AGENDA

MEDICAL AND PROFESSIONAL AFFAIRS/ INFORMATION TECHNOLOGY COMMITTEE

Meeting Date: May 23, 2013
Time: 10:00 AM
Location: 125 Worth Street, Room 532

BOARD OF DIRECTORS

CALL TO ORDER — **DR. STOCKER**

ADOPTION OF MINUTES
-April 11, 2013

CHIEF MEDICAL OFFICER REPORT — **DR. WILSON**

CHIEF INFORMATION OFFICER REPORT — **MR. ROBLES**

METROPLUS HEALTH PLAN — **DR. SAPERSTEIN**

ACTION ITEMS:

1. Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to execute a contract with Siemens Enterprise Communications, Inc. via NYS Office of General Services (OGS) contract for the enterprise wide PBX Consolidation of services and maintenance for all telecommunications platforms used throughout the Corporation's facilities. The contract will be for an amount not to exceed $21,014,226 including a 20% contingency for an initial term of three years, with two (1) year renewal options, exercisable solely by the Corporation. — **MR. ROBLES**

2. Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to negotiate and execute a sole source Agreement with Cablevision Lightpath via New York State Office of General Services (OGS) to provide enterprise wide voice and data circuits for three (3) years with a one (1) year option to renew, solely exercisable by the Corporation, for an amount not to exceed $9,249,235, which includes a 20% contingency. — **MR. ROBLES**

3. Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to negotiate and execute contracts with Elsevier B.V., McGraw-Hill Education, Truven Health Analytics Inc. and UpToDate, Inc. to provide electronic medical reference and knowledge-based information subscription service products for HHC's Medical Libraries for a term of one year each, with four-one year options to renew, solely exercisable by the Corporation. The individual contract not-to-exceed amounts are as follows: for Elsevier B.V.: $2,750,000, for McGraw-Hill Education: $872,459, for Truven Health Analytics Inc.: $2,525,000, and UpToDate, Inc.: $1,899,068, for an aggregate amount not-to-exceed $8,046,527. — **MR. ROBLES**

INFORMATION ITEMS:

1. Health Care Acquired Infection — **MS. JOHNSTON**

2. Care Plan Management System – Update — **MS. KAUFMAN/ MR. CONTINO**

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

MINUTES

MEDICAL AND PROFESSIONAL AFFAIRS/ INFORMATION TECHNOLOGY COMMITTEE BOARD OF DIRECTORS

Meeting Date: April 11, 2013

ATTENDEES

COMMITTEE MEMBERS:

Michael A. Stocker, MD, Chairman
Alan D. Aviles
Josephine Bolus, RN
Amanda Parsons, MD (representing Thomas Farley, MD)

OTHER BOARD MEMBERS PRESENT:

Emily Yousseuf

HHC CENTRAL OFFICE STAFF:

Gary Belkin, Senior Director, Office of Behavioral Health
Deborah Cates, Chief of Staff, Board Affairs
Paul Contino, Chief Technology Officer
Barbara DeIorio, Senior Director, Internal Communication Group
Juliet Gaengan, Senior Director, Clinical Affairs
Marisa Salamone-Greason, Assistant Vice President, EITS
Terry Hamilton, Director, Corporate Planning & HIV Services
Caroline Jacobs, Senior Vice President, Safety and Human Development
Christina Jenkins, MD, Assistant Vice President, Primary Care Services
Lauren Johnston, Senior Assistant Vice President/Chief Nursing Officer, Patient Centered Care
Maxine Katz, Senior Assistant Vice President, Revenue Management
Mei Kong, Assistant Vice President, Patient Safety
Robert Kurtz, Senior Clinical Advisor, Medical & Professional Affairs
Patricia Lockhart, Secretary to the Corporation
Ana Marengo, Senior Vice President, Communications & Marketing
Antonio D. Martin, Executive Vice President/Corporate Chief Operating Officer
Kathleen McGrath, Senior Director, Communications & Marketing
Susan Meehan, Assistant Vice President, HHC Office of Emergency Management
Richard Minott, Senior Director, Revenue Management
Deidre Newton, Senior Counsel, Legal Affairs
Bert Robles, Senior Vice President, Chief Information Officer
Salvatore Russo, Senior Vice President & General Counsel, Legal Affairs
David Stevens, MD, Senior Director, Office of Healthcare Improvement
Steven Van Schultz, Director, IT Audits
Joyce Wale, Senior Assistant Vice President, Office of Behavioral Health
Roslyn Weinstein, Senior Assistant Vice President
Manasses Williams, Assistant Vice President, Office of Affirmative Action/EEO
Ross Wilson, MD, Senior Vice President/Corporate Chief Medical Officer

FACILITY STAFF:

Ernest Baptiste, Executive Director, Kings County Hospital Center
Joseph Carter, Deputy Medical Director, Bellevue Hospital Center
Terry Mancher, Chief Nurse Executive, Coney Island Hospital
Jose Perez, Deputy CIO, Woodhull Medical & Mental Health Center
George Proctor, Senior Vice President, Central/Northern Brooklyn Network
Arnold Saperstein, MD, Executive Director, MetroPlus Health Plan
Denise Soares, Senior Vice President, Generations +/Northern Manhattan Network
Arthur Wagner, Senior Vice President Senior, Southern Brooklyn/SI Network

OTHERS PRESENT:

Fred Evans, Siemens
Richard McIntyre, Key Account Executive, Siemens
Megan Meagher, Analyst, Office of Management and Budget
Dhruneanne Woodrooffe, Analyst, Office of Management and Budget

**MEDICAL AND PROFESSIONAL AFFAIRS/
INFORMATION TECHNOLOGY COMMITTEE
Thursday, April 11, 2013**

Michael A. Stocker, MD, Chairman of the Board, called the meeting to order at 9:46 A.M. The minutes of the March 14, 2013 Medical & Professional Affairs/IT Committee meeting were adopted.

CHIEF MEDICAL OFFICER REPORT:

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

1. NYS Hospital Medical Home

NYS DOH reports that: "all 63 academic training hospitals participating in the Hospital Medical Home Demonstration Program have created work plans that meet the goals and requirements of this initiative. These impressive work plans include creative projects and innovations that will support the Patient Centered Medical Home model, improve continuity in Residency Training programs, and most importantly improve care for patients in the primary care residency training setting". Eleven (11) HHC Hospitals are participating in this program and as a group have been award approximately $38 million dollars. 25% of this award was disbursed in January of 2013. The remaining 75% of the award is contingent on our primary care clinics becoming re-certified as NCQA Patient-Centered Medical Homes by the end of 2013.

2. Ambulatory Documentation and Coding Corporate-wide Training

The American Medical Association (AMA) issued major changes to CPT codes impacting both payers and providers this year. These affect mental health and substance abuse programs. To help ensure integrity in coding/billing practices across the board, HHC is providing training this month with regard to the new codes, focused on appropriate documentation for E&M codes and highlighting the coding changes relevant to NYS OMH and OASAS. Provider Consulting Solutions, Inc. will be conducting these webinar trainings. There will be one training session, repeated two times, with a final wrap-up and FAQ. The training is targeted to psychiatrists (MD), nurse practitioners in psychiatry (NPP) as well as Coders.

3. Wearing a Mask for Next Flu Season

The Public Health & Planning Council (PHHPC) heard submissions on the proposed mandatory wearing of masks for health care employees who decline flu vaccination in Albany on April 11, 2013. HHC strongly supports this position and will be doing so publicly at the hearing. Clearly flu vaccination is the best prevention for staff, their family and our patients, but HHC”s employee vaccination rate was less than 40% across our whole system for the last season.

4. Opioid Prescribing Guidelines

HHC has taken a strongly supportive position on these guidelines which originated from Mayoral Taskforce and were launched in January of this year. In addition to agreeing to their implementation at all of our Emergency Rooms, members of HHC’s clinical community have been active in the media. These guidelines are aimed at reducing the number of opioid prescriptions in order to assist with the public health problem of these drugs being abused and causing an increasing number of deaths in communities across the country. We are now reviewing the use of these guidelines in dental and primary care areas, as well as monitoring prescribing on an ongoing basis.

5. New Research Approval System

After considerable review of the necessary steps at facility and central office level, HHC has entered into a contract to implement a new software program to streamline the research approval process. This is a major step forward for our investigators, as well as our administrators to speed and increase transparency of this important process. Implementation is being overseen jointly by the Research Administration office and HHC Enterprise Information Systems.

METROPLUS HEALTH PLAN, INC.

Arnold Saperstein, MD, Executive Director, MetroPlus Health Plan, Inc. presented to the Committee. Dr. Saperstein informed the Committee that the total plan enrollment as of March 29, 2013 was 430,545. Breakdown of plan enrollment by line of business is as follows:

Medicaid	367,932
Child Health Plus	12,928
Family Health Plus	34,264
MetroPlus Gold	3,193
Partnership in Care (HIV/SNP)	5,557
Medicare	6,617
MLTC	54

Dr. Saperstein informed the Committee that this month, MetroPlus had a net loss of 11,484 members. MetroPlus experienced a positive gain in Medicare, gaining 132 enrollees.

Dr. Saperstein provided the Committee with reports of members disenrolled from MetroPlus due to transfer to other health plans, as well as a report of new members transferred to MetroPlus from other plans.

This month, MetroPlus experienced a loss of over 20,000 involuntary disenrollments as a result of retroactive adjustments due to Hurricane Sandy. HRA offered a two month extension for the recertification of members, yet the recertification packages were sent out just around the date of the storm. A very large percentage of these recertification's were not returned leading to loss of Medicaid. MetroPlus is working very closely with HRA to address these losses as well as outreaching to these members to assist them in reapplying.

This month, MetroPlus successfully completed the submission of the initial Centers for Medicaid and Medicare Services (CMS) FIDA application on February 21, 2013. The FIDA program is a demonstration project between CMS and the State of New York and is focused on long term care. MetroPlus is currently waiting for guidance from the State on any next steps that may be required.

In February, MetroPlus implemented an authorization program for outpatient high tech radiology services (PT, MRI, MRA, CT) and nuclear cardiology services. Due to the volume of requests, and expertise required, MetroPlus will be partnering with MedSolutions to issue the authorizations for these services. All HHC facilities are excluded from this authorization requirement.

The HHC Health Home initiative has entered into its second phase of enrollment. At the end of January, the State sent HHC a new list of members for outreach to join the HHC Health Home. The current outreach strategy includes a target outreach population of 50% of HHC FFS patients and 50% MetroPlus members. A mailing of 1,300 letters was sent this month and the response is favorable. The current enrollment in the HHC Health Home is 640 patients, 348 of which are MetroPlus members. In addition, the NYSDOH notified

health plans that the plans must diversify their contracts beyond HHC. MetroPlus has entered into negotiations with other Health Homes that are not considered direct competitors.

This month, the State has announced the Phase II Medicaid Redesign Team rate adjustments for health plans. There will be an overall increase of 0.6% to Medicaid rates and 0.7% to Family Health Plus rates. In the future, there will also be a rate increase for our Managed Long Term product line. The calculation for reimbursement was made on the assumption that 80% of members in the program would be nursing home certifiable. The actual number has proven to be 98% of members that are nursing home certifiable-generating the rate increase.

There will be a .7% shift in dollars due to the transportation carve-out; these dollars will be used to support the primary care rate increase required by the Affordable Care Act. For dates of service starting January 1, 2013, the statute specifies that higher payment applies to primary care services delivered by a physician with a specialty designation of family medicine, general internal medicine, or pediatric medicine. The regulation specifies that specialists and subspecialists within those designations as recognized by the American Board of Medical Specialties (ABMS) the American Osteopathic Association (AOA) or the American Board of Physician Specialties (ABPS) also qualify for the enhanced payment. In order to be eligible for higher payment physicians must first self-attest to a covered specialty or subspecialty designation. It was recently announced that the State will collect attestations from providers and will provide plans with an eligibility file to aid in the reimbursement process.

As the New York State Medicaid Redesign Team continues their work to cut costs, the focus is now on the Behavioral Health population. The latest recommendation for NYC will be full benefit integrated SNPs (affiliated with existing plan or freestanding) for high need populations to be called Health and Recovery Plans (HARPs). HARPs eligibility criteria and specialized benefits will be developed by DOH, OASAS, OMH and NYC with stakeholder input. The State has issued a draft Behavioral Health benefit redesign proposal timeline which shows that applicants will need to be prepared to respond to serve as a HARP in the Summer of 2013 with a 30-day response time to an RFP. HARPs will begin operation in Fall/Winter 2014.

INFORMATION ITEMS:

1. Soarian Revenue Cycle Management System Project Update

Presenting to the Committee were Maxine Katz, Senior Assistant Vice President and Richard Minott, Senior Director, Revenue Management. The decision to migrate to a revenue cycle management system was to improve collections, have a system that makes work easier for staff and to allow patients easier access to HHC. The revenue cycle process was described to the Committee (see attached presentation). Soarian is a web-based system that integrates scheduling and registration; billing and follow-up; and management support. Soarian combines 21 facility databases into one database and supports operational work flows. The new features of this system includes: enterprise document management; easy to use management decision reporting; a single corporate patient directory; a single corporate scheduling system; decision support for patient account staff; denials management tools; and automated work listing and workflow throughout the entire process.

Ms. Katz walked the Committee members through the updated schedule for implementation covering the areas of document imagining, data reporting; revenue cycle management (scheduling and enterprise master patient index development & testing) which was installed at 2 sites in September 2012 with installation at remaining sites to occur during July and August 2013; and the financials development and testing will occur beginning September 2013 with full installation at all sites by December 2014.

The presentation concluded with what went well and the challenges for developing and implementing this system. What went well included: using Breakthrough to develop business needs; overcoming conflict between Siemen's implementation strategy and HHC's vision; and hospital teams worked collaboratively. Challenges faced include: existing variation in practices between facilities; complexity of designing, developing and implementing difficulty of rolling out process improvement in all facilities; vendor underestimated the level of development required; and coordination throughout all facilities and departments.

2. Care Coordination Demo

Due to time constraints this demonstration will be presented at the May 2013 Medical and Professional Affairs/IT Committee meeting.

There being no further business the meeting adjourned at 10:59 A.M.

SOARIAN
REVENUE CYCLE MANAGEMENT SYSTEM
PROJECT UPDATE-
MPA / IT BOARD COMMITTEE

Maxine Katz

April 11,2013

Agenda

- Background
- Deliverables
- Schedule
- Experience to date

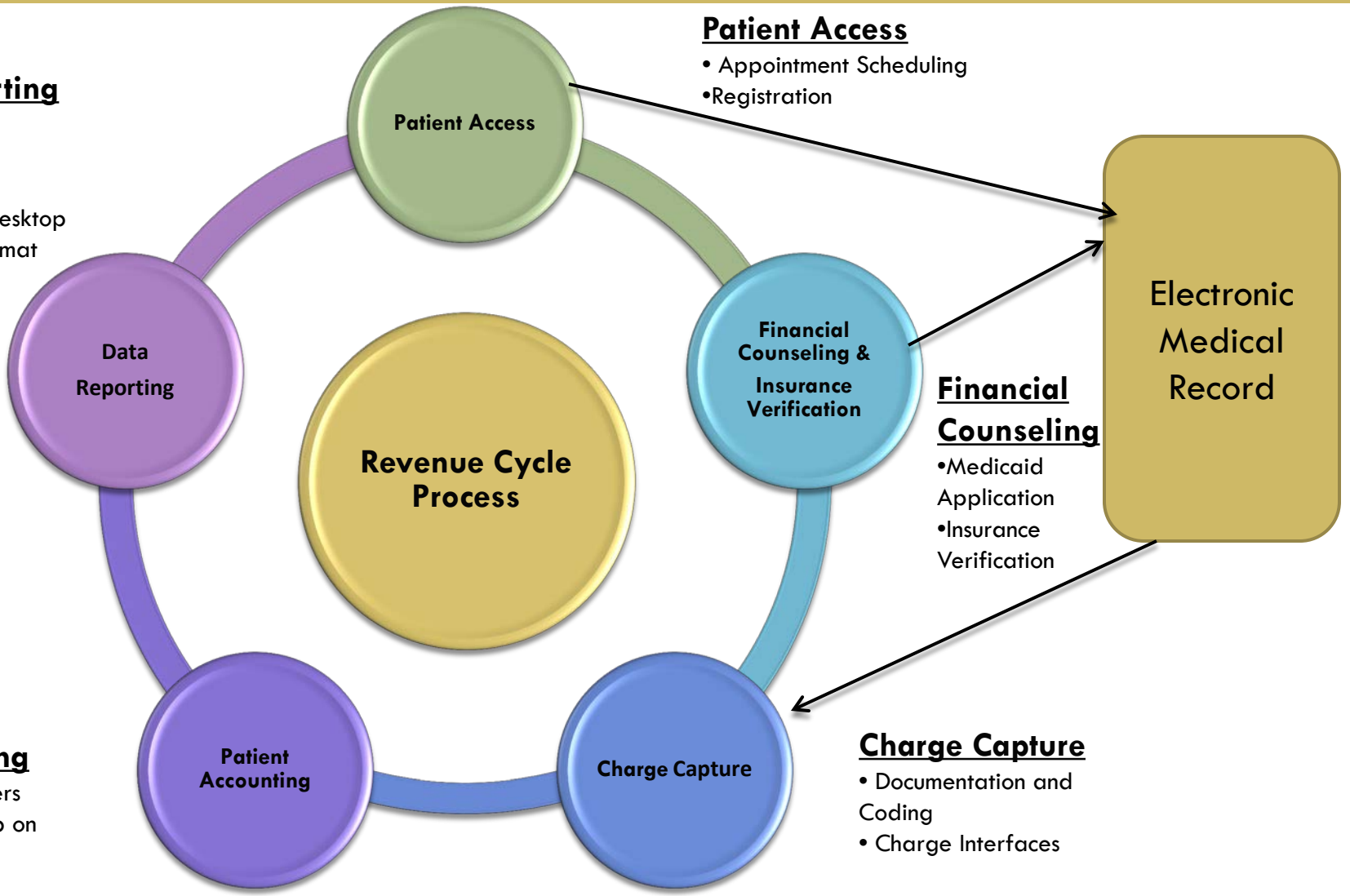
Background

- Why Migrate to a Revenue Cycle Management System?
- What's different in the new system?
- New Features

Why Migrate to a Revenue Cycle Management System?

- Improve Collections
- Make Work Easier For Staff
- Allow Patients Easier Access to HHC

Revenue Cycle Management



Patient Access
- Appointment Scheduling
- Registration

Data Reporting
- Statistics
- Payments and Charges
- Available at desktop in Excel-like format

Electronic Medical Record

Financial Counseling
- Medicaid Application
- Insurance Verification

Patient Accounting
- Billing Insurers
- Following up on receivables

Charge Capture
- Documentation and Coding
- Charge Interfaces

What's different in the new system?

Soarian is a web based system that:

- Integrates:
  - Scheduling and Registration
  - Billing and Follow-up
  - Management Support
- Combines twenty-one facility databases into one
- Supports operational work flows
- Adds features

New Features

- Enterprise Document Management
- Easy to use Management Decision Reporting
- Single Corporate Patient Directory

New Features-- continued

- Single Corporate Scheduling System
- Decision support for patient account staff
- Denials Management Tools
- Automated Work Listing and Workflow throughout the entire process

Deliverables

	Completion Date
Enterprise Document Imaging	November 2010
Data Reporting	June 2012
Revenue Cycle Management	December 2014 20 % complete

Updated Schedule

Completion Dates	2010	2011	2012	2013	2014
Document Imaging	Nov				
Data Reporting			June		
Revenue Cycle Management					
Scheduling and enterprise master patient index development and testing			July		
Installation first 2 sites			Sept		
Remaining sites				Jul/Aug	
Financials development and testing				Sept	
Installation long term care				Oct	
First 2 acute hospitals					Jan
Remaining sites					Dec

Initial Schedule

Completion Dates	2010	2011	2012	2013	2014
Document Imaging	Nov				
Data Reporting					
Communication		July			
Training		Dec			
Installation in all sites			March		
Assessment			June		
Revenue Cycle Management					
Scheduling and enterprise master patient index development and testing			April		
Installation first 4 sites			July		
Second 4 sites			Oct		
Third 4 sites			Dec		
Remaining sites				March	
Financials development and testing			Nov		
Installation of First 4 sites				March	
Second 4 sites				July	
Third 5 sites				Nov	
Remaining sites					March

Experience to date

- What Went well
  - Using Breakthrough to develop Business Needs
  - Overcoming conflict between Siemen's implementation strategy and HHC vision
  - Hospital Teams Worked Collaboratively

- Challenges
  - Existing variation in practices between facilities
  - Complexity of designing, developing and implementing
  - Difficult to roll-out process improvement in all facilities
  - Vendor underestimated the level of development required
  - Coordination throughout all facilities and departments

Bert Robles
Senior Vice President, Information Technology Services
Report to the M&PA/IT Committee to the Board
Thursday, May 23, 2013 – 10:00 am

Thank you and good morning. I would like to provide the Committee with the following updates:

1 **ICIS Electronic Health Record (EHR) Program Update:**

I wanted to update the committee on EITS' activities regarding the Epic implementation. Since my last update to the committee at the March meeting, I am pleased to report that there has been progress on a variety of project related activities, including:

EITS ICIS EHR Kick-Off Meeting:

A two (2) day project team meeting took place on April 29th and 30th at Lincoln and Harlem hospitals. Attendance was close to 200 each day, which included more than 20 Epic consultants visiting from Verona, Wisconsin. Presentations and demonstrations from both HHC and Epic speakers gave the attendees an overview on the project as well as more detailed information such as the project timeline, upcoming training schedules and certification requirements.

HHC Operations Staff ICIS EHR Kick-Off Meeting:

Planning is underway to hold an Operations Staff kick-off for key leadership across the Corporation. The goal of this event is to explain the program as well as delineate the individual and departmental roles for leadership within

this project. This meeting is being scheduled for June. HHC Board Members are encouraged to attend.

ICIS Newsletter:

The ICIS newsletter was launched on April 16, 2013 as a mass email to all HHC staff. Close to 5000 "hits" were counted for the inaugural issue.

ICIS Update:

A weekly email blast was launched on May 2, 2013 to all HHC staff. It had over 2200 "opens". Its purpose is to keep HHC apprised of what is new, what has been accomplished and what lies ahead for the program.

In addition, other activities such as establishing the project management framework and intensive staff training are all underway. Application scope is being determined. Concurrently, the purchase of applications and tool sets for the migration of Qmed based patient history that are required for integration with Epic is also underway.

I will continue to provide the committee members monthly updates on our progress.

2. **Data Center Build Readiness for Epic :**

I wanted to update the Committee on the Corporate Data Center's readiness for the Epic build. I am pleased to report that the Epic non-production environment has been built and configured. Items which have been built and/or configured for the non-production environment include:

1. Eighteen (18) logical servers have been built and tested
2. Two (2) terabytes of storage has been built and configured
3. Application access server environment is up and running
4. Printing has been configured and is currently being tested
5. Seven (7) databases have been configured

Finally, the Epic application installations are scheduled to be completed by the end of May.

3. **Care Plan Management System Demo:**

Paul Contino, Chief Technology Officer and Irene Kaufman, Sr. Assistant Vice President for the Office of Ambulatory Care Transformation will be demonstrating the Care Plan Management System. The application went live in March 2013.

This completes my report today. Thank you.

MetroPlus Health Plan, Inc.
Report to the
HHC Medical and Professional Affairs Committee
May 23rd, 2013

Total plan enrollment as of May 1st, 2013 was 429,340. Breakdown of plan enrollment by line of business is as follows:

Medicaid	367,247
Child Health Plus	12,751
Family Health Plus	33,698
MetroPlus Gold	3,223
Partnership in Care(HIV/SNP)	5,488
Medicare	6,789
MLTC	144

The significant drops in membership have somewhat stabilized, however, we again decreased 3,040 members overall since last month. All of the effects after Hurricane Sandy on HRA and the member renewal process should have ended. Our enrollment numbers have been strong with 13,469 new applicants for May; however, we also had 14,000 involuntary disenrollments due to loss of eligibility. Our voluntary disenrollments due to transfer to other plans has remained stable at a low level of 2,500 or approximately 0.6%.

Attached are reports of members disenrolled from MetroPlus due to transfer to other health plans, as well as a report of new members transferred to MetroPlus from other plans.

We have completed and submitted applications, benefits, subscriber contracts and rates for the Health Care Marketplace (the Exchanges). MetroPlus submitted 32 benefit and rate packages. These include Individual subscriber, SHOP for small businesses, Child only products, a Catastrophic coverage plan, and non-standard products offering benefits above the basic required benefits. The current timeline is to begin enrollment in the exchanges as of October 2013, with the first effective date of membership to be January 2014.

The current New York State plan is to eliminate the Family Health Plus program and offer these members the opportunity to enroll in an Exchange plan. The state budget allows for subsidies to alleviate the potential of significant cost increases for these members. In addition there will be additional subsidies for all individuals under two hundred percent of poverty level to make these products more affordable. The current plan is to also have all Medicaid enrollment shift from the plan facilitated enrollment process to the exchanges. This will certainly change the plans ability to market to consumers, educate these consumers on their options and perform direct enrollment. We are planning to revise our marketing and advertising strategies to be able to compete and succeed.

The Behavioral Health Care integration into managed care is still on schedule for April 2014. The New York State MRT Committee for behavioral health met again at the end of April. The strategy is to allow plans to apply as HARPs (Health and Recovery Plans) to provide comprehensive integrated medical and behavioral health care management and coverage. As

long as the health plan will be able to meet the network and service requirements of a HARP, the plan will be permitted to provide all of the medical and behavioral health care needs of the members without the requirement of contracting with a separate Behavioral Health Organization (BHO). MetroPlus will be applying for certification as a HARP.

MetroPlus' move back to 160 Water Street was successfully completed by April 30th. We moved back in phases over three weekends with no disruption in our activities. Currently, our main data systems are housed at SunGard in Carlstadt, NJ. We are currently building and will have a fully duplicate system at 160 Water Street as a backup.

We have just completed our QARR data collection. We had a successful data audit completed by IPRO, and we will be submitting our data to the State in early June. This year, the National Committee for Quality Assurance required that all medical record review and data collection end in early May, shortening the time period we had to collect our data.

Also, since late October, the New York State Department of Health has wanted to schedule our comprehensive Article 44 review. They have been very understanding of our displacement. We now have a confirmed Article 44 review from June 17th through June 21st.

MetroPlus Health Plan

Membership Summary by LOB Last 7 Months

May-2013

		Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13
Total Members	Prior Month	437,416	439,009	440,711	445,278	442,591	433,305	432,380
	New Member	19,164	11,298	14,087	16,691	13,297	14,866	13,469
	Voluntary Disenroll	3,261	2,140	2,535	2,984	2,693	3,086	2,510
	Involuntary Disenroll	14,310	7,456	6,985	16,394	19,890	12,705	13,999
	Adjusted	-21	-3	7	-12	414	1,345	0
	Net Change	1,593	1,702	4,567	-2,687	-9,286	-925	-3,040
	Current Month	439,009	440,711	445,278	442,591	433,305	432,380	429,340
Medicaid	Prior Month	371,381	373,681	375,126	379,984	378,447	370,575	369,781
	New Member	16,410	9,471	11,530	14,058	10,996	12,149	10,973
	Voluntary Disenroll	2,829	1,827	2,076	2,449	2,301	2,591	2,131
	Involuntary Disenroll	11,281	6,199	4,596	13,146	16,567	10,352	11,376
	Adjusted	-23	-5	-1	-21	399	1,269	0
	Net Change	2,300	1,445	4,858	-1,537	-7,872	-794	-2,534
	Current Month	373,681	375,126	379,984	378,447	370,575	369,781	367,247
Child Health Plus	Prior Month	15,115	14,658	14,467	13,465	13,096	12,934	12,858
	New Member	454	216	333	387	411	455	440
	Voluntary Disenroll	39	21	38	30	57	44	30
	Involuntary Disenroll	872	386	1,297	726	516	487	517
	Adjusted	0	0	4	4	4	20	0
	Net Change	-457	-191	-1,002	-369	-162	-76	-107
	Current Month	14,658	14,467	13,465	13,096	12,934	12,858	12,751
Family Health Plus	Prior Month	36,012	35,667	36,103	36,469	35,720	34,338	34,195
	New Member	1,918	1,279	1,497	1,830	1,480	1,868	1,634
	Voluntary Disenroll	260	151	205	239	193	283	199
	Involuntary Disenroll	2,003	692	926	2,340	2,669	1,728	1,932
	Adjusted	1	1	2	1	4	38	0
	Net Change	-345	436	366	-749	-1,382	-143	-497
	Current Month	35,667	36,103	36,469	35,720	34,338	34,195	33,698

MetroPlus Health Plan

Membership Summary by LOB Last 7 Months

May-2013

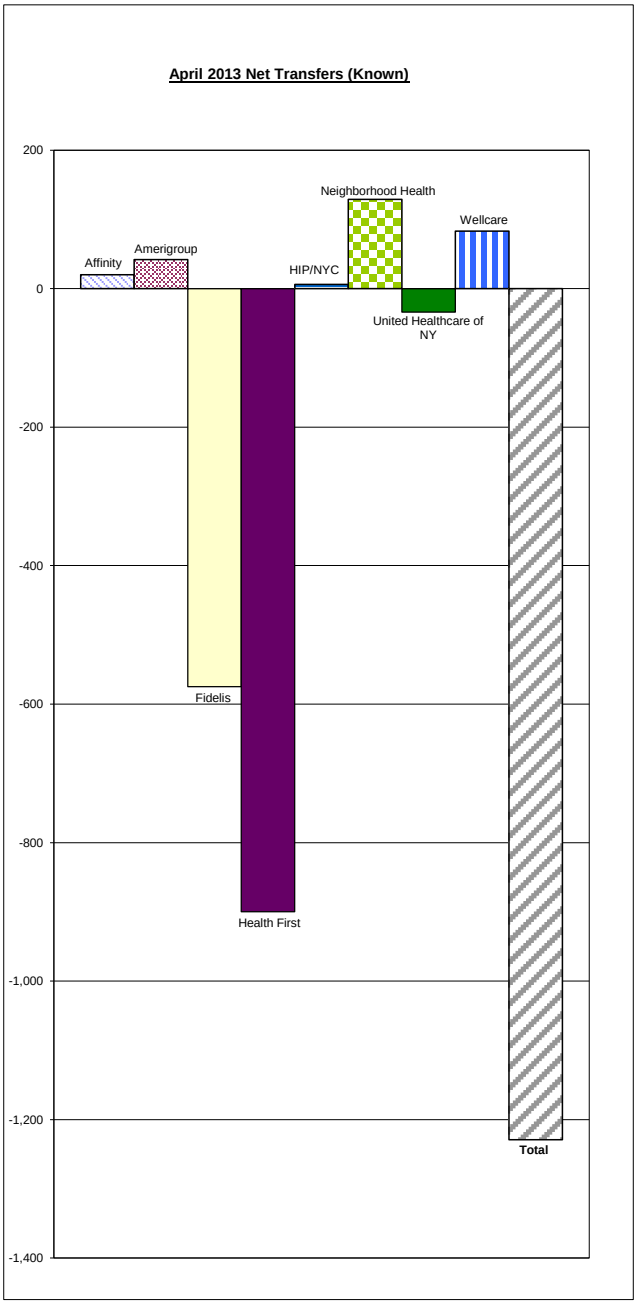
		Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13
HHC	Prior Month	3,135	3,122	3,123	3,339	3,219	3,227	3,233
	New Member	19	26	249	28	29	21	0
	Voluntary Disenroll	0	0	0	113	0	0	0
	Involuntary Disenroll	32	25	33	35	21	15	10
	Adjusted	1	1	2	5	7	19	0
	Net Change	-13	1	216	-120	8	6	-10
	Current Month	3,122	3,123	3,339	3,219	3,227	3,233	3,223
SNP	Prior Month	5,748	5,743	5,702	5,663	5,604	5,561	5,523
	New Member	102	74	73	90	87	88	73
	Voluntary Disenroll	33	30	36	50	36	41	24
	Involuntary Disenroll	74	85	76	99	94	85	84
	Adjusted	0	0	0	0	1	0	0
	Net Change	-5	-41	-39	-59	-43	-38	-35
	Current Month	5,743	5,702	5,663	5,604	5,561	5,523	5,488
Medicare	Prior Month	6,025	6,138	6,190	6,352	6,483	6,616	6,690
	New Member	261	232	399	281	262	239	295
	Voluntary Disenroll	100	111	180	102	106	127	126
	Involuntary Disenroll	48	69	57	48	23	38	70
	Adjusted	0	0	0	-1	-1	-1	0
	Net Change	113	52	162	131	133	74	99
	Current Month	6,138	6,190	6,352	6,483	6,616	6,690	6,789
Managed Long Term Care	Prior Month	0	0	0	6	22	54	100
	New Member	0	0	6	17	32	46	54
	Voluntary Disenroll	0	0	0	1	0	0	0
	Involuntary Disenroll	0	0	0	0	0	0	10
	Adjusted	0	0	0	0	0	0	0
	Net Change	0	0	6	16	32	46	44
	Current Month	0	0	6	22	54	100	144

Disenrollments TO Other Plans		Apr-13			May-12 to Apr-13		
		FHP	MCAD	Total	FHP	MCAD	Total
	INVOL.	0	0	0	1	6	7
	VOL.	17	154	171	165	1,450	1,615
Affinity Health Plan	TOTAL	17	154	171	166	1,456	1,622
	INVOL.	0	2	2	3	19	22
	VOL.	34	221	255	237	2,511	2,748
Amerigroup/Health Plus/CarePlus	TOTAL	34	223	257	240	2,531	2,771
	INVOL.	0	1	1	2	20	22
	VOL.	94	752	846	905	7,677	8,582
Fidelis Care	TOTAL	94	753	847	907	7,697	8,604
	INVOL.	0	8	8	1	43	44
	VOL.	85	1,006	1,091	827	9,826	10,653
Health First	TOTAL	85	1,014	1,099	828	9,871	10,699
	INVOL.	0	1	1	0	6	6
	VOL.	10	83	93	124	981	1,105
HIP/NYC	TOTAL	10	84	94	124	987	1,111
	INVOL.	0	0	0	1	4	5
	VOL.	0	0	0	123	1,259	1,382
Neighborhood Health	TOTAL	0	0	0	124	1,263	1,387
	INVOL.	0	0	0	1	7	8
	VOL.	16	153	169	167	1,288	1,455
United Healthcare of NY	TOTAL	16	153	169	168	1,295	1,463
	INVOL.	0	2	2	3	12	15
	VOL.	9	26	35	41	352	393
Wellcare of NY	TOTAL	9	28	37	44	364	408
	INVOL.	0	14	14	12	117	129
	VOL.	265	2,395	2,660	2,589	25,344	27,933
Disenrolled Plan Transfers:	TOTAL	265	2,409	2,674	2,601	25,464	28,065
	INVOL.	8	16	24	59	565	624
	VOL.	0	0	0	0	1	1
Disenrolled Unknown Plan Transfers:	TOTAL	18	122	140	153	1,128	1,281
	INVOL.	26	138	164	212	1,694	1,906
	UNK.	962	9,993	10,955	12,622	116,877	129,499
	VOL.	0	54	54	8	913	921
Non-Transfer Disenroll Total:	TOTAL	962	10,048	11,010	12,664	117,847	130,511
	INVOL.	970	10,023	10,993	12,693	117,559	130,252
	UNK.	0	1	1	34	61	95
	VOL.	283	2,571	2,854	2,750	27,385	30,135
Total MetroPlus Disenrollment:	**TOTAL**	**1,253**	**12,595**	**13,848**	**15,477**	**145,005**	**160,482**

Disenrollments FROM Other Plans	Apr-13			May-12 to Apr-13		
	FHP	MCAD	Total	FHP	MCAD	Total
Affinity Health Plan	21	170	191	240	2,248	2,488
Amerigroup/Health Plus/CarePlus	28	271	299	445	3,864	4,309
Fidelis Care	21	251	272	177	2,471	2,648
Health First	15	184	199	193	2,212	2,405
HIP/NYC	9	91	100	76	1,197	1,273
Neighborhood Health	11	118	129	208	1,943	2,151
United Healthcare of NY	9	126	135	102	1,270	1,372
Wellcare of NY	18	102	120	205	1,268	1,473
Total	132	1,313	1,445	1,646	16,473	18,119
Unknown (not in total)	1,762	10,415	12,177	21,126	133,293	154,419

Data Source: RDS Report 1268a&c Updated 04/15/2013

Net Difference	Apr-13			May-12 to Apr-13		
	FHP	MCAD	Total	FHP	MCAD	Total
Affinity Health Plan	4	16	20	74	792	866
Amerigroup/Health Plus/CarePlus	-6	48	42	205	1,333	1,538
Fidelis Care	-73	-502	-575	-730	-5,226	-5,956
Health First	-70	-830	-900	-635	-7,659	-8,294
HIP/NYC	-1	7	6	-48	210	162
Neighborhood Health	11	118	129	84	680	764
United Healthcare of NY	-7	-27	-34	-66	-25	-91
Wellcare of NY	9	74	83	161	904	1,065
Total	-133	-1,096	-1,229	-955	-8,991	-9,946



MetroPlus Health Plan

Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 04/14/2013

Other Plan Name	Category	2012_05		2012_06		2012_07		2012_08		2012_09		2012_10		2012_11		2012_12		2013_01		2013_02		2013_03		2013_04		TOTAL
		FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	
Affinity Health Plan	INVOLUNTARY	0	1	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	1	0	2	0	1	0	0	7
	VOLUNTARY	14	128	13	116	12	112	14	114	11	133	11	93	21	152	7	87	9	85	24	123	12	153	17	154	1,615
	TOTAL	14	129	13	116	12	113	14	114	11	133	11	93	21	152	8	87	9	86	24	125	12	154	17	154	1,622
Amerigroup/ Health Plus/CarePlus	INVOLUNTARY	0	2	1	4	0	1	0	2	2	1	0	1	0	0	0	2	0	2	0	1	0	1	0	2	22
	UNKNOWN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
	VOLUNTARY	33	187	22	267	11	242	19	240	11	234	14	179	17	210	11	167	22	162	25	207	18	195	34	221	2,748
	TOTAL	33	189	23	271	11	243	19	242	13	235	14	180	17	210	11	169	22	165	25	208	18	196	34	223	2,771
Fidelis Care	INVOLUNTARY	0	1	0	1	0	4	0	2	0	0	0	2	0	1	0	6	1	2	0	0	1	0	0	1	22
	VOLUNTARY	28	273	26	240	76	561	151	988	99	792	90	653	79	874	40	549	84	637	74	709	64	649	94	752	8,582
	TOTAL	28	274	26	241	76	565	151	990	99	792	90	655	79	875	40	555	85	639	74	709	65	649	94	753	8,604
Health First	INVOLUNTARY	0	3	0	3	0	5	0	4	0	0	0	5	0	1	1	5	0	8	0	0	0	1	0	8	44
	UNKNOWN	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	2
	VOLUNTARY	60	635	47	602	76	780	114	997	69	909	59	833	75	933	63	663	55	772	60	842	64	854	85	1,006	10,653
	TOTAL	60	638	47	605	76	786	114	1,001	69	909	59	838	75	934	64	668	55	780	60	843	64	855	85	1,014	10,699
HIP/NYC	INVOLUNTARY	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	1	0	2	0	1	6
	VOLUNTARY	13	98	15	84	11	85	6	84	10	90	13	53	17	89	6	69	5	82	14	81	4	83	10	83	1,105
	TOTAL	13	98	15	84	11	85	6	84	10	91	13	53	17	89	6	70	5	82	14	82	4	85	10	84	1,111
Neighborhood Health Provider PHPS	INVOLUNTARY	0	0	0	0	0	0	0	1	1	0	0	0	0	1	0	0	0	2	0	0	0	0	0	0	5
	VOLUNTARY	13	139	17	106	7	119	23	140	13	133	10	122	14	169	5	61	4	116	17	121	0	33	0	0	1,382
	TOTAL	13	139	17	106	7	119	23	141	14	133	10	122	14	170	5	61	4	118	17	121	0	33	0	0	1,387

MetroPlus Health Plan

Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 04/14/2013

		2012_05		2012_06		2012_07		2012_08		2012_09		2012_10		2012_11		2012_12		2013_01		2013_02		2013_03		2013_04		TOTAL
		FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	
United Healthcare of NY	INVOLUNTARY	0	0	0	0	0	1	0	2	0	0	0	0	0	0	0	1	0	0	0	2	1	1	0	0	8
	VOLUNTARY	13	103	11	69	13	110	18	129	11	90	7	84	21	142	12	74	16	84	12	138	17	112	16	153	1,455
	TOTAL	13	103	11	69	13	111	18	131	11	90	7	84	21	142	12	75	16	84	12	140	18	113	16	153	1,463
Wellcare of NY	INVOLUNTARY	2	5	0	0	0	2	0	1	0	0	0	1	0	1	0	0	0	0	0	0	1	0	0	2	15
	VOLUNTARY	3	27	1	30	4	15	2	38	3	30	3	31	3	45	2	24	5	27	3	38	3	21	9	26	393
	TOTAL	5	32	1	30	4	17	2	39	3	30	3	32	3	46	2	24	5	27	3	38	4	21	9	28	408
Disenrolled Plan Transfers	INVOLUNTARY	2	12	1	8	0	14	0	12	3	2	0	9	0	4	2	15	1	15	0	6	3	6	0	14	129
	UNKNOWN	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	3
	VOLUNTARY	177	1,590	152	1,514	210	2,024	347	2,730	227	2,411	207	2,048	247	2,614	146	1,694	200	1,965	229	2,259	182	2,100	265	2,395	27,933
	TOTAL	179	1,602	153	1,522	210	2,039	347	2,742	230	2,413	207	2,057	247	2,618	148	1,709	201	1,981	229	2,266	185	2,106	265	2,409	28,065
Disenrolled Unknown Plan Transfers	INVOLUNTARY	8	59	3	33	11	34	2	33	4	20	1	93	5	32	0	84	4	55	11	43	2	63	8	16	624
	UNKNOWN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
	VOLUNTARY	7	41	32	101	10	73	19	105	16	107	8	87	13	134	5	80	5	56	10	103	10	119	18	122	1,281
	TOTAL	15	100	35	134	21	107	21	138	20	127	9	180	18	166	5	164	9	111	21	147	12	182	26	138	1,906
Non-Transfer Disenroll Total	INVOLUNTARY	1,077	9,304	1,270	10,972	971	9,738	1,191	9,733	1,194	10,142	888	8,885	1,227	10,549	154	5,530	132	3,796	1,639	12,392	1,917	15,843	962	9,993	129,499
	UNKNOWN	3	9	5	5	8	6	5	2	2	4	4	15	2	2	0	4	0	2	4	6	1	1	0	1	91
	VOLUNTARY	7	133	0	92	0	76	0	69	0	81	0	55	0	81	0	53	0	54	0	84	1	81	0	54	921
	TOTAL	1,087	9,446	1,275	11,069	979	9,820	1,196	9,804	1,196	10,227	892	8,955	1,229	10,632	154	5,587	132	3,852	1,643	12,482	1,919	15,925	962	10,048	130,511
Total MetroPlus Disenrollmen	INVOLUNTARY	1,087	9,375	1,274	11,013	982	9,786	1,193	9,778	1,201	10,164	889	8,987	1,232	10,585	156	5,629	137	3,866	1,650	12,441	1,922	15,912	970	10,023	130,252
	UNKNOWN	3	9	5	5	8	7	5	2	2	4	4	15	2	2	0	4	0	3	4	8	1	1	0	1	95

Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 04/14/2013

		2012_05		2012_06		2012_07		2012_08		2012_09		2012_10		2012_11		2012_12		2013_01		2013_02		2013_03		2013_04		TOTAL
		FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	
Total MetroPlus Disenrollmen	VOLUNTARY	191	1,764	184	1,707	220	2,173	366	2,904	243	2,599	215	2,190	260	2,829	151	1,827	205	2,075	239	2,446	193	2,300	283	2,571	30,135
	TOTAL	1,281	11,148	1,463	12,725	1,210	11,966	1,564	12,684	1,446	12,767	1,108	11,192	1,494	13,416	307	7,460	342	5,944	1,893	14,895	2,116	18,213	1,253	12,595	160,482

MetroPlus Health Plan

New Member Transfer From Other Plans

	2012_05		2012_06		2012_07		2012_08		2012_09		2012_10		2012_11		2012_12		2013_01		2013_02		2013_03		2013_04		TOTAL
	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	
Affinity Health Plan	38	296	26	239	21	180	23	199	21	212	15	202	15	190	7	128	19	152	19	139	15	141	21	170	2,488
Amerigroup/Health Plus/CarePlus	77	613	74	549	44	371	47	341	30	333	20	263	36	281	22	188	24	211	21	205	22	238	28	271	4,309
Fidelis Care	27	224	10	199	5	159	22	220	14	215	11	206	23	285	12	158	6	164	11	191	15	199	21	251	2,648
Health First	19	252	25	212	13	212	20	244	22	177	13	165	18	191	5	117	14	147	11	148	18	163	15	184	2,405
HIP/NYC	5	130	7	130	9	95	7	112	8	128	4	96	4	106	5	53	6	78	5	94	7	84	9	91	1,273
Neighborhood Health Provider PHPS	29	250	32	200	15	140	16	184	12	186	13	144	19	195	13	110	18	131	19	157	11	128	11	118	2,151
United Healthcare of NY	11	161	10	144	10	96	5	95	13	92	9	98	5	114	4	90	5	80	9	81	12	93	9	126	1,372
Unknown PLan	2,476	14,770	2,179	12,020	1,950	11,514	2,029	13,345	1,695	10,659	1,524	9,375	1,789	13,739	1,201	7,360	1,408	9,293	1,732	12,014	1,381	8,789	1,762	10,415	154,419
Wellcare of NY	15	185	27	146	19	84	32	137	13	91	16	79	18	85	8	70	5	91	16	108	18	90	18	102	1,473
TOTAL	2,697	16,881	2,390	13,839	2,086	12,851	2,201	14,877	1,828	12,093	1,625	10,628	1,927	15,186	1,277	8,274	1,505	10,347	1,843	13,137	1,499	9,925	1,894	11,728	172,538

Report ID: MHP1268C
Report Run Date: 4/15/2013

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to execute a contract with Siemens Enterprise Communications, Inc. via NYS Office of General Services (OGS) contract for the enterprise wide PBX Consolidation of services and maintenance for all telecommunications platforms used throughout the Corporation's facilities. The contract will be for an amount not to exceed $21,014,226 including a 20% contingency for an initial term of three years, with two (1) year renewal options, exercisable solely by the Corporation.

WHEREAS, the Corporation is seeking to consolidate all PBX Telecommunications maintenance and services into one contract, with the intent to centralize all services currently provided by three separate vendors; and

WHEREAS, the consolidation of these services under one contract will result in savings required under one of the Corporation's cost-containment and restructuring initiatives; and

WHEREAS, a consolidated PBX Telecommunications vendor contract will provide centralized and standardized processes to improve operational efficiencies, service delivery and costs; and

WHEREAS, the NYS OGS contract prices for such services and maintenance are discounted from market price; and

WHEREAS, the Corporation issued a solicitation to obtain responses from authorized NYS OGS vendors in accordance with the Corporation's operating procedures; and

WHEREAS, the overall responsibility for the monitoring of the contract will be under the direction of the Senior Vice President/Corporate Chief Information Officer.

NOW THEREFORE, BE IT:

RESOLVED, that the President of the New York City Health and Hospitals Corporation be and hereby is authorized to execute a contract with Siemens Enterprise Communications, Inc. via NYS OGS contract for the enterprise-wide PBX Consolidation of services and maintenance for all telecommunications platforms used throughout the Corporation's facilities. The contract will be for an amount not to exceed $21,014,226 which includes a 20% contingency, for an initial term of three years, with two (1) year renewal options, exercisable solely by the Corporation.

EXECUTIVE SUMMARY

SIEMENS ENTERPRISE COMMUNICATIONS, INC.
PBX CONSOLIDATION

The accompanying resolution requests approval to enter into a three year contract via NYS Office of General Services (OGS) contract, with an additional two (1) year renewal options, with Siemens Enterprise Communications, Inc. for the Enterprise Wide PBX consolidation of services and maintenance for all telecommunications platforms including diagnostic, maintenance, repair, backup and related equipment to be used throughout the Corporation's facilities in an amount not to exceed $21,014,226. This amount is calculated using the contract amount of $17,511,855 plus a 20% contingency of $3,502,371. This contingency will be used for any new services and maintenance over the term of the contract.

The Corporation is currently engaged with three separate vendors for its Corporate-wide telecommunications needs. In this current state, it is not possible to centralize and standardize processes to improve operational efficiencies, service delivery and costs. The consolidation of these services under one contract will result in savings required by one of the Corporation's cost-containment and restructuring initiatives.

Telecommunications is a dynamic industry that is constantly changing, thus providing new opportunities to lower costs with various vendors. Consolidating existing telecommunication services under one vendor via NYS OGS contract will result in significant savings. Over the course of the full term if renewed, the new contract will allow for an approximate savings of $9.27 million.

Under the proposed contract, beginning approximately July 1, 2013 Siemens Enterprise Communications, Inc. will begin providing maintenance under one agreement for the enterprise wide PBX Consolidation of services and maintenance for all telecommunications platforms used throughout the Corporation's facilities . A service review will be completed quarterly to ensure compliance with all contractual requirements.

CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

Contract Title: Enterprise Wide PBX Consolidation

Project Title & Number: Enterprise Wide PBX Consolidation

Project Location: Enterprise Wide

Requesting Dept.: EITS/Infrastructure Services

Successful Respondent: **Siemens Enterprise Communications, Inc.**

Contract Amount: **$17,511,855 + $3,502,371 (20% Contingency) = $21,014,226**

Contract Term: 3 years (with two 1 year options to renew)

Number of Respondents: Three
(If Sole Source, explain in Background section)

Range of Proposals: $17,511,855 to $18,224,215

Minority Business Enterprise Invited: ☐ Yes ☒ No If no, please explain:

Funding Source: ☒ General Care ☐ Capital
☐ Grant: explain
Other: explain

Method of Payment: ☐ Lump Sum ☐ Per Diem ☐ Time and Rate
☒ Other: explain Quarterly

EEO Analysis: N/A

Compliance with HHC's McBride Principles? ☐ Yes ☐ No Pending

Vendex Clearance ☐ Yes ☐ No ☒ N/A

(Required for contracts in the amount of $100,000 or more awarded pursuant to an RFP, NA or as a Sole Source, 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):*

HHC is currently engaged with three separate vendors (NEC, Siemens Rolm and Verizon) for its companywide Telecommunications needs. The current state inhibits efforts to improve operational efficiencies, service delivery and costs. It is not possible to centralize and standardize related business processes, the service tickets and problem tracking information in the current state. In addition this has been identified as one of the Corporation's Enterprise-wide cost-containment and restructuring actions.

This contract will offer enterprise wide solutions to our current PBX issues by including the following scope in the agreement at a more cost effective price:

- All Telecommunications related hardware and software including Voice Mail, Auto Attendant, Night Bells, Paging and Call Detail Recorder Systems, as well as their UPS's
- Remote diagnostic, maintenance and repair through continuous surveillance of hardware and software by contracted vendor
- Backups of all in-scope systems software, configurations and data and restores when necessary
- Vendor provided Voice Call Handling, Answering/Messaging and Operator Services available on-site as well as from Vendor's site when needed
- All associated configuration and data entry for proper operations and service delivery
- All conference room and user telephones and related equipment
- Enterprise wide wiring distribution, MDF and IDF Cable Management
- On-site spare equipment for all PBX and peripheral equipment
- Entire twisted pair-wiring infrastructure used for voice and data will be maintained and new installations completed according to healthcare facility codes and industry standards
- On-site inventory of PBX cards and related hardware to support up to 4 weeks of service requirements, including spares of critical equipment and at least 1 spare for every end user device and delivery to site within 8 hours for anything else needed to resolve failures
- Call Management and Telephony evaluations per facility through trunk traffic analysis, PBX capacity and utilization studies and SMDR/DCR/EDM quality assurance reviews, making recommendations to improve operations, services and cost

Contract Review Committee

Was the proposed contract presented at the Contract Review Committee (CRC)? (include date):

Yes. The contract was presented at the May 8, 2013 CRC meeting.

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:

Not Applicable.

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

HHC issued a solicitation to five (5) vendors holding NYS OGS contracts. Current installation information was provided by each Facility with PBX and/or related peripheral equipment. This information together with industry standards and best practices was used to develop the requirements for the solicitation. Three vendors submitted proposals. Two vendors declined to provide a bid. The proposals were reviewed by HHC IT Infrastructure staff to determine whether they met the solicitation requirements.

Siemens Enterprise Communications submitted the lowest responsive proposal.

Vendor: NEC Corporation of America
All Sites: NEC / Nortel / Siemens

TOTAL YEAR 1 FOR ALL SITES	$	3,644,843
TOTAL YEAR 2 FOR ALL SITES	$	3,644,843
TOTAL YEAR 3 FOR ALL SITES	$	3,644,843
Optional (Year 4 Projected)	$	3,644,843
Optional (Year 5 Projected)	$	3,644,843
All 5 Years	$	18,224,215

Vendor: Black Box Network Services
All Sites: NEC / Nortel / Siemens

TOTAL YEAR 1 FOR ALL SITES	$	3,543,767
TOTAL YEAR 2 FOR ALL SITES	$	3,520,064
TOTAL YEAR 3 FOR ALL SITES	$	3,520,064
Optional (Year 4)	$	3,830,909
Optional (Year 5)	$	3,726,509
	$	18,141,312

Vendor: Siemens Enterprise Communications
All Sites: NEC / Nortel / Siemens

TOTAL YEAR 1 FOR ALL SITES	$	3,481,844
TOTAL YEAR 2 FOR ALL SITES	$	3,481,844
TOTAL YEAR 3 FOR ALL SITES	$	3,481,844
Optional (Year 4 Projected *)	$	3,533,162
Optional (Year 5 Projected *)	$	3,533,162
All 5 Years	$	17,511,855

*** Includes an Inflation Rate of 1.47 (March 2012 -March 2013 CPI)**

*The Inflation Rate was calculated using the March 2013 and March 2012 CPI data. Pricing for optional years 4 and 5 will be $3,481,843.56 plus the lower of CPI or 3%.

Scope of work and timetable:

Beginning approximately July 1, 2013 Siemens Enterprise Communications will begin providing maintenance of all telecommunications related hardware and software at current PBX locations. A service review will be completed quarterly to ensure compliance with all contractual requirements.

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

The proposed pricing under the new contract will allow the Corporation to save approximately $1.8 million on an annual basis. As illustrated in Table A below, the projected spending is approximately $5.34 million on an annual basis without this new contract based on an average of FY2010, FY2011 and FY2012 annual spending. This annual cost will decrease to approximately $3.48 million for the first three years and to approximately $3.53 million for the two (1) year renewal options under the new contract with Siemens.

Over the course of the initial three years and two (1) year renewal options, the new contract will allow for an approximate savings of $9.2 million.

TABLE A:

PBX Enterprise Wide Maintenance

	Current State		**Siemens Contract**
FY2010	$ 5,222,079	FY2014	$ 3,481,844
FY2011	$ 5,376,966	FY2015	$ 3,481,844
FY2012	$ 5,432,314	FY2016	$ 3,481,844
FY2013 (Projected)	$ 5,343,786	FY2017 (Optional – Projected) *	$ 3,533,162
FY2014 (Projected)	$ 5,343,786	FY2018 (Optional - Projected) *	$ 3,533,162
Sub-Totals	$ 26,718,932		$ 17,511,855
		PBX Consolidation Savings --->	**$ 9,207,076**

*** Includes an Inflation Rate of 1.47**

*The Inflation Rate was calculated using the March 2013 and March 2012 CPI data. Pricing for optional years 4 and 5 will be $3,481,843.56 plus the lower of CPI or 3%.

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

FY2010: $5,222,079
FY2011: $5,376,966
FY2012: $5,432,314

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

HHC does not have the appropriate staff to complete the services included in this contract. In order to attain the same ability as the vendor, HHC would require staff certified in the technologies in place and on-going training for current and new technologies in order to make recommendations to improve operations, services and cost.

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?

No artistic/creative/intellectual property will be produced from this contract.

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

Bert Robles, Senior Vice President/Corporate Chief Information Officer

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):*

N/A – NYS OGS Contract

Received By E.E.O. _____
Date

Analysis Completed By E.E.O._____
Date

_____
Name

Siemens Enterprise Communications, Inc.
PBX Consolidation PowerPoint Narrative

The Corporation is currently engaged with three separate vendors for its Corporate-wide PBX service and maintenance contracts. In this current state, it is not possible to realize economies of scale for reducing costs or to standardizing on common processes to govern operational efficiencies. The proposal is to consolidate these services under one vendor contract resulting in the desired savings required the Corporation's cost-containment and restructuring initiatives.

Beginning approximately July 1, 2013, Siemens Enterprise Communications will begin providing maintenance and services for all PBX equipment under one umbrella contract for the 18 locations that have PBX environments. This contract will replace the three (3) existing contracts currently in place. Procuring this agreement from Siemens Enterprise Communications, Inc. is in the best interest of the Corporation and will not only have a significant savings impact, but positive operational impact as well.

The requests approval to enter into a three year contract via the New York State Office of General Services (OGS) contract, with an additional two (1) year renewal options, with Siemens Enterprise Communications, Inc. for the Enterprise Wide PBX contract consolidation. The proposal requires an amount not to exceed $21,014,226. This amount is calculated using the 5 year contract amount of $17,511,855 plus a 20% contingency of $3,502,371 realizing a five year savings of $9.27 million.

Enterprise Wide PBX Consolidation Restructuring/Road Ahead Initiative

Medical & Professional Affairs/IT Committee

May 23, 2013

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

nyc.gov/hhc

Restructuring/Road Ahead Initiative / Background Summary

Restructuring/Road Ahead Initiative

- Three areas of opportunity identified during discovery process
  - **PBX Maintenance**
  - Cell phone contract restructuring / consolidation
  - VOIP deployment

HHC Requirements

- Realize cost and service benefits associated with enterprise wide consolidation of 18 PBX services and maintenance contracts (Five year cost savings of approximately $9.2 Million.)

Current Scenario

- Provided by three separate vendors (NEC, Siemens and Verizon)
- PBX are a fixed based system operating in each facility and provides minimal real time disaster recovery capabilities
- No central repository for all Telecommunications problems
- Three different sets of business processes to engage vendors

Solution Summary

In Scope with Contract Solution

- All Telecommunications hardware and software that includes Voice Mail, Auto Attendant, Night Bells, Paging, Call Detail Recorder Systems and UPS's
- Remote diagnostic, maintenance and repair through continuous surveillance
- Disk backups of all systems software, configurations and data
- Telephone Call Handling, Answering/Messaging and Operator Services

PBX Consolidation Scope of Services

- Standardize on processes and procedures
- PBX's and related equipment
- Enterprise wide wiring distribution and cable management

Solution Summary

Included Highlights

- Economies of scale by contracting with a single vendor
- Single source for all related PBX infrastructure
- On-site spare parts
- Standard service level agreements – maintain expected service levels throughout HHC

Duration

- 3 year contract with two 1 year renewals

Financial Analysis

Historical Spend (NEC, Siemens & Verizon)

Sum of Vouched Amount Fiscal Years	Enterprise Wide Maintenance
FY2010	$ 5,222,079
FY2011	$ 5,376,966
FY2012	$ 5,432,314
FY2013 (Projected)	$ 5,343,786
FY2014 (Projected)	$ 5,343,786
Grand Total	**$ 26,718,932**

Bid Response Summaries

$18,224,215

Vendor: NEC Corporation of America

All Sites: NEC / Nortel / Siemens

TOTAL YEAR 1 FOR ALL SITES	$	3,644,843
TOTAL YEAR 2 FOR ALL SITES	$	3,644,843
TOTAL YEAR 3 FOR ALL SITES	$	3,644,843
Optional (Year 4 Projected)	$	3,644,843
Optional (Year 5 Projected)	$	3,644,843
All 5 Years	$	18,224,215

$18,141,312

Vendor: Black Box Network Services

All Sites: NEC / Nortel / Siemens

TOTAL YEAR 1 FOR ALL SITES	$	3,543,767
TOTAL YEAR 2 FOR ALL SITES	$	3,520,064
TOTAL YEAR 3 FOR ALL SITES	$	3,520,064
Optional (Year 4)	$	3,830,909
Optional (Year 5)	$	3,726,509
	$	18,141,312

✓ **$17,511,855**

Vendor: Siemens Enterprise Communications

All Sites: NEC / Nortel / Siemens

TOTAL YEAR 1 FOR ALL SITES	$	3,481,844
TOTAL YEAR 2 FOR ALL SITES	$	3,481,844
TOTAL YEAR 3 FOR ALL SITES	$	3,481,844
Optional (Year 4 Projected *)	$	3,533,162
Optional (Year 5 Projected *)	$	3,533,162
All 5 Years	$	17,511,855

*** Includes an Inflation Rate of 1.47 (Mar'2013-Mar'2012 CPI)**

- ✓ **Lowest Compliant Bid**
- ✓ **Saving $9,207,077 (Over 5 Years)**
- ✓ **BAF includes a 20% Contingency of $3,502,371**

Recommendation – Direct Agreement - Siemens Enterprise Communications Utilizing a NY State Office of General Services Contract

Comparison Analysis

Source of current funding
Facilities Budget

PBX Enterprise Wide Maintenance

Current State		Siemens Contrac	
FY2010	$ 5,222,079	FY2014	$ 3,481,844
FY2011	$ 5,376,966	FY2015	$ 3,481,844
FY2012	$ 5,432,314	FY2016	$ 3,481,844
FY2013 (Projected)	$ 5,343,786	FY2017 (Optional - Projected *)	$ 3,533,162
FY2014 (Projected)	$ 5,343,786	FY2018 (Optional - Projected *)	$ 3,533,162
Sub-Totals	$ 26,718,932		$ 17,511,855
		PBX Consolidation Savings --->	**$ 9,207,077**

*** Includes an Inflation Rate of 1.47**

Validation

- Wayman Caliman, Director Telecommunications, Kings County Hospital Center

  "As a former customer of Siemens at Coney Island Hospital, I endorse the choice of Siemens as the corporate maintenance vendor for HHC. Siemens has consistently provided reliable, timely, and thorough response to emergency situations, and all staff dispatched are well-versed in various generations of products and site-specific applications. They easily adapt to the facilities' problem reporting and escalation policies, as well as provide consistent monitoring of hardware and disposable inventory. Siemens technicians are known for their sensitivity to customer needs, and meet every challenge with a positive attitude, friendly demeanor, and personal follow-up to ensure continuous customer satisfaction."

- Loly Arce, Coordinating Manager Telephone Services, Lincoln

  "I am pleased to say that I had worked for over 15 years with Siemens PBX system. Customer support, product reliability I can always count on. Overall my experience with Siemens been above satisfactory."

Questions

Questions?

Resolution

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to negotiate and execute a sole source Agreement with Cablevision Lightpath via New York State Office of General Services (OGS) to provide enterprise wide voice and data circuits for three (3) years with a one (1) year option to renew, solely exercisable by the Corporation, for an amount not to exceed $9,249,235, which includes a 20% contingency.

WHEREAS, the Corporation currently uses Cablevision Lightpath for an alternate and Disaster Recovery provider for enterprise wide voice and data circuits for the New York City Health and Hospitals Corporation; and

WHEREAS, Lightpath has been in good standing and consistent with the terms of the current service agreement which will expire on June 30, 2013 with no additional options to renew; and

WHEREAS, Lightpath has managed mission telecommunications services and has provided customized solutions for the Corporation for the last three years without any service interruption; and

WHEREAS, given the anticipated costs of building a replacement alternate voice and data network with a new vendor and migrating off the current alternate provider would be technically and economically infeasible; and

WHEREAS, executing the Lightpath agreement is in the best interests of the Corporation to meet the need for telecommunication links for new Information Technology Capital Projects; and

WHEREAS, the contract will be managed and monitored under the direction of the Senior Vice President/Corporate Chief Information Officer.

NOW, THEREFORE, BE IT:

RESOLVED, that the President of New York City Health and Hospitals Corporation be and hereby is authorized to negotiate and execute a sole source agreement with Cablevision Lightpath via New York State Office of General Services (OGS) to provide enterprise wide voice and data circuits for three (3) years with a one (1) year option to renew, solely exercisable by the Corporation, for an amount not to exceed $9,249,235 which includes a 20% contingency.

EXECUTIVE SUMMARY

Cablevision Lightpath
Cablevision Lightpath Voice and Data Circuits

The accompanying resolution requests approval to negotiate and execute a sole source Agreement with Cablevision Lightpath via New York State Office of General Services (OGS) to provide enterprise wide voice and data circuits for the New York City Health and Hospitals Corporation for a total amount not to exceed $9,249,235, which includes a 20% contingency. The contingency will be used for any new circuit growth and the facility build-outs required for those circuits. The term of the proposed contract is three years with a one year option to renew. This agreement will result in potential savings of $2.1 million over the term of the contract.

The Corporation currently uses Cablevision Lightpath as its alternate and disaster recovery telecommunications provider and the current agreement will expire on June 30, 2013, with no available renewal options to extend. The new Cablevision Lightpath voice and data circuit agreement will be implemented enterprise wide.

The current Ethernet infrastructure as designed and implemented by Lightpath required 6 months for requirements analysis, design; 9 months for facilities coordination, implementation, test and validation; and 9 months for rollout/migration to facilities/hospitals. Enterprise Information Technology Services (EITS) estimates it will take between eighteen months to two years to complete migration from Lightpath to another provider, cost approximately $8 to $10 million to build a replacement data network as well as to migrate the current telecommunications links to a new provider.

Lightpath is the leading provider of voice and data circuits to healthcare facilities in the Metropolitan NYC area. Lightpath's commitment to scalability, flexibility, security, and dependability has provided HHC with the necessary service to continue operations in all circumstances. Lightpath provided critical services during Hurricane Sandy which allowed HHC to continue vital operations. This agreement will provide the Corporation with an immediate reduction in monthly recurring fees and prevent a gap in service.

The continued use of Lightpath's network will allow HHC to avoid undergoing significant structural and work flow changes. In addition, the use of Lightpath will avert a change in continuity for on-going support and services and will prevent the need for limited resources to support multiple services simultaneously. It is in the best interest of HHC to continue its use of Lightpath services.

CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

Contract Title: Cablevision Lightpath Voice and Data Circuits

Project Title & Number: Cablevision Lightpath Voice and Data Circuits

Project Location: Enterprise Wide

Requesting Dept.: Enterprise Information Technology Services (EITS)/ IT Infrastructure

Successful Respondent: Cablevision Lightpath

Contract Amount: $7,707,696plus 20% contingency of $1,541,539 – contract not to exceed $9,249,235

Contract Term: 3 years with 1 year renewal option

Number of Respondents: N/A
(If Sole Source, explain in Background section)

Range of Proposals: $N/A to $

Minority Business Enterprise Invited: N/A No If no, please explain:

Funding Source:
General Care Capital
Grant: explain
X Other: explain Operating Funds

Method of Payment:
Lump Sum Per Diem Time and Rate
Other: explain Monthly Fixed Payments

EEO Analysis: N/A

Compliance with HHC's McBride Principles? Yes No X Pending

Vendex Clearance Yes No **X** N/A

(Required for contracts in the amount of $100,000 or more awarded pursuant to an RFP, NA or as a Sole Source, 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):*

The Corporation utilizes Lightpath Services as an alternate telecommunication provider to Verizon for fault tolerance and disaster recover between all New York City Health and Hospital Corporation facilities to information technology services which reside at the Jacobi Data Center in the Bronx and Sun Guard Data Center in New Jersey. The Corporation's contract with Lightpath expires on June 30, 2013.
Enterprise Information Technology Services (EITS) estimates it will take between eighteen months to two years to complete migration from Lightpath to another provider, cost approximately $8 to $10 million to build a replacement data network and migrate the current telecommunications links to a new provider.

Why Lightpath:

- v-Line network is Private to HHC only
- All services are protected
- All services are Lightpath owned and operated (not 3rd party)
- Diverse entrances to all HHC facilities
- NYCHHC and Lightpath's partnership and relationship
- Lightpath is the leading provider to Healthcare facilities in the Metropolitan NY area
- Scalable
- Dedicated
- Flexible
- Immediate reduction in Monthly recurring fees
- Dedicated Local Team
- Account Service Manager: point of contact for assisting in both daily operational support and new service implementation processes

Additional considerations:

- No loss or disruption of service in the past 5 years
- Lightpath has demonstrated and provided excellent customer support / service to HHC including dedicated support during natural disasters (i.e. Hurricane Sandy)
- No construction or structural changes are needed
- Continuity in existing work flow; on-going support and services
- Length of time and cost in man-hours to change or replace the existing service
- Confusion on supporting multiple services simultaneously
- It took NYCHHC almost 2 years to rollout the existing Lightpath infrastructure
- It requires extensive amount of engineering efforts to design, implement and rollout alternative solution along with costs:
- Design, build, implement and rollout the new service provider solution in parallel to existing solution.
- Additional circuit costs for running both current and new infrastructure in parallel.
- Provisioning rack space, power, cooling and cabling for new service provider equipment.
- Significant design changes to Wide Area Network.
- The current Ethernet infrastructure as designed and implemented by Lightpath required 6 months for requirements analysis, design; 9 months for facilities coordination, implementation, test and validation; and 9 months for rollout/migration to facilities/hospitals.

Contract Review Committee

Was the proposed contract presented at the Contract Review Committee (CRC)? (include date):

Yes. The contract was presented at the May 8, 2013 CRC meeting.

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:

N/A.

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):*

The vendor, Cablevision Lightpath, is currently an HHC vendor who is able to meet the Corporation's technical requirements, at a cost equal to or less than that given to its most preferred customers or other government agencies. The rationale of cost is documented below. The accompanying resolution requests approval to negotiate and execute a sole source agreement with Cablevision Lightpath via New York State Office of General Services (OGS) to provide enterprise wide voice and data circuits for the New York City Health and Hospitals Corporation

Lightpath has been able to customize services to meet HHC requirements over time and as such has established a unique reputation by meeting the Corporation's needs.

Enterprise Information Technology Services (EITS) estimates it will take between eighteen months to two years to complete migration from Lightpath to another provider, cost approximately $8 to $10 million to build a replacement data network and migrate the current telecommunications links to a new provider.

Scope of work and timetable:

Lightpath provides telecommunications paths to the Corporation. The scope includes data links, dense way division multiplexors and services Lightpath also provides disaster recovery services, managed circuit services and information availability services.

The current contract with Lightpath expires on June 30, 2013. Following approval of this agreement from the Contract Review Committee and the Board of Directors, the anticipated start date of the agreement is July 1, 2013.

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

Enterprise Information Technology Services (EITS) estimates it will take between eighteen months to two years to complete migration from Lightpath to another provider, cost approximately $8 to $10 million to build a replacement data network and migrate the current telecommunications links to a new provider.

In addition, the proposed pricing under the new contract is approximately 20% less than the current annual costs that the Corporation pays Lightpath. As illustrated in the table below, the Corporation currently pays Lightpath approximately $2.5 million an annual basis. This annual cost will decrease to approximately $1.9 million under the new contract. Resulting in potential savings of $2.1 million over a 4 year period.

Description	Year 1	Year 2	Year 3	Year 4	Total Spend
Average Current Costs *	$2,451,200	$2,451,200	$2,451,200	$2,451,200	**$9,804,800**
Future Costs	$1,926,924	$1,926,924	$1,926,924	$1,926,924	**$7,707,696**
Total Savings	*$524,276*	*$524,276*	*$524,276*	*$524,276*	***$2,097,104***
20% Contingency					**$1,541,539**
Spend Request w/ Contingency					**$9,249,235**

* Based on FY10, FY11 and FY12 historical spending.

Provide a brief summary of historical expenditure(s) for this service, if applicable.
FY 2010 - $2,243,643.65
FY 2011 - $2,151,104.30
FY 2012 - $2,958,851.49

Provide a brief summary as to why the work or services cannot be performed by the Corporation's staff.
This contract submission is for the uninterruptable network availability for the HHC environment using a tier I network provider. Telecommunications tier standards exist to measure the quality and reliability of a provider network's ability to provide an uptime of 99.999%. The Uptime Institute uses a -Tier ranking system as a benchmark to determining the dependability of a telecommunication provider network using fault redundancy and intelligent path routing for continual service.

HHC currently does not have the ability to provide for this service internally unless we build out a carrier grade network in the New York metropolitan area

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?

This contract will not produce artistic/creative/intellectual property.

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

This contract will be administered by Bert Robles, Senior VP / Corporate CIO

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. _____
Date

Analysis Completed By E.E.O._____
Date

_____
Name

Cablevision Lightpath Voice and Data Circuits
PowerPoint Narrative

The request for approval to execute a renegotiated contract with Cablevision Lightpath to provide alternate enterprise wide voice and data circuits for the New York City Health and Hospitals Corporation. We use two (2) providers for this service, Verizon as our primary provider and Lightpath for our secondary provider for voice and data distribution throughout the origination.

The proposed is to enter into a three (3) year contract with an additional one (1) year renewal option with Cablevision LightPath to provide enterprise-wide voice and data circuits for the New York City Health and Hospitals Corporation for a total amount of $7,707,696 for three (3) years plus a one (1) year option, not to exceed $9,249,235. This includes a 20% contingency of $1,541,539. This agreement results in a savings of $2,490,574 over 4 years.

Enterprise Information Technology Services (EITS) estimates it will take between eighteen (18) months to two (2) years to complete migration from Lightpath to another provider, cost approximately $8 to $10 million to build a replacement data network and migrate the current telecommunications links to a new provider. These estimates are based on our past experience of build costs and duration of installation that Lightpath provided when they originally installed these services.

Cablevision LightPath Voice and Data Circuits

Medical & Professional Affairs/IT Committee

May 23, 2013

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

nyc.gov/hhc

Background Summary

HHC Requirements

- Provide Voice and Data Circuits for Corporate Wide Facilities to Ensure a Fully Redundant and Robust Network
- Provide Disaster Recovery Capabilities and an alternate telecommunication provider to our primary provider
- Provide Network Flexibility as Well as Redundancy in the Event of a Carrier Failure by the Corporation's primary telecommunications Carrier (Verizon)

Current Scenario

- Primary Circuit Provider is Verizon
- Alternate Circuit Provider is Optimum LightPath
- Dual Carrier Scenario Provides Network Redundancy in the Event of a Failure by Either Carrier

Solution Summary

In Scope With Contract Solution

- Circuits Have a Guaranteed Service Level Agreement (SLA)
- Guaranteed Vendor Response Time In the Event of a Circuit Performance Issue or Outage

Highlights

- Solution Provides a Reliable and Redundant Enterprise-Wide Voice and Data Network.
- Ensures Critical Corporate IT Services Will Continue to Function During a Carrier Failure
- LightPath Owns and Operates 100% of Their Fiber Network
- LightPath is a Major Provider to the Healthcare Industry in the Metro Area
- LightPath Delivers Dual Cable Fiber Throughout Their Network Architecture
- Solution Provides Data, Voice, and Internet Flexibility Within Network

Costs estimates to use an alternate carrier

Type of Facilities	Number of facilities	Cost for network build	Total cost for build
Acute care hospitals	11	$70,000	$770,000
Nursing facilities	4	$70,000	$280,000
Diagnostic and treatment centers	6	$70,000	$420,000
Community based clinics	74	$70,000	$5,180,000
Data Center	2	$120,000	$240,000
Corporate Offices	4	$70,000	$280,000
Total Buildout	**15**		**$7,170,000**

- Vendors would need to custom build HHC's environment for independence from our primary carrier, Verizon (owners or local loop in tri-state area).
- The cost based on Verizon pricing to build FIOS's dual redundant entry points into the buildings is approximately $7.17 million. An additional $1 - $3 million is estimated for resources to conduct installation and testing for a total cost between $8 to $10 million.
- Lightpath's network installation was conducted over an 24 month period of time.

Financial Analysis

Description	Year 1	Year 2	Year 3	Year 4	Total Spend
Average Current Costs *	$2,451,200	$2,451,200	$2,451,200	$2,451,200	**$9,804,800**
Future Costs	$1,926,924	$1,926,924	$1,926,924	$1,926,924	**$7,707,696**
Total Savings	*$524,276*	*$524,276*	*$524,276*	*$524,276*	***$2,097,104***
20% Contingency					**$1,541,539**
Spend Request w/ Contingency					**$9,249,235**

* Based on FY10, FY11 and FY12 historical spending.

Comparison Analysis:

Savings of $2,097,104 over the 4 years by executing this circuit contract with Cablevision - LightPath.

Procurement Approach

Recommendation: Direct Agreement with Optimum LightPath Utilizing a NY State Office of General Services Contract.

Questions

Questions?

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to negotiate and execute contracts with Elsevier B.V., McGraw-Hill Education, Truven Health Analytics Inc. and UpToDate, Inc. to provide electronic medical reference and knowledge-based information subscription service products for HHC's Medical Libraries for a term of one year each, with four-one year options to renew, solely exercisable by the Corporation. The individual contract not-to-exceed amounts are as follows: for Elsevier B.V.: $2,750,000, for McGraw-Hill Education: $872,459, for Truven Health Analytics Inc.: $2,525,000, and UpToDate, Inc.: $1,899,068, for an aggregate amount not-to-exceed $8,046,527.

WHEREAS, the scheduled expiration of the Corporation's current medical library subscription service contracts presents the opportunity for the Corporation to reassess the product domain for innovations and optimal usage; and

WHEREAS, the Corporation will benefit from acquiring and maintaining its medical libraries with industry-leading Electronic Medical Reference and Knowledge-Based Information resources, including specialized and complementary medical reference resources, journals and databases, knowledge-based information references, electronic textbooks, point-of-care references and drug references to meet the Corporation's goals to provide safe and effective care; and

WHEREAS, the Corporation performed an assessment of viable market options, leading to the issuance of a Request for Proposals that was released November 19, 2012; and

WHEREAS, as a result of the Corporation's RFP process, Elsevier B.V., McGraw-Hill Education, Truven Health Analytics Inc. and UpToDate, Inc. have been determined to be leading providers of electronic medical reference and knowledge-based information resources, and the Corporation determined that their proposals best met the requirements of the RFP and the objectives of the Corporation; and

WHEREAS, the overall responsibility for the monitoring of these contracts will be under the direction of the Senior Vice President/Corporate Chief Information Officer;

NOW THEREFORE, BE IT:

RESOLVED, that the President of the New York City Health and Hospitals Corporation be and is hereby authorized to negotiate and execute contracts with Elsevier B.V., McGraw-Hill Education, Truven Health Analytics Inc. and UpToDate, Inc. to provide electronic medical reference and knowledge-based information subscription service products for HHC's Medical Libraries for a term of one year each, with four-one year options to renew, solely exercisable by the Corporation. The individual contract not-to-exceed amounts are as follows: for Elsevier B.V.: $2,750,000, for McGraw-Hill Education: $872,459, for Truven Health Analytics Inc.: $2,525,000, and UpToDate, Inc.: $1,899,068, for an aggregate amount not-to-exceed $8,046,527.

Executive Summary

The accompanying resolution requests approval to negotiate and enter into contracts with Elsevier B.V., McGraw-Hill Education, Truven Health Analytics Inc. and UpToDate, Inc. to provide electronic medical reference and knowledge-based information subscription service products for New York City Health and Hospitals Corporation. HHC EITS currently maintains four online reference resources which are broadly utilized as evidenced by over 3.7 million hits annually.

Under the Corporation's current medical library contracts, Truven Health Analytics, Inc. and UpToDate, Inc. have been providing drug references and point-of-care medical reference subscription services to HHC facilities.

Additional current medical library subscription services contracts exist with other vendors, Ovid and EBSCO, both are providers of journals, databases as well as other knowledge-based information.

The current medical library contracts will be expiring as follows:

- Ovid expired on 3/27/13
- EBSCO expires on 6/30/13
- UpToDate contract expires on 9/30/13
- Truven Health Analytics contract expires on10/31/13

A competitive Request for Proposals process was initiated in November 2012. Following a thorough evaluation process, comprising of an assessment of the product domain for innovations, as well as suitability to HHC, four (4) vendors were determined to be leading providers of electronic medical reference and knowledge-based information resources and selected for contracts with the Corporation.

Procuring contracts with these vendors will permit HHC to continue to furnish the Corporation's Medical Libraries with specialized and complementary medical reference resources, journals and databases, knowledge-based information resources, electronic textbooks, point-of-care references and drug references for use by clinicians in caring for patients at HHC.

The proposed contracts are for a term of one (1) year each, with four (4) one (1) year options to renew, solely exercisable by the Corporation, for an amount not to exceed $8,046,527.

CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

Contract Title: Medical Library Subscription

Project Title & Number: *Electronic Medical Reference/Knowledge-Based Information Products* [Document Control Number 2016]

Project Location: Central Office – 160 Water Street

Requesting Dept.: EITS - Clinical Information Systems (CIS)

Successful Respondents:

UpToDate Inc. ("UpToDate")
Truven Health Analytics ("Truven")
McGraw-Hill Education ("McGraw-Hill")
Elsevier B.V.("Elsevier")

Contract Amount:

UpToDate $1,899,068
Truven $2,525,000
McGraw-Hill $872,459
Elsevier $2,750,000

Four (4) Contract Amount: $8,046,527

Contract Term: Each a term of one (1) year, with four (4) one (1) year options to renew, solely exercisable by the Corporation.

Number of Respondents: Ten (10)
(If Sole Source, explain in Background section)

Range of Proposals: $66,189 to $4,204,450 for a five year contract proposal

Minority Business Enterprise Invited: If no, please explain: No, Waiver received

Funding Source: X General Care Capital
Grant: explain
Other: explain

Method of Payment: Lump Sum Per Diem Time and Rate
Other: explain Quarterly

	UpToDate	Truven	McGraw-Hill	Elsevier
EEO Analysis	*Approved 9/13/11, Resubmitted 4/10/13*	*Approved 1/23/13*	*Approved 3/14/13*	*Approved*
Compliance with HHC's McBride Principals	*Yes*	*Yes*	*Yes*	*Yes*
Vendex Clearance	*Pending Approval*	*Pending Approval*	*Approved*	*Pending Approval*

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

EITS is seeking authorization to contract with four (4) vendors to equip its medical libraries with specialized and complementary medical reference resources, journals and databases, knowledge-based information references, electronic textbooks, and point-of-care references and drug reference products.

The vendors, ***UpToDate and Truven*** are proposed to provide point-of-care medical reference and drug reference subscription service products. The vendors, **McGraw-Hill and Elsevier**, are proposed to provide medical textbooks, journals and databases, and other knowledge-based information. *Together the four (4) vendors, UpToDate, Truven, McGraw-Hill and Elsevier,* comprise the four (4) contracts being awarded as a result of the release of a Request for Proposals (RFP) for Electronic Medical Reference and Knowledge-Based Information products issued in the fall of 2012*.*

The acquisition and maintenance of medical libraries with industry-leading Electronic Medical Reference and Knowledge-Based Information resources will benefit the Corporation's objectives in patient care and safety education, performance improvement, and clinical practitioner professional competence.

Historically, EITS has contracted with vendors to furnish electronic medical references for its medical libraries. Given the highly specialized nature of clinical practice and the sole-proprietorship present in this product domain, it is necessary for HHC to contract with multiple vendors. There is increasing reliance upon and an increasingly important role for electronic medical reference products in the provision of healthcare services.

Today, electronic medical reference and knowledge-based information resource contracts are currently being managed by ETIS to furnish HHC's medical libraries with subscription service products from four vendors: Ovid, EBSCO, Truven and UpToDate. Additionally, the medical libraries within the facilities have also purchased products from these same vendors and other vendors, which made the medical reference solution difficult to manage in a streamlined manner and from a budgetary standpoint as well.

The current medical library contracts will be expiring as follows:

- Ovid – Expired: 3/27/13
- EBSCO – Expiration Date: 6/30/13
- UpToDate contract – Expiration Date: 9/30/13
- Truven Health Analytics contract – Expiration Date: 10/31/13

These expirations present the opportunity for the Corporation to reassess the product domain.

The Electronic Medical Reference and Knowledge-Based Information products Request for Proposals (RFP) was submitted to the Contract Review Committee for consideration and issued on November 11, 2012. Ten proposals were received of which four (4) vendors were selected: UpToDate, Truven, McGraw Hill and Elsevier.

The proposed vendor selections will i) update and optimize the Corporation's medical library resources to continue the provision of industry-leading products ii) maintain economies of scale through competitive negotiations that leverage HHC's size and iii) expand EITS' medical library contracts to include a product currently purchased at the facility level (McGraw-Hill).

Contract Review Committee
Was the proposed contract presented at the Contract Review Committee (CRC)? (include date):

The application to enter into contracts is being submitted to the CRC for consideration on April 24, 2013.

The Electronic Medical Reference and Knowledge-Based Information products' Request for Proposals (RFP) was submitted to the Contract Review Committee for consideration on October 17, 2012.

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:

Not applicable.

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):

Please see **Attachment A** for the list of Selection Committee members, and the list of firms responding to the RFP and considered by the Selection Committee.

Process Used to Select the Proposed Vendors

The Request for Proposals (RFP) solicitation yielded ten vendor proposals. Each proposal was reviewed to determine if it met the qualifications as specified in the RFP. *All ten (10) were considered for evaluation by the Selection Committee.* After a first round review of the ten (10) vendor proposals, eight (8) semi-finalist vendors were invited by the Selection Committee to hold online demonstrations (WebEx) of their products. The 4 vendors chosen to be awarded contracts were selected based on a thorough evaluation of proposals submitted for completion, accuracy and relevancy to the requirements outlined in RFP. All the eligible vendors were invited to hold online demonstrations (WebEx) of their products for committee

members, and Selection Committee nominated 'subject matter experts' (SMEs). Scorecards were used by participants (Selection Committee and SMEs) to evaluate the individual products quantitatively and qualitatively. The vendors and products were selected on the basis of demonstration scores and the recommendations from Selection Committee members and SMEs.

Evaluation Criteria for Products	Points
Company Organization and Qualification	
Reputation and Experience	15
Financial Stability and Security	10
Expertise in the Domain, Comparable Customer Base	5
Product Suitability	
Appropriateness and Fit within Medical Library	15
Functionality Meeting Product Category Needs	15
Strategic Vision, Commitment to Product Improvement	15
Ease of Use and Suitability for Staff	5
Technical Feasibility	5
Customer Support/Training	5
Pricing Model	
Competitive Value Driven Cost	10
TOTAL POINTS	**100**

Scope of work and timetable:

UpToDate – Tentative contract start of *10/1/2013.* This contract will furnish the Corporation with point-of-care medical reference. This vendor's product is a leading global source of medical information, business intelligence, and point-of-care solutions. When compared with competitors' offerings utilizing product demonstrations, it ranked highest for usability. Robust historic utilization across HHC also warrants the continued provision of this product across all facilities.

Truven – Micromedex, CareNotes, NeoFax: Tentative contract start of *7/1/2013***.** This contract will furnish the Corporation with drug reference. This vendor's product is a leading global source/aggregator of drug reference content. When compared with competitors' offerings utilizing product demonstrations, it ranked highest for overall quality and comprehensive drug offerings. The proposed contract and pricing reflects the addition of NeoFax; this product will standardize medical reference resources for HHC's vulnerable neonatal patient populations. Robust historic utilization across HHC also warrants the continued provision of this product across all facilities.

McGraw-Hill – AccessMedicine, AccessSurgery: Tentative contract start of *6/1/2013***.** This contract will furnish the Corporation with electronic textbooks and other knowledge-based information resources. McGraw-Hill is the publisher and sole distributor of leading medical textbooks; for these resources, there are no other direct competitors. *This contract will also standardize access to a medical reference resource currently available in makeshift fashion at HHC* (and for some facilities ensure access to a resource available through affiliations). Furthermore, facility level pricing underscores the appeal of Corporation-wide pricing and contracting.

Elsevier – ClinicalKey: Tentative contract start of *6/1/2013***.** This contract will furnish the Corporation with knowledge-based information, journals and databases. This recently introduced medical reference resource product offers user-friendly interfacing and a journal reference package that includes many of HHC's priority journals (as vetted by HHC's librarians and the selection committee); it is also a value driven product choice as ClinicalKey will replace a more expensive contract that expired in the 4th quarter of fiscal year 2013. During product demonstrations it ranked highly both for content and for integration capabilities; ClinicalKey has comprehensive medical reference offerings relative to the competition. HHC currently contracts for Elsevier Mosby's Nursing Skills and anticipates that the Corporation will benefit from synergies between the Elsevier Nursing Skills and ClinicalKey products.

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

Proposed Contracts – Cost Analysis

The anticipated total cost of the proposed EITS contracts over 5 years is $8,046,527 which compares favorably with HHC historical medical library expenditures by the Corporation of $7,837,700 (FY 2008 – 12).

	One year cost	***Five year cost***
Future proposed contracts	*Average cost $1,623,819*	$8,046,527
Historical total cost (FY2008-12)	*Average cost $1,567,540*	$7,837,700

Also, see Tables A and B below.
Amounts shown are the net of existing contracts and pro-rated by fiscal year. The below corresponds to the submitted Budget Allocations Forms (BAFs) for total costs.

TABLE A - Proposed Medical Library Contracts

	UpToDate	**Truven**	**Elsevier**	**McGraw-Hill**	
Tentative Start	*10/1/2013*	*7/1/2013*	*6/1/2013*	*6/1/2013*	*Annual*
FY2013 Q4			$45,833	$13,694	$59,528
2014	$227,883	$505,000	$550,000	$164,742	$1,447,626
2015	$353,105	$505,000	$550,000	$169,685	$1,577,790
2016	$370,584	$505,000	$550,000	$174,775	$1,600,359
2017	$388,928	$505,000	$550,000	$180,019	$1,623,946
2018	$416,283	$505,000	$504,167	$169,544	$1,594,994
2019	$142,285				$142,285
5-yr Total	**$1,899,068**	**$2,525,000**	**$2,750,000**	**$872,459**	$**8,046,527**

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

TABLE B - Historical Expenditures for Medical Library Contracts

EITS						
	UpToDate	**Truven**	**EBSCO**	**Ovid**	**McGraw-Hill**	*Annual*
2008		*$427,562*		*$ 650,096*	*No*	$ 1,077,658
2009	*$217,680*	*$ 432,561*		*$ 715,105*	*Corporate*	$ 1,365,346
2010	*$227,243*	*$ 432,561*	*$ 154,000*	*$ 737,672*	*Level*	$ 1,551,476
2011	*$227,243*	*$ 432,561*	*$154,000*	*$ 718,627*	*Contract*	$ 1,532,431
FY 2012	*$268,576*	*$ 432,559*	*$154,000*	*$718,627*		$1,573,761
Sub-total	*$940,742*	*$2,157,804*	*$462,000*	*$3,540,126*		*$7,100,672*
Facilities						
	UpToDate	**Truven**	**EBSCO**	**Ovid**	**McGraw-Hill**	*Annual*
2008	$ 410	$2,645		$ 38,655		$ 41,710
2009	$920	$2,568	$ 17,361	$ 91,282		$ 112,131
2010		$2,722	$ 18,403	$ 109,964	$ 1,894	$ 132,983
2011		$2,318	$ 91,375	$ 132,637	$ 2,954	$ 229,284
FY 2012		$ 2,211	$135,234	$ 47,659	$35,816[1]	$220,920
Sub-total	$1,330	$ 12,464	$ 262,373	$ 420,197	$ 40,664	$ 737,028

5-yr Total	**$942,072**	**$2,170,268**	**$ 724,373**	**$3,960,323**	**$ 40,664**	**$7,837,700**

[1] McGraw-Hill facility spending reflects Lincoln Hospital's purchases largely beginning in FY2012

Additional Considerations - FY2013 Medical Library Expenditures

At the facility level, FY2013 budgeted spending will reflect increasing expenditures for McGraw-Hill, with Coney Island Hospital's purchase of the vendor's product in fall 2012. Accordingly, annual expenditures on McGraw-Hill products for Lincoln Hospital and Coney Island Hospital are expected to reach $70,000 in FY 2013. Since Harlem Hospital was expected to also purchase McGraw-Hill's products, the Selection Committee felt that the objectives of EITS contracting had been compellingly triggered. McGraw-Hill is thus proposed as a new EITS vendor for contracting herein.

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

The products being purchased are copyrighted and cannot be developed internally due to associated restriction on unauthorized use or reproduction. In addition, adequate resources

with appropriate expertise will be required to support and maintain this system throughout its life cycle. At this time, no feasible alternative to the service acquisition has been recognized.

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?

No.

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

Bert Robles, Sr. Vice President and Chief Information Officer, will oversee the execution of this contract.

Louis J. Capponi MD, CMIO will be responsible for contract management.

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. (Please refer to Page 2 for dates)
Date

Analysis Completed By E.E.O Manasses Williams

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
125 Worth Street, Suite 401, New York, NY 10013 Tel: 212-788-3380 Fax: 212-788-3689
nyc.gov/hhc

Manasses C. Williams
Assistant Vice President
Affirmative Action/EEO
manasses.williams@nychhc.org

TO: Afshan Syed, MBA
Manager, MIS
Central Office-Enterprise IT Services

FROM: Manasses Williams

DATE: April 3, 2013

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **Elsevier, 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 [X] Non-M/WBE

Project Location(s): HHC's Corporate Wide

Contract Number: _____ Project: Electronic Medical Reference

Submitted by: Central Office- Enterprise IT Services

EEO STATUS:

1. [X] 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: pt

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
nyc.gov/hhc
346 Broadway • Room 500B • New York, NY 10013 • Tel: 212-788-3380 • Fax: 212-788-3689

Manasses C. Williams
Assistant Vice President
Affirmative Action/EEO
manasses.williams@nychhc.org

TO: Afshan Syed, MBA
Manager, MIS
Central Office – Enterprise IT Services

FROM: **Manasses C. Williams**

DATE: **March 14, 2013**

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, McGraw-Hill Professional, a division of MHE, 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 [X] Non-M/WBE

Project Location(s): HHC – Corporate Wide

Contract Number: _____ Project Number:_____

Submitted by: Central Office – Enterprise IT Services

EEO STATUS:

1. [x] 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:

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
nyc.gov/hhc
346 Broadway • Room 500B • New York, NY 10013 • Tel: 212-788-3380 • Fax: 212-788-3689

Manasses C. Williams
Assistant Vice President
Affirmative Action/EEO
manasses.williams@nychhc.org

TO: Afshan Syed
Manager of Administration
IT Financial Administration

FROM: Manasses C. Williams

DATE: January 23, 2013

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **Truven Health Analytics, 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 [X] Non-M/WBE

Project Location(s): HHC's Central Office

Contract Number: _____ Project Number: Micromedek Clinical Content Database License

Submitted by: IT Financial Administration Department

EEO STATUS:

1. [X] 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: pat

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
nyc.gov/hhc
125 Worth Street, Room 527, New York, NY 10013 Tel: 212-788-3300 Fax: 212-267-6905

Office of Legal Affairs

MEMORANDUM

To: **Afshan Syed**
Central Office - IT

From: **Karen Rosen**
Assistant Director

Date: **March 28, 2013**

Subject: **VENDEX Approval**

For your information, on March 28, 2013 VENDEX approval was granted by the Office of Legal Affairs for the following company:

Mcgraw- Hill Education, A Division Of The Mcgraw-Hill Companies, Inc.

cc: Norman M. Dion, Esq.

Medical Library Subscription
PowerPoint Narrative

EITS Clinical Information Systems is seeking approval from the Medical and Professional Affairs Subcommittee to bring to the board a resolution to enter into contracts with four (4) online Medical Library vendors: 1. Elsevier B.V., 2. McGraw-Hill Education, 3. Truven Health Analytics Inc. and 4. UpToDate, Inc.

"Online Medical Library" products benefit healthcare provider objectives in patient care and patient safety, education, performance improvement, and clinical practitioner professional competence. "Online Medical Library" areas include:

- ***Knowledge-based information, journals and databases; electronic textbooks and medical reference***
- ***Point-of-care medical reference***
- ***Drug reference***

HHC currently maintains four online reference resources which are extensively utilized as evidenced by over 3.7 million hits annually. In light of approaching expirations for these four resources, a competitive Request for Proposals (RFP) process was initiated in November 2012.

Following a thorough evaluation process, comprising of an assessment of the product domain for innovations, as well as suitability to HHC, Elsevier B.V., McGraw-Hill Education, Truven Health Analytics Inc. and UpToDate, Inc. were determined to be leading providers and suitable to HHC's needs.

Only two (2) of these vendors will be new to HHC: Elsevier B.V. and McGraw-Hill Education. Both offer more robust and comprehensive resources for comparable cost. The proposed continuation of services from Truven Health Analytics Inc. and UpToDate, Inc. maintains highly used and essential reference products.

The proposed contracts are for a term of one (1) year each, with four one (1) year options to renew, solely exercisable by the Corporation, for an amount not to exceed $8,046,527 over the next five (5) years.

Electronic Medical Reference/Knowledge-Based Information

May 23, 2013

Lori Schomp
Business Analyst
Clinical Information Systems

Patricia Cuartas
Senior Director
Clinical Information Systems

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

Overview

Background Summary	3
Current State	4
Proposed Future State	5
Procurement Summary	6
Solution Summary	7-9
Questions	10

Exhibits

Product Slides	11-18
Snapshot Historic Utilization	19

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

What are Electronic Medical Reference and Knowledge-Based Information products?

- "Medical Library" products benefit healthcare provider objectives in patient care and safety education, performance improvement, and clinical practitioner professional competence (eg: CME). Areas include:
    - Knowledge-based information, journals and databases; electronic textbooks and medical reference
    - Point-of-care medical reference
    - Drug reference

- These products are accessed via a web portal or may be embedded in an Electronic Medical Record system (EMR) as an additional benefit

- "Medical Library" products are proprietary and highly specialized; contracts with multiple vendors are necessary to purchase complementary products and offer clinicians fully functional Medical Libraries

Why are Medical Libraries Necessary at HHC?

- Essential medical reference resources as evidenced by high utilization
  - The 4 current EITS contracts were accessed 3.7 million times last year
    - Knowledge-based information, journals and databases; electronic textbooks and medical reference (Ovid, EBSCO)
    - Point-of-care medical reference (UpToDate)
    - Drug reference (Truven - Micromedex, CareNotes)

- Furnishing the Corporation's Medical Libraries is a shared responsibility:
  - Librarians tailor to facilities' needs
  - EITS unifies and standardizes resources through competitive contracts
  - Additionally, HHC hospitals with academic medical center affiliations access shared resources

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

What are HHC's Future Medical Library Needs?

- To maintain EITS Medical Library contracts in light of upcoming expirations:
  - Ovid expired on 3/27/13
  - EBSCO expires on 6/30/13
  - UpToDate contract expires on 9/30/13
  - Truven Health Analytics contract expires on10/31/13

- To reassess the product domain:
  - Expirations present the opportunity for the Corporation to optimize resource usage and increase resource standardization
  - Reassess expenditures and competitively negotiate with vendors to lock-in costs, especially annual increases

- Future synergies with the EPIC Electronic Medical Record (EMR) system

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

Procurement Summary Process

Request for Proposals

- *Electronic Medical Reference/Knowledge-Based Information* RFP issued in November 2012; yielded 10 vendor responses in December 2012

Evaluation Process

- The Selection Committee represented a balance of librarians and clinicians; additional feedback from invited Subject Matter Experts (SMEs) was collected
- Quantitative and Qualitative product comparisons were covered
  - Product quality, cost, and usability was evaluated: determined by accuracy and relevancy to RFP requirements, WebEx product demonstrations, and final product selection per RFP 'Evaluation Criteria'

Proposed Solution – 4 EITS Medical Library Contracts

Seeking authorization to enter into contracts with 4 vendors to provide complementary products and equip HHC's Medical Libraries

The proposal:

Maintains 2 vendors

Provides drug reference

***Truven** - Micromedex, CareNotes and NeoFax*

Provides point-of-care medical reference

UpToDate

Introduces 2 new vendors

Provides medical textbooks, journals and databases, and *other knowledge-based information*

***McGraw-Hill** - AccessMedicine and AccessSurgery*

***Elsevier**, ClinicalKey*

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

Proposed Solution – Cost Analysis

	UpToDate	Truven	Elsevier	McGraw-Hill	Total
Proposal 5-yr Cost *Impacts FY2013-19*	$1,899,068	$2,525,000	$2,750,000	$872,459	$8,046,527
Historic Aggregate Cost *FY2008-12*					$7,837,700

Proposal's 5-yr cost $8.05m compares favorably with historic 5-yr medical library expenditures $7.8m

- Proposal cost includes expansion of EITS' contract costs to include a product purchased at the facility level (McGraw-Hill)

Proposals also

- Updates, optimizes, and maintains EITS successful contracting practices
- Achieves value, more robust and comprehensive resources for comparable cost
- Elsevier $2.8m cost compares favorably to prior EITS contracts with Ovid $3.5m and EBSCO $460k
- Locks-in cost increases at HHC's annual option with all vendors

Proposed Solution – Budgetary Detail

	UpToDate	Truven	Elsevier	McGraw-Hill	
Tentative Start	10/1/2013	7/1/2013	6/1/2013	6/1/2013	Annual
FY2013 Q4			$45,833	$13,694	$59,528
2014	$227,883	$505,000	$550,000	$164,742	$1,447,626
2015	$353,105	$505,000	$550,000	$169,685	$1,577,790
2016	$370,584	$505,000	$550,000	$174,775	$1,600,359
2017	$388,928	$505,000	$550,000	$180,019	$1,623,946
2018	$416,283	$505,000	$504,167	$169,544	$1,594,994
2019	$142,285				$142,285
5-yr Total	$1,899,068	$2,525,000	$2,750,000	$872,459	$8,046,527

Tentative start dates for UpToDate and Truven abut staggered expirations of current contracts
Amounts shown are adjusted, pro-rata by fiscal year

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

Questions?

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

Truven, Micromedex

TRUVEN HEALTH ANALYTICS: AT A GLANCE

- We have clients in all 50 states And 83 countries internationally.
- We have 35+ years experience, exclusively in healthcare.
- We support all healthcare markets:
  - Clinicians
  - Hospitals and Health Systems
  - Government
  - Health Plans
  - Employers
  - Pharma
- 17 of the Fortune 25 use us to help manage their employee health benefits.
- 3500 US hospitals and 2000 hospitals across 83 countries are using Micromedex® Solutions.
- We manage data from 1000 suppliers in 3500 unique data formats each year.
- We currently manage more than 400 unique customer databases.
- MarketScan, our research database for benchmarking, contains 27 years of data and more than 160 million US lives.
- Our research staff has published more than 200 articles in peer-reviewed healthcare journals.
- We serve every U.S. Government health agency and Medicaid programs in 29 states.
- For CMS, we manage data for all 47 million Medicare covered lives.

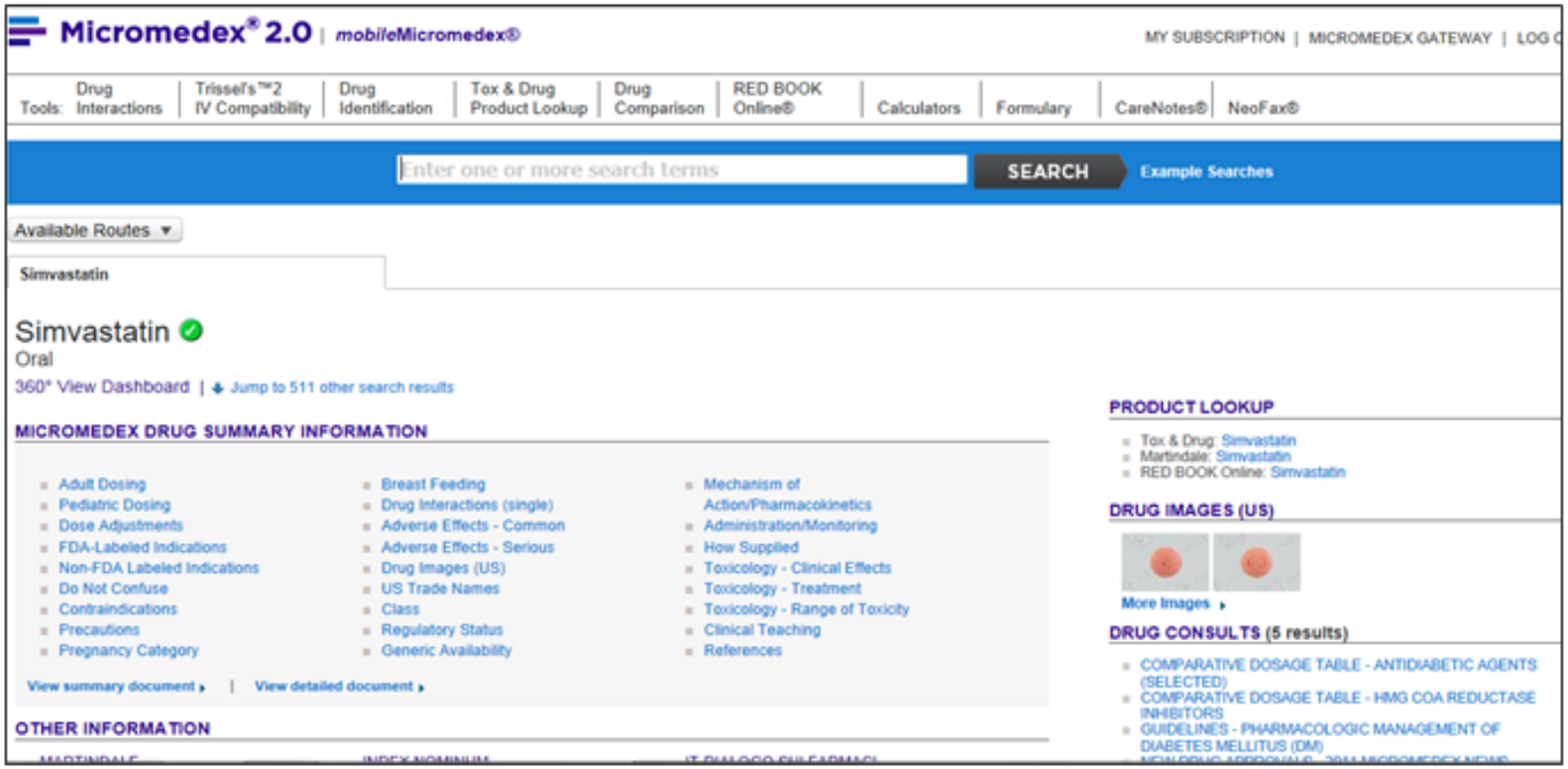
TRUVEN HEALTH ANALYTICS

Over 18 years of partnership with NYCHHC!

HHC NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

Truven, Micromedex

TRUSTED EVIDENCE FOR CONFIDENT CLINICAL DECISIONS



The best, most up-to-date evidence and clinical recommendations to make consistent, informed treatment decisions.

TRUVEN HEALTH ANALYTICS

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

Truven, Micromedex

MICROMEDEX NEOFAX® AND PEDIATRICS

Improve clinical accuracy

Drive efficiency

Minimize errors

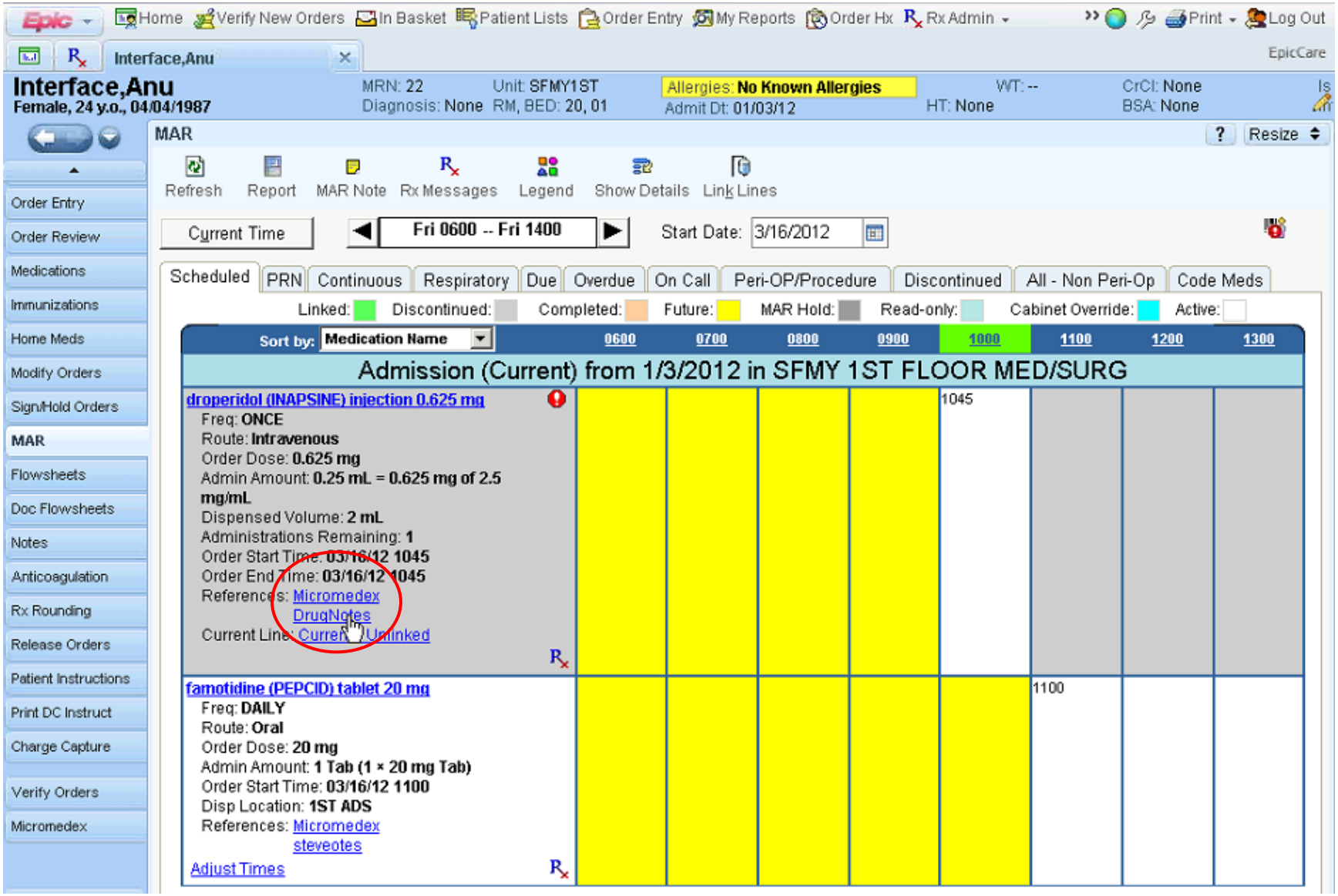
Decrease the risk for adverse events

Make accurate, informed treatment decisions for neonatal and pediatric populations.

TRUVEN HEALTH ANALYTICS

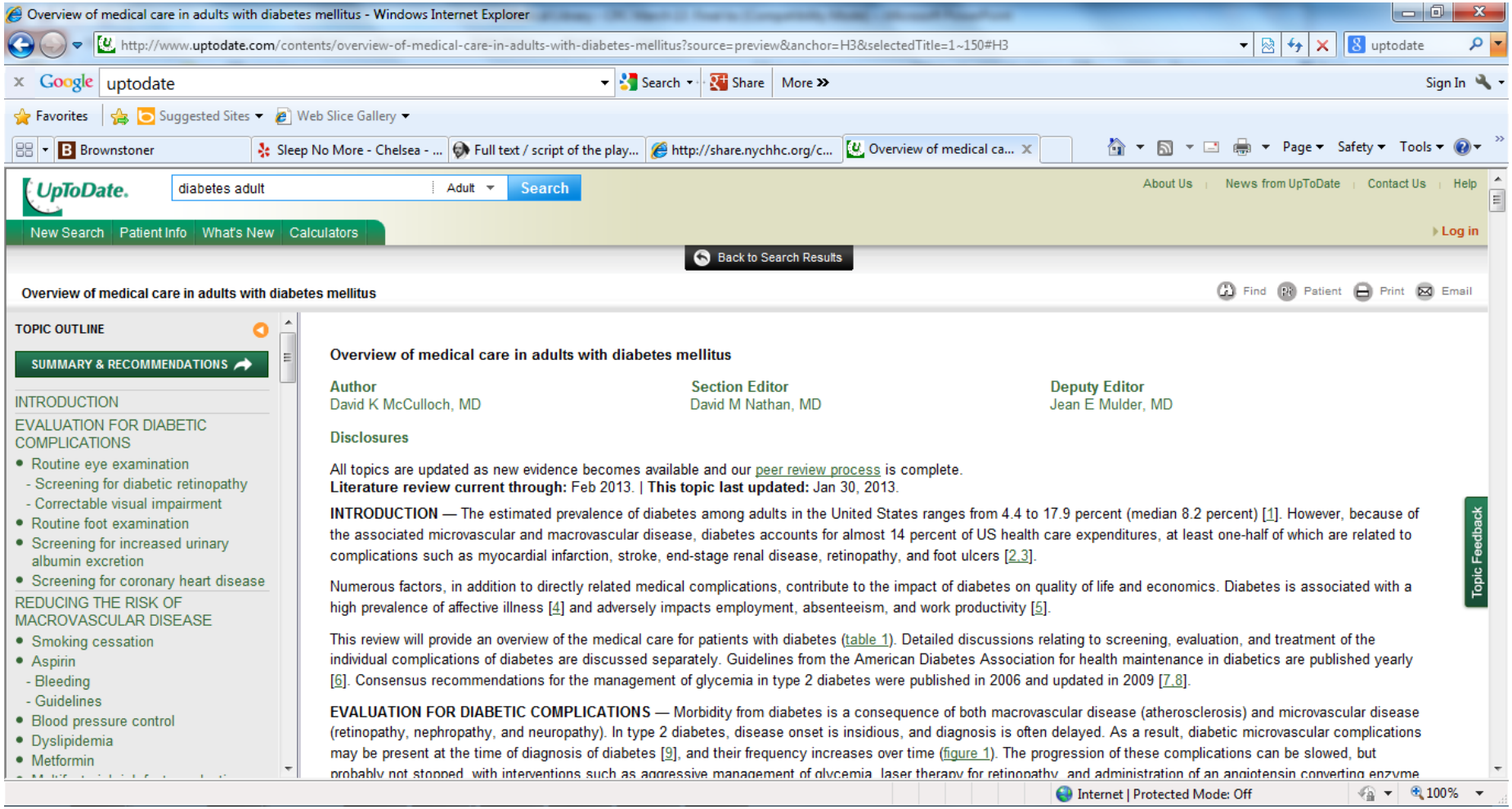
NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

Truven, CareNotes



NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

UpToDate



NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

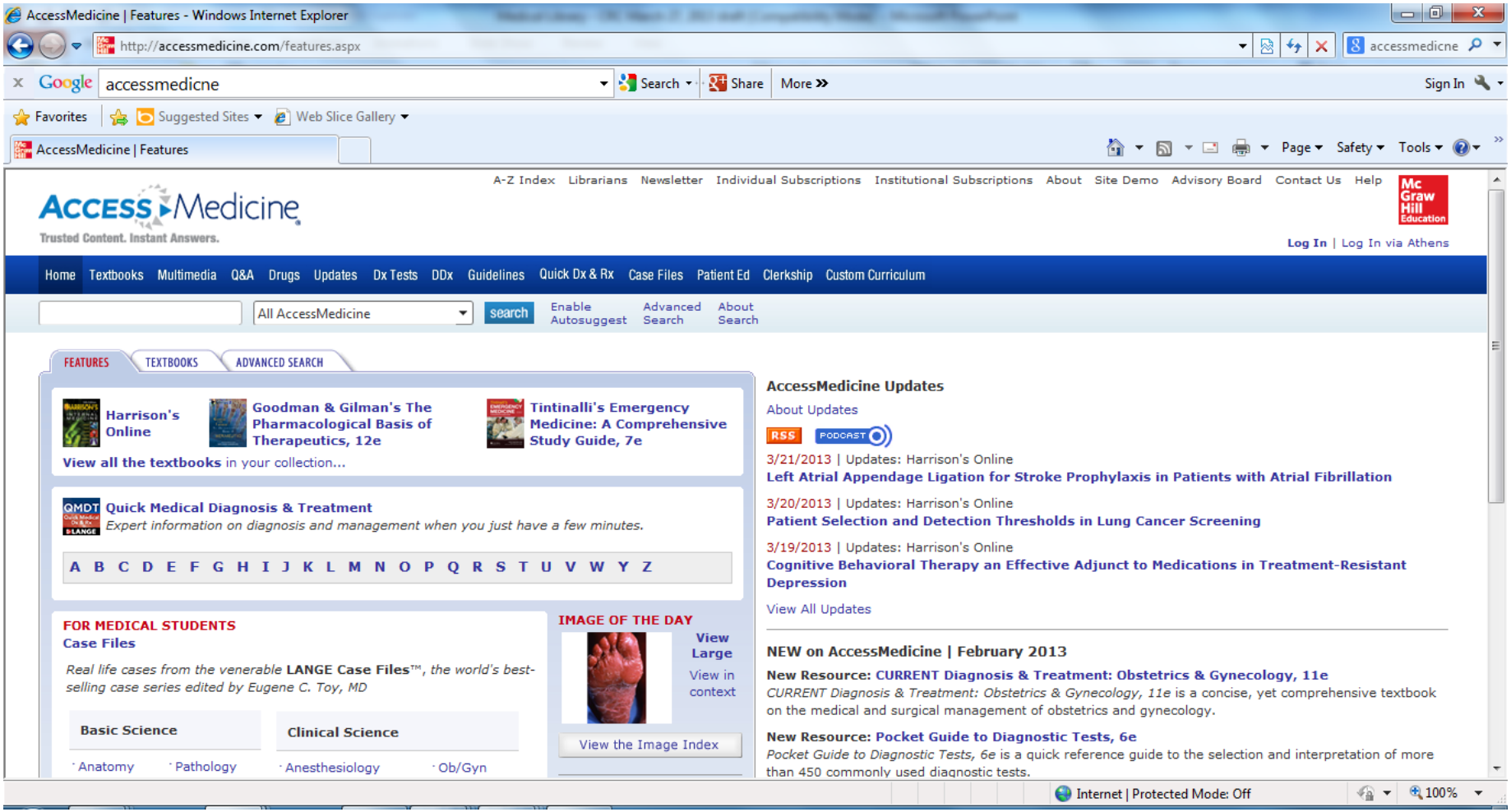
McGraw-Hill, AccessMedicine

Learn more. Do more.

Core Content

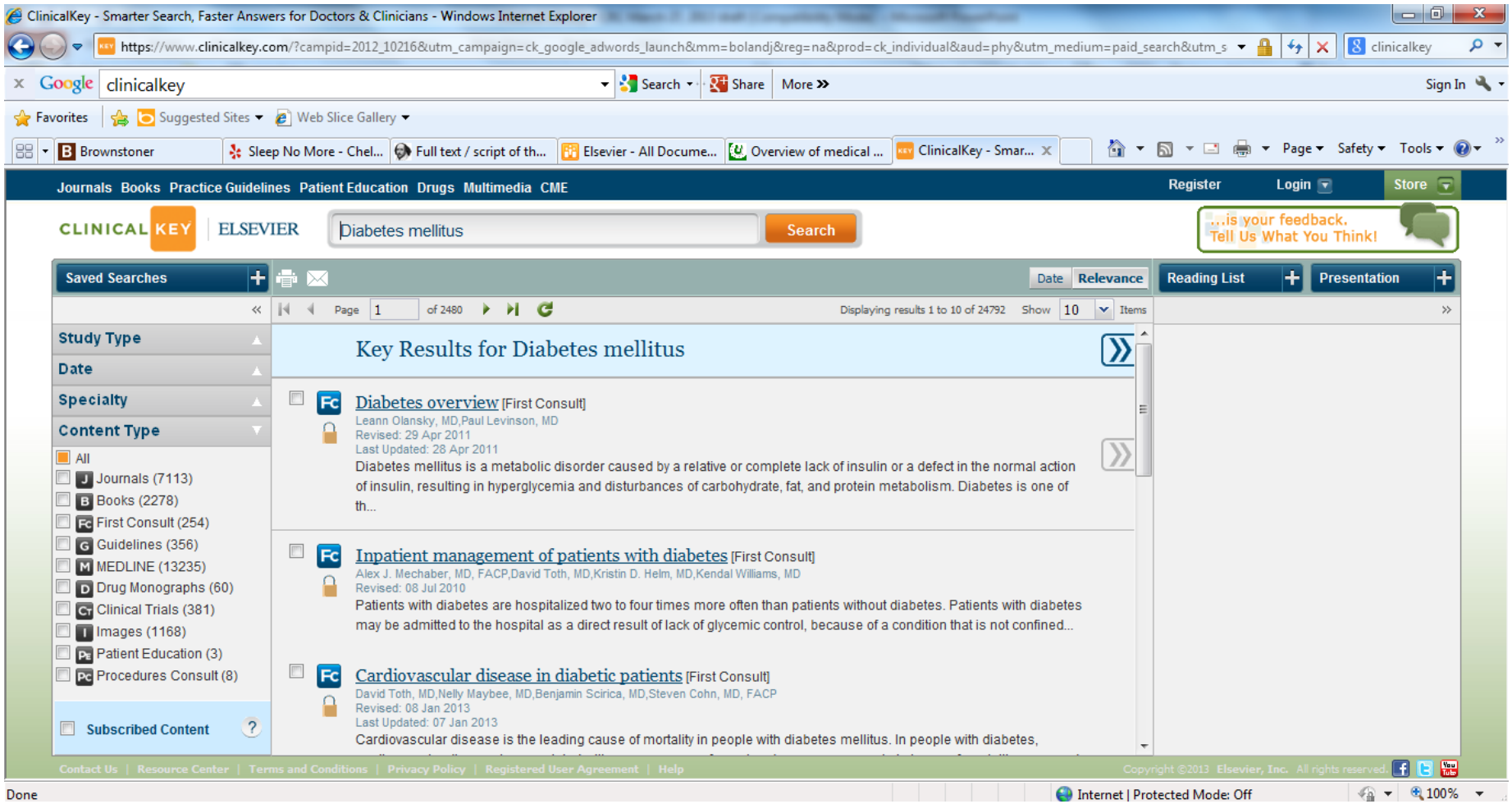
NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

McGraw-Hill, AccessMedicine



NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

Elsevier, ClinicalKey



NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

Elsevier, ClinicalKey

When you subscribe to the Flex package, your institution will be able to access ALL content within ClinicalKey. This comprehensive offering includes the following:

- Books* - over 1,025 of Elsevier's medical and surgical reference books
- Journals* - over 500 of Elsevier's medical and surgical journals
- Procedures Consult* - all Procedures Consult content and associated procedural videos in various specialties
- First Consult* - over 800 Point-of-Care clinical monographs
- Drug Monographs* - over 2,800 clinical pharmacology drug monographs from Gold Standard
- Patient Education - over 15,000 patient education handouts
- Clinical Trials - all clinical trials from the ClinicalTrials.gov database
- Practice Guidlelines - over 4,000 practice guidelines
- MEDLINE - fully indexed MEDLINE abstracts
- Multimedia - over 13,000 medical and surgical videos and over 5 million images

CME is also included and is sponsored by Cleveland Clinic Center for Continuing Education.

*Full listings for content types marked with an asterisk above can be found on the following pages.

All content in ClinicalKey is updated on a daily basis to ensure that physicians receive the most current and trusted content.

Exhibit: Utilization

Network	Facility	UpToDate			Ovid			EBSCOhost			Micromedex		
		Total Topic Hits	Percent Facility Usage Within Network	Percent Network Usage	Total Books & Article Views (Full Text)	Percent Facility Usage Within Network	Percent Network Usage	Searches, Full Text and Abstracts	Percent Facility Usage Within Network	Percent Network Usage	Searches, Full Text and Abstracts	Percent Facility Usage Within Network	Percent Network Usage
Central Brooklyn Network	Dr. Susan Smith McKinney Nurs. & Rehab C	815	1.01%	5.41%	191	1.39%	6.03%	-	-	6.22%	310	0.23%	6.62%
	East New York Diagnostic & Treatment Cen	390	0.48%		111	0.81%		-	-		2,057	1.56%	
	Kings County Hospital Center	79,583	98.51%		13,415	97.80%		3,319	100.00%		129,742	98.21%	
	Network Total	**80,788**			**13,717**			**3,319**			**132,109**		
Generations +	Harlem Hospital Center	76,151	42.14%	12.10%	4,090	6.56%	27.44%	3,077	29.98%	19.22%	125,545	30.68%	20.52%
	Lincoln Medical & Mental Health Center	101,778	56.32%		55,458	88.92%		7,185	70.02%		268,683	65.66%	
	Morrisania Diagnostic & Treatment Center	1,522	0.84%		26	0.04%		-	-		6,044	1.48%	
	Segundo Ruiz Belvis Diag. & Treatment Ce	777	0.43%		2,793	4.48%		-	-		7,891	1.93%	
	Renaissance Diagnostic & Treatment Cente	490	0.27%		-	-		-	-		1,022	0.25%	
	Network Total	**180,718**			**62,367**			**10,262**			**409,185**		
North Bronx Network	Jacobi Medical Center	339,465	100.00%	22.72%	44,059	100.00%	19.38%	9,480	100.00%	17.75%	275,764	100.00%	13.83%
	Network Total	**339,465**			**44,059**			**9,480**			**275,764**		
North Brooklyn Network	Cumberland Diagnostic & Treatment Cente	1,870	2.33%	5.38%	5,862	14.08%	18.32%	-	-	0.60%	5,878	5.33%	5.52%
	Woodhull Medical & Mental Health Center	78,474	97.67%		35,776	85.92%		322	100.00%		104,313	94.67%	
	Network Total	**80,344**			**41,638**			**322**			**110,191**		
Queens Network	Elmhurst Hospital Center	185,133	70.00%	17.70%	23,597	68.33%	15.19%	14,854	64.25%	43.30%	191,977	56.01%	17.18%
	Queens Hospital Center	79,353	30.00%		10,939	31.67%		8,265	35.75%		150,773	43.99%	
	Network Total	**264,486**			**34,536**			**23,119**			**342,750**		
South Manhattan Network	Bellevue Hospital Center	248,140	64.07%	25.92%	10,847	99.72%	4.79%	3,134	62.32%	9.42%	270,534	64.08%	21.17%
	Coler/Goldwater Memorial Hospital	9,522	2.46%		-	-		-	-		49,895	11.82%	
	Metropolitan Hospital Center	119,398	30.83%		31	0.28%		1,895	37.68%		91,700	21.72%	
	Governeur Nursing Facility & Treatment Cer	10,207	2.64%		-	-		-	-		10,051	2.38%	
	Network Total	**387,267**			**10,878**			**5029**			**422180**		
South Brooklyn/Staten Island Network	Coney Island Hospital	92,439	99.94%	6.19%	11,608	94.21%	5.42%	1,386	79.02%	3.28%	127,600	95.10%	6.73%
	Sea View Hospital Rehab. Center	53	0.06%		714	5.79%		368	20.98%		6,578	4.90%	
	Network Total	**92,492**			**12,322**			**1,754**			**134,178**		
Metroplus	MetroPlus Network	1,111	100.00%	0.07%	5,551	100.00%	2.44%	110	100.00%	0.21%	157,782	100.00%	7.91%
	Network Total	**1,111**			**5,551**			**110**			**157,782**		
Others	Central Office	67,454	100.00%	4.51%	-	-	0.99%	-	-	-	10,386	100.00%	0.52%
	New York City Health & Hospitals Corporati	-	-		2,251	100.00%		-	-			-	
	Network Total	**67,454**			**2,251**			**-**			**10,386**		
GRAND TOTALS		**1,494,125**		**100.00%**	**227,319**		**100.00%**	**53,395**		**100.00%**	**1,994,525**		**100.00%**

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

PROGRESS: HEALTHCARE ACQUIRED INFECTIONS

Medical and Professional Affairs Committee
HHC Board
May 2013

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
nyc.gov/hhc

Definitions

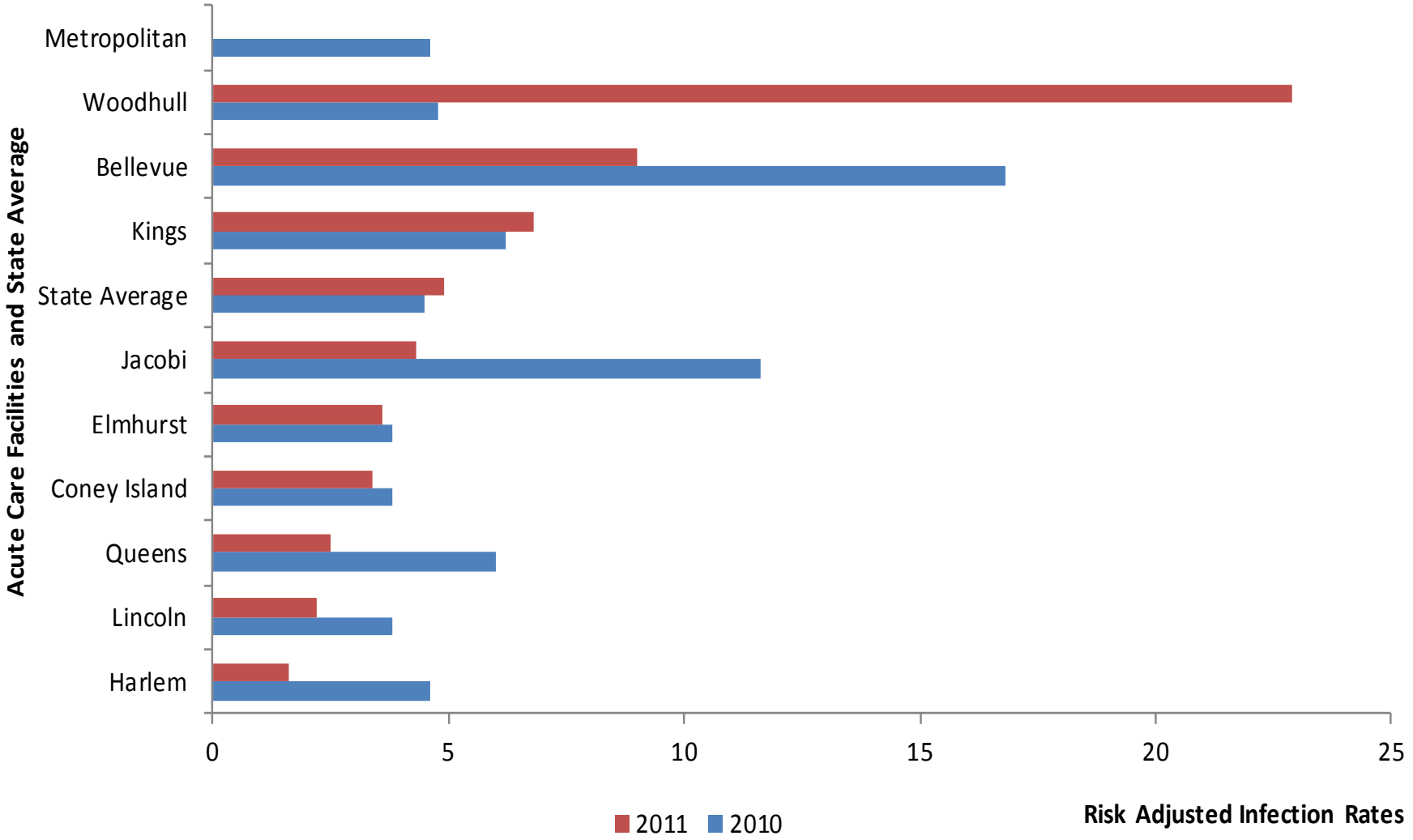
- HAI - Healthcare Acquired Infections:
  - Surgical Site Infections (SSI)
    - Colon
    - Hip Replacement/Revision
    - Abdominal hysterectomy
  - CLABSI - Central Line Associated Blood Stream Infections
  - CAUTI - Catheter Associated Urinary Tract Infection
  - VAP - Ventilator Associated Pneumonia
  - C. Diff. - Clostridium Difficile
- CMS - Centers for Medicare & Medicaid Services
- NDNQI ® - National Database of Nursing Quality Indicators
  - A program of the National Center for Nursing Quality®. NDNQI® is a repository for nursing-sensitive indicators and the only database containing data collected at the
  - nursing unit level
- NHSN – National Healthcare Safety Network
  - Centers for Disease Control database

HOSPITAL-ACQUIRED INFECTIONS

Table 1: Hospital Acquired Infections Reported by New York State Hospitals, by Year

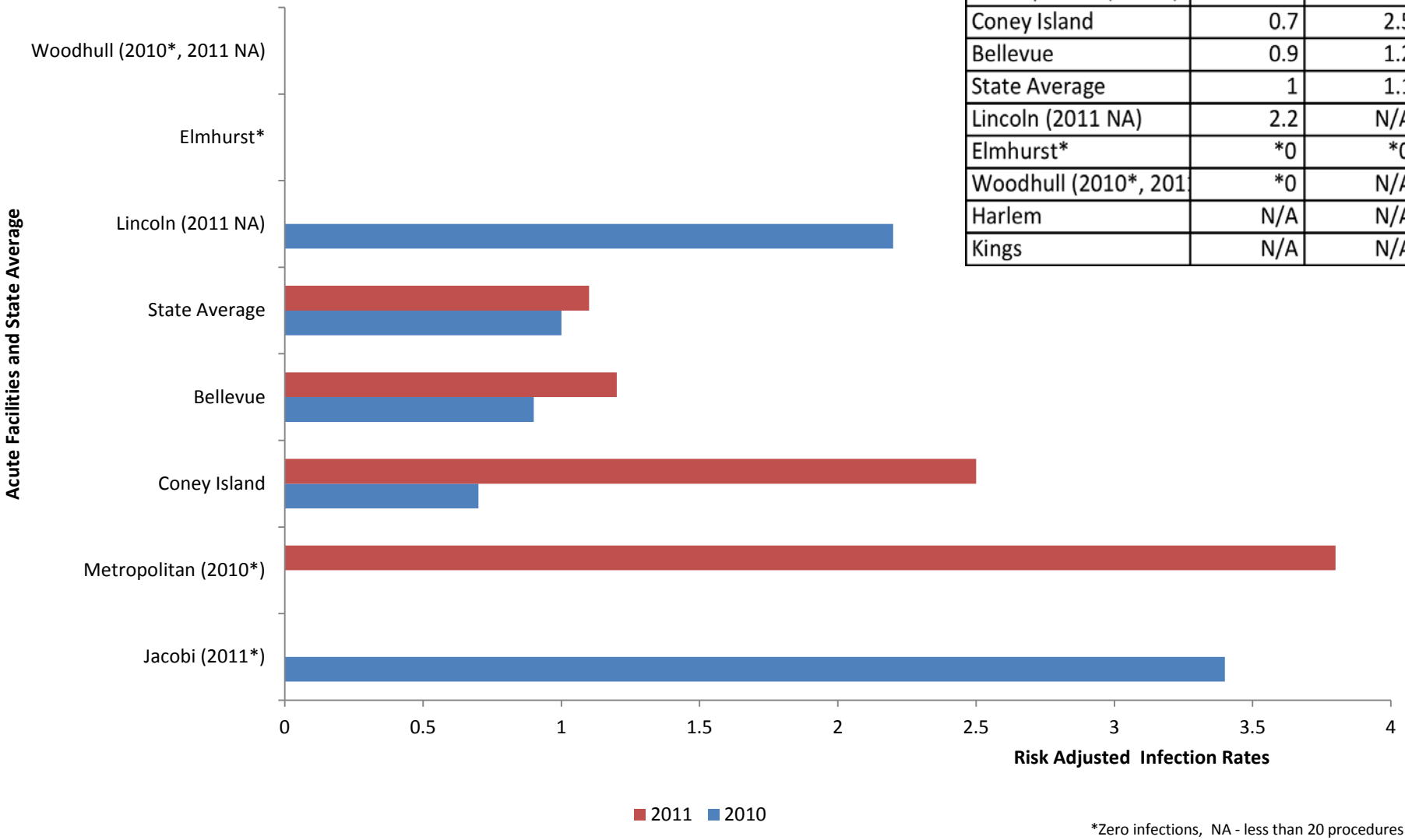
Type of Infection	2007	2008	2009	2010	2011	2012
ICU Central line-associated blood stream infections	✓	✓	✓	✓	✓	✓
Colon surgical site infections	✓	✓	✓	✓	✓	✓
Coronary artery bypass graft surgical site infections	✓	✓	✓	✓	✓	✓
Hip replacement surgical site infections		✓	✓	✓	✓	✓
Clostridium difficile infections				✓	✓	✓
Abdominal hysterectomy surgical site infections						✓

Colon Surgical Site Infection Rates 2010 & 2011



Source: NYSDOH 9/12

Hip Replacement Surgical Site Infection Rates 2010 & 2011



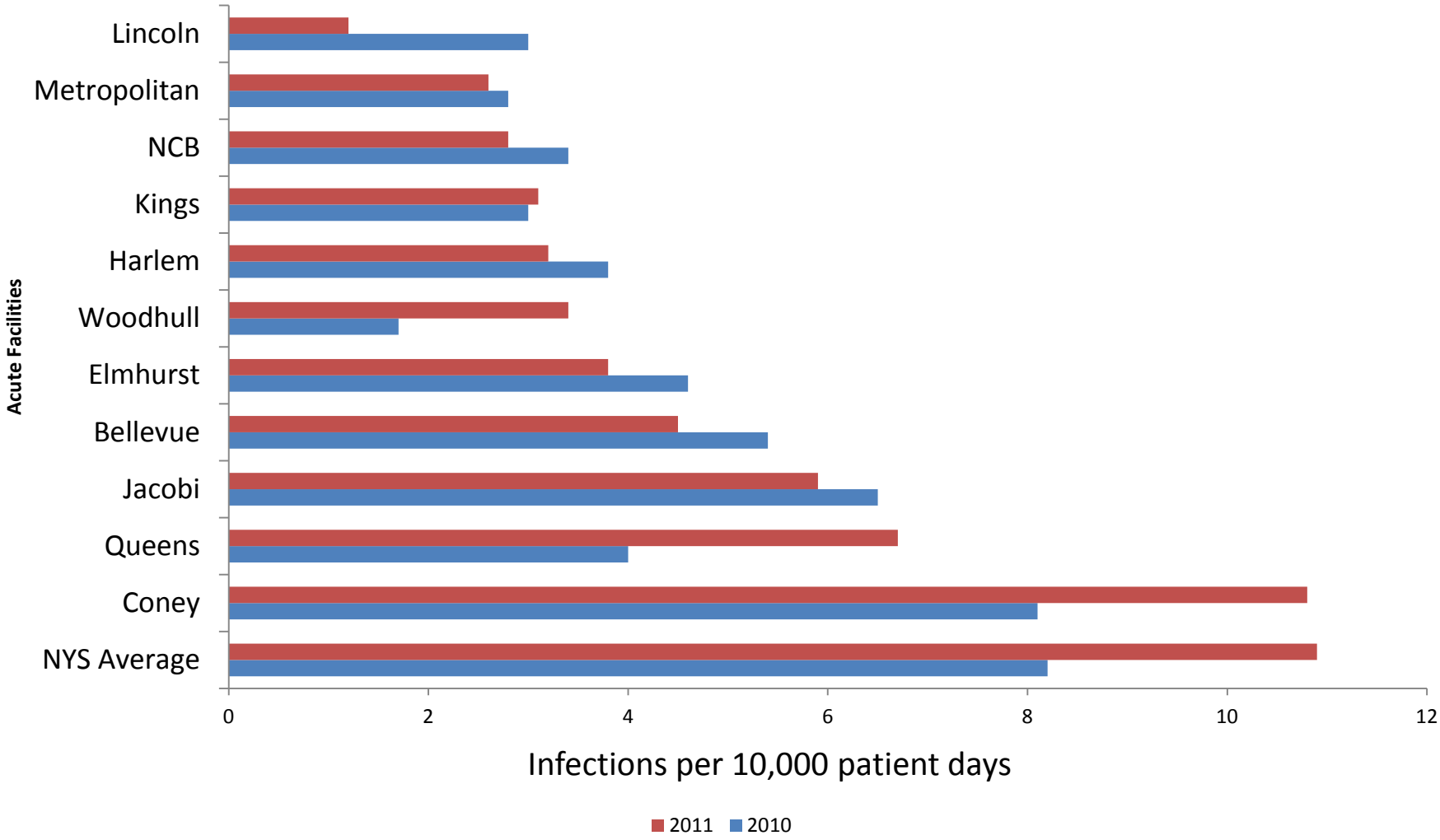
Hip Replacement Surgical Site Infection Rates,

	2010	2011
Jacobi (2011*)	3.4	*0
Metropolitan (2010*)	*0	3.8
Coney Island	0.7	2.5
Bellevue	0.9	1.2
State Average	1	1.1
Lincoln (2011 NA)	2.2	N/A
Elmhurst*	*0	*0
Woodhull (2010*, 201	*0	N/A
Harlem	N/A	N/A
Kings	N/A	N/A

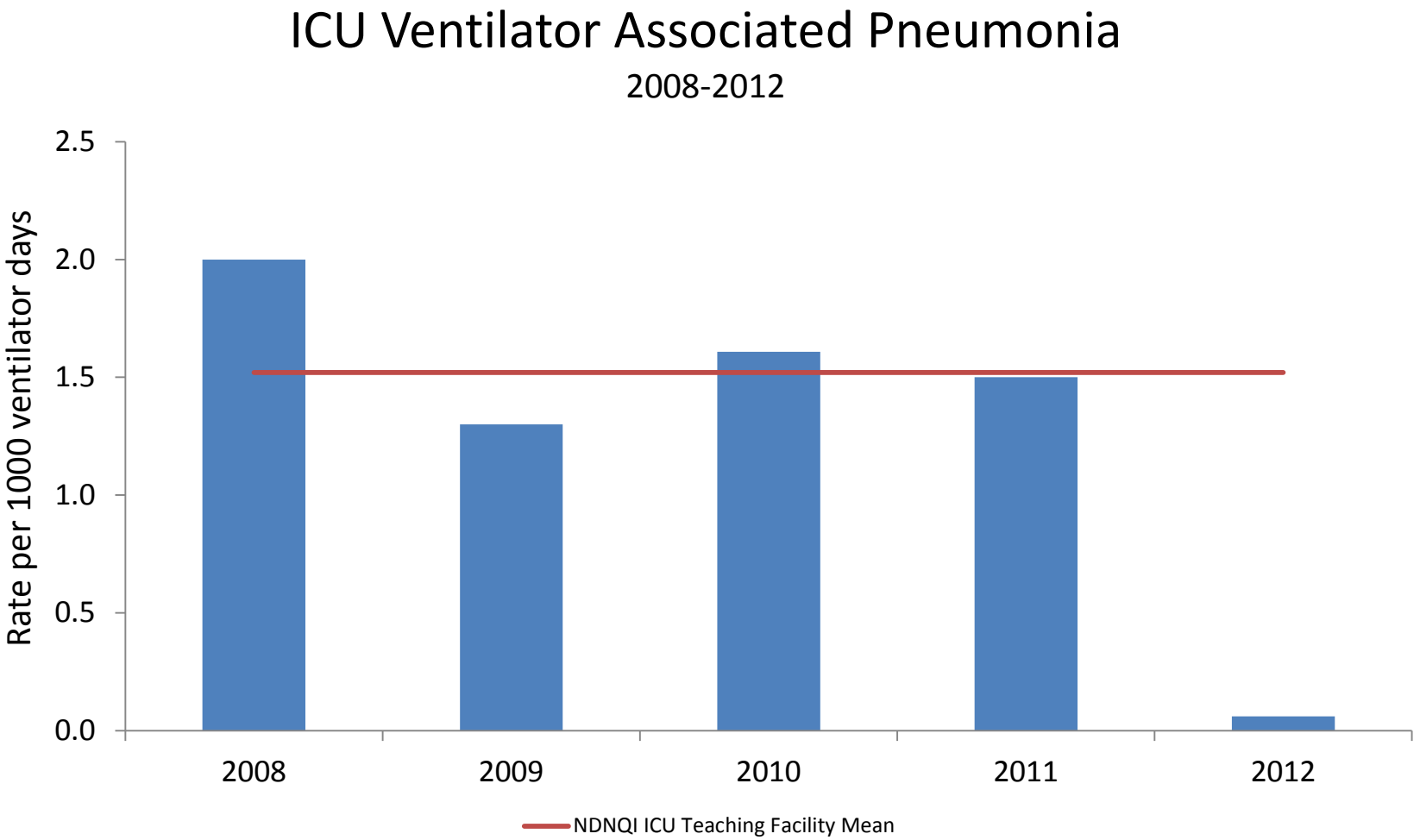
*Zero infections, NA - less than 20 procedures

Source: NYSDOH 9/12

Hospital Acquired *C. Difficile* 2010 & 2011



Data Source: NYSDOH 09/12



Data Source: NDNQI and NHSN

Ventilator Acquired Pneumonia Rates per 1000 vent days

	2008	2009	2010	2011	2012
HOSPITALS					
BELLEVUE MICU	0.9	0.5	2.0	0.0	0.0
BELLEVUE SICU	1.5	2.8	0.0	1.2	0.0
BELLEVUE CCU	2.0	0.0	0.0	0.0	0.0
BELLEVUE NSICU	0.0	0.0	0.0	0.0	0.0
CONEY ISLAND MICU	1.0	1.2	0.0	0.6	0.0
CONEY ISLAND SICU	0.0	0.0	0.0	1.5	0.0
CONEY ISLAND CCU	0.0	0.0	0.0	0.0	0.0
ELMHURST RICU	0.0	1.1	0.0	0.0	0.0
ELMHURST SICU	6.9	4.8	2.4	1.6	0.0
ELMHURST CCU	3.7	0.0	0.0	0.0	0.0
HARLEM M/SICU	0.0	0.0	0.0	0.0	0.0
HARLEM CCU	0.0	0.0	0.0	0.0	0.0
JACOBI MICU	2.0	1.9	2.8	2.4	1.5
JACOBI SICU	5.7	9.2	6.1	2.3	2.8
JACOBI CCU*	3.9	0.9	2.1	1.6	0.0
KINGS COUNTY MICU	0.0	0.0	0.7	1.3	0.8
KINGS COUNTY SICU	5.3	0.7	3.5	2.7	2.1
KINGS COUNTY CCU	0.8	0.0	0.0	0.7	0.0
KINGS COUNTY NSICU	2.2	2.3	4.8	7.2	3.2
LINCOLN MICU**	0.4	0.0	0.0	0.0	0.5
LINCOLN SICU**	4.6	1.0	6.1	1.6	1.7
LINCOLN CCU**	0.5	0.0	0.0	0.0	0.0
METROPOLITAN MICU	4.7	1.0	0.0	1.6	0.0
METROPOLITAN SICU	8.6	5.5	0.0	3.9	2.1
NORTH CENTRAL BRONX M/SICU	9.3	2.5	2.8	6.1	1.5
QUEENS M/SICU	2.0	1.2	4.6	3.2	0.5
WOODHULL M/SICU	0.0	0.0	0.7	0.0	0.4
AVERAGE	2.0	1.3	1.6	1.5	0.6

Lower is Better

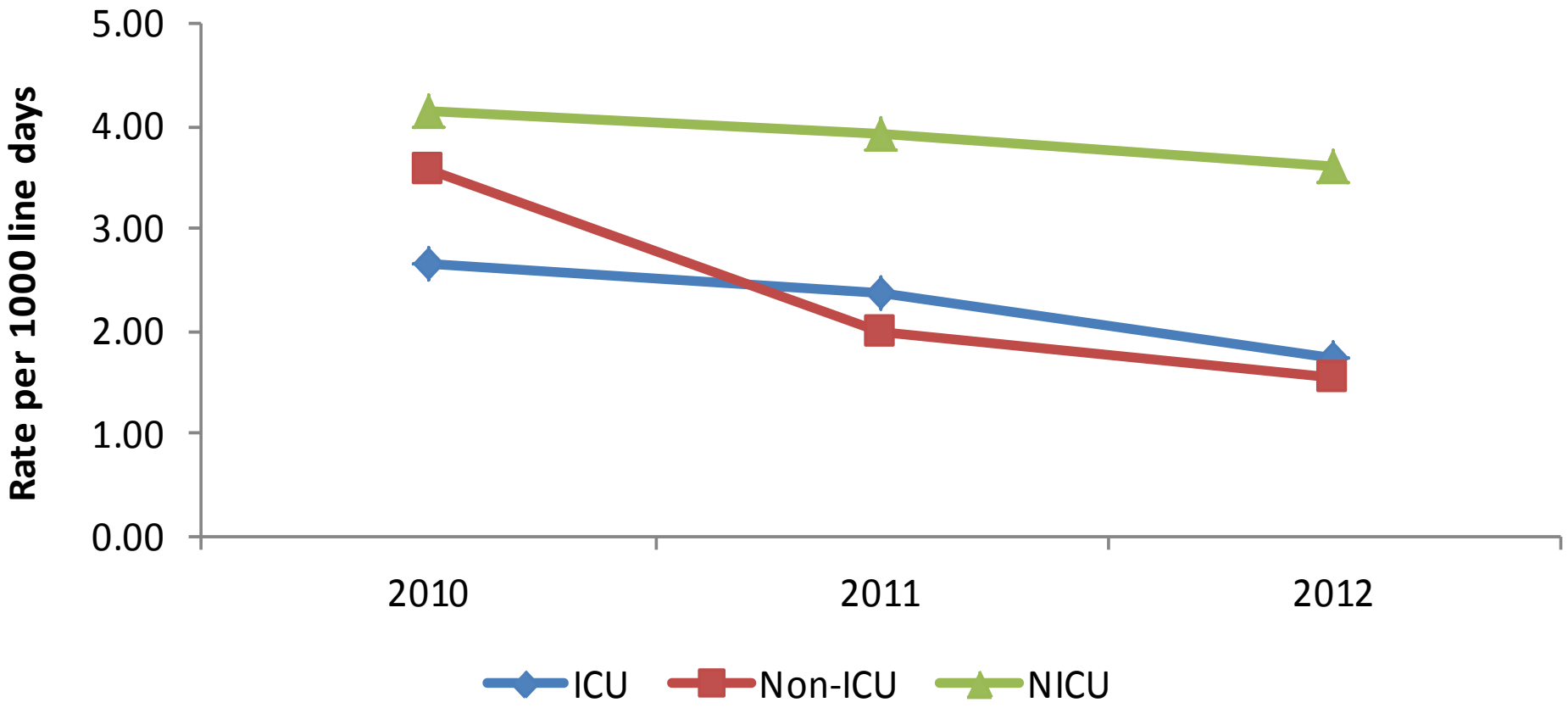
Consecutive months without a VAP

	2008	2009	2010	2011	2012
HOSPITALS					
BELLEVUE MICU	4	10	4	12	12
BELLEVUE SICU	7	5	12	5	12
BELLEVUE CCU	9	12	12	12	12
BELLEVUE NSICU	12	12	12	12	12
CONEY ISLAND MICU	9	8	12	6	12
CONEY ISLAND SICU	12	12	12	9	12
CONEY ISLAND CCU	12	12	12	12	12
ELMHURST RICU	12	9	12	12	12
ELMHURST SICU	2	3	4	7	12
ELMHURST CCU	6	12	12	12	12
HARLEM M/SICU	12	12	12	12	12
HARLEM CCU	12	12	12	12	12
JACOBI MICU	3	5	3	5	6
JACOBI SICU	2	1	2	4	7
JACOBI CCU*	4	6	6	10	12
KINGS COUNTY MICU	12	12	7	9	9
KINGS COUNTY SICU	5	7	7	3	8
KINGS COUNTY CCU	7	12	12	11	12
KINGS COUNTY NSICU	9	4	4	2	4
LINCOLN MICU**	7	12	12	12	7
LINCOLN SICU**	4	8	2	8	8
LINCOLN CCU**	12	12	12	12	11
METROPOLITAN MICU	5	6	12	6	12
METROPOLITAN SICU	3	8	12	7	11
NORTH CENTRAL BRONX M/SICU	3	5	8	4	8
QUEENS M/SICU	4	4	4	3	8
WOODHULL M/SICU	12	12	4	12	10

Lower is Better

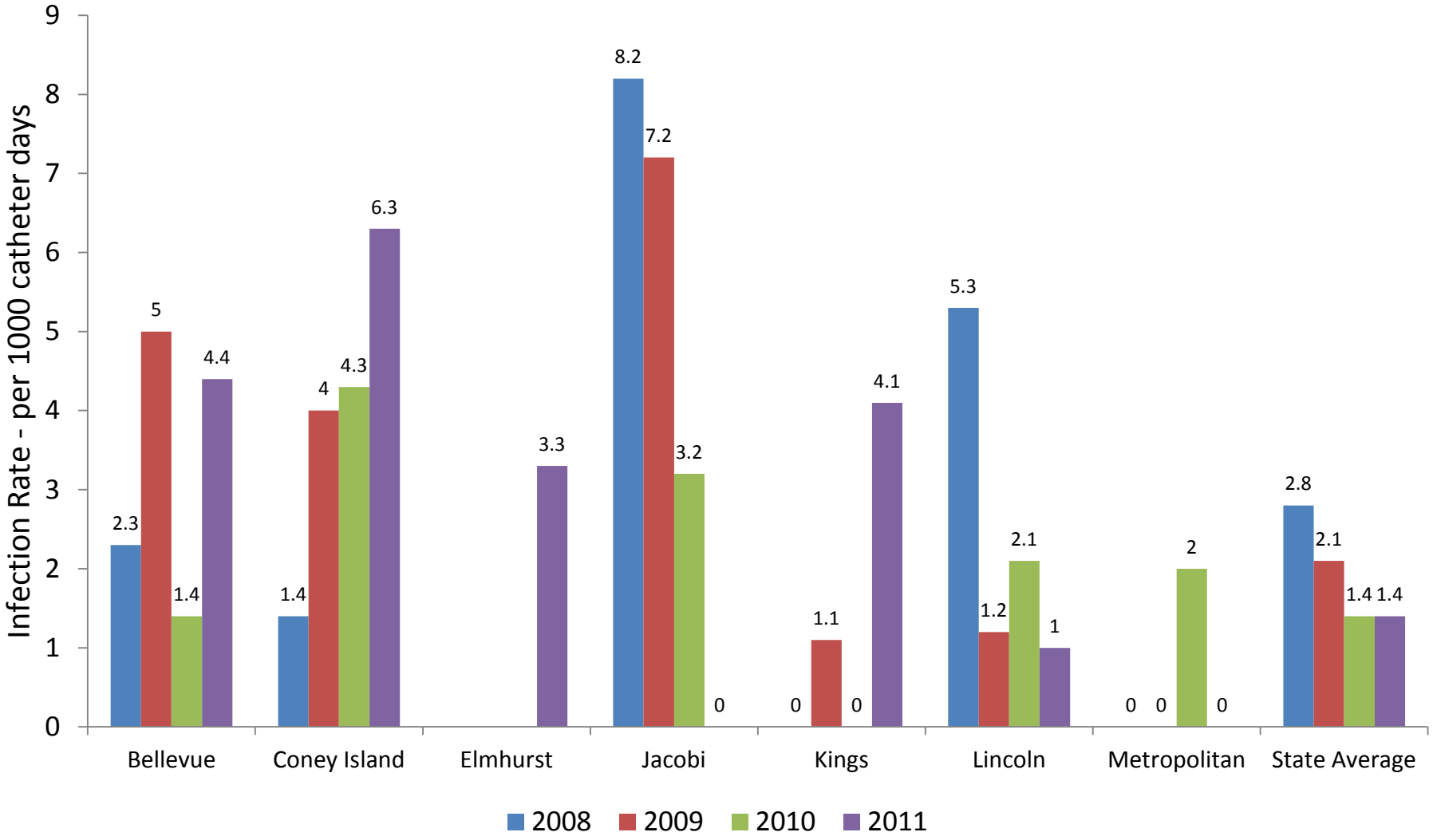
Higher is Better

CLABSI 2010 - 2012
Annual Corporate Rate

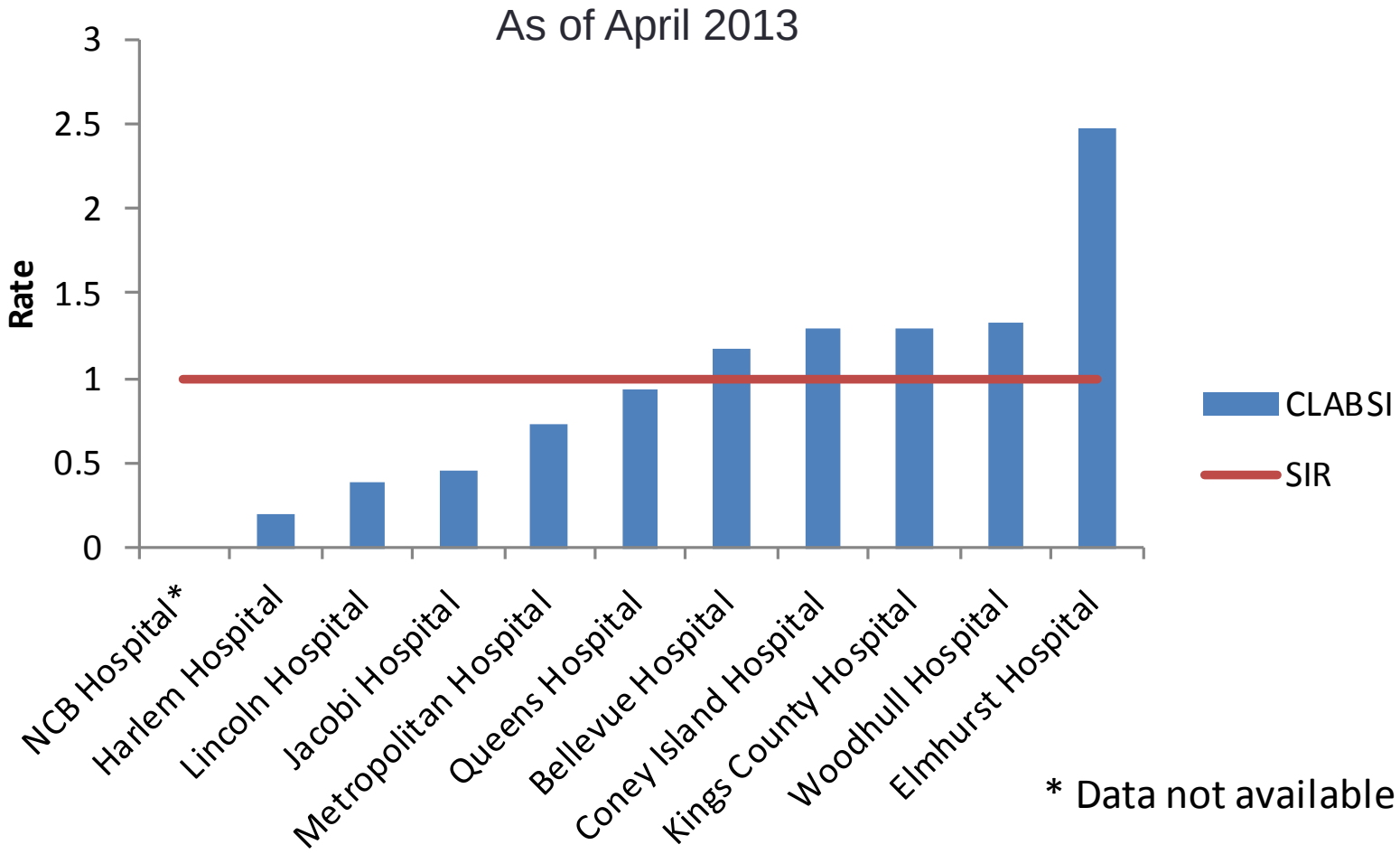


Data Source NHSN

CLABS Infection Rates, SICU 2008-2011



CLABSI Standardized Infection Rate (SIR)

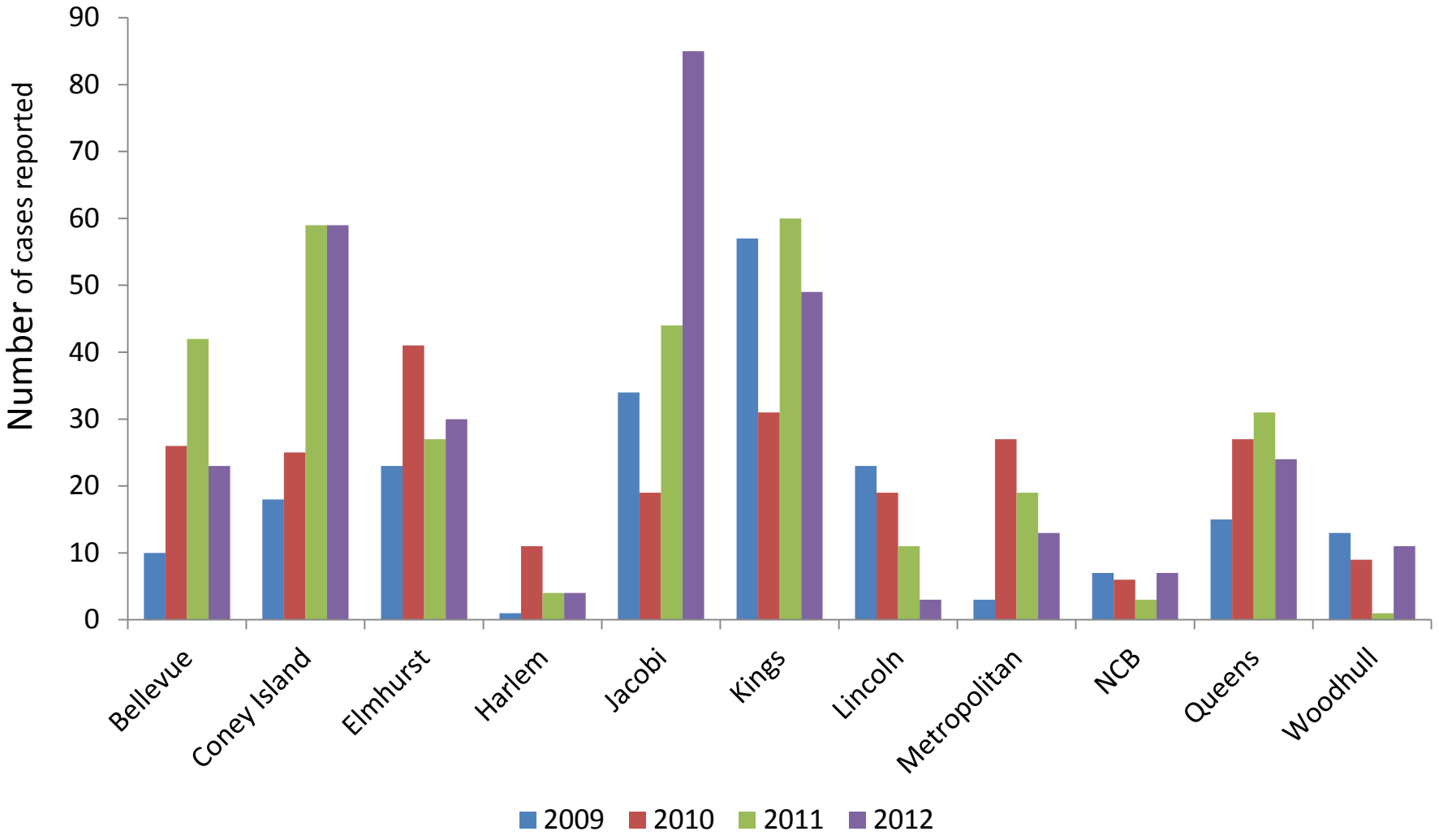


* Data not available

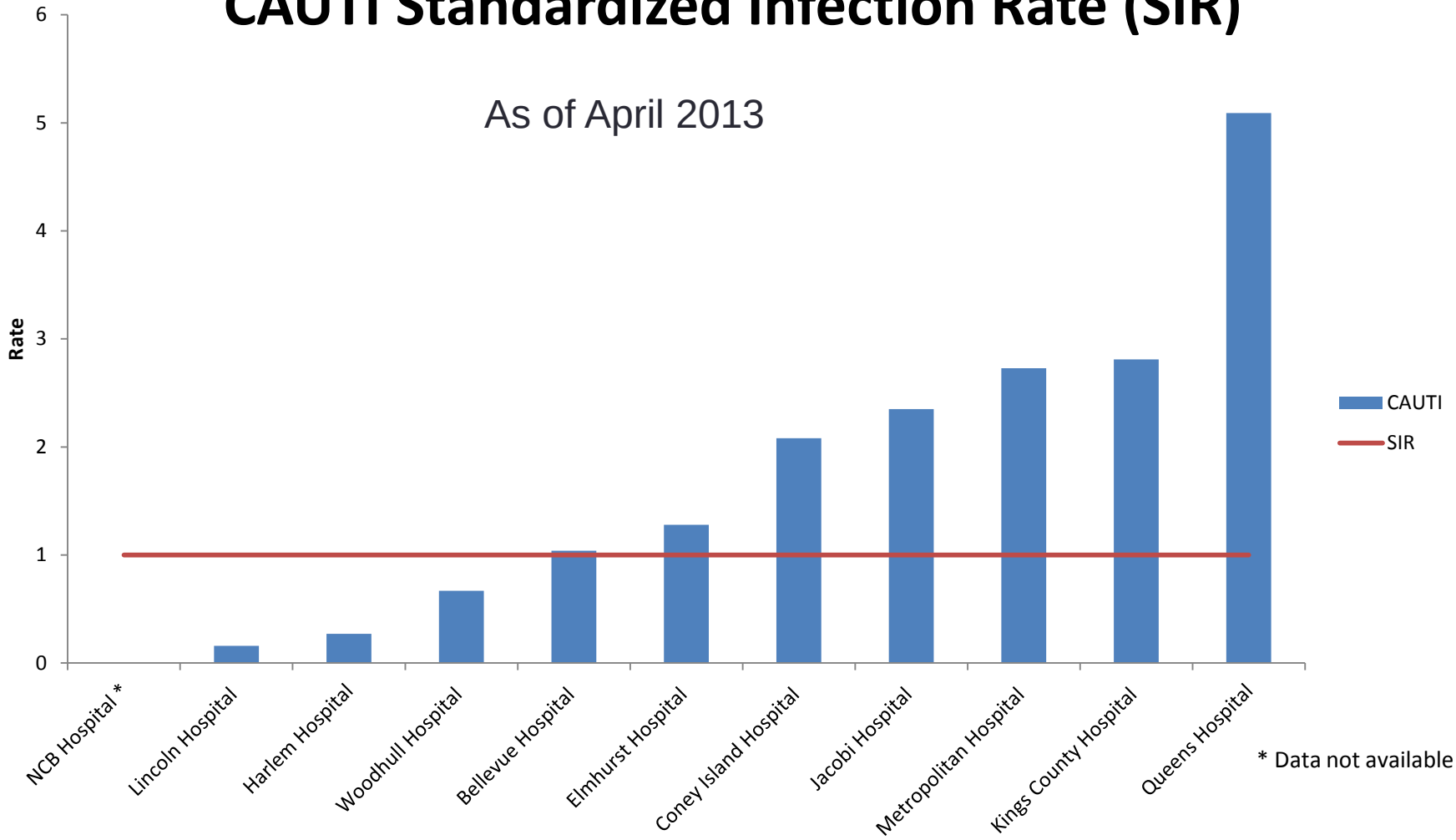
Data Source : CMS

Catheter Associated Urinary Tract Infection (CAUTI)

2009 - 2012



CAUTI Standardized Infection Rate (SIR)



* Data not available

Data Source CMS

Interventions

- Standardization of Processes and Equipment
  - Best Practice Bundles and Interventions across all sites
    - Clinical Guidelines for Central Venous Access Devices: Insertion, Maintenance, Access and Removal
    - Standardized Central Line Catheter
    - RCA's for HAI
    - Stop orders
    - Enhanced technology – line days, infection reporting
    - Enhancing and standardizing Antibiotic Stewardship
  - Equipment and Supplies
    - Supply Chain
    - Crothall
    - IP professionals
- Hospital Acquired Infection Prevention Steering Committee – multidisciplinary, multisite to set and monitor corporate strategy
- IPRO HAI program
    - All facilities are participating in both the CAUTI and the CLABSI initiative
- Using transparency
    - NYCHHC - www.nyc.gov/html/hhc/infocus
    - CMS - www.hospitalcompare.hhs.gov/hospital
    - NHSN - www.cdc.gov/nhsn
    - NYSDOH - www.health.state.ny.us/

Next Steps

State Level:

- Focus on hospitals with the highest and lowest infection rates to identify risk factors for infection and opportunities for improvement.
- Develop and disseminate to hospitals a policy describing how NYSDOH will respond when hospitals have high HAI rates for multiple years.
- Monitor the accuracy and timeliness of data being submitted, discuss findings with hospitals, ensure corrective action is taken, and provide technical assistance as needed.
- Provide hospitals with education and information about risk factors, strategies, and interventions and encourage adoption of policies and procedures to reduce risk and enhance patient safety.
- Evaluate and monitor the effect of prevention practices on infection rates and seek opportunities to enhance patient safety.
- Provide HAI data electronically on METRIX, and further develop the presentation of the data on the DOH website.
- Collaborate with other NYSDOH staff to investigate outbreaks and evaluate emerging trends.

NEXT STEPS

NYC Health and Hospitals Corporation Corporate & Facility Level

- Integration/Development of health information systems to support infection prevention and reporting
- Automation of Central Line Days and reporting of positive cultures
- New York State Hospital – Medical Home Grant:
  - Area of Participation
    - CLABSI Reduction
    - CAUTI Reduction
    - Neonatal Sepsis Reduction
    - Resident participation in QA process
- Corporate Goals: HHC's Hoshin Kanri plan includes reduction of CLABSI and CAUTI by 15% annually – we are on track

HHC's Care Plan Management System – Training and Launch Summary

Medical and Professional Affairs Board

May 2013

Irene Kaufmann
Sr. AVP, Office of Ambulatory Care Transformation
Paul Contino
Chief Technology Officer
Brian Maxey, LMSW
Assoc. Director, HHC Health Homes

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
nyc.gov/hhc

Care Plan Management System

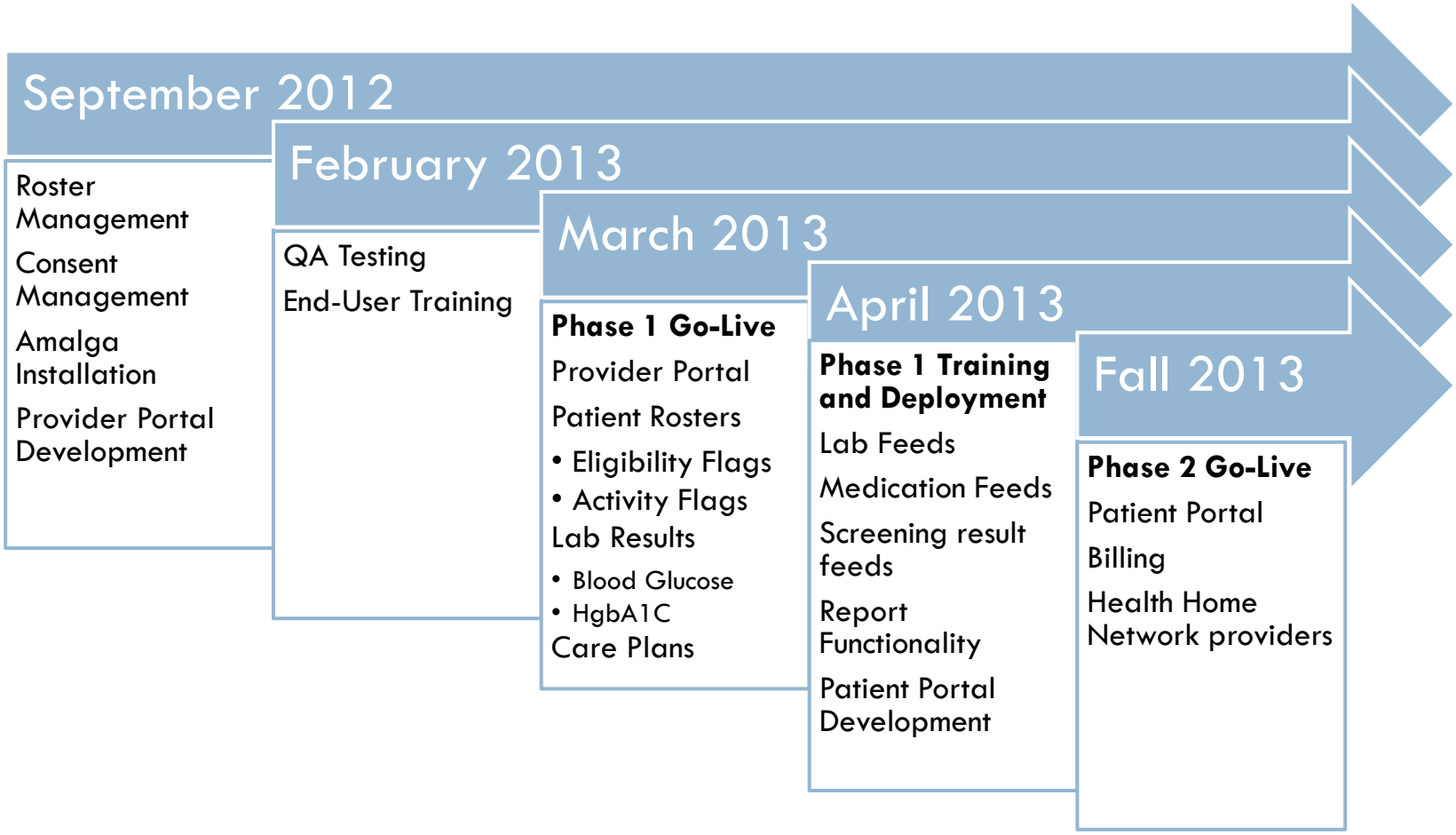
- Established to meet regulatory requirement and clinical need
  - a person-centered web-based inter-operable care plan
  - supports care coordination services for HHC's Patient Centered Medical Home (PCMH) and Health Home (HH) patient populations
  - is accessible to all members of the care team
  - documents, integrates, and tracks progress of patients' clinical and non-clinical health-care related needs, goals, and services (ranging from current medications and appointments to housing or entitlement needs)
  - provides patient portal with access to PHR and care plan

Care Plan Management System Functionality

- Functionality Targeted
  - Creates, updates and stores patient care plans
  - Provides automatic alerts & flags
  - Offers access to a provider portal and patient portal to patient's personal health record (PHR)
  - Provides a patient roster, panel and consent management
  - Provides care transitions tracking
  - Population based reports with drill-down to individual panels

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
nyc.gov/hhc

Implementation Time Line



Training and Deployment Process

- Training Process
  - 1 week on-site training
    - Hands on exercises to simulate program processes, end to end
  - Enhancements Training:
    - online update and release notes to users identifying changes
  - Remedial Training: via super-users
  - New Employees – CO Health Home

- CPMS Deployment Support Schedule
  - 1st week - onsite support by integrated project team and trainers
  - 2nd week – onsite support by project team
  - 3rd week – remote support by project team and trainers

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
nyc.gov/hhc

PHASE II

- Additional features to include
  - Alerts
  - Expanded reporting
  - Patient portals
  - Expanded Quadramed feeds
  - Medications feed
  - Billing
- Care Plan screens and functionality supporting
  - Collaborative Care - TEAMCare
  - PCMH
  - Transitions in Care
  - CBO's

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
nyc.gov/hhc

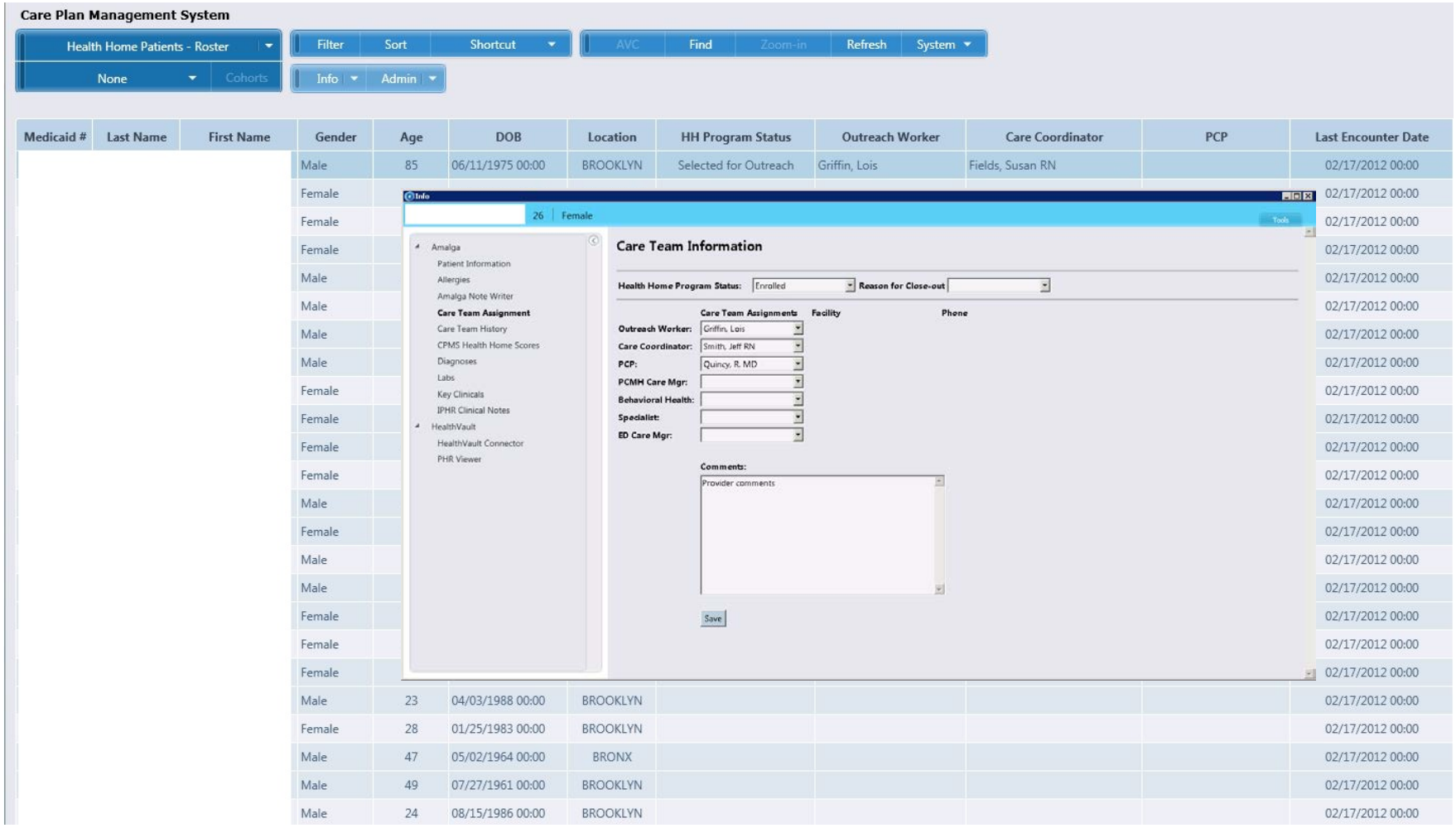
CPMS Training and Deployment Schedule

FACILITY NCIO/Adm MEETING DATE	USER TRAINING	PHASE ONE DEPLOYMENT DATE	FACILITY
3/18/13	3/28/2013	4/2/2013	**Kings**
4/8/13	4/22/2013 4/24/2013	4/29/2013	**Woodhull**
5/10/13	5/15/2013 5/16/2013	5/20/2013	**Lincoln**
5/22/13	5/29/2013 5/30/2013	6/3/2013	**Coney**
5/8/13	6/12/2013 6/13/2013	6/17/2013	**Metropolitan**
5/10/13	6/27/2013	7/1/2013	**Harlem**
5/8/13	7/10/2013 7/12/2013	7/15/2013	**Bellevue**
5/17/13	7/22/2013	7/29/2013	**Elmhurst-Queens**
TBD	8/5/2013	8/12/2013	**NCB/Jacobi**

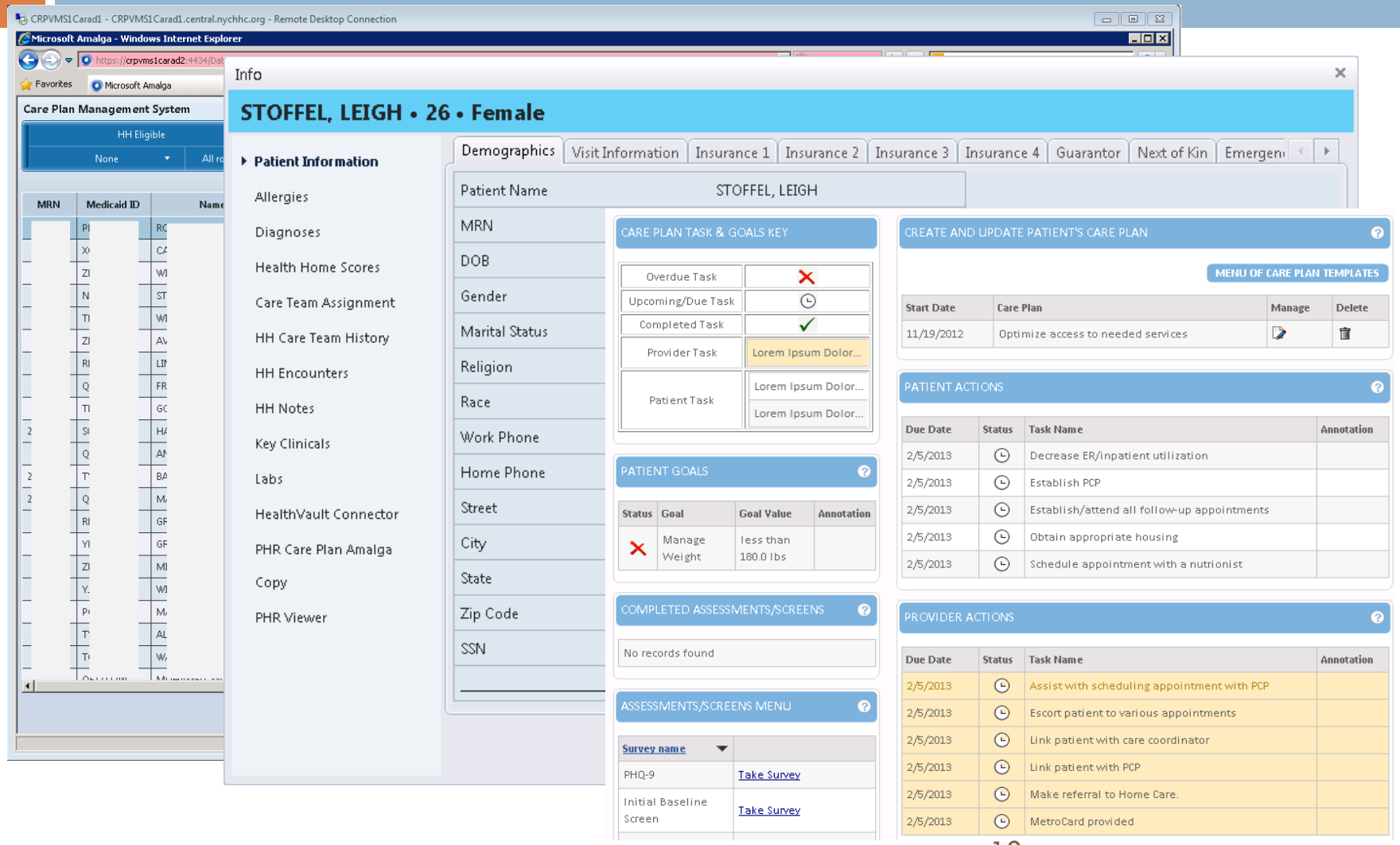
Selected Screen Shots

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
nyc.gov/hhc

Patient Roster Management



Care Plan Management System (CPMS)



Care Plan Modules – Provider View

MY CARE TEAM

ADD NEW ITEM

Name	Specialty	Phone Number	Email	Notes
Abdul Munim, MD	Primary Care Provider	718-802-3452	abdul.munim@nychhc.org	
George Watson	Health Home Care Coordinator	718-903-9055	george.watson@nychhc.org	
Alfred Chahine, MD	Behavioral Health Specialist	718-222-6600	alfred.chahine@nychhc.org	
Abbas Motazedi	Health Home Outreach Worker	718-674-3042	abbas.motazedi@nychhc.org	

HEALTH STATUS

A color-coded summary of your patient's most recent key health measures indicating whether the values are within the target range.

HIGH
Blood Pressure
Systolic: 150 mmHg
Diastolic: 95 mmHg
Last Taken: 1/23/2013

NORMAL
LDL Cholesterol
LDL ("bad cholesterol"): 90 mg/dL
Last Taken: 10/29/2012

NORMAL
A1C
A1C: 5.7%
Last Taken: 12/19/2012

Care Plan Modules – Provider View

PATIENT GOALS

Status	Goal	Goal Value	Annotation
✗	Blood Pressure less than 140/80	less than 140	This tracks the first number.
✗	Blood Pressure less than 140/80	less than 80	This tracks the second number.
✗	Increase physical activity/exercise	0 out of 1 task(s) completed	
✓	Quit Smoking	1 out of 1 task(s) completed	

PATIENT ACTIONS

Due Date	Status	Task Name	Annotation
1/2/2013	✗	Start My Mood Log	Assigned: 12/28/2012
1/23/2013	🕒	Call my Care Coordinator if I think I need to go to the emergency room (1-855-602-4663)	Assigned: 1/18/2013
1/23/2013	✓	I agree to try Nicotine patches or gum (nicotine replacement therapy)	Assigned: 1/18/2013
1/23/2013	✓	Identify Health Care Proxy	Assigned: 1/2/2013
1/23/2013	🕒	Walk 30 minutes a day	Assigned: 1/18/2013

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
nyc.gov/hhc

Care Plan Modules – Provider View

CURRENT MEDICATIONS

Show : Medications I currently take

ADD NEW ITEM

Medication Name	Date Started	Dosage	Frequency	Prescribed By	Source	Notes
Metformin / pioglitazone Oral Tablet [Actoplus Met 15/500]	1/2/2013	1 Tablets	Once a day	Dr. Abdul Munim	George Watson via InstantPHR provider portal	
WELLBUTRIN 100MG SR TABLET	1/2/2013	1 Tablets	Once a day	Dr. Abdul Munim	George Watson via InstantPHR provider portal	
LOPRESOR 100MG TABLET	1/2/2013	1 Tablets	Once a day	Dr. Abdul Munim	George Watson via InstantPHR provider portal	
Ginkgo biloba	3/8/2008	2 capsules	once a day		Self-Entered	

DISCONTINUED MEDICATIONS

Show : Medications I no longer take

Medication Name	Date Started	Dosage	Frequency	Date Discontinued	Source	Notes
WELLBUTRIN 50MG SR TABLET	12/3/2012	1 Tablets	Once a day	1/2/2013	George Watson via InstantPHR provider portal	
Vicks 44 Cold, Flu and Cough	3/1/2012	6 Tablespoons (tbsp)	Once a day	3/26/2012		
Cough Medicine	2/1/2010	2 TBS	morning and night	2/21/2010	Self-Entered	

ALLERGIES

ADD NEW ITEM

Allergy	Reaction	Date Of First Reaction	What To Do	Notes
TRAMADOL	URINARY RETENTION	3/11/2011		
Peanuts	(Moderate) Hives	8/3/1980		

14

Care Plan Management System - Demonstration

Brian Maxey, CSW

Associate Director, HHC Health Homes