMH as to the science, screening and testing. Our initial focus was on Zika risks in pregnancy, but is now spreading to our Emergency departments and other points of entry, such as primary care. As knowledge of person to person transmission through sexual contact from male to female, then advice and testing is changing with new knowledge. Given that travel related Zika infection is much more likely than local mosquito borne disease, then our focus on travel screening and travel advice has increased. We continue to work very closely with DOHMH on the testing of patients and hopefully working toward simplified electronic access to testing and test results. As of June 3 we have tested 146 patients, with 4 positive tests.

New communication materials and strengthened travel screening are being rolled out across all of our facilities.

Patient Centered Care

- Nurse Recognition Week was a rousing success at the facilities, many outstanding staff honored and all thanked for their service. Lauren Johnston was present at many of the programs, delivering quick remarks of thanks and keynote speeches as requested. Reminder: Nursing Excellence event will take place in the fall.
- For the first time, NYSNA and H+H produced banners bearing both logos celebrating the event that were displayed in each facility. Banners are designed to be reused annually

Staff Safety:

I. Completed

- a. PESH Review for 2015 (SH-900 Log, SH-900.1 Summary and SH-900.2 forms) to ensure compliance
- b. Workplace Violence (WV) risk assessment walkthrough of Correctional Health Services' facilities
- c. WV risk assessment walkthrough of Coney Island's Ida G. Clinic
- d. WV risk assessment walkthrough of 199 Water Street (DRISP)
- e. Review of 2015 WV Logs and 2829s for all facilities
- f. 2015 AER (authorized employee representative, aka Union) Review of Coney Island, Jacobi and NCB on 5/13/16
- g. Comparative analysis of WV data between 2014 and 2015

2. Justin Yu appointed as the new Director of Safe Patient Handling, actively networking with the facilities and Unions to design and implement a program following the legislative mandates from NYS

LiveOnNY Liaison program

NYC Health + Hospitals is partnering with LiveOnNY and will be implementing

- education and outreach programs designed for physician and nurse engagement with an advocacy for donation and transplant
- responsibility for regular recruitment and renewal of participants and ongoing evaluation of program's success
- work with LiveOnNY leadership to grow, develop and improve the program to function as an additional vital portal for donor designation decisions.
- work jointly in improving the process, communication, and education between LiveOnNY and NYC Health + Hospitals.
- inform our staff and inform the people we serve of the positives of organ and tissue donation.
- Through donation recipients and donors live on and our goal as a NYC Health + Hospital is to serve our communities and help make NY number one in lives saved through donation.

Office of Ambulatory Care Transformation (OACT)

Collaborative Care for Depression

- The work of our collaborative care teams was featured in a case study published in the New England Journal of Medicine's Catalyst site: <http://catalyst.nejm.org/collaborative-care-depression-safety-net-health-system/>
- Over the last several months, sites have been working to develop standardized workflows for retroactive and current Collaborative Care billing. As of May, all 17 facilities had billed Medicaid for Collaborative Care services.

Patient-Centered Medical Home (PCMH) Recognition:

- NYC Health + Hospitals/Gotham Health application for PCMH Recognition was evaluated by NCQA and achieved 40.62 points out of 43.50 possible points. The outcome ensures that all NYC Health + Hospitals/Gotham Health sites have a strong foundation for their forthcoming site-specific applications.
- NYC Health + Hospitals/Gouverneur application for PCMH Recognition was submitted on May 20th, 2016. NYC Health + Hospitals/NorthCentralBronx, NYC Health + Hospitals/Elmhurst, NYC Health + Hospitals/Woodhull, NYC Health + Hospitals/Coney Island are the next sites to apply, in July 2016.

High-Risk Patients

- OACT is helping lead an effort to identify and take better care of our high-risk patients: those with complex needs who are most likely to visit emergency departments and be hospitalized.
- The OACT Data Core applied a risk-scoring algorithm (modified from ACO) to Medicaid FFS patients seen in 2014 (N=123,598), and examined their utilization in 2015.

- o >75% of the patients predicted to be high risk had a behavioral health diagnosis (substance use or a major psychiatric diagnosis).
- Data Integration for Population Health
- The offices of Ambulatory Care Transformation, Population Health, and ACO have launched a coordinated effort to produce comprehensive population health management tools for our primary care teams.
- o M&PA currently produces several discrete population health management tools aligned with specific programs, and sites report challenges using the existing data tools to proactively manage complex patients.
- o The joint effort within M&PA to address these needs began at the May Ambulatory Care Leadership Council Meeting, and three main focus areas have been identified: (i) Pre-visit Planning 2.0, (ii) Comprehensive Outreach Lists, and (iii) Provider Panel Management.

Pharmacy

As part of the transition to Epic and coordinated through Division of Medical & Professional Affairs, Queens and Elmhurst formularies are now composed of 43% of the same medications, which equates to 1720 of 4000 medications are standard across the two facilities. Moving forward prescribing data from Quadramed will provide the starting point for standardization for the remaining facilities. To prepare for the next Go Live in December, formulary and procurement standardization drug class reviews will be conducted.

Simplifi 797

Achieving compliance with new USP 797 and 800 standards is the subject of significant efforts. Part of that effort is implementation of software Simplifi 797 for Bellevue and Kings County Medical Center. This software application upgrade will actively establish updated policies and procedures, continuing education, and quality management reports that is centrally monitored and locally implemented. Included in Phase 2 Simplifi 797 GO Live will be implementation of the software at the remaining facilities. This upgrade in software application, along with other strategic initiatives pertaining to IV admixture units, such as upgrades in environmental controls and physical plants, will enable the NYC H+H system to fill any gaps that may exist with the new USP 797 and 800 standards.

CVS and H+H partnership

To improve adherence to medications CVS and H+H have entered into an agreement that will provide reports of CVS intervention data including (New script Outreach, First Fill Counseling, Adherence Outreach, Refill Reminder) that is provided to NYC H+H patients. During the first quarter CVS has conducted 29,078 interventions to NYC H+H patients. Additionally CVS has provided 3,043 pharmacy advisor interventions for numerous chronic conditions including (diabetes, hypertension, depression, etc.). This report is the first step of an innovative partnership toward improving outpatient medication management at NYC H+H.

Delivery System Reform Incentive Payment (DSRIP) Program

OneCity Health continues to progress with clinical project implementation and development of a final funds flow model to be used through March, 2017.

Funds Flow

The OneCity Health Executive Committee approved the parameters of the payment model through March 31, 2017 for implementation efforts in seven transformation programs, which include: Cardiovascular Disease Management, Care Transitions Intervention, ED Care Triage for At-Risk Populations, HIV Access and Retention, Integrated Delivery System, Integration of Palliative Care into the PCMH Model, and Integration of Primary Care and Behavioral Health Services. These programs will be captured in a comprehensive schedule that incorporates the funds flow model, which partners can expect in early July, 2016. All funds flow methodology will be shared with the OneCity Health network as part of the commitment to transparency and in keeping with DSRIP requirements.

The comprehensive schedule will also include partner performance metrics through March 31, 2017. OneCity Health shared initial metrics with partners in May, and accepted partner input through an 'open comment' period.

Clinical Project Implementation

For Care Transitions planning, which focuses upon hospital readmissions reduction by providing a supportive transition to the community for appropriate patients, Transition Managers are now receiving patient referrals at two NYC Health + Hospitals facilities. Eight Transition Managers have been hired, and will begin seeing patients at three more facilities soon.

For Project I I, both OneCity Health community partners and NYC Health + Hospital facilities are continuing to engage patients with the Patient Activation Measure (PAM®) surveys. OneCity Health remains cautiously optimistic about meeting all commitments made to the Department of Health for the June 30th deadline, which is the end of the first quarter of DSRIP Demonstration Year Two. In addition, OneCity Health is forming a workgroup to better understand how patients engage with primary care, as part of a larger Project I I effort to develop a process to link uninsured New Yorkers and low- and non-utilizers of Medicaid to primary care and social services.

For palliative care integration into the PCMH, OneCity Health continues its work to provide simple advance care planning at 12 NYC Health + Hospitals neighborhood health centers and acute care facilities. OneCity Health remains cautiously optimistic about meeting all commitments made to the Department of Health for the June 30 deadline.

ED Care Triage implementation planning continues at four NYC Health + Hospitals facilities, which begins the effort to connect patients with primary care from the Emergency Department. Health Home At-Risk planning also continues at three NYC Health + Hospitals sites, in which the objective is to extend care management services equivalent to the New York State Health Home program.

The asthma home-based self-management work also continues at both select NYC Health + Hospital and community partner sites.

DSRIP Workforce Training

OneCity Health is on track to meet its June 30th deadline for completion of analyses required by the NYS DOH in order to design and execute a training roadmap to support the workforce of NYC Health + Hospitals and OneCity Health partner organizations in transformation. The roadmap will reflect the hiring, training and potential redeployment requirements to meet estimated workforce needs in year 2020 and will reflect the results of a baseline workforce survey (current state) and projections of workforce demand made through microsimulation modeling.

The Committee may recall that for these workforce requirements, OneCity Health formed a consortium with three other NYC Performing Provider Systems – those led by St. Barnabas, NYU/Lutheran and Maimonides – and contracted with consultant firm BDO in order to complete the analyses with reliable methodology on a short timeline.

Importantly, our labor partners from NYC Health + Hospitals, SUNY Downstate and other partner organizations have been engaged in these efforts since inception. The OneCity Health Workforce Subcommittee, comprising labor partners and governance committee members from our Stakeholders Committee, will meet on June 16th for a presentation from BDO and a review and discussion of current state and draft future state results.

METROPLUS HEALTH PLAN, INC.

Arnold Saperstein, MD Executive Director, MetroPlus Health Plan Inc. Presented to the Committee the total plan enrollment as of May 1, 2016 was 499,948. Breakdown of plan enrollment by line of business is as follows:

Medicaid	386,923
Child Health Plus	14,107
MetroPlus Gold	4,854
Partnership in Care (HIV/SNP)	4,528
Medicare	8,430
MLTC	1,125
QHP	20,369
SHOP	992
FIDA	186
HARP	8,061
Essential Plan	50,373

MetroPlus membership in the Essential Plan has increased by 66% in the last three months. Of the EP members, 57% are new, and 43% are transfers from Medicaid and QHP.

To enhance growth opportunities, we continue to concentrate our efforts on member satisfaction and thereby recruitment and retention. We are deploying several text messaging and email campaigns focusing on member engagement, including preventive health measures, lifestyle changes, as well as recertification reminders for our Medicaid population. We redesigned the entire retention program including the IVR system, member communication (texting and email programs).

MetroPlus has been working closely with H+H Central Office on identifying the most effective PCP auto-assignment logic for our members to ensure better access to care. In addition to the provider's location in relation to the member's, we will incorporate quality metrics into the logic to ensure our members (H+H patients) receive the highest quality care.

For HEDIS 2016 over 16,000 medical records were reviewed as part of the hybrid medical record review process. Supplemental data collection yielded over 8,000 hits and this year we expanded data collection to include file feeds from the facilities. Additionally, we were able to include Quest Lab data and developed a process with our provider offices to correct erroneous claims that caused incorrect member identification. We were notified that the hybrid project passed audit review and was approved to submit to NCQA and NYS DOH. We are completing our final administrative measure project (claims refresh) and will submit our final project on June 1st. Details on Star HEDIS measures include the following: one measure has exceeded last year's five Star threshold and five measures surpassed the four Star threshold. The remaining three measures have exceeded the three Star threshold. For Medicaid, over 40% of the

measures reached the prior year's 90th percentile QARR rate and 25% passed the 50th percentile QARR rate. We anticipate outcomes to be similar to last year's performance.

To ensure that the State meets the goal of 80-90% of managed care spending be associated with Value Based Purchasing (VBP) arrangements by 2020, MCOs will receive a rate decrease, or penalty, for not contracting a minimum threshold of VBP arrangements. The penalty will be assessed on the previous State Fiscal Years' (SFY) VBP contracts. The parameters for the minimum number of VBP Level 1 and 2 arrangements will increase each year to reflect the requirement to move larger portions of the MCO's contracted dollars into VBP contracts. MetroPlus is working with the State Department of Health to categorize the full incentive program we have with Health + Hospitals so we can meet these requirements. We currently have a full financial risk arrangement with H + H and we work collaboratively to perform Care Management, Utilization Management, and Quality Management for our populations. MetroPlus is currently working with the State to accept this contract as meeting criteria. In addition, we are planning value based relationships with other large systems that are in our network so that we can meet the requirement by the deadline.

ACTION ITEM:

Dr. Ross Wilson, Senior Vice President/Chief Medical Officer and Mr. Antonio Martin Executive Vice President/Chief Operating Officer presented to the committee the following resolution:

Authorizing NYC Health + Hospitals ("System") to negotiate and execute a Physician Services Agreement with the State University of New York/ Health Science Center at Brooklyn ("SUNY/HSCB") for the provision of General Care and Behavioral Health Services at NYC Health + Hospitals/ Kings County ("KCHC") and NYC Health + Hospitals/ Coney Island ("CIH") for a period of four years, commencing July 1, 2016 and terminating on June 30, 2020, for an amount not to exceed \$86,659,516;

Approved for consideration of the full board

INFORMATION ITEMS:

Nicholas Stine, MD, Chief Medical Officer, Accountable Care Organization presented to the committee on Comprehensive Care for Joint Replacement(CJR).

He gave an overview of the Comprehensive Care for Joint Replacement program. The Key metrics to measure progress against bundled payment; NYC Health + Hospitals baseline case distribution, baseline state; hospital performance baseline and key consideration.

There being no further business, the meeting was adjourned 4:05 PM.

CHIEF MEDICAL OFFICER REPORT

Medical & Professional Affairs Committee

January 23rd, 2017

Delivery System Reform Incentive Payment (DSRIP) Program

To enhance clinical project implementation in the fourth quarter of DSRIP Year 2, OneCity Health has launched a variety of new educational seminars and trainings to ensure that NYC Health + Hospitals and community partner staff are able to further implement primary care, care management and behavioral health initiatives.

Performance to Date

January kicked off the final quarter of DSRIP Year 2 (April 1, 2016 – March 31, 2017). To date, OneCity Health has earned 99 percent of potential performance payments totaling \$185M.

Clinical Project Implementation

In December, OneCity Health launched trainings for Care Management staff, beginning with NYC Health + Hospitals/Home Care and community partners, including Village Care, Arch Care and Community Healthcare Network, focused on documenting care plans and motivational interviewing, which will improve team communication and help patients with prevention and self-management of chronic diseases. These trainings are essential for programs that seek to extend care management services equivalent to the New York State Health Home program. OneCity Health expects to have trained over 30 care coordinators by the end of January.

OneCity Health has trained over 160 NYC Health + Hospital and community partner staff to utilize care coordination and care management software solutions, to help with coordination and integration of patient care. These initial training efforts in this software have focused on community health workers and primary care staff implementing clinical asthma efforts, Health Home At-Risk care coordinators and Transition Management Teams, who are providing 30 days of supportive care management for patients at high risk of readmission at NYC Health + Hospitals/Bellevue and NYC Health + Hospitals/Kings County.

To help reduce the effects of asthma on children and their families, OneCity Health began Physician Asthma Care Education (PACE) trainings for physicians at NYC Health + Hospitals/Woodhull, East New York and Cumberland, as well as SUNY Downstate Medical Center, in December. This educational seminar improves physician awareness, ability, and the use of communication and therapeutic techniques for patients with asthma. To date, approximately 200 pediatric clinical staff have been trained. One City Health partner 1199SEIU Training and Employment Funds has helped facilitate trainings.

For community partners whom OneCity Health is helping to achieve Patient Centered Medical Home (PCMH) recognition as well as additional primary care partners, OneCity Health will soon host a second learning collaborative which will introduce key concepts in population health management. Nearly 40 community partners attend the first learning collaborative in late 2016.

NYC Health + Hospitals/Cumberland, Elmhurst, Kings County, Bellevue, and Lincoln, as well as five community partner pilot sites continue their work implementing co-located services for primary care and

behavioral health. OneCity Health recently presented regulatory and licensure options available to further their efforts. In addition, for community partners interested in integrating primary care and behavioral health through the IMPACT model, OneCity Health introduced the Mental Health Service Corps program to them, in coordination with the New York City Department of Health.

Behavioral Health

The Office of Behavioral Health continues to work on integration of care. In collaboration with One City Health and Population Health, a consultant group is meeting with each facility to determine steps and needs to achieve co-location and other integration of Primary Care and Behavioral Health. In addition the Collaborative care model in primary care is being extended to maternal health sites.

Maternal Depression Screening: Currently as part of NYC Thrive, 4 sites have formal screening protocols for maternal depression. Screening rates for the 4 sites for December are: prenatal and postpartum 100%; rate of positive screen for prenatal is 10.6% and postpartum is 5.6%; Referral rate for more extended evaluation and possible treatment for both prenatal and postpartum is 100%. The Office of Behavioral Health is currently meeting with 4 additional sites (Bellevue, Metropolitan, Harlem, and Lincoln) to formally establish the same standard maternal depression screening by the end of January 2017.

Safety in the behavioral health areas is a key priority. Aggression and violence are significant issues in this area that result in both patient and staff injury. OBH is working with facilities to implement best practice programs that provide screening and identification for the potential for violence as well as clinical programming to reduce aggression on the inpatient and emergency services. At the monthly Director's Council meeting we continue to present best practice models to reduce episodes of violence and cases of staff or patient injury. There continues to be a gradual downward trend in the number of assaults on staff in Behavioral Health.

The Family Justice Center sites provide co-located mental health services at the domestic violence centers. Two of the sites – Queens and Brooklyn – opened to clinical services in December. The Manhattan site is scheduled to open in January.

Office of Behavioral Health continues to move forward on substance use disorder services. We are collaborating with DOHMH on four areas: Judicious prescribing practices in emergency departments, increasing access to buprenorphine in primary care and emergency departments, increased distribution of naloxone kits to reduce fatal overdose, and establishment of addiction consultation team. The focus of the new services is to increase identification of misuse, increase and de-stigmatize treatment and intervention.

Pharmacy

The Office of Pharmacy Services, in collaboration with the Office of Behavioral Health, is developing and implementing a process for a hospital pharmacy initiated screening, distribution and counseling of Naloxone kits to eligible by patients. This collaboration is targeted to reduce the morbidity and mortality associated with the current national opioid epidemic.

The system's Pharmacy and Therapeutics Formulary Committee formulary standardization project continues to progress toward a one system formulary. In addition to the initial threshold of 43% of formulary standardization achieved for EPIC equating to 1700 of 4000 medications line items, a determination of common purchasing and dispensing practices has resulted in 1200 of 3900 medication line item standardized

across the 11 acute care facilities. Of note, the average large medical center has a no less than 3500 medication line items. Other standardization implementations:

- adult code tray content for Queens, Elmhurst and Coney Island Hospital
- completed review of the following drug classes for standardization: Radio-contrast; HIV medications; Amphotericin B, lipid formulation; Fosfomycin, Ophthalmological medications.
- Epic adult admixture build standardization for Coney Island Hospital
- Standardization of titration parameters to meet TJC compliance and improve patient care and safety for Queens, Elmhurst and Coney Island Hospital
- Standardization of IV push policies to assist with the Epic workflow and nursing pharmacy operational coordination.

Supply chain data cost savings, within the first six months of FY17, associated with the formulary standardization project has been reported to be 4,083,080 million dollars on changes made to the less expensive product. To assure actual cost savings, periodic tracking of purchases will be conducted to insure avoidance of adding more expensive medications to the formulary.

In collaboration with the Epic Go Team, the Office of Pharmacy Services is in the process of staffing support for the Coney Island Hospital Cutover date that will take place on February 24 - 25. Fifteen pharmacists from across the system will be deployed to CIH to assist the CIH Pharmacy department in conducting primary verification of all the orders transcribed during the 24 hour period of cut over. In addition, CIH preparation for Go Live includes:

- Epic order set review
- alignment of automation with CareFusion (Pyxis)
- Coordination of resources and relationships between CIH and the Epic Willow team to ensure build validation is performed by the end users
- Site and enterprise review of inpatient and Beacon order sets for CIH
- Critical Care and ASAP (emergence department) medication standardization for the Epic build

Achieving compliance with the new USP 797 and 800 standards for clean rooms is a longitudinal effort. To achieve these standards, the Office of Pharmacy Services, in collaboration with supply chain, has employed the enterprise solution "Simplify 797" for a central monitor quality compliance capability - which is now functioning at all facilities. This software application actively establishes updated policies and procedures, continuing education and quality management reports which are monitored centrally and implemented locally. The "Simplify 797" software system has supported the Joint Commission Survey at Elmhurst Hospital as quality reports were easily obtained and generated. The December 2016 overall quality compliance scores for the system facilities which have an IV admixture unit are as follows:

Environmental Score - 99%

Processing Score - 89%

Competency Summary - no competencies were scheduled for this month.

OHS

The Office of Occupational Health Services is collaborating with Human Resources on improving the overall employee experience. All OHS departments have been in-serviced by Raven Carter and they have just begun to collect Press Ganey data from new hires. Goals include reduction of on boarding time for the new

employee and tracking of performance via dashboard indicators. Current focus is on-boarding both Epic and OneCity Health staff.

MSO

Credentialing and Privileging

The following work is being standardized system wide:

- Delineation of Privileges
- Managed Care and Medical Staff Office Credentialing standards
- Process and procedure of Temporary, Emergency and Disaster privileging
- Correctional Health Services credentialing and privileging process
- Categories of Physicians

In collaboration with the IT department, the Intellicred electronic Credentialing and Privileging systems was updated in the development environment to the latest version of Intellicred 15.2. It will be migrated to the production environment in the 1st Quarter 2017. The "Intellicred Classroom" is being utilized to identify and train the facility medical staff office (MSO) personnel who need more or different training in order to fully operationalize the new system. The Cactus Credentialing data base was retired in 2016.

DOJ Ends Oversight of Kings County Hospital Psychiatric Ward

A judge for the Eastern District of New York decided this week that conditions have improved sufficiently in the behavioral health program at NYC Health + Hospitals/Kings County for the U.S. Department of Justice to end its court-ordered oversight of the facility. "In many respects, the behavioral health service has surpassed the requirements of the consent judgment and become a model acute care psychiatric facility," U.S. Attorney Robert Capers wrote in a letter to the court, prior to the judge's ruling.

**Chief Nurse Executive Report
Medical & Professional Affairs Committee
January 23, 2017**

Nursing Leadership Transition

The close of 2016 was bitter sweet as NYC Health + Hospitals said a fond farewell to Lauren Johnston, System CNO. Lauren took the helm in 2010 and has maintained a visible presence and strong voice for our patients and the nursing profession. She has been a key leader and architect in establishing a firm foundation and outlining next steps in transforming NYC H + H into a fully integrated healthcare system. Key strategies for the future will include standardization, cross-continuum alignment, and organizational flexibility and shared governance. Lauren leaves a legacy of caring, advocacy and excellence.

NYC H + H has kicked off a national search for a new System CNO. On January 1, 2017, Kim Mendez, Bellevue CNO, will take the Interim System CNO role to ensure a smooth transition and forward momentum of system transformation strategies.

Nursing Vision

Thank you for the opportunity to share the work being done by Nursing at NYC Health + Hospitals. This first report will include some recent achievements and a brief overview of the vision for the future for our largest and arguably most vital workforce. Like Health + Hospitals, nursing is undergoing a comprehensive transformation. As part of this process, reporting structures have been redesigned to establish more seamless workflows, better allocate resources and increase accountability. Under this new structure, nursing has become a freestanding division. As a result, the System Chief Nurse Executive (SCNE) now reports directly to the President and Chief Executive Officer (CEO) of the System. Additionally, facility based Chief Nursing Officers (CNO) have matrixed reporting responsibilities to the System CNE as well as the site CEO.

As NYC Health + Hospitals continues to evolve in response to changes in the healthcare industry, defining a clear vision for the future of nursing throughout the organization is critical. As such, the SCNE, in collaboration with the facility CNO's, has developed a set of goals intended to improve staffing, strengthen leadership, and provide higher quality patient care. These goals can be achieved through strategically coordinated efforts to standardize nursing practices and processes across the system. It is our goal that we achieve high reliability with all staff prepared to work at the top of their license within their specialty at any of our facilities and that patients receive the same consistent, high quality care no matter which site they touch.

One key staffing objective is the provision of clinically competent and engaged nursing workforce at every point of care. Initiatives in process include the creation of standardized job descriptions for leadership and the development of performance review metrics that better align with role responsibilities and efficient deployment of staff. NASH Analytics has been successfully implemented at all of our acute and post-acute care facilities. This analytical tool is now being used to provide our organization with detailed data regarding current and predicted staffing needs to more effectively position clinical personnel within the system.

The development of strong nursing leadership with deep bench strength is also a focal point of this plan. Resources have been dedicated to improving the efficacy of nurse leaders through leadership development, the establishment of a CNO Council Nursing Charter, a system wide philosophy of nursing taken from Relationship-Based Care and the creation of Nursing Sensitive Indicators dashboard.

Recent Achievements

NYC Health + Hospitals is transforming itself in preparation for the future. However, during this time of transition, it is also important to highlight how the system is currently making a positive impact on the lives of patients and contributing to the overall advancement of the nursing profession.

General Accomplishments

- In July of 2016, NYC Health + Hospitals/Bellevue and NYC Health + Hospitals/Jacobi became the 5th and 6th facilities in the organization to receive the “Baby Friendly” designation by Baby-Friendly USA. This accolade denotes that both sites have achieved the highest level of care for infant feeding, in particular for breast feeding and mother/baby bonding. These two facilities join NYC Health + Hospitals/Harlem, NYC Health + Hospitals/Queens, NYC Health + Hospitals/Lincoln, and NYC Health + Hospitals/North Central Bronx whom have all previously received this designation.
- All hospitals have officially achieved NICHE (Nurses Improving Care for Health system Elders) designation. This designation exemplifies our dedication to providing high quality care to elderly patients throughout our health system. We are now developing nursing expertise throughout the system in the care of elders in the Ambulatory setting through a grant from the Hartford Foundation called NIPCOA (Nurses Improving Primary Care for Older Adults).
- On October 6th, all acute care facilities participated in the system’s first annual Organ Donor Enrollment Day. The event provided staff and patients with educational information regarding organ donation in an attempt to motivate them to become organ and/or tissue donors. The event was successful and preliminary data indicates that over 200 individuals registered as organ and/or tissue donors.
- All facilities are participating in the Institute for Patient & Family Centered Care “Better Together” initiative. This program moves family members from the paradigm of visitors to active and engaged care partners, through culture change and policy revisions.
- NYC Health + Hospitals/Kings County has developed a Skin Care Champions program designed to reduce healthcare associated infections within the hospital. The course has already provided specialized training to approximately 100 nurses. The facility has also implemented a nurse driven shared governance structure in nearly every inpatient medical unit and ambulatory care department throughout the hospital.
- In October 2016, Home Care launched a collaborative Maternal Child Health Initiative with Kings County Hospital called “The Synagis Program.” Children who are considered high risk to develop the Respiratory Syncytial Virus, (RSV), are young children and high risk babies. According to multiple sources, RSV is the number one reason for babies with prematurity to be readmitted to the hospital. This program will evolve into a fully integrated Maternal Health Home Care Program by January of 2017. This effort builds on the strong clinical relationships between the Home Care Agency and Hospital to work together to continually improve outcomes for the community we serve.
- Finally, the Fifth annual Nursing Excellence Awards event was held in October. Six nurses from across the system were honored in the following categories:

- Clinical Nursing-Inpatient – Norma Moreira – Health + Hospitals/Seaview
- Management – Deepa Vinoo - Health + Hospitals/Coler
- Education and Mentorship – Rosetta Apisiga - Health + Hospitals/Woodhull
- Advancing and Leading the Profession – Dana Deravin - Health + Hospitals/Jacobi
- Home, Community or Ambulatory Care – Stephanie Donohue - Health + Hospitals/Metropolitan
- Volunteerism and Service – Heidi Batomalaque - Health + Hospitals/Carter

In addition, the Jonas Center for Nursing and Veterans Healthcare was honored as the 2016 Nursing Champion. We anticipate working closely with this benefactor in the future on projects that will support the education development of our nursing staff.

Publications/Presentations

BELLEVUE

- November 2016 – Bellevue Nursing Team (Ambulatory Care) was accepted for poster presentation on “Mobile Insulin Titration Intervention (MITI) – Diabetes Nurse Educator Lead Program” at Maimonides Medical Center Fourth Annual Nursing Research Conference.
- June 2016 – Bellevue Nursing Team (Nursing Quality) was accepted for and presented “Bellevue Nursing Purposeful Rounding” at poster presentation at America’s Essential Hospitals VITAL 2016 Conference.
- May 2016 – Bellevue Nursing Team (Medicine) was accepted for and presented “Journey to NICHE –Using Lean Methodology” at poster presentation session at Teachers College, Columbia University annual Nursing Research Day.

JACOBI

- Neonatal Fall Prevention Program Poster presentation at Patient Safety Expo
- In-Situ Simulation Committee: 2 presentations submitted to Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN)
- Safe sleep Collaborative Power Point presentation to NYSDOH
- Safety Huddle abstract was presented at the Maimonides Medical Center Fourth Annual Nursing Research Conference on Nov. 7, 2016

KINGS

- “Transforming Lives through Education in the Diabetes Resource Center” by Suzette Williams, MSN, FNP-BC, CDE; published in Urban Medicine: Journal of Quality Improvement in Healthcare & Patient Safety, Vol 2 No.1. Suzette Williams is the Director of the Diabetes Resource Center at Kings County.
- The nurses in Behavioral Health won second place for their poster presentation at the NYS Office of Mental Health Chief Nursing Officers 39th Educational Conference. The topic of their poster was Primary Care Nursing in the Behavioral Health Care Setting.

CARTER

- April 2016: A poster “The 6 Mile Journey.....Protecting the Skin of 228 Patients and Residents during Relocation to a New Facility” was presented under Best Practices during the New York

Organization of Nurse Executives and Leadership (NYONEL) Conference in Tarry Town, New York. It had previously been presented to the WOCN (Wound, Ostomy and Continence Nursing) Society's 47th Annual Conference in San Antonio, Texas.

COLER

- Memory care work abstract has been chosen for a poster presentation at Maimonides Medical Center's Fourth Annual Nursing Research Conference on November 7th, 2016 at Brooklyn Academy of Music.
- Memory care program work was presented at the Downstate Recreation Conference held in November 15 in White Plains, NY.
- Memory care work has also been accepted to present at AMDA – The Society for Post-Acute and Long-Term Care Medicine Annual Conference 2017 at the Phoenix Convention Center in Phoenix, AZ

Again, thank you for this opportunity to share some of our successes to date – we look forward to continuing on this journey to excellence.

MetroPlus Health Plan, Inc.
Report to the
Medical and Professional Affairs Committee
January 23, 2017

Total plan enrollment as of December 1, 2016 was 502,399. Breakdown of plan enrollment by line of business is as follows:

Medicaid	376,579
Child Health Plus	14,676
MetroPlus Gold	6,093
Partnership in Care (HIV/SNP)	4,355
Medicare	8,484
MLTC	1,391
QHP	17,211
SHOP	1,023
FIDA	167
HARP	8,449
Essential Plan	62,265
GoldCare I	841
GoldCare II	865

The New York State Department of Health (SDOH) recently released all of the plans quality metrics. As you can see on the attached Quality Incentive summary, MetroPlus was the plan with the most quality measures surpassing the 90th percentile. These are great results as compared to other plans in our region. The actual plan incentive dollars however, will also include measures that have challenged us including member satisfaction results, especially the access indicators, and the PQI measures of ambulatory care sensitive admission. The incentive results should be released in early 2017.

SDOH also measures additional quality metrics on HIV SNP members. We were recently informed that the MetroPlus HIV SNP earned its maximum potential award of \$5.7 million for achieving all of the quality metrics.

As part of open enrollment, MetroPlus worked with NYC Health + Hospitals facilities to put together a mailing list of their uninsured patients. Approximately 140,000 letters were mailed out inviting the uninsured to seminars that MetroPlus is conducting. At those events we will provide an overview of health insurance plans and eligibility, and enroll those eligible into MetroPlus or an appropriate plan. The Plan is also participating in another multi agency enrollment effort being led by City Hall's Participant Engagement Unit (PEU). MetroPlus provided training to this unit on insurance enrollment, the state marketplace and MetroPlus products and services. The PEU will also be contacting uninsured individuals and conducting an insurance screening. If the individual is interested and potentially eligible, they will refer them to an enrollment site. MetroPlus will host three referral sites, at Harlem, Queens and Kings County Hospitals. Mayor de Blasio highlighted the Plan's connection to the PEU at a recent event at Gouverneur Hospital. At the event the Mayor observed as two MetroPlus staff members enrolled individuals referred by the PEU. The Mayor publicly remarked on the professionalism and dedication of the MetroPlus enrollers and urged all eligible New Yorkers to sign up for health insurance.

MetroPlus also has had an enhanced presence during open enrollment of our marketing staff. MetroPlus marketing will have staff working 7 days a week throughout open enrollment and that staff will be attending a greater number of community events. In response to the analysis done by the Boston Consulting Group, we also have begun exploring areas of the City where we have not had a strong presence. We are working to identify temporary, pop up offices that can establish a presence for MetroPlus in those communities. These would not be full-fledged offices but close to the kind of temporary, less developed offices used in political campaigns. We also have allocated funds in our budget for advertising in these new areas and for the sponsorship of community events and programs.

On November 16th, New York State Marketplace enrollment opened for those who were already insured, allowing them to begin to make plan selections for 2017. From November 1 to December 15, MetroPlus representatives have submitted 12% more applications when compared with the same period last year. The top producing sites in terms of the number of applications are those centered at Coney Island, Elmhurst and Woodhull.

As part of open enrollment MetroPlus provided 2,000 individuals with turkeys for the Thanksgiving holiday. The turkeys were given as part of local events hosted by our partners and have helped increase MetroPlus visibility in the community and improved our relationships with community based organizations.

MetroPlus received its first Gold Care enrollment files. Approximately 1825 individuals have enrolled to date with about half selecting Gold Care I, the H+H hospital only plan, and about half selecting Gold Care II, the plan that provides access to a wider range of hospitals. Additional enrollments from day care agencies are expected over the next several weeks. Because only about a third of those signed up have done so with their dependents, the full number enrolled may be somewhat below initial projections of 5,000. Coverage for those who have submitted applications began December 1.

MetroPlus is also completing its January enrollment for MetroPlus Gold. While some disenrollments may still be submitted, membership in Gold now stands at approximately 7,200. This represents an 85% increase when compared with membership in December 2015, the last month before Gold eligibility was expanded to all city agencies, and a 56% increase when compared with last January. NYC Health + Hospitals employees represent the biggest share of Gold numbers with the Police Department, Department of Education and the Human Resources Administration employees being the most represented among city agencies.

We have discussed in the past the need to reduce disenrollments from MetroPlus. To better understand the reason for these disenrollments, SPH Analytics is conducting a survey of disenrolled members. We hope to learn the specific reasons for the disenrollments and then to be able to develop solutions. I hope to have some preliminary information from the survey for our next meeting.

MetroPlus is aggressively trying to reduce the number of non-utilizers, those who have not seen a doctor. Getting non-utilizers connected to their doctor can improve their health and also helps MetroPlus with its quality scores. We are using three different sets of staff to contact the non-utilizers. MetroPlus' integrated case management team is contacting our Medicaid membership. MetroPlus Quality Management team is contacting our Medicare membership and H+H facilities staff is using lists provided by MetroPlus to contact additional individuals. We are prioritizing those with chronic conditions who have had no visits this year.

A new first-in-the-nation regulation has been proposed to protect New York State from the ever-growing threat of cyber-attacks. The proposed regulation requires banks, insurance companies and other financial services institutions that are regulated by the Department of Financial Services (DFS) to establish and maintain a cybersecurity program designed to protect consumers and ensure safety within New York's

financial services industry. MetroPlus has just hired a Chief Information Security Officer to strengthen its security program and meet the new regulation.

New York State is adding Behavioral Health (BH) for children in July 2017. The state will have a qualification process for plans to serve children including strict rules on minimum plan staffing to manage the population.

MetroPlus has entered into an agreement with the Continuum System to support its members at their hospitals through our transition of care program. The collaboration is set to commence in January 2017 at Mount Sinai Hospital. On December 6th, MetroPlus and Mount Sinai held its first joint meeting at Mount Sinai, in which the logistics of the collaboration was outlined, a walkthrough of the facility was conducted and MetroPlus attended the hospital's case management meeting.

PRELIMINARY 2016 QUALITY INCENTIVE

Incentive Measures	NYS Benchmarks (MY2015)			NYC Health Plans (Rates Based on NYS Published Data for MY2015)					
	50th	75th	90th	Affinity	Empire/Health+	Fidelis	Health1st	HIP	MetroPlus
Adherence Antipsy Meds	61	63	65	66	63	62	61	69	60
Adolescent Immunizations: Combo 1	75	77	80	75	73	73	80	74	79
Adult BMI	87	92	94	NV	83	92	91	85	86
Annual Dental Visit: Ages 2-18	61	64	67	52	63	61	59	59	60
Annual Monitoring for Persistent Meds: ACE/ARBs	91	92	93	91	92	93	93	91	94
Annual Monitoring for Persistent Meds: Digoxin	51	57	64	51	47	64	46	50	74
Annual Monitoring for Persistent Meds: Diuretics	90	91	93	90	92	93	92	90	93
Antidepressant Med Mgt.: Acute Phase	51	53	55	49	53	52	53	56	59
Antidepressant Med Mgt.: Cont. Phase	36	37	40	35	37	36	38	41	43
Appropriate Testing for Pharyngitis	86	89	91	84	90	91	86	91	85
Avoidance Antibiotics	28	32	34	33	33	31	35	25	32
Breast Cancer Scr	69	71	73	69	73	72	76	68	73
Cervical Cancer Scr	71	73	75	73	76	73	78	70	70
Childhood Immunizations: Combo 3	77	80	83	79	76	71	82	64	84
Chlamydia: 16-20 Yrs.	68	75	78	76	75	69	80	74	79
Chlamydia: 21-24 Yrs.	75	77	78	77	78	73	80	75	78
Colorectal Cancer Scr	55	60	65	63	57	61	67	52	56
Controlling High BP	62	69	72	NV	62	73	60	53	61
Diabetes Care: A1c<8%	56	57	60	NV	54	61	56	55	60
Diabetes Care: Received All 3 Tests	56	59	60	NV	59	60	61	60	54
Diabetes Monitoring	75	81	83	76	75	80	84	81	84
Flu Shots for Adults (CAHPS)	41	44	47	45	47	35	44	36	48
Follow-Up ADHD: Initiation	55	61	61	52	61	61	69	49	61
Follow-Up ADHD: Cont. & Maint.	60	73	76	60	75	69	86	56	72
Follow-Up MH: 7 Days	63	71	75	53	63	71	75	49	48
Frequency of Ongoing PNC:>81 %	68	73	73	NV	65	73	68	53	73
HIV Comp Care: Engaged In Care	83	86	88	NV	80	86	82	66	83
Human Pap Vaccine	26	36	38	35	34	26	39	22	50
Discussing Cessation Medications (CAHPS)	59	61	65	49	51	46	56	54	61
Discussing Cessation Strategies (CAHPS)	51	53	56	44	49	43	45	54	61
Medication Mgt. for Asthma: Ages 5-64 (50%)	*	*	*	*	*	*	*	*	67
Medication Mgt. for Asthma: Ages 5-64 (75%)	*	*	*	*	*	*	*	*	43
Persistent Beta-Blocker Tx	86	89	90	85	84	86	86	86	NR
Timeliness of Prenatal Care	87	89	91	NV	87	91	88	77	89
Postpartum Care	68	71	75	NV	74	71	68	60	75
Use of Imaging Studies for Low Back Pain	75	79	81	76	80	73	78	78	82
Use of Spirometry Testing for COPD	50	54	60	51	57	59	70	48	53
WCC: BMI	80	84	87	NV	71	75	73	74	82
WCC: Nutrition Counseling	81	84	85	NV	76	76	81	72	87
WCC: Physical Activity Counseling	74	77	79	NV	65	73	66	65	78
Well Child 15 Mos.	81	83	86	84	81	81	81	70	82
Well Child 3-6 Yrs.	82	83	86	80	86	82	88	81	86

KEY

* Rates not published

NV=Plan reported invalid data NR=Not Reported Measure N too small

	SUMMARY OF 2016 PRELIMINARY QI					
	Affinity	Fidelis	H1st	Empire/Hlth+	HIP	M+
50th	11	11	11	8	6	6
75th	7	8	5	13	2	5
90th	1	10	16	6	5	20
Total Measures Meeting Benchmark	19	29	32	27	13	31



MetroPlus Health Plan
Membership Summary by LOB Last 7 Months
December-2016

		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Total Members	Prior Month	500,805	501,329	503,530	505,188	505,374	507,627	506,466
	New Member	22,207	24,727	22,706	24,006	23,488	22,079	19,341
	Voluntary Disenroll	750	1,378	1,612	1,756	1,684	1,875	1,503
	Involuntary Disenroll	20,933	21,148	19,436	22,064	19,551	21,365	21,905
	Adjusted	-3	16	42	44	220	3,281	0
	Net Change	524	2,201	1,658	186	2,253	-1,161	-4,067
	Current Month	501,329	503,530	505,188	505,374	507,627	506,466	502,399
Medicaid	Prior Month	386,387	383,702	383,210	381,823	380,042	380,656	379,527
	New Member	14,259	15,660	14,596	15,425	14,971	13,941	12,907
	Voluntary Disenroll	26	701	872	831	817	1,073	700
	Involuntary Disenroll	16,918	15,451	15,111	16,375	13,540	13,997	15,155
	Adjusted	34	52	78	76	223	1,218	0
	Net Change	-2,685	-492	-1,387	-1,781	614	-1,129	-2,948
	Current Month	383,702	383,210	381,823	380,042	380,656	379,527	376,579
Child Health Plus	Prior Month	13,955	14,005	14,254	14,310	14,238	14,478	14,521
	New Member	876	1,017	860	900	1,118	979	1,061
	Voluntary Disenroll	525	501	523	703	630	599	614
	Involuntary Disenroll	301	267	281	269	248	337	292
	Adjusted	0	2	4	-5	4	65	0
	Net Change	50	249	56	-72	240	43	155
	Current Month	14,005	14,254	14,310	14,238	14,478	14,521	14,676
HHC	Prior Month	4,993	5,103	5,332	5,445	5,734	6,035	6,090
	New Member	158	263	179	316	341	91	30
	Voluntary Disenroll	0	0	0	0	1	0	0
	Involuntary Disenroll	48	34	66	27	39	36	27
	Adjusted	-7	-9	-11	2	54	78	0
	Net Change	110	229	113	289	301	55	3
	Current Month	5,103	5,332	5,445	5,734	6,035	6,090	6,093



MetroPlus Health Plan
Membership Summary by LOB Last 7 Months
December-2016

		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
SNP	Prior Month	4,529	4,507	4,504	4,506	4,440	4,398	4,364
	New Member	107	101	99	110	114	88	102
	Voluntary Disenroll	20	25	27	33	31	27	22
	Involuntary Disenroll	109	79	70	143	125	95	89
	Adjusted	0	0	0	0	-2	3	0
	Net Change	-22	-3	2	-66	-42	-34	-9
	Current Month	4,507	4,504	4,506	4,440	4,398	4,364	4,355
Medicare	Prior Month	8,412	8,422	8,508	8,494	8,475	8,420	8,456
	New Member	271	333	230	256	222	265	284
	Voluntary Disenroll	177	144	167	172	186	157	152
	Involuntary Disenroll	84	103	77	103	91	72	104
	Adjusted	1	1	0	-1	-1	-7	0
	Net Change	10	86	-14	-19	-55	36	28
	Current Month	8,422	8,508	8,494	8,475	8,420	8,456	8,484
Managed Long Term Care	Prior Month	1,099	1,189	1,197	1,224	1,259	1,302	1,359
	New Member	118	48	75	74	77	96	72
	Voluntary Disenroll	0	7	21	15	17	14	10
	Involuntary Disenroll	28	33	27	24	17	25	30
	Adjusted	0	0	0	-1	-3	-13	0
	Net Change	90	8	27	35	43	57	32
	Current Month	1,189	1,197	1,224	1,259	1,302	1,359	1,391
QHP	Prior Month	20,007	19,522	19,085	18,778	18,358	17,735	17,454
	New Member	654	702	670	662	648	578	183
	Voluntary Disenroll	0	0	0	0	1	0	4
	Involuntary Disenroll	1,139	1,139	977	1,082	1,270	859	422
	Adjusted	1	5	4	7	-25	-74	0
	Net Change	-485	-437	-307	-420	-623	-281	-243
	Current Month	19,522	19,085	18,778	18,358	17,735	17,454	17,211



MetroPlus Health Plan
Membership Summary by LOB Last 7 Months
December-2016

		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
SHOP	Prior Month	1,001	1,004	1,007	1,008	999	1,009	994
	New Member	41	34	30	25	35	23	89
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	38	31	29	34	25	38	60
	Adjusted	0	0	0	0	0	0	0
	Net Change	3	3	1	-9	10	-15	29
	Current Month	1,004	1,007	1,008	999	1,009	994	1,023
FIDA	Prior Month	184	181	174	175	169	168	169
	New Member	3	3	4	1	3	3	1
	Voluntary Disenroll	1	0	2	2	1	0	0
	Involuntary Disenroll	5	10	1	5	3	2	3
	Adjusted	0	0	0	0	0	0	0
	Net Change	-3	-7	1	-6	-1	1	-2
	Current Month	181	174	175	169	168	169	167
HARP	Prior Month	8,046	7,886	8,391	8,290	8,135	8,228	8,620
	New Member	29	613	66	22	275	605	23
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	189	108	167	177	182	213	194
	Adjusted	0	0	0	0	0	0	0
	Net Change	-160	505	-101	-155	93	392	-171
	Current Month	7,886	8,391	8,290	8,135	8,228	8,620	8,449
Essential Plan	Prior Month	52,192	55,808	57,868	61,135	63,525	65,198	64,912
	New Member	5,691	5,953	5,897	6,215	5,684	5,410	2,883
	Voluntary Disenroll	1	0	0	0	0	5	1
	Involuntary Disenroll	2,074	3,893	2,630	3,825	4,011	5,691	5,529
	Adjusted	-32	-35	-33	-34	-30	2,011	0
	Net Change	3,616	2,060	3,267	2,390	1,673	-286	-2,647
	Current Month	55,808	57,868	61,135	63,525	65,198	64,912	62,265



MetroPlus Health Plan
Membership Summary by LOB Last 7 Months
December-2016

		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
GOLDCARE I	Prior Month	0	0	0	0	0	0	0
	New Member	0	0	0	0	0	0	841
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	0	0	0	0	0	0	0
	Adjusted	0	0	0	0	0	0	0
	Net Change	0	0	0	0	0	0	841
	Current Month	0	0	0	0	0	0	841
GOLDCARE II	Prior Month	0	0	0	0	0	0	0
	New Member	0	0	0	0	0	0	865
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	0	0	0	0	0	0	0
	Adjusted	0	0	0	0	0	0	0
	Net Change	0	0	0	0	0	0	865
	Current Month	0	0	0	0	0	0	865

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute an agreement with ten law firms to provide legal defense services for medical malpractice, regulatory and health law matters as requested by the System. The ten firms are Aaronson Rappaport Feinstein & Deutsch, LLP; Heidell, Pittoni, Murphy & Bach, LLP; Schiavetti, Corgan, DiEdwards, Weinberg & Nicholson, LLP; DeCorato, Cohen, Sheehan & Federico, LLP; McAloon & Friedman, P.C.; Ekblom & Partners, LLP; Furman Kornfeld & Brennan, LLP; Gordon & Silber, P.C.; DOPF, PC; and Vigorito, Barker, Porter & Patterson, LLP. Each agreement shall be for an initial term of four years with an option for one additional two-year renewal term exercisable solely by the System. For the initial term, fees to these firms shall be \$235 per hour for senior trial partners, \$205 per hour for partners, \$175 per hour for senior associates, \$165 per hour for junior associates, \$100 per hour for nurse-investigators, and \$75 per hour for paralegals.

WHEREAS, The System has been represented by experienced medical malpractice defense firms for the defense of high exposure and complex medical claims and in the representation of health care and regulatory matters for more than 30 years and has determined that it is a cost-effective method for the System to minimize its potential liabilities and provide experienced counsel in health care and regulatory matters; and

WHEREAS, The System wishes to continue retaining experienced major and specialized medical malpractice defense counsel to represent it and its staff in high exposure and complex medical malpractice claims and to provide representation in health care and regulatory matters; and

WHEREAS, a Request for Proposals was issued for law firms to provide these services and these ten firms were selected; and

WHEREAS, The System will benefit from the legal representation that can be provided by these firms; and

WHEREAS, the overall responsibility for monitoring these contracts shall be vested with the General Counsel/Senior Vice President of the Office of Legal Affairs for the System.

NOW THEREFORE, BE IT:

RESOLVED, that the New York City Health + Hospitals be and hereby is authorized to execute an agreement with ten law firms to provide legal defense services for medical malpractice, regulatory and health law matters as requested by the System. The ten firms are Aaronson Rappaport Feinstein & Deutsch, LLP; Heidell, Pittoni, Murphy & Bach, LLP; Schiavetti, Corgan, DiEdwards, Weinberg & Nicholson, LLP; DeCorato, Cohen, Sheehan & Federico, LLP; McAloon & Friedman, P.C.; Ekblom & Partners, LLP; Furman Kornfeld & Brennan, LLP; Gordon & Silber, P.C.; DOPF, PC; and Vigorito, Barker, Porter & Patterson, LLP. Each agreement shall be for an initial term of four years with an option for one additional two-year renewal term exercisable solely by the System. For the initial term, fees to these firms shall be \$235 per hour for senior trial partners, \$205 per hour for partners, \$175 per hour for senior associates, \$165 per hour for junior associates, \$100 per hour for nurse-investigators, and \$75 per hour for paralegals.

EXECUTIVE SUMMARY
Legal Defense Services
Agreements

The accompanying Resolution requests approval to enter into a contract with ten law firms to provide legal services in the defense of medical malpractice, regulatory and health law matters as a result of RFP # 037-0010. The term for the agreements is four years with an option for one two-year renewal. Under the contracts these firms will perform legal defense of high exposure and complex medical malpractice claims.

Since its creation, NYC Health + Hospitals had been represented and indemnified in all matters alleging medical malpractice by the City of New York. These matters were defended by both the Office of the Corporation Counsel and approved outside law firms. In FY 2002, the City of New York and the System agreed to share the cost of medical malpractice claims and the System reimburses the City annually for the medical malpractice costs up to a “capped” amount. The System also agreed to take certain initiatives to achieve greater accountability for medical malpractice costs. The System established a claims and risk management program which supports our efforts to control the cost of medical malpractice claims by complementing the efforts of its medical malpractice Defense Counsel and expanding risk management initiatives.

That initiative took a substantial step forward with the execution of a Memorandum of Understanding (“MOU”) between the City of New York and NYC Health + Hospitals which transferred the defense of medical malpractice claims from the Office of the Corporation Counsel to the System. As part of the MOU, a Claims and Litigation Unit was created within the Office of Legal Affairs. This Unit is charged with defending the System, its staff and its affiliates and their staff in any claim for medical malpractice not assigned to outside counsel. In keeping with the longstanding practice of using specialized firms to defend the System, an RFP was released for the retention of firms. As part of the MOU, we have received an annual budget of \$13,997,000 from The City of New York to pay for the retention of these firms.

On September 1, 2016, on behalf of the Office of Legal Affairs, Supply Chain Services issued an RFP for Legal Services in the Defense of Medical Malpractice, Regulatory and Health Law to 54 law firms. Responses to the RFP were received from 17 firms. Each response was reviewed thoroughly in person by the selection committee. Following the review, each response was evaluated by all committee members in accordance with the criteria set forth in the RFP. As a result of the response evaluation, the selection committee awarded ten firms; eight firms classified as major defense firms and two classified as specialty firms.

Major Defense Firms	
Aaronson Rappaport Feinstein & Deutsch	McAloon & Friedman
Heidell, Pittoni, Murphy & Bach, LLP	Furman Kornfeld & Brennan
Schiavetti, Corgan, DiEdwards, Weinberg & Nicholson	Gordon & Silber
DeCorato, Cohen, Sheehan & Federico	Vigorito, Barker, Porter & Patterson
Specialty Defense Firms	
Dopf, PC (Specialty- Orthopedics)	Ekblom & Partners (Specialty- Optomology)

The System has used all firms, except for one, and have found that our experience with them to exceed our expectations and provide the System with excellent representation.

CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

Contract Title: Legal Services in the Defense of Medical Malpractice, Regulatory and Health Law

Project Title & Number: Master Agreements- Legal Services RFP# 37-0010

Project Location: System Wide

Requesting Dept.: Office of Legal Affairs

Successful Respondents:

- Aaronson Rappaport Feinstein & Deutsch
- Heidell, Pittoni, Murphy & Bach, LLP
- Schiavetti, Corgan, DiEdwards, Weinberg & Nicholson
- DeCorato, Cohen, Sheehan & Federico
- McAloon & Friedman
- Ekblom & Partners
- Furman Kornfeld & Brennan
- Gordon & Silber
- DOPF, PC
- Vigorito, Barker, Porter & Patterson

Contract Amount: \$82,000,000

Contract Term: Four year initial term- 3/1/2017 to 2/28/2021
One 2 year option- 3/1/2021 to 2/28/2023

Number of Respondents: 17 total respondents

Range of Proposals: N/A

Minority Business Enterprise Invited: Yes

Funding Source: Operating Budget

Method of Payment: Invoiced for services
(if other, explain)

EEO Analysis: Complete

Compliance with HHC's McBride Principles: Yes

Vendex Clearance: In progress

(Required for contracts in the amount of \$100,000 or more awarded pursuant to an RFP, NA or as a Sole Source,
HHC 590B (R July 2011))

CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

or \$100,000 or more if awarded pursuant to an RFB.)

Background (include description and history of problem; previous attempts, if any, to solve it; and how this contract will solve it):

Since its creation, NYC Health + Hospitals had been represented and indemnified in all matters alleging medical malpractice by the City of New York. These matters were defended by both the Office of the Corporation Counsel and approved outside law firms. In FY 2002, the City of New York and the System agreed to share the cost of medical malpractice claims and the System reimburses the City annually for the medical malpractice costs up to a "capped" amount. The System also agreed to take certain initiatives to achieve greater accountability for medical malpractice costs. The System established a claims and risk management program which supports our efforts to control the cost of medical malpractice claims by complimenting the efforts of its medical malpractice Defense Counsel and expanding risk management initiatives.

That initiative took a substantial step forward with the execution of a Memorandum of Understanding ("MOU") between the City of New York and NYC H+H which transferred the defense of medical malpractice claims from the Office of the Corporation Counsel to the System. As part of the MOU, a Claims and Litigation Unit was created within the Office of Legal Affairs. This Unit is charged with defending the System, its staff and its affiliates and their staff in any claim for medical malpractice not assigned to outside counsel. In keeping with the longstanding practice of using specialized firms to defend the System, an RFP was released for the retention of firms. As part of the MOU, we have received an annual budget of \$13,997,000 from The City of New York to pay for the retention of these firms.

Contract Review Committee

An application to issue a request for proposal (RFP) for the provision of Legal Services in the Defense of Medical Malpractice, Regulatory and Health Law Matters on behalf of the NYC Health + Hospitals, Office of Legal Affairs was presented to the CRC at the August 17, 2016 Contract Review Committee.

The Contract Review Committee issued a Contract Approval Form, authorizing the proceeding of the above referenced RFP on August 18, 2016.

CRC Presented Date: 8/17/2016

CRC Approval Date: 8/18/2015

Has the proposed contract's scope of work, timetable, budget, contract deliverables or accountable person changed since presentation to the CRC? If so, please indicate how the proposed contract differs since presentation to the CRC:

There have been no scope of work or proposed contractual contract changes.

Selection Process (attach list of selection committee members, list of firms responding to RFP or NA, list of firms considered, describe here the process used to select the proposed contractor, the selection criteria, and the justification for the selection):

CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

Selection Committee Members:

Suzanne Blundi, Deputy General Counsel
 David Cheung, Associate Counsel
 Margaret Sherman, Senior Counsel
 Janette Baxter, Corporate Risk Manager
 Andrea Crawford, Associate Executive Director, Risk Management, H+H/Queens
 Kathy Lospinuso, RN, BSN, JD, Senior Associate Risk Manager
 Daniel Stone, Associate Director, Risk Management and Patient Safety, Henry J. Carter Specialty Hospital & Nursing Facility

RFP Distribution:

RFP Documents included:

- Request For Proposal
- Addenda #1 (Proposer Questions / H+H Responses)

RFP Dissemination:

- RFP disseminated on September 1, 2016
- Addenda #1 disseminated on September 22, 2016
- 54 firms received a copy of the RFP and Addenda #1 via:
 - Firms invited directly by NYC H+H
 - Firms requested from the City Record
 - Firms requested from NYS Medical Defense Bar Association

RFP Responses:

- All responses checked in to Supply Chain Services to date stamp and confirm minimum requirements
- Checked In responses were circulated to the selection committee for review
- Selection Committee held a three day RFP response review session
- Review Session included a detailed review of all RFP responses for the following:
 - Discuss RFP responses, ensure firms adequately responded and firms expressed an ability to provide the services requested
 - Categorize any specialty firms

Selection Process:

- 17 Firms responded to the RFP:

Aaronson Rappaport Feinstein & Deutsch	Vigorito, Barker, Porter & Patterson
Heidell, Pittoni, Murphy & Bach, LLP	Kaufman Borgeest & Ryan
Schiavetti, Corgan, DiEdwards, Weinberg & Nicholson	Wilson Elser
DeCorato, Cohen, Sheehan & Federico	Morris Duffy Alonso & Faley
McAloon & Friedman	Abrams Fensterman
Eklom & Partners	Garcia- Watts Law
Furman Kornfeld & Brennan	Sclar Adler
Gordon & Silber	Law Offices Of Catherine Patsos*

*- Law Offices of Catherine Patsos was disqualified at Selection Committee Review due to the firms inability to provide the services requested in the RFP

- Selection Committee Scoring
 - Scoring was completed for the 16 qualified firms (score range 17-66)
 - The top 10 firms were selected including 8 major defense firms and 2 specialty firms (orthopedics and optomology)

CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

Scope of work and timetable:

Scope of Work:

The RFP is to select law firms (major defense firms and specialty firms) that will represent the NYC Health + Hospitals and its staff in complex and high exposure medical malpractice cases. The firms will also be assigned to represent NYC Health + Hospitals and its staff in regulatory matters. The firms will also provide legal advice to the General Counsel on matters related to medical malpractice, regulatory affairs, risk management, Insurance and health care law.

Timetable:

RFP Dissemination:	September 1, 2016
Proposer Questions Due:	September 19, 2016
Proposals Due:	September 29, 2016
Projected Selection:	October 31, 2016
Projected Contract Start Date:	March 1, 2016

Provide a brief costs/benefits analysis of the services to be purchased.

Not applicable

Provide a brief summary of historical expenditure(s) for this service, if applicable.

Services are billed hourly based on the following titles:

- Paralegal
- Junior Associate
- Associate
- Nurse Consultant
- Partner
- Senior Partner

The following chart represents hours and expenses for the past three fiscal years:

	FY14	FY15	FY16
Hours	81,892	84,107	75,953
Annual Spend	\$12,575,810	\$13,023,948	\$11,627,754

Provide a brief summary as to why the work or services cannot be performed by the Corporation's staff.

CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

The Litigators on staff of the Claims and Litigation Unit of the Office of Legal Affairs handle most of the matters pending against the System and by doing so help keep the cost of our defense of these matters down.

The retention of specialized law firms that defend the System and its staff in complex, high exposure claims of malpractice has been the practice for over 30 years. Simply put, the number of attorneys that would need to be retained and the associated cost of same would be prohibitive. Our experience has shown that having cases where the workup will require multiple experts in evaluating, defending and trying these matters is more effective when firms with a particular specialty work alongside our staff.

Will the contract produce artistic/creative/intellectual property? Who will own it? Will a copyright be obtained? Will it be marketable? Did the presence of such property and ownership thereof enter into contract price negotiations?

Not applicable.

Contract monitoring (include which Senior Vice President is responsible):

Salvatore J. Russo
Senior Vice President & General Counsel

Equal Employment Opportunity Analysis (include outreach efforts to MBE/WBE's, selection process, comparison of vendor/contractor EEO profile to EEO criteria. Indicate areas of under-representation and plan/timetable to address problem areas):

Received By E.E.O.:



1.5.17
Date

Analysis Completed By E.E.O.:



1.5.17
Date

Keith Tallbe
Name

32101

TO: Mitchell Jacobs, Director
Procurement System Operations
Division of Materials Management

FROM: Keith Tallbe *KT*

DATE: January 9, 2020

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Vigorito, Barker, Porter & Patterson, LLP, has submitted to the Supply Chain Diversity Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Central Office

Contract Number: _____

Project: Legal Services

Submitted by: Division of Materials Management

EEO STATUS:

1. Approved
2. Conditionally Approved with follow-up review and monitoring
3. Not approved
4. Conditionally approved subject to EEO Committee Review

COMMENTS:

KT:srf

Keith Tallbe
Associate Counsel, Director of Procurement
Legal Affairs, Supply Chain Services

31394A

TO: Mitchell Jacobs, Director
Procurement System Operations
Division of Materials Management

FROM: Keith Tallbe *KT*

DATE: January 4, 2020

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **DeCorato Cohen Sheehan & Federico LLP**, has submitted to the Supply Chain Diversity Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Central Office

Contract Number: _____

Project: Legal Services

Submitted by: Division of Materials Management

EEO STATUS:

1. Approved
2. Conditionally Approved with follow-up review and monitoring
3. Not approved
4. Conditionally approved subject to EEO Committee Review

COMMENTS:

KT:srf

Keith Tallbe
Associate Counsel, Director of Procurement
Legal Affairs, Supply Chain Services

31398A

TO: Mitchell Jacobs, Director
Procurement System Operations
Division of Materials Management

FROM: Keith Tallbe *KT*

DATE: January 4, 2020

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, McAloon & Friedman, P.C., has submitted to the Supply Chain Diversity Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Central Office

Contract Number: _____

Project: Legal Services

Submitted by: Division of Materials Management

EEO STATUS:

1. Approved
2. Conditionally Approved with follow-up review and monitoring
3. Not approved
4. Conditionally approved subject to EEO Committee Review

COMMENTS:

KT:srf

Keith Tallbe
Associate Counsel, Director of Procurement
Legal Affairs, Supply Chain Services

31395A

TO: Mitchell Jacobs, Director
Procurement System Operations
Division of Materials Management

FROM: Keith Tallbe *KT*

DATE: January 4, 2020

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Gordon & Silber, P.C., has submitted to the Supply Chain Diversity Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Central Office

Contract Number: _____

Project: Legal Services

Submitted by: Division of Materials Management

EEO STATUS:

1. Approved
2. Conditionally Approved with follow-up review and monitoring
3. Not approved
4. Conditionally approved subject to EEO Committee Review

COMMENTS:

KT:srf

32099

TO: Mitchell Jacobs, Director
Procurement System Operations
Division of Materials Management

FROM: Keith Tallbe *KT*

DATE: January 4, 2020

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **Ekblom & Partners, LLP**, has submitted to the Supply Chain Diversity Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Central Office

Contract Number: _____

Project: Legal Services

Submitted by: Division of Materials Management

EEO STATUS:

1. Approved
2. Conditionally Approved with follow-up review and monitoring
3. Not approved
4. Conditionally approved subject to EEO Committee Review

COMMENTS:

KT:srf

32098

TO: Mitchell Jacobs, Director
Procurement System Operations
Division of Materials Management

FROM: Keith Tallbe *KT*

DATE: January 4, 2020

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **DOPE, P.C.**, has submitted to the Supply Chain Diversity Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Central Office

Contract Number: _____

Project: Legal Services

Submitted by: Division of Materials Management

EEO STATUS:

1. Approved
2. Conditionally Approved with follow-up review and monitoring
3. Not approved
4. Conditionally approved subject to EEO Committee Review

COMMENTS:

KT:srf

Keith Tallbe
Associate Counsel, Director of Procurement
Legal Affairs, Supply Chain Services

31396A

TO: Mitchell Jacobs, Director
Procurement System Operations
Division of Materials Management

FROM: Keith Tallbe *KT*

DATE: January 4, 2020

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **Heidell Pittoni Murphy & Bach LLP**, has submitted to the Supply Chain Diversity Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Central Office

Contract Number: _____

Project: Legal Services

Submitted by: Division of Materials Management

EEO STATUS:

1. Approved
2. Conditionally Approved with follow-up review and monitoring
3. Not approved
4. Conditionally approved subject to EEO Committee Review

COMMENTS:

KT:srf

Keith Tallbe
Associate Counsel, Director of Procurement
Legal Affairs, Supply Chain Services

31102B

TO: Mitchell Jacobs, Director
Procurement System Operations
Division of Materials Management

FROM: Keith Tallbe *KT*

DATE: January 4, 2020

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Aaronson Rappaport Feinstein & Deutsch, LLP, has submitted to the Supply Chain Diversity Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Central Office

Contract Number: _____

Project: Legal Services

Submitted by: Division of Materials Management

EEO STATUS:

1. Approved
2. Conditionally Approved with follow-up review and monitoring
3. Not approved
4. Conditionally approved subject to EEO Committee Review

COMMENTS:

KT:srf

31393A

TO: Mitchell Jacobs, Director
Procurement System Operations
Division of Materials Management

FROM: Keith Tallbe *KT*

DATE: January 4, 2020

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **Furman Kornfeld & Brennan LLP**, has submitted to the Supply Chain Diversity Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Central Office

Contract Number: _____

Project: Legal Services

Submitted by: Division of Materials Management

EEO STATUS:

1. Approved
2. Conditionally Approved with follow-up review and monitoring
3. Not approved
4. Conditionally approved subject to EEO Committee Review

COMMENTS:

KT:srf

31400A

TO: Mitchell Jacobs, Director
Procurement System Operations
Division of Materials Management

FROM: Keith Tallbe *KT*

DATE: January 4, 2020

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Schiavetti, Corgan, DiEdwards, Weinberg and Nicholson, LLP, has submitted to the Supply Chain Diversity Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Central Office

Contract Number: _____

Project: Legal Services

Submitted by: Division of Materials Management

EEO STATUS:

1. Approved
2. Conditionally Approved with follow-up review and monitoring
3. Not approved
4. Conditionally approved subject to EEO Committee Review

COMMENTS:

KT:srf

Legal Defense Services for Medical Malpractice, Regulatory and Health Law Matters

Request to Award Major and Specialty Firms

Salvatore J. Russo

Senior Vice President & General Counsel

January 23, 2017



Background

Since its creation, NYC Health + Hospitals had been represented and indemnified in all matters alleging medical malpractice by the City of New York. These matters were defended by both the Office of the Corporation Counsel and approved outside law firms. In FY 2002, the City of New York and the System agreed to share the cost of medical malpractice claims and the System reimburses the City annually for the medical malpractice costs up to a “capped” amount. The System also agreed to take certain initiatives to achieve greater accountability for medical malpractice costs. The System established a claims and risk management program which supports our efforts to control the cost of medical malpractice claims by complimenting the efforts of its medical malpractice Defense Counsel and expanding risk management initiatives.

That initiative took a substantial step forward with the execution of a Memorandum of Understanding (“MOU”) between the City of New York and NYC Health + Hospitals which transferred the defense of medical malpractice claims from the Office of the Corporation Counsel to the System. As part of the MOU, a Claims and Litigation Unit was created within the Office of Legal Affairs. This Unit is charged with defending the System, its staff and its affiliates and their staff in any claim for medical malpractice not assigned to outside counsel. In keeping with the longstanding practice of using specialized firms to defend the System, an RFP was released for the retention of firms. As part of the MOU, we have received an annual budget of \$13,997,000 from The City of New York to pay for the retention of these firms.



Project Description

- 1 RFP, 2 award types:
 - Major Defense
 - Specialty Defense

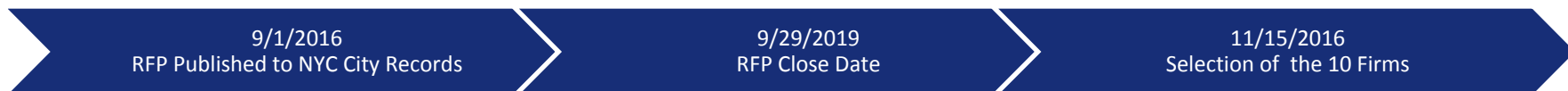
- Major Defense Scope of Work:
 - High exposure and complex medical malpractice matters

- Specialty Defense Scope of Work:
 - Firms with medical malpractice specialization



Procurement Methodology

- Request for Proposal process was utilized
- Advertisement posted in the City Record and NYS Medical Defense Bar Association
- 16 firms submitted proposals
 - Aaronson Rappaport Feinstein & Deutsch
 - Heidell, Pittoni, Murphy & Bach, LLP
 - Schiavetti, Corgan, DiEdwards, Weinberg & Nicholson
 - DeCorato, Cohen, Sheehan & Federico
 - McAloon & Friedman
 - Ekblom & Partners
 - Furman Kornfeld & Brennan
 - Gordon & Silber
 - DOPF, PC
 - Vigorito, Barker, Porter & Patterson
 - Kaufman Borgeest & Ryan
 - Wilson Elser
 - Morris Duffy Alonso & Faley
 - Abrams | Fensterman
 - Garcia- Watts Law
 - Sclar Adler
- Evaluation committee:
 - Suzanne Blundi, Deputy General Counsel
 - David Cheung, Associate Counsel
 - Margaret Sherman, Senior Counsel
 - Janette Baxter, Corporate Risk Manager
 - Andrea Crawford, Associate Executive Director, Risk Management
 - Kathy Lospinuso, RN, BSN, JD, Senior Associate Risk Manager
 - Daniel Stone, Associate Director, Risk Management and Patient Safety



Vendor Selection

Selected vendors submitted proposals addressing the scope of services and highlighted their capability in performing the required services. Major and Specialty Defense firms were selected based on the following criteria:

- Understanding of Work and Soundness of Approach
- Technical Qualifications and Client References
- Company Organization and Qualifications

Major Defense Firms:

- Aaronson Rappaport Feinstein & Deutsch
- Heidell, Pittoni, Murphy & Bach, LLP
- Schiavetti, Corgan, DiEdwards, Weinberg & Nicholson
- DeCorato, Cohen, Sheehan & Federico
- McAloon & Friedman
- Furman Kornfeld & Brennan
- Gordon & Silber
- Vigorito, Barker, Porter & Patterson

Specialty Defense Firms:

- Dopf, PC (Specialty- Orthopedics)
- Ekblom & Partners (Specialty- Optomology)



Summary

- The Office of Legal Affairs is seeking Board of Directors approval to enter into a 4 year agreement and one 2-year renewal option with 8 major defense firms and 2 specialty firms:
 - Projected budget for all contracts of \$82,000,000



RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "NYC Health + Hospitals") to execute a five year dialysis services agreement with River Renal Dialysis (RD) Services ("RRD") renewing and modifying the arrangement by which RRD currently provides dialysis services to inpatients at Bellevue Hospital Center ("Bellevue") at rates listed in Exhibit A to this Resolution subject to an annual increase of 2.6% subject to earlier termination if the companion license agreement is terminated for an amount not to exceed \$7,950,000.

WHEREAS, RRD is an established provider of renal dialysis services; and

WHEREAS, in January 2007, the Board of Directors authorized NYC Health + Hospitals to enter into an agreement with RRD for it to provide renal dialysis services to inpatients at Bellevue including treatments at bedside, in the ICU, in the Emergency Department and in an area set aside for treatment of inpatients who can be moved; and

WHEREAS, Bellevue retains the right to bill third party payers for the services provided to such inpatients and they are treated as Bellevue patients for all purposes; and

WHEREAS, RRD provides all equipment, supplies and technical staff to render the renal dialysis services but does so under the medical supervision of Bellevue physicians and nurses; and

WHEREAS, the Board of Directors also authorized a license agreement with RRD for space at Bellevue to operate an outpatient renal dialysis clinic in accordance with Article 28 of the NY Public Health Law, the renewal of which is being sought today by separate resolution; and

WHEREAS, RRD did not obtain its Article 28 license and begin providing treatment to patients at Bellevue until August 2011; and

WHEREAS, RRD has provided excellent services to both Bellevue outpatients and inpatients since August 2011; and

WHEREAS, the Executive Director of Bellevue will be responsible for supervising the performance of the proposed services agreement.

NOW, THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation be and hereby is authorized to execute a five year dialysis services agreement with River Renal Dialysis (RD) Services ("RRD") renewing and modifying the arrangement by which RRD currently provides dialysis services to inpatients at Bellevue Hospital Center at rates listed in Exhibit A to this Resolution subject to an annual increase of 2.6% subject to earlier termination if the companion license agreement is terminated for an amount not to exceed \$7,950,000.

**EXHIBIT A
RESOLUTION AUTHORIZING
FIVE YEAR RENAL SERVICES AGREEMENT WITH
RIVER RENAL DIALYSIS (RD) SERVICES**

COMPENSATION RATES

NYC Health + Hospitals will annually pay River Renal Dialysis Services ("RRD") \$1,360,860 in equal monthly installments for 2,800 treatments irrespective of whether the treatments are performed at night, over weekends, in the ICU, the ER, at bedside or in the inpatient dialysis facility. Once RRD has performed 2,800 treatments, the costs per treatment are as follows:

- \$454 per treatment on the 6 bed acute unit
- \$583 for bedside or ICU or ER
- \$702 for bedside, ICU, or ER after hours

Additional rates apply for certain unusually extended dialysis treatments, for non-standard medications and laboratory tests.

**EXECUTIVE SUMMARY
BELLEVUE HOSPITAL CENTER
RIVER RENAL DIALYSIS (RD) SERVICES
RENAL DIALYSIS SERVICES AGREEMENT**

OVERVIEW: The New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) seeks authorization from the Board of Directors to execute a renal dialysis service agreement with River Renal Dialysis (RD) Services (“RRD”) for its continued provision of renal dialysis services to inpatients at Bellevue Hospital Center (“Bellevue”).

This is a companion agreement to a space license agreement for RRD’s use of space at Bellevue to provide outpatient dialysis services. The inpatient services are provided to Bellevue patients under the medical supervision of Bellevue physicians and nurses whereas the outpatients are provided under RRD’s own Article 28 authority and medical supervision. Bellevue bills third party payers for the inpatient services whereas RRD bills third party payers for the outpatient services. The outpatient license will provide Bellevue approximately \$2.5 Million in occupancy fees which offsets, to a degree, the estimated \$7,950,000 cost of the inpatient services. Because inpatient services are generally reimbursed by third party payers on a bundled basis, one cannot identify a portion of the bundled fee that is attributable to the provision of dialysis services though if the patient is particularly sick or has multiple illnesses this may lead to a higher rate of reimbursement.

**NEED/
PROGRAM:** RRD provides excellent care to Bellevue inpatients and takes on the specialized work of procuring and maintaining the dialysis equipment, keeping it supplied and furnishing the technical services to operate the equipment. During the initial term of the services agreement, RRD provided approximately 3,000 treatments per year. Among the inpatients who get dialysis treatments are those who are in the ICU and the Emergency Department. Patients under Department of Corrections custody also get treated. Treatments are available seven days a week and 24 hours per day. When patients can be moved, they are brought to a special area within Bellevue equipped for inpatient dialysis treatments but when patients cannot be moved they receive treatments at bedside.

TERMS: Bellevue will pay RRD \$1,360,860 per year and in exchange, RRD will provide 2,800 treatments regardless of where such treatments are provided or the time of day or day of the week. Once 2,800 treatments have been provided, additional treatments are charged at the rate indicated in Exhibit A.

UTILIZATION: Approximately 3,000 treatments are provided annually.

TO: Christopher Roberson
Director – Network Contracts
Bellevue Hospital Center

FROM: Gail Proto *G.P.*

DATE: December 8, 2015 (REVISED)

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, River Renal Services, Inc., has submitted to the Affirmative Action Office a completed Contract Compliance Questionnaire and the appropriate EEO documents.

This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Bellevue Hospital Center

Contract Number: _____

Project: Provide Dialysis Treatment Services

Submitted by: Bellevue Hospital Center

EEO STATUS:

1. Approved
2. Conditionally approved with follow-up review and monitoring-No EEO Committee Review
3. Not approved
4. Conditionally approved subject to EEO Committee Review

COMMENTS:

c:



Bellevue

Presentation to
The New York City Health + Hospitals
Board of Directors / Medical and
Professional Affairs Committee

Acute Dialysis Services
Agreement for River Renal
Services Inc.



Background

- This is a proposed Acute Dialysis Service Agreement
- Bellevue entered into a five-year Acute Dialysis Service Agreement on August 15, 2011 to address growing quality and cost issues associated with our service
- The Acute Dialysis Service Agreement has successfully provided Bellevue's patients with high quality dialysis services for the past 5 years
- In December 2016, the Health +Hospital Board approved a license agreement for this vendor to operate an independent Article 28 chronic dialysis facility at Bellevue



Current Program Size and Benefits to H+H's for Acute & Chronic

- Acute Dialysis
 - River Renal provides staff and water services to operate Bellevue's 6 bed Acute dialysis services (4-bed inpatient room and two single-bed isolation rooms) on the 5th floor of the Bellevue's H building
 - River Renal also provides acute dialysis services in the Emergency Department or at patient bedside, as needed
 - Service is provided Monday-Saturday, and on-call emergency service is available on Sundays as needed
- Chronic Dialysis
 - The unit operates **18** dialysis stations which includes **2** specialized Hepatitis B isolation rooms
 - The unit operates **6** days a week. Hours of operation are Monday, Wednesday and Friday 6 am – 8 pm (3 shifts per day) and Tuesday, Thursday and Saturday 8 am – 6 pm (2 shifts per day).
 - The program is fully staffed with:
 - Full time dedicated on-site Medical Director
 - Director of Medical Affairs (Dr. Matalon - owner) and Chief Operations Officer (Miriam Sinitzky)
 - Nurse Manager
 - Registered Nurses – staffed at 1:8 ratio
 - Certified Hemodialysis Technicians – staffed at 1:4 ratio
 - Full time Social Worker
 - Part time Nephrologist and Renal Nutritionist
 - Full time Bio- Medical Specialist and Bio-Medical Technician
 - Full time Housekeeping Staff, Receptionist, Unit Clerk, and Administrator
 - Dedicated billing and collections, purchasing, accounts payable and secretarial staff



The Business Case for River Renal Inc.

Current Agreement

- Base rent for chronic space \$464,389 with 2.75% increases each year
- Over 5 years, the Occupancy Gain will be \$2,453,215
- Bellevue pays approximately \$149,298 per year for services and labs for uninsured patients
- Bellevue pays \$1,360,585 for 2,800 acute dialysis treatments, subject to 2.6% annual increases
- Over 5 years, Bellevue would pay \$5,460,716 (\$7,910,930 for 5 years of dialysis services offset by an occupancy gain \$2,453,215)

Forecast for Bellevue-Operated Program

- Initial \$7.5 million investment to onboard 32 FTEs and purchase necessary equipment
- After the first year, there would be an annual \$5.3 million cost covering salary and fringe for 32 FTEs, system maintenance and supplies
- Bellevue could collect \$1.5 million per year in billing for dialysis services
- Over five years, Bellevue would expect a Net Loss of \$21.4 million (\$28.9 million in operating expenses offset by \$7.5 million in billing fees)



The Quality Case for River Renal

- Acute Dialysis Services:
 - Bellevue has had numerous surveys from CMS as well as a Joint Commission review since River Renal began providing acute dialysis services, and Bellevue has never received a citation regarding quality of care for dialysis from any external regulatory agency.
- Chronic Dialysis Services:
 - River Renal's Bellevue site is currently 5 Star rated by CMS. Only two sites in Manhattan have earned this 5 star rating and both are operated by the operators of River Renal. The preview of the January 2017 CMS rating for River Renal is once again 5 stars.
 - In 2011, Bellevue's baseline quality data was below state standards in 8 out of 9 categories. Today, River Renal's dialysis unit at Bellevue is operating above the state standards in all quality measures.



Quality Outcomes History

Clinical Measures of Quality		Facility Result in 2015	National Median	Facility Result in 2014	Facility Score
Kt/V Dialysis Adequacy – Hemodialysis <i>(Shows how well a facility cleans blood during a dialysis treatment – higher rate desirable)</i>		100.00%	96.89%	98.34%	10 of 10
Kt/V Dialysis Adequacy – Peritoneal Dialysis <i>(Shows how well a facility cleans blood during a dialysis treatment – higher rate desirable)</i>		NA	87.10%	NA	NA
Kt/V Dialysis Adequacy – Pediatric Hemodialysis <i>(Shows how well a facility cleans blood during a dialysis treatment – higher rate desirable)</i>		NA	94.44%	NA	NA
Vascular Access Type – Fistula <i>(Compares access to a patient's bloodstream via fistula – higher rate desirable)</i>		86.41%	64.46%	76.56%	10 of 10
Vascular Access Type – Catheter <i>(Compares access to a patient's bloodstream via catheter – lower rate desirable)</i>		9.46%	9.92%	13.95%	6 of 10
NHSN Bloodstream Infection in Hemodialysis Outpatients <i>(Shows how well a facility prevented patient infections during treatment – lower ratio desirable)</i>		0.619	1.81	0.595	6 of 10
Hypercalcemia <i>(Shows how well a facility managed patient metabolism of calcium – lower rate desirable)</i>		0.34%	1.30%	0.52%	10 of 10
Standardized Readmission Ratio <i>(Shows how well a facility avoids unplanned hospital readmissions – lower ratio desirable)</i>		0.78	0.998	0.79	8 of 10
Quality Reporting Measures		Facility Performance in 2015		Facility Score	
Did the facility report required data about patient anemia management?		Yes		9 of 10	
Did the facility report required data about patient phosphorus levels?		Yes		8 of 10	
Was the patient experience of care survey administered and delivered twice?		Yes		10 of 10	
River Renal Services, LLC 462 FIRST AVENUE - HOSP BLDG 5 NORTH NEW YORK, NY 10016		Eric Grossman, M.D. Facility Medical Director		/s/ Patrick Conway CMS Chief Medical Officer Deputy Administrator for Innovation and Quality	



Conclusion:

- There are significant benefits to Bellevue's dialysis services and its patients from this agreement with River Renal. River Renal has markedly contributed to improving the quality of services and has simultaneously decreased our costs.
- In 2011, Bellevue's quality outcomes were below State standards in 8 out of 9 measures. Today, we have a much improved service with Standards that have earned a CMS 5 Star rating.
- Total cost of ownership of this service under agreement (both Acute and Chronic) with River Renal is \$1.2 Million vs \$3.8 Million annually if fully Bellevue run.
- We believe River Renal brings very specialized skills to our services as this is their sole business and experience.

