

BOARD OF DIRECTORS MEETING
THURSDAY, JUNE 22, 2017
A•G•E•N•D•A

<p><u>CALL TO ORDER - 3:30 PM</u></p>	<p>Mr. Campbell</p>
<p>1. Adoption of Minutes: May 25, 2017</p>	
<p><u>Acting Chair’s Report</u></p>	<p>Mr. Campbell</p>
<p><u>Interim President’s Report</u></p>	<p>Mr. Brezenoff</p>
<p>>> <u>Action Items</u><<</p>	
<p>2. RESOLUTION authorizing the New York City Health and Hospitals Corporation (the “System”) to execute an agreement with McKesson Pharmacy Optimization to provide a Patient Assistance Program to the 11 acute care hospitals in the System over a 3 year term with 2 one- year extensions at the sole option of the System for a 15% recovery fee which, based on an estimated cost avoidance of \$42,500,000, will yield an estimated total compensation to McKesson which shall not exceed \$6,375,000; provided, the President shall have the authority to increase the payment to McKesson to equal 15% of any additional costs that are avoided in excess of the estimated \$42,500,000. (Med & Professional Affairs Committee – 06/13/2017 EEO: / VENDEX: Approved</p>	<p>Dr. Calamia</p>
<p>3. RESOLUTION authorizing the New York City Health and Hospitals Corporation (the “System”) to execute an agreement with Education and Assistance Corporation to provide transitional case management services under the Community Re-entry Assistance Network program (“CRAN”) over a five-year term, inclusive of two one-year renewal options, for a total not-to-exceed cost of \$28,639,875. (Med & Professional Affairs Committee – 06/13/2017) EEO: Approved / VENDEX: Pending</p>	<p>Dr. Calamia</p>
<p>4. RESOLUTION authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals” or the “System”) to take the necessary steps to implement a Digital Healthcare Network technology infrastructure platform, for a cost not to exceed \$109.1 million of New York State Delivery System Reform Incentive Program (“DSRIP”) capital reimbursable grant funds, over the next five years, including procuring the necessary contracts for: hardware; software; and staff augmentation to implement, configure and install hardware and software; all of such procurements to be effected in conformity with NYC Health + Hospitals’ Operating Procedure 100-5 but without further Board authorization; provided that the Enterprise Information Technology Services division of NYC Health + Hospitals shall make regular, periodic reports to the Board of Directors to detail such procurements and to report on the progress of the implementation program and track the same to the budget hereby established. (Information Technology (IT) Committee – 06/13/2017)</p>	<p>Ms. Youssouf</p>
	<p><i>(over)</i></p>

5. RESOLUTION authorizing the NYC Health + Hospitals (“NYC Health + Hospitals” or the “System”) to take the necessary steps to create a **Population Health technology infrastructure platform**, for a cost not to exceed \$81.3 million of New York State (“NYS”) Delivery System Reform Incentive Program (“**DSRIP**”) **capital reimbursable grant** funds over the next five years, including procuring the necessary contracts for: hardware; software; and staff augmentation to implement, configure and install hardware and software; all of such procurements to be effected in conformity with NYC Health + Hospitals’ Operating Procedure 100-5 but without further Board authorization; provided that the Enterprise Information Technology Services division of NYC Health + Hospitals (“EITS”) shall make regular, periodic reports to the Board of Directors to detail such procurements and to report on the progress of the implementation program and track the same to the budget hereby established.
(Information Technology (IT) Committee – 06/13/2017)

Committee Reports

- Information Technology
- Medical & Professional Affairs

Subsidiary Board Reports

- MetroPlus Health Plan, Inc.
- HHC Capital Corporation
- HHC Accountable Care Organization HHC | ACO

Executive Session / Facility Governing Body Report

- NYC Health + Hospitals | Elmhurst

Semi-Annual Governing Body Report (Written Submission Only)

- NYC Health + Hospitals | Bellevue

2016 Performance Improvement Plan and Evaluation (Written Submission Only)

- Morrisania Diagnostic & Treatment Center | Gotham Health

>>Old Business<<

>>New Business<<

Adjournment

Ms. Youssouf

**Ms. Youssouf
Dr. Calamia**

**Mr. Rosen
Mr. Campbell
Mr. Brezenoff**

Mr. Campbell

NYC HEALTH + HOSPITALS

A meeting of the Board of Directors of NYC Health + Hospitals was held in Room 532 at 125 Worth Street, New York, New York 10013 on the 25th day of May 2017 at 3:00 P.M. pursuant to a notice which was sent to all of the Directors of NYC Health + Hospitals and which was provided to the public by the Secretary. The following Directors were present in person:

Mr. Gordon J. Campbell
Mr. Stanley Brezenoff
Ms. Helen Arteaga Landaverde
Dr. Mary T. Bassett
Dr. Gary S. Belkin
Dr. Jo Ivey Boufford
Dr. Vincent Calamia
Barbara A. Lowe, R.N.
Mr. Robert Nolan
Mr. Mark Page
Mr. Bernard Rosen

Karen Lane was in attendance representing Commissioner Steven Banks, and Deborah Brown was in attendance representing Dr. Herminia Palacio, each in a voting capacity.

Mr. Gordon Campbell chaired the meeting and Mr. Salvatore Russo, Secretary to the Board, kept the minutes thereof.

ADOPTION OF MINUTES

The minutes of the meeting of the Board of Directors held on April 27, 2017 were presented to the Board. Then on motion made by Mr. Campbell and duly seconded, the Board unanimously adopted the minutes.

1. **RESOLVED**, that the minutes of the meeting of the Board of Directors held on April 27, 2017, copies of which have been presented to this meeting, be and hereby are adopted.

CHAIRPERSON'S REPORT

Mr. Campbell thanked the Board members who participated in the annual public meetings held at NYC Health + Hospitals/Sea View on May 10, 2017 and NYC Health + Hospitals/Coney Island on May 17, 2017. He also announced the remaining public meetings: NYC Health + Hospitals/Harlem on June 7, 2017; and NYC Health + Hospitals/Elmhurst on June 14, 2017.

Mr. Campbell received the Board's approval to appoint Ms. Barbara Lowe and Ms. Helen Artega Landaverde to the NYC Health + Hospitals Finance Committee.

Dr. Vincent Calamia reported on the public meeting held at Sea View. He stated that the new ambulatory center in Staten Island was regarded as a positive addition to the community.

Mr. Campbell thanked Ms. Lowe for her participation in the leadership session at NYC Health + Hospitals/Coler. Ms. Lowe reported that the session was positive, the residents are getting the care they need, and that the staff did well in all areas of the survey.

Dr. Mary Bassett shared her positive impression of her visit to the Simulation Center, and described it as a very rich learning resource. Dr. Bassett also participated in grand rounds at Health + Hospitals/Coney Island and reported that, due to the rising opioid mortality problem in that area, the System is launching a public health campaign where representatives from the Health

Department will go door to door to individual medical practices and hospitals to teach how to responsibly prescribe pain medication.

Mr. Campbell updated the Board on approved and pending Vendex.

PRESIDENT'S REPORT

Mr. Brezenoff's remarks were in the Board package and made available on HHC's internet site. A copy is attached hereto and incorporated by reference.

INFORMATION ITEMS

Mr. John Jurenko, Vice President, Intergovernmental Relations, updated the Board on the Federal Fiscal Year '18 Budget and the impact of Medicaid cuts, as well as the implications of the potential repeal of the Affordable Care Act.

Mr. Sal Guido, Senior Vice President, updated the Board on security measures being taken to prevent system-wide cyber attacks.

Dr. Jo Ivey Boufford provided the Board with an overview on One New York: New York Health Care for Our Community as it relates to the restructuring of clinical services to meet community needs.

Dr. Anna Flattau, Chief Clinical Officer at OneCity Health, reported on the rollout of enhanced palliative care services system-wide.

ACTION ITEMS

RESOLUTION

2. Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals" or the "System") to take the **necessary steps to implement a platform** that will integrate **Epic revenue cycle modules** with existing Epic clinical modules at a cost not to exceed \$138,710,297 in operating funds and \$150,407,693 capital funds, which is allocated in the City's Capital Budget, over the next five years including procuring the necessary contracts for: staff augmentation to implement, configure and install the modules; the necessary hardware; software maintenance and subscriptions; hardware maintenance; and training services and facilities all of such procurement to be effected in conformity with NYC Health + Hospitals' Operating Procedure 100-5 but without further Board authorization provided that the GO Enterprise unit of the Enterprise Information Technology Services division of NYC Health + Hospitals ("EITS") shall make regular periodic reports to the Board of Directors to detail such procurement and to report on the progress of the implementation program and track the same to the budget hereby established.

Mr. Campbell moved the adoption of the resolution which was duly seconded and unanimously adopted by the Board.

RESOLUTION

3. Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals" or the "System") to enter into a contract with **Manatt Health**, a division of Manatt, Phelps & Phillips LLP ("Manatt") to **prepare a clinical services plan** for the System, including how to staff such services, system wide, facility by facility, taking into account the affiliation workforce as well as GME impact, over a twenty week period for an amount not to exceed \$4,225,000.

Dr. Calamia moved the adoption of the resolution which was duly seconded and unanimously adopted by the Board.

RESOLUTION

4. Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to approve a **Capital Project** for an amount not to exceed \$5,783,618 for planning, pre-

construction, design, construction and construction management services necessary for the **Upgrade of Fire Alarm Systems** in the "ABC" and "T" Buildings at NYC Health + Hospitals/**Kings County**.

Mr. Page moved the adoption of the resolution which was duly seconded and unanimously adopted by the Board.

RESOLUTION

5. Authorizing the New York City Health + Hospitals (the "Health Care System") to execute a revocable **license agreement** with the **New York City Department of Health and Mental Hygiene** for use and occupancy of approximately 2,480 square feet of space on the 6th floor of the Kountz Pavillion for the operation of the **New York City Nurse-Family Partnership** program at Harlem Hospital Center for an annual occupancy fee of \$124,000.

Mr. Page moved the adoption of the resolution which was duly seconded and adopted by the Board by a vote of eleven in favor, with Dr. Bassett and Dr. Belkin recusing themselves.

RESOLUTION

6. Authorizing the New York City Health and Hospitals Corporation ("NYC Health & Hospitals") to execute a **lease agreement** with RXR 32 Old Slip Owner LLC for a ten year term for approximately 20,567 square feet of space on the 5th floor at 32 Old Slip Borough of Manhattan, to house the **NYC Health + Hospitals' Office of the Inspector General** at a base rent of \$52 per square foot for the first five years of the term, \$35 per square foot or \$712,988 for the first year of the term after factoring four months of free rent, \$39 per square foot or \$802,112 per year for each of the second and third years of the term after factoring three months of free rent for each year and a base rent of \$57 per square foot or \$1,172,319 per year for years six through ten for a total base rent of \$10,317,775 over the ten year term.

Mr. Page moved the adoption of the resolution which was duly seconded and unanimously adopted by the Board.

RESOLUTION

7. Authorizing the New York City Health and Hospitals Corporation ("NYC Health & Hospitals") to designate the auditorium at NYC Health + Hospital/Gouverneur as the Dr. Emily D. Barringer Community Hall in honor of Dr. Emily Dunning Barringer.

Mr. Page moved the adoption of the resolution which was duly seconded and unanimously adopted by the Board.

BOARD COMMITTEE REPORTS

Attached hereto is a compilation of reports of the NYC Health + Hospitals Board Committees that have been convened since the last meeting of the Board of Directors. The reports were received by Mr. Campbell at the Board meeting.

Mr. Campbell received the Board's approval to convene an Executive Session to discuss matters of quality assurance, potential litigation and personnel.

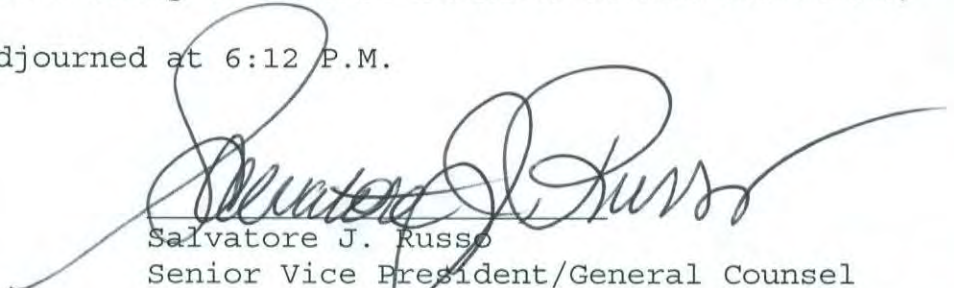
FACILITY GOVERNING BODY/EXECUTIVE SESSION

The Board convened in Executive Session. When it reconvened in open session, Mr. Campbell reported that, (1) the Board of Directors, as the governing body of NYC Health + Hospitals/Jacobi and NYC Health + Hospitals/North Central Bronx, received oral governing body submissions and reviewed, discussed and adopted the facilities' reports presented; and (2) as governing body of NYC Health + Hospitals/Harlem, the Board reviewed and approved its semi-annual written report.

The Board also received and approved the 2016 performance improvement plan and evaluation from NYC Health + Hospitals/Gouverneur/Gotham Health.

ADJOURNMENT

Thereupon, there being no further business before the Board, the meeting was adjourned at 6:12 P.M.



Salvatore J. Russo
Senior Vice President/General Counsel
and Secretary to the Board of Directors

COMMITTEE REPORTS

Capital Committee – May 9, 2017

As reported by Mr. Mark Page

Committee and Other Board Members Present: M. Page, G. Campbell, S. Brezenoff, E. Youssouf, J. Bolus, R. Nolan

VICE PRESIDENT'S REPORT

Mr. Page asked that the Vice President's Report be provided at the end of the meeting, if necessary, in the interest of saving time.

Action Items:

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to approve a Capital Project for an amount not to exceed \$5,783,618 for planning, pre-construction, design, construction and construction management services necessary for the Upgrade of Fire Alarm Systems in the "ABC" and "T" Buildings (the "Project") at NYC Health + Hospitals / Kings County (the "Facility").

Sheldon McLeod, Deputy Executive Director, New York City Health + Hospitals / Kings County, read the resolution into the record on behalf of Ernest Baptiste, Executive Director, New York City Health + Hospitals / Kings County. Mr. McLeod was joined by Daniel Gadioma, Associate Director, New York City Health + Hospitals / Kings County.

Mr. McLeod explained that this resolution had been presented at the April meeting, and there were questions and concerns about the 1968 code, to which the project is said to meet. He explained that although the code was considered the 1968 code, it was in fact a more current code, including a number of amendments, some from as recently as the early 2000s. Mr. Page said he also understood that to be the case, and was aware that the code had changed very much over the years, while still being known as the 1968 code.

Roslyn Weinstein, Vice President, Operations, explained that the project was required to be designed to the 2005 amendment to the 1968 code, and that this project followed all FDNY guidelines for what needed to be prepared and designed to make the A, B, C, and T Buildings meet fire safety requirements.

Emily Youssouf asked what the difference was between the older, amended code, and the most recent code, how the project would differ and the estimated cost differential.

Ms. Weinstein advised that the 2014 code asked for pressurized stairwells and two-hour rated conduits for cabling (communication). Creating pressurized stairwells in these old buildings would cost upwards of \$30 million, as it would require major infrastructure work. The FDNY confirmed that they have had no issue communicating within the stairwells.

Mr. Page noted that although the buildings all classify as "high-rise" they are on the very low end of that classification.

There being no further questions or comments, the Committee Chair offered the matter for a Committee vote.

On motion by the Chair, the Committee approved the resolution for the full Board's consideration.

Authorizing the New York City Health and Hospitals Corporation (the "NYC Health + Hospitals") to execute a lease agreement with RXR 32 Old Slip Owner LLC for a ten year term for approximately 20,567 square feet of space on the 5th floor at 32 Old Slip Borough of Manhattan, to house the NYC Health + Hospitals' Office of the Inspector General ("H+H OIG") at a base rent of \$52 per square foot for the first five years of the term, \$35 per square foot or \$712,988 for the first year of the term after factoring four months of free rent, \$39 per square foot or \$802,112 per year for each of the second and third years of the term after factoring three months of free rent for each year and a base rent of \$57 per square foot or \$1,172,319 per year for years six through ten for a total base rent of \$10,317,775 over the ten year term.

Jonathan Weiner, Inspector General, Office of the Inspector General, read the resolution into the record.

Mr. Weiner explained that a reengineering of the office took place in October of 2015, and the staff of 23 became a staff of 61 and the present space is not adequate. He noted that while staff had increased 165%, a 24% increase of space was being requested, from 16,500 square-feet to 20,567 square-feet.

Ms. Youssef asked what would happen to their existing space and if there were a lease being broken. Ms. Weinstein said there were ample space needs and it would be occupied very quickly.

Ms. Youssef asked how the rents compare in the new space and the old space. Jeremy Berman, Deputy Council, stated that space at 160 Water Street was below market rate and the new space at Old Slip was at market rate. Mr. Berman noted that the benchmark for market rate was the previously approved space at Maiden Lane that would have housed the group, but fell through. This lease for space at Old Slip is less expensive than the space at Maiden Lane.

Ms. Youssef asked what happened to the Maiden Lane space. Mr. Weiner said that the plan for all New York City Offices of the Inspector General to be housed together was changed and the group needed to find their own space.

Mr. Berman explained that over the first three years of the term Health and Hospitals would be receiving nearly a year of free rent.

Ms. Youssef asked why the lease included real estate tax. Mr. Berman said that we pay our proportionate share. Ms. Youssef asked why. Mr. Berman explained that it was a use and ownership requirement. A special arrangement was made at 55 Water Street because the structure of the building considers the space leased to Health + Hospitals as a condominium.

There being no further questions or comments, the Committee Chair offered the matter for a Committee vote.

On motion by the Chair, the Committee approved the resolution for the full Board's consideration.

Authorizing the NYC Health + Hospitals (the "Health Care System") to execute a revocable five year license agreement with the New York City Department of Health and Mental Hygiene (the "Licensee") for use and occupancy of approximately 2,480 square feet of space on the 6th floor of the Kountz Pavilion for the operation of the New York City Nurse-Family Partnership program at Harlem Hospital Center (the "Facility") for an annual occupancy fee of \$124,000.

Ebone Carrington, Chief Executive / Chief Operating Officer, Harlem Hospital Center, read the resolution into the record.

Mrs. Carrington explained that Department of Health and Mental Hygiene (DOHMH) managed program served an estimated 1,700 clients in all five boroughs. The program was partially grant funded and had been operating at Harlem since 2003 at Harlem. Harlem was now looking for DOH to take the program over, as it was a wonderful program for the community but was operating at a loss for Health + Hospitals.

There being no questions or comments, the Committee Chair offered the matter for a Committee vote.

On motion by the Chair, the Committee approved the resolution for the full Board's consideration.

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to designate the auditorium at NYC Health + Hospitals/Gouverneur ("Gouverneur") as the Dr. Emily D. Barringer Community Hall in honor of Dr. Emily Dunning Barringer.

Martha Sullivan, Chief Executive Officer, New York City Health + Hospitals / Gouverneur, read the resolution into the record.

Mrs. Sullivan said she had learned about Dr. Barringer years ago while her work was being recognized and felt it appropriate that the room be named after her. She noted that the auditorium was a heavily utilized space, not only by Health + Hospitals, as conference space, but also by the Community.

Mrs. Sullivan provided highlights of Dr. Barringer's many accomplishments.

There being no questions or comments, the Committee Chair offered the matter for a Committee vote.

On motion by the Chair, the Committee approved the resolution for the full Board's consideration.

Mr. Page asked Ms. Weinstein if there was information she would like to discuss, being that her report was postponed from the beginning of the meeting. Ms. Weinstein said no, all her talking points were included.

Community Relations Committee – May 2, 2017

As reported by Josephine Bolus, RN

Committee Members Present: J. Bolus, H. Arteaga-Landeverde, R. Nolan, S. Brezenoff

Chairperson’s Report

Before presenting her report Mrs. Bolus asked that special recognition be given for Ms. Virginia Granato who passed away on Sunday, April 30th. Mrs. Bolus added that everyone knew Virginia as the founding Chairperson of the Carter CAB and as a most thoughtful member of the CABs Council. She went on to say that Ms. Granato lived practically her whole lifetime in her respirator-equipped, motorized wheelchair, yet with omnipresent, never-deterred, mobility. She was an early resident of Roosevelt Island, where she declared her “life was saved” from “infantile paralysis” at the old Goldwater City Hospital. Mrs. Bolus noted that Ms. Granato was a truly inspirational leader and spokesperson for the disabled on the Island and across the City. She will forever be remembered as someone who fully dedicated her life to the health and health care of all of the people of our City. Mrs. Bolus asked for a moment of silence in memory of Virginia Granato.”

Mrs. Bolus began her report by reminding all of the upcoming NYC Health + Hospitals’ Annual Public meetings. Mrs. Bolus added that the Bronx meeting was held on April 19th at Jacobi and was well attended. She continued and noted that at that meeting, President Brezenoff discussed some of the national recognitions that NYC Health + Hospitals Bronx facilities had received including Jacobi’s designation as a Level 1 Trauma Center. He also shared that Jacobi, Lincoln and NCB had exceeded national standards established by the American Heart Association and the American Stroke Association. The schedule for the remaining meetings are as follows:

- **For Staten Island:** Wednesday, May 10th at 6pm at Sea View
- **For Brooklyn:** Wednesday, May 17th at 6pm at Coney Island
- **For Manhattan:** Wednesday, June 7, 2017 at 6pm at Harlem
- **For Queens:** Wednesday, June 14th at 6pm at Elmhurst

Mrs. Bolus continued by highlighting key NYC Health + Hospitals’ events that occurred since the March 7, 2017 meeting . She reported the following:

- MetroPlus had announced its opening of new community locations in Brooklyn, Queens, and Staten Island. Mrs. Bolus noted that the three sites would serve as resource centers for New Yorkers to get answers to health insurance program questions and receive assistance to enroll in plans such as Child Health Plus, Medicaid, Qualified Health Plans and the Essential Plan. Health care specialists who speak English, Chinese, Spanish, and a number of other languages are available at most MetroPlus community locations. The new community sites are the following:
 - MetroPlus at Flushing’s Skyview Mall in Queens
Open Monday through Saturday: 9:30 a.m. to 9 p.m.
Sunday: 11 a.m. to 7 p.m.
 - MetroPlus at Staten Island Mall on Staten Island
Open Monday through Saturday: 10:00 a.m. to 9 p.m.
Sunday: 11 a.m. to 6:00 p.m.
 - MetroPlus in Sunset Park in Brooklyn
807 48th Street, 2nd Floor
Open Monday through Saturday: 9 a.m. to 5 p.m.
Sunday: Closed
- NYC Health + Hospitals hosted five Immigrant Health Care Rights panel discussions across the City to help educate immigrant communities and provide access to information and resources. The panel included representatives from NYC Health + Hospitals, Mayor’s Office of Immigrant Affairs, New York Immigration Coalition, and New York Legal Assistance Group. Forums addressed a variety of important health care topics affecting immigrants, such as health care

rights, access to care, services and programs for immigrants, and privacy concerns regarding immigration status. Forums were held at Elmhurst, Kings Harlem and Lincoln.

- Announced that the Jacobi Community Advisory Board in conjunction with the Auxiliary would host its Annual Mental Health Conference on Thursday, May 18, 2017 at 6pm at Jacobi's Conference Center. Mrs. Bolus continued and stated that "this conference will be dedicated to the memory of Blanche Comras-Rifkin who was a longstanding CAB member and community activist." The theme of the conference is "Living with Stability and Dignity," which would highlight the need for safe and supportive housing for individuals with mental illness.
- Announced planning had begun on this year's annual Marjorie Matthews Recognition event, which will be held in July. The date and location of this event would be finalized shortly and shared with CAB and Auxiliaries. Mrs. Bolus noted that the Marjorie Matthews event will be held in lieu of a July Community Relations Committee meeting. As such, the next Community Relations Committee meeting will be held on September 12th.
- Invited CAB members and facility staff to participate in the Canarsie Memorial Day Walk to honor Veterans. The walk will be held from 10:30am – 2:00pm.

Mrs. Bolus concluded her report by acknowledging the leadership staff in attendance. They were:

- David Weinstein, Chief Executive Officer, NYC Health + Hospitals/McKinney
- Milton Nunez, Chief Executive Officer, NYC Health + Hospitals/Lincoln
- Ebone Carrington, Chief Executive Officer, NYC Health + Hospitals/Harlem

Interim President's Remarks:

Mr. Stanley Brezenoff greeted Committee members, CAB Chairs and invited guests. The following overview was presented:

- Washington continues to roil the nation's health care landscape with reports of a revived attempt to repeal and replace the Affordable Care Act (ACA). Mr. Brezenoff continued and noted that the latest version would be a grave disservice to the Nation. He added that the House of Representatives are expected to pass the bill on Thursday, May 4th.
- In the event that the House pass the bill, as a result of their action hundreds of thousands New Yorkers are a step closer to being stripped of their health insurance coverage. Mr. Brezenoff noted that repealing the Affordable Care Act would cut billions from the Medicaid program resulting in huge setbacks to work that had been done to make New Yorkers healthier.

Mr. Brezenoff concluded his remarks by reiterating NYC Health + Hospitals commitment to its immigrant community. He noted that NYC Health + Hospitals joined with the Office of Immigrant Affairs to restate to our immigration population that NYC Health + Hospitals will continue to honor their right to privacy. He continued and reported that the Mayor opposes any harm to NYC safety net hospitals and is very active in making it clear to the immigrant communities that NYC Health + Hospitals remains committed to serving all, regardless of immigration status and without fear of federal authority.

Community Advisory Board (CAB) Annual Reports

NYC Health + Hospitals/McKinney

Mrs. Bolus introduced Mr. Antoine Jean-Pierre, Chairperson of NYC Health + Hospitals/McKinney and invited him to present the CAB's annual report.

Mr. Jean-Pierre began his presentation by thanking members of the Committee for the opportunity to present the McKinney CAB's annual report. He presented the following summary:

- Informed members of the Committee and invited guests that under the leadership of David Weinstein, Chief Executive Officer and Charmaine Lewis, Deputy Executive Director McKinney remains the Waldorf of Post-Acute Care. He went on to explain the reason for great achievements supports the principles and transformational goals of keeping the focus on the residents, ensuring their greatest experiences and expectations of quality care is met.

- Highlighted several in-house activities that occurred over the past year. They were: GO Red Event, Black History Month, Father's Day Event Resident's Art Expo and the Annual Summer Youth Employment Program. Mr. Jean-Pierre noted that The CAB's annual resident satisfaction survey was completed with excellent outcomes.
- Reported that the senior staff of McKinney along with the joint labor team continued to recognize staff during monthly ceremony. He note that Angela Cooper, CAB Liaison had been honored by the Trinidad and Tobago Nurses Association for her outstanding community stewardship services.
- Pharmacy improvement project would allow McKinney pharmacy to align themselves with services of Central Admixture Pharmacy Services (CAPS) to provide IV nutrition (food) for critically ill residents. This team approach will enable McKinney to be in the lead in serving the complex nutritional needs of special residents.

Mr. Jean-Pierre concluded his report by congratulating NYC Health + Hospitals/McKinney's leadership and staff on receiving a five star rating from the Centers of Medicare and Medicaid Services. Mr. Jean-Pierre added the CAB will continue to support McKinney in all its endeavors to ensure quality health care at NYC Health + Hospitals/ McKinney

A pictorial report of NYC Health + Hospitals/ McKinney year in review was distributed.

NYC Health + Hospitals/Woodhull

Mrs. Bolus introduced Mr. Talib Nichiren, Chairperson, NYC Health + Hospitals/Woodhull and invited him to present the CAB's annual report.

Mr. Nichiren began his presentation with a warm welcome to the Committee members, CAB Chairpersons and invited guests.

Mr. Nichiren informed members of the Committee that in lieu of giving the NYC Health + Hospitals/Woodhull CAB's annual report he would address health care concerns of the North Brooklyn community.

Mr. Nichiren reported that the community is in a "crossroad" in light of a recent NY Post article that implied the City municipal hospitals will lay off as many as 600 employees in coming months to help close a deficit estimated at \$1.1billion FY 2018. Mr. Nichiren continued and asked members of the Committee and current administration to be very mindful of the patients served. He went on to say that the north Brooklyn community is dependent upon NYC Health + Hospitals/ Woodhull.

Mr. Nichirin concluded the Woodhull CAB report by asking for transparency and community input. He added that transformation plans should be shared with the community so that Woodhull patients can continue to get the great services they deserve.

NYC Health + Hospitals/Lincoln

In the excused absence of Lincoln CAB Chairperson, George Rodriguez, Mrs. Bolus introduced Carmen Benitez, and invited her to present the CAB's annual report.

Ms. Benitez began the NYC Health + Hospitals/Lincoln CAB Report by thanking members of the Committee for the opportunity to present. Ms. Benitez continued and acknowledged Mr. Milton Nunez, CEO of Lincoln and Antonio Montalvo, CAB Liaison for their outstanding leadership and support.

The following overview was presented:

- Reported that the most significant health care concerns for the facility's catchment area is the budget deficit and how it would affect NYC Health + Hospitals/Lincoln patients.
- Reported that on Tuesday, April 11th Immigrant Health Care Rights forum was held. Ms. Benitez noted that the event was informative and well attended.
- Announced NYC Health + Hospitals/Lincoln had been recognized for outstanding patient care with a Leap Frog award.

Ms. Benitez concluded the Lincoln CAB report by thanking Cheryl Oliver, Senior Associate Director, Public Affairs for her support of the CAB's postcard campaign to Senator Charles Schumer supporting the Affordable Care Act.

Mr. Robert Nolan, Board member extended well wishes to George Rodriguez, Lincoln CAB Chair.

NYC Health + Hospitals/Harlem

Mrs. Bolus introduced Benita Stenbridge, Chairperson NYC Health + Hospitals/Harlem and invited her to present the CAB's annual report.

Ms. Benita began the Harlem CAB report by thanking members of the Committee for the opportunity to present and acknowledging Ms. Ebone Carrington, Chief Executive Officer and Philip Cooke, Associate Director, Public Affairs for always doing an excellent job and making the patient's experience a top priority. Ms. Stenbridge shared the following highlights:

- Harlem's infectious Disease Division received an unexpected notice of award from Public Health Solutions, Master Contractor for the New York City Department of Health and Mental Hygiene from City Council as designated funding to provide prevention, education, outreach and support services that support a statewide plan to decrease new HIV infections.
- NYC Health + Hospitals/Harlem was also selected to participate in the Historic National Institute of Health's Precision Medicine Initiative. This study will help to improve health outcomes nationally.
- Announced the Cooper Hewitt Smithsonian Design Museum selected the Vertis Hayes Mural entitled "The Pursuit of Happiness" which graces the facade of The Mural Pavilion at NYC Health + Hospitals/Harlem to be featured in their Exhibit "By The People: Designing A Better America."
- Reported the facility's strategic priority is to improve the Patient Experience, increase access, increase market share and outreach.
- Reported that the patient care committee of the CAB works closely with the hospital's Patient Experience Officer and Director of Guest Relations to serve as secret shoppers. Continued and noted that members of the CAB give real time reports on the Patient Experience.
- Reported that the CAB actively attends monthly hospital committee meetings such as: Patient Advocacy Committee, Patient Safety Committee, Patient Experience Committee Emergency Preparedness, and Medical/Dental Executive Committee.

Equal Employment Opportunity (EEO) Committee – May 2, 2017

As reported by Mr. Robert Nolan

Committee Members Present: R. Nolan, J. Bolus, H. Arteaga-Landaverde, S. Brezenoff

Dr. Rosa Colon-Kolacko, Senior Vice President and Chief People Officer, provided an update of the systems' Diversity and Inclusion strategies. She stated that with Matilde Roman, Chief Diversity and Inclusion Officer, we are analyzing workforce data to identify strengths and opportunities for the facilities and the system, at all workforce levels.

Mrs. Roman went on to say that at the March meeting, aggregate data was provided. We are now analyzing subsets of the data at the facility-level. We intend to correlate our workforce data with patient demographics as well as community group demographics information, available through the census, to better understand how our workforce compares to the patients and communities we serve. This will enable us to present a complete picture to the board at a future meeting.

Other elements in our strategy include the Cultural Competency/Health Literacy and LGBTQ Readiness Assessments that we recently conducted. We facilitated many key informant interviews and focus groups, and collected survey data on the perceptions of both our workforce and patient populations. We aim to assess how ready our workforce is to provide culturally competent health care services to our patients. This has never been done, and we expect it to enable us to better assess our strengths and gaps. We expect the findings and recommendations from the vendors performing the assessments, which include Culturalink and the National LGBT Health Education Center/Fenway Institute, will be released this summer.

In terms of community engagement, Dr. Colon-Kolacko and Mrs. Roman have been holding meetings at our facilities to inform immigrant patients of their rights, to let them know that they are safe at our facilities, and to emphasize our commitment to serving them. In addition, Mrs. Roman has given them information about New York City's many immigrant resources, including the Mayor's Office of Immigrant Affairs and the New York Immigration Coalition. We held these forums at Elmhurst, Harlem, and Lincoln and will continue to continue hosting these forums through May and June.

The system is also focused on trainings that equip the workforce to better serve our LGBTQ patients. The goal is to build general competencies on LGBT health care. We have created a clinical LGBTQ certification program that will enable our providers to be recognized as proficient in LGBTQ health services.

Corporate M/WBE Update

Keith Tallbe, Associate Counsel, Legal Affairs, Director of Procurement Systems and Operations, Supply Chain Services, presented his Corporate Minority and Women's Business Enterprise Update. He stated that at the last meeting he provided a projected estimated amount, for our annual vendor diversity spend, of about \$38 million. Mr. Tallbe has now confirmed as his interim update that the spend is \$43.8 million, which exceeds the system's prior high of \$36 million. He further stated that the system has entered into three new contracts for promotional items and specialty print services, for an annual contract value of \$1.5 million. The 30% M/WBE subcontracting goal should result in additional vendor diversity spend for NYC Health + Hospitals.

2017 Conditionally Approved Contactors Update

Sodexo Operations Dietary Services

This contract was awarded in 2015, for \$358 million. This year, they have two areas of workforce underrepresentation: Management Job Group 1D, for Females, and Administrative Job Group 5B, for Minorities. Robin Walters, General Counsel Labor; Rosa Coppedge, EEO/AA Director; and Williams Powers, Operations, represented Sodexo Operations LLC. Ms. Coppedge pointed out that out of eighteen different job groups, they only had two underrepresented job groups.

Ms. Coppedge explained that Administrative Job Group 5B for minorities is an entry level job group for clerical positions paying minimum wage, and that the reported underrepresentation exists in the Williamsview, NY area. She further explained that it has been challenging for them to recruit for accounting assistants. Although Sodexo attended two new job fairs at Niagara University (College of Business Administration/Accounting) and Daemen College (Accounting), they found that the Accounting graduates preferred to work under a Certified Public Accountant (CPA), which Sodexo does not currently offer. The bad weather and remote location also contribute to recruiting difficulties.

For Management Job Group 1D, Senior Directors for females, the underrepresentation includes all of their employees in the Buffalo area as well as the Allentown, PA and Gaithersburg, MD areas. This job group was also underrepresented last year. Out of two job opportunities available last year, one additional female was hired. Another female was hired in January 2017.

Rosa Coppedge stated that she would like to partner with Mrs. Roman and her team for support in generating ideas for correcting this underrepresentation. Mr. Nolan stated that we are pleased that the number of underrepresented groups has decreased over the years.

CareTech Solutions

CareTech Solutions provides Health Care Service Desk Services in Hospital Information Technology and has a contract valued at \$15 million. They had four areas of workforce underrepresentation in 2016 and six areas in 2017. Venu Vaishya, Vice President, Human Resources, stated that the primary reason for this increase is that several hospitals where they provided services opted to insource this year, hiring two hundred plus of their employees, which changed the demographic mix.

Mr. Vaishya then stated that CareTech Solutions has found it challenging to find female employees willing to work flexible shift hours for a 24 X 7 operation. Employees are assigned three-eight hour shifts weekly. He stated that since some of the shifts end after 5:00 pm or begin either late in the evening or after midnight, they are often difficult for women to fill.

Their recent experience has been that employees do not value working many years for one company. They found, that instead, millennials believe that if they job hop and have experience working in different firms, their value goes up. Some of their employees have left their job for a different one in Michigan for as little as 50 cents more an hour.

A hospital service desk requires that they train employees on the EMR. They need to be up to speed as the hospitals implement new programs and upgrade their systems. They have a career path which is open to every employee. The challenge is in keeping up to date with the latest technology.

US Food Inc

US Foods Inc. provides groceries on a daily basis and their contract with us is for \$15 million, (the same contract as Sodexo). They are located in Perth Amboy, NJ. They have five areas of workforce underrepresentation: the Managers Job Group 1C Mid Management for females and minorities; Administrative Professional's Job Group 2A, for females and Sales Commission only; Sales JG 4A, for female and minorities. Terry Brown Edwards, Regions Legal Counsel and Cindy Kanashero, Director of Workplace Compliance, represented US Foods, Inc.

Ms. Edwards stated that many of their challenges stem from the stamina and physical vigor associated with some of the jobs. They have increased internal communication about the importance of recruiting females and minorities in every segment of hiring. They also maintain communication with every manager and supervisor about employee retention. They have improved their job descriptions to more accurately reflect the breadth of physical labor required, and began a partnership with Rutgers University to recruit interns into the Sales degree program to target an increasing category 4A commission only sales numbers.

This year, they participated in the job fair at JFK Johnson Rehabilitation Institute and partnered with the Foodbank of Monmouth Ocean County. US Foods, Inc. is developing internal employees, so they are more likely candidates for promotion to their sales force, and training additional employees to become Territory Managers.

The goal for these initiatives is to increase the number of minorities and women who are in their applicant pools, and/or eligible for promotion.

Finance Committee – May 9, 2017

As reported by Mr. Bernard Rosen

Committee and Other Board Members Present: B. Rosen, E. Youssouf, S. Brezenoff, M. Page, B. Lowe

Senior Vice President's Report

Mr. P.V. Anantharam noted that for the past month and a half, Health + Hospitals has been working diligently with OMB to update the plan, with the last update to the Committee being approximately a year ago. The Health + Hospitals plan is remarkably along the same lines as it was before. Mr. Anantharam ran through the major changes of the plan which was included in the meeting package.

The gaps were approximately where they were before in terms of the last time they were presented. The major changes are, as reported at the last Committee meeting, there is a decline in in-patient utilization and those declines in discharges are reflected in the revenue figures. Due to the diligent efforts of the finance offices in the facilities, Health + Hospitals has improved revenue collections. So, the net decline is where Health + Hospitals expected to be -- \$70 million in discharge losses and an \$80 million gain in revenue cycle improvements, including a reduction in Accounts Receivable (A/R) Days. There has been a target of \$780 million in below the line initiatives that needed to be achieved, and this was exceeded by approximately \$90 million, which gives Health + Hospitals the ability next year to have a better balance at the end of the year.

Mr. Anantharam reported that FY18 will still be a challenge, and Health + Hospitals rightsized the budget to reflect the new administration in Washington. Some of the items that were expected to be achieved are less likely to happen in the immediate future, but there are still intentions to pursue those ventures in FY19. Health + Hospitals made up those drops that had been expected through the waiver by increasing targets and efforts in revenue cycle and supply chain. The reduction of headcount also gives Health + Hospitals a better run rate for next year. Last year, the target had been 1,000. Through March, approximately 1,500 positions have been reduced with three more months remaining in the fiscal year. The City also agreed to postpone some City payments that had been expected to be made this fiscal year. The combination of all these efforts have put Health + Hospitals in a better position than expected. One last piece in the Financial Plan is that there are increased revenues from development opportunities in 2020 by \$100 million and another \$100 million in 2021, which brings Health + Hospitals back in line to where it was a year ago. The gaps are where Health + Hospitals expected them to be last year with minor charges to the discharges.

Mr. Rosen commented that there was a tremendous amount of work behind the nicely presented plan in the meeting package, and complimented the Finance group at Health + Hospitals that put it together. Mr. Rosen asked if the plan reflects potential cuts reflective of House bill legislation passed in Washington. Mr. Anantharam noted that the plan does not. Mr. Rosen reflected that the attrition plan is taking hold while acknowledging it was likely tough on hospitals and the staff running the hospitals.

Mr. Brezenoff asked if the disproportionate share was taken out of FY18. Mr. Anantharam noted that it was taken out and that the reason there is a gap in FY18 is that there is an assumption that the Fed's will follow through in reducing the State allocation by approximately \$225 million.

Ms. Youssouf asked why other supplemental payments had decreased dramatically and what those were. Mr. Anantharam answered the two main types of supplemental payments that are received are Disproportionate Share Hospital (DSH) and Upper Payment Limit (UPL). The numbers in FY17 are an accumulation of prior years' payments so the FY17 payment was larger than normal. The decrease in FY18 is due to two things – the DSH reduction from Washington and the continuing transition from fee-for-service to managed care contributes to the decreasing capacity to claim UPL on discharges. The positive side is that if patient care is better managed in a managed care setting and in a risk arrangement, which Health + Hospitals is in for a bulk of its patients, then Health + Hospitals can retain revenue.

Ms. Lowe inquired about value-based payments which are enormous, and that Health + Hospitals has done well for a safety net hospital system. She noted that for FY18, Health + Hospitals should hold gains, did well on critical indicators, and asked if Health + Hospitals would continue to do so. Mr. Anantharam confirmed that Health + Hospitals did extremely well with the gaps that were being faced and significant skepticism to close that gap, and kudos to the Corporation and the City of New York for stepping up and helping Health + Hospitals to achieve a number of the revenue items that required negotiations with the State. He also noted that a number of the initiatives that were started this year will carry over to the next year which will give Health + Hospitals a run rate, while also pursuing additional items.

Ms. Youssouf asked for more discussion on why Federal and State Charity care was zeroed out in FY17 and then a slow and then big increase in the out-years. Mr. Anantharam noted that, a year ago, there had been plans to pursue an uninsured care program with the Federal government in which new dollars would be pursued to care for the uninsured to save Medicaid program dollars. This idea has been re-set because of the election outcome in November. This initiative is not being pursued in FY18, so \$96 million was dropped. However, the initiative is important so it is being pursued in FY19 to help manage care and utilization in the system.

Ms. Youssouf asked about the assumption of \$85 million in FY18 for Federal and State Charity Care. Mr. Anantharam answered that there are two items that are expected. Given the approval already received from the Feds for the \$600M in State DSRIP allocation, there is an expectation to convert into a DSRIP type waiver of \$33 million in FY18 and \$100 million in FY19. Also, an equitable distribution of the \$52 million in DSH cuts is being sought. Health + Hospitals receives DSH dollars after DSH has been distributed to others in the State. Therefore, if DSH is reduced, Health + Hospitals absorbs those cuts as the last recipient. The proposal is that the State budget has language included that allows it to reset the distribution in that the legislature can have the discussion. Consequently, Health + Hospitals would like to request the State relook at the cuts and ask for an equitable distribution of the \$223 million cuts to try to save around \$52 million.

After no further questions, Mr. Anantharam moved on to other reporting and noted that Health + Hospitals was doing well on cash due to Mr. Weinman's cash management oversight and making headway getting VBP/QIP and CREP dollars, receiving most of it with some more to come. Mr. Weinman reported that, as of April 14, the cash balance was \$808 million, or 42 days, with the projected fiscal year-end balance being \$185 million. Health + Hospitals received \$163 million in net Care Restructuring Enhancement Pilot (CREP) funds at the end of March as well as \$96 million of Value Based Purchasing/Quality Improvement Programs (VBP/QIP) funds in the first week of May. Health + Hospitals is expecting to receive \$153 million in UPL funds by the end of the year, \$68 million in Indigent Care Adjustment (formerly known as Supp/SLIPA) by the end of May, and \$32 million in Managed Care Enhancement by the end of May. With no further questions, the reporting was concluded.

Key Indicators Report

Ms. Krista Olson began with utilization through March 2017, starting with acute care hospitals. Ambulatory care visits are down by 5.5%, which represents a further decline from the last report, when those visits were down by 3.2%. Drilling down, last year in February and March, the numbers were very high relative to the rest of that year. Typically, Health + Hospitals always sees an increase in March due to seasonality. March 2017 is high but down from last year. This will continue to be monitored, noting that in April last year, there had been a decline in visits. The declines for the most recent quarter are across the facilities and across nearly all services – including the emergency department, primary care, behavior health, and most specialties.

Inpatient discharges are down by 2.6%, compared to the last report when the discharges were down by 2.2%. The largest declines are at Kings County and Metropolitan, primarily in medicine and surgery, and across all payors. Increases continue at NCB - with increases in medicine as well as continued ramping of women's health services - and Queens (med/surg), and for both sites the improvement is across all payors. Voluntary hospitals are not experiencing the same declines, but rather their volume trends are flattening.

Ms. Youssouf asked if the voluntary hospitals are not experiencing any declines, and Ms. Olson noted this was a look at the overall average. Ms. Lowe asked if this should lead to more examination about whether the move to ambulatory care was being too aggressive, and Ms. Olson noted that ambulatory care was down as well. Mr. Anantharam stated that this does suggest more evaluation is required. Mr. Brezenoff stated that Health + Hospitals is looking into distinguishing between patients visits vs unique

patients - if individuals were more stable in number, then care management efforts may be working. Ms. Lowe asked if the examination would find characteristics we were looking at. Ms. Youssef asked if ER visits were included, and Ms. Olson answered yes in ambulatory care. Ms. Youssef asked if everything was included in acute care hospitals, and Ms. Olson confirmed yes.

Average length of stay is comparing facilities against the system-wide average. Elmhurst and Kings County show the largest variance greater than the average. As mentioned previously, this is driven primarily by the discharge and transfer of a number of very long-staying patients out of the acute care setting into post-acute services as a coordinated effort to move them into a more appropriate and less expensive level of care. Lincoln, Metropolitan and NCB all show significant positive variances against the average. Finally, case mix index is up by 3.6% against last year at this time.

Gotham Diagnostic and Treatment Center visits continue to decline. Renaissance remains particularly steep, but declines are also quite large at Belvis and Cumberland, and notable at East New York and Gouverneur as well. And continuing their positive trend, Post-Acute Care services are up by 2.8%. Although primarily driven by the opening of new beds at Gouverneur, both Coler and Henry J Carter are showing positive increases in patient days as well.

Ms. Youssef asked how Health + Hospitals' average length of stay compares with other hospitals. Ms. Olson noted that this was being looked into, and that Health + Hospitals is examining how to evolve this metric. The average length of stay is on par, but there may have to be an adjustment of the case mix index (CMI). For example, Bellevue has a high overall length of stay because the severity is higher.

Ms. Rosen noted that for the average length of stay, Health + Hospitals is holding its own. Ms. Olson stated in the past, Health + Hospitals had been higher but work had been done in terms of holding severity constant to allow for comparative analysis. Ms. Youssef asked if the metric could be adjusted for CMI for the voluntaries, and Ms. Olson confirmed yes with SPARCS data.

Ms. Lowe asked if look at individuals could be in terms of continuum to determine of patients were being retained versus lost.

Cash Receipts & Disbursements Report

Ms. Michline Farag reported that Global Full Time Equivalents (GFTE) through March 2017 have been reduced by 1,498, exceeding our fiscal year target and totaling a 2,470 GFTE decline since March 2016. For FY17, this translates into an annualized value of approximately \$59 million. Mr. Anantharam noted that the expected reduction through June had already been met by March. Ms. Youssef asked what the headcount figure included, and Ms. Farag noted it included staff, overtime, temps, and hourlies. For this fiscal year through March, receipts were \$59.9 million less than budgeted, and disbursements were \$14.9 million higher than budgeted.

Looking at current FY 17 actuals through March compared to the same period in FY 16 for both receipts and disbursements, receipts this fiscal year-to-date are on track with a \$3.8 million difference. Patient revenue is higher this fiscal year to date than last year, by \$60.3 million due to a larger Managed Care risk pool distribution received in FY 17, that amount is partially offset by this year having 1 less week through March in Fee For Service payments. Ms. Youssef requested clarification on the \$60.3 million in terms of the calculation. Ms. Farag noted that it was the total of in-patient and out-patient receipts in the last column of page 3. Mr. Rosen noted Health + Hospitals was down in in-patient and better in out-patient.

Disbursements are \$412.6 million lower this fiscal year of which \$309 million of that is a payment made to the City in FY16 for FY14. The remaining balance still leaves a spend in FY17 that is \$103 million lower than FY16 thru March. The PS savings are reflected here.

Ms. Youssef noted that outpatient was better than in-patient, with there being a big swing in grants. Ms. Farag noted this was due to a city subsidy received in FY16 for FY17 which was a prepayment last year.

The variance in receipts against budgeted is down to \$59 million, which is almost half of the \$117 million variance since the last report. This reflects the improvement in revenue collection as implementation of revenue cycle initiatives continue. Mr. Anantharam noted that all of Ms. Katz's work and the facility finance leads work on revenue has yielded very good results with A/R days down to around 68 days. Although pushing for further increases in revenue, there will be an impact on receipts from the decline in utilization.

For disbursements, Health + Hospitals continues to track closely to budgeted levels and are expected to get better as Global FTE reductions annualize on the PS dollars side. Mr. Rosen noted that as Health + Hospitals is dealing on a cash basis, distortions will occur.

Information Item

Payor Mix Reports (Inpatient, Adult and Pediatrics – 3rd Quarter)

Ms. Olson reported that this is a third quarter report for January through March. Starting with Inpatient, Medicaid remains down slightly compared with FY16 at this time – driven entirely by a decline in Fee for Service that has not been entirely offset by the increase in Managed Care. Medicare plans are up slightly, driven by increases in Medicare Managed Care. Uninsured is up by 8/10ths of a percentage point – this is improved compared to reports earlier in the year showing, but still of concern. There was a survey conducted over the last few months to understand some of the underlying causes. The survey confirmed that staffing is an issue, and Health + Hospitals is looking at ways to address this.

Mr. Page asked about the staffing issues. Ms. Olson answered that, for in-patient, the staff do applications while clients are in-house. Due to attrition, some facilities are experiencing shortages. With the headcount target met, Health + Hospitals is looking into staffing, training and engagement for staff, education about insurance, as well as patient documentation issues. Mr. Anantharam noted that all of these issues are being examined, and, as Ms. Olson stated, includes maximizing the in-patient time spent in the facilities. There are anecdotal examples of patients not wanting to give documentation due to immigration status. Ms. Youssef asked if this was in-patient or out-patient, and Ms. Olson confirmed in-patient with variation at facilities. There are continued efforts around the uninsured, including trying to bring facilities down closer to the average.

Ms. Youssef asked if Emergency Medicaid covered the uninsured. Mr. Anantharam noted that the uninsured without resources can be converted onto Emergency Medicaid or other qualified health plans. Ms. Youssef asked if the undocumented can receive Emergency Medicaid. Mr. Anantharam noted that Health + Hospitals have had a number of undocumented covered by Emergency Medicaid.

Ms. Youssef asked if Health + Hospitals knew the dollar amount connected to the uninsured. Mr. Anantharam noted that a back of the envelope calculation assuming an average of \$6,000-12,000/case would yield about \$60 million. Ms. Olson noted that there had been a historical look at this, and about a 1% increase in coverage for the uninsured would yield approximately \$25 million over the course of a year.

Mr. Page asked if there was anything in particular in their circumstances with Lincoln or Coney Island with low percentages of uninsured, how they are collecting information and pushing it through versus the hospitals with high percentages in terms of enrollment activity. Ms. Olson stated that this has been looked at before, and a survey had been conducted. There may be difference in processes that might be able to be standardized across the system. For example, Bellevue gets patients from across the city, so documentation may be more difficult to obtain when patients are not in the facility locale. Mr. Anantharam noted that Health + Hospitals could dig deeper on differences and opportunities, including on work processes.

Ms. Youssef asked if there was any data about the percentage of tourists, which New York City hosts a lot of, that were uninsured in facilities, with Bellevue likely treating some of them. Mr. Anantharam noted that it was unclear if there was data that noted that kind of indicator. Ms. Youssef stated that perhaps knowing that percentage, Health + Hospitals may be able to calculate a number that will never be able to get insured or funds for.

Mr. Brezenoff stated that, broadly speaking, this is part of the revenue cycle work with ambitious targets. Some of the work can have particularized routes and some that have to be ascertained as to what is possible to achieve it, the tourist data is the latter. There must be all hands on deck to meet revenue targets.

Ms. Olson reported that outpatient adults are also down in Medicaid, again entirely in Fee for Service. Medicare plans are up one percentage point, and Commercial is up by .5%. Uninsured is down slightly, but not significantly compared to FY 16.

Ms. Youssef asked, for outpatient adults and the uninsured total, what is the number at voluntary hospitals. Mr. Anantharam noted that Health + Hospitals could try to look for data at safety net hospitals. Mr. Anantharam recalled data that Health + Hospitals served about 50% of uninsured outpatients and about 75% of emergency care. Ms. Youssef asked if data is available on emergency room visits. Ms. Olson stated that the data could be run, and has been on an ad hoc basis.

Outpatient pediatrics similarly shows a slight decline in Medicaid, with an increase in Commercial. Uninsured is down by 6/10ths of a percentage point. Please note for the record, the March report misreported an increase in the Child Health Plus payor mix in the second quarter. The numbers for CHP and non-CHP had been transposed. The overall increase in Commercial remains the same, and this quarter's report has been updated correctly.

Mr. Brezenoff noted that serving the uninsured is reflective of Health + Hospitals mission. If uninsured ambulatory care visits increase, it may be reflective of continuity of care in the ambulatory setting. Voluntaries likely do episodic care or urgent care.

But the voluntaries likely do not have continuity of care – organized and continuous in an ambulatory setting like Health + Hospitals which sets us apart.

Ms. Youssouf noted that if there could be a comparison of emergency room visits, with more data and specifics, that it could be utilized to advocate in Washington for funds.

Information Technology (IT) Committee – May 15, 2017

As reported by Ms. Emily Youssouf

Committee Members Present: E. Youssouf, J. Bolus, S. Brezenoff, G. Campbell, B. Lowe

Before reading his CIO Report, Sal Guido spoke about the recent Ransomware attacks around the world. He said it was premeditated and coordinated from what we were told from agencies we spoke with. He said 150 countries were affected and over 200,000 pieces of equipment have been locked. He said we have taken steps to combat possible attacks but it is a matter of when, not if, we get attacked in this way. In answer to questions, he said these people are highly motivated, which is why we ask for and deploy protective software and need to constantly be vigilant.

Chief Information Officer Report

Mr. Guido spoke about the GO EMR program to implement the Epic electronic medical record (EMR); Project Evolve, the Enterprise Resource Planning program; Dentrix Consolidation program to merge 23 different dental EMRs into one; Integrated Lab Workforce, our joint venture with Northwell to consolidate our 11 current labs into one; Meaningful Use and QuadraMed 6.2 upgrade, which is a government incentive program to encourage better medical IT efficiency, which we are doing with an enhancement of our current EMR; and the Radiology McKesson Project, our program to allow for the sharing of imaging across all NYC Health + Hospitals facilities.

Action Item:

Resolution on Using Epic Revenue Cycle -- Mr. Guido read the resolution requesting we use Epic revenue cycle with the EMR. Pamela Saechow, Senior Assistant Vice President, EMR Build and Implementation, introduced herself and her colleague Dr. Rajeeb Khatua, Chief Medical Information Officer for GO. She spoke to the presentation called, “Board Briefing GO Enterprise Strategy.”

Ms. Saechow first spoke about Why GO Enterprise and Drivers Behind Decision. She gave four major benefits, starting with Quality of Care, including increases quality of care while reducing patient safety risks and helps us meet national standards. Second is Patient Experience, which helps us become provider of choice for our patients by improving access and helps us ensure patient experience meets national standards. Third is Transformation, which establishes infrastructure to support Transformation initiatives and sets foundation to allow fully integrated expanded care management services. Fourth is Return on Investment, which has potential 5% return on investment and increased operational efficiencies (\$142M annual benefit) and helps us maximize revenue.

Ms. Saechow spoke to the Timeline. For the first 18 months, starting with May of this year, we are working on the enterprise build, which is bringing together a single integrated platform for patient care. She said this means starting at the patient’s first contact with us through their care, all the way to discharge and follow-up.

Ms. Saechow continued with the Budget. She pointed out that under Total Project Cost, the Capital budget is \$150,407,693 the Operating budget is \$138,710,297, and the Total Project Cost is \$289,117,990.

Ms. Saechow then pointed to the Executive Summary. She said the original plan to achieve an integrated EMR with both Epic clinical and revenue cycle was to roll out revenue cycle after completion of the clinical Epic implementation. She said benefits gained through an integrated revenue cycle warrant the acceleration of the revenue cycle implementation timeline. She said revenue cycle project funding, separate from the Epic clinical implementation, will be \$289 million over the next five years, including the City of New York allocating \$150 million in capital funds and NYC Health + Hospitals investing \$139 million out of its operating costs. She said the investment is projected to pay for itself in 2-1/2 years post implementation.

Ms. Saechow answered questions from the Committee on a variety of topics, including when the \$142 million in annual savings would start (2021). But she added that savings would start within one year of the implementation in 2018.

The Committee approved the resolution for consideration by the full Board.

Medical & Professional Affairs Committee – May 18, 2017

As reported by Dr. Vincent Calamia

Committee Members Present: V. Calamia, J. Bolus, B. Lowe, S. Brezenoff

Chief Medical Officer Report

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

Behavioral Health

The Office of Behavioral Health is developing a plan to transform behavioral health services to a more ambulatory care focused service. The goal is to reduce the utilization and dependence on acute care services – inpatient and emergency room – and engage patients in ambulatory care services. This will involve the development of various levels of ambulatory care services throughout the system including partial hospital, intensive outpatient, walk-in services and additional services provided in the community to better serve the needs of the communities serviced by Health + Hospitals. Behavioral Health services will be integrated into primary care services, including maternal health and pediatrics. Substance misuse treatment services will also be integrated with primary care offering medication assisted treatment and counseling services. Substance use consultation services are being developed to offer broader treatment within the emergency services, medical and primary care, as well as traditional behavioral health services. The consultation teams assist in identification and engagement of a population that is traditionally underserved. Children’s services are also being restructured to provide greater access to these services and include preventive services as well as treatment of existing conditions.

Maternal Depression Screening: Currently as part of NYC Thrive, all 11 acute care facilities have formal screening protocols for maternal depression. Screening rates for these sites average: prenatal and postpartum screening rate is 97%; rate of positive screen for prenatal is 9% and postpartum is 5%; Referral rate for those screening positive for evaluation for possible treatment for prenatal 72% and postpartum is 63%. Others are monitored within Maternal Health. We are developing systems and metrics to measure outcome of those referred for treatment.

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

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

The Family Justice Center sites provide co-located mental health services at the domestic violence centers. Two of the sites – Queens and Brooklyn – are open to clinical services. The Manhattan and Bronx sites are scheduled to open in June.

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

The Office of Behavioral Health in collaboration with the Office of the Chief People Officer is working with facilities to offer training in Mental Health First Aid. This is a program of NYC Thrive that seeks to provide New Yorkers with the knowledge and skills to identify people with trauma and psychological distress, provide basic support, and refer to appropriate resources for more help and treatment. Health + Hospitals is sending staff from each facility to become trainers in Mental Health First Aid.

Laboratory Services

Our laboratory clinical, administrative and operational teams continue to focus on standardization and operational efficiency opportunities while improving service delivery and cost reductions. Implementation of standardized equipment serves as a fundamental part of the framework required in moving to our standard rapid response model.

Point of Care:

The enterprise-wide replacement of glucometers is nearing completion and on target to finish in May 2017. This change allows compliant use of glucometers with critically ill patients.

ED Initiatives:

Most recently, Kings County, Coney Island, Woodhull, Queens, Jacobi and North Central Bronx laboratories has implemented new standard chemistry equipment. Optimization of new equipment and workflows is very focused with end goals of improving testing turn-around-time to ED and in-patient services while driving down cost. The remainder of the enterprise implementations have been scheduled and on target for completion by Mar. 2018.

Jacobi, Kings County, Lincoln, and Bellevue laboratories are preparing for the arrival of new hematology equipment. Subject matter experts from the facilities are working together to develop the standard workflow recommendations for system use.

HIV Services:

Implementation of 4th generation HIV testing is moving forward with completion at Elmhurst, Kings County, Coney Island, and Queens Laboratories. This is of benefit to the patients we serve due the increased sensitivity of the test as well as the rapid turnaround of test results to the Provider caring for the patient. The remainder of laboratories is expected to implement by Feb. 2018

The Joint Commission Surveys

To date, TJC conducted triennial unannounced hospital surveys at 5 facilities and 1 program, beginning February 2017 thru last week, ending May 12. The facilities are indicated below:

February - Queens Hospital; March - Bellevue and Woodhull Hospitals; April - NCB Hospital and Woodhull's Detox Program; May - Coler Post-Acute Care; to be determined - Carter [expected any time between now and June]

All 5 facilities and Detox Program were accredited, however 3 (Bellevue, NCB and Woodhull) of the 5 facilities received a condition-level citation related to ligature risks and other environmental issues, such as non-latching doors.

As a result, an unannounced follow-up Medicare Deficiency Survey regarding the corrective action plan for the condition-level deficiencies was conducted, and as of Monday May 15, the condition-level designation at these 3 facilities was removed. Each facility however, must still complete and submit its corrective action plan of this deficiency.

Other Regulatory site visits:

March 2017 – a. Bellevue lab recertification survey – POC to be submitted and b. Bellevue pediatric endocrinology lab recertification survey – POC submitted

April 2017 – a. Elmhurst EMTALA complaint – compliant; b. Metropolitan CLEP lab accreditation – reaccredited; c. Kings - OMH/OASAS wellness and recovery – report pending; OMH for CPEP – report pending; Diagnostic x-ray – report pending; DEA detox and OPD medication management – report pending.

May 2017 – a. Elmhurst radiology recertification – recertified; b. Harlem radiology recertification inspection – recertified; c. Metropolitan revalidation of ACT I, ACT II and Adolescent – report pending

Patient Safety

After a dormant period, the Patient Safety Council has been restructured under the Quality Department of Medical & Professional Affairs. The Council is revisiting its charter in order to align its mission with goal of national recognition for quality & safety. Initial undertakings include standardization of the patient safety orientation for all H+H staff & standardizing the functional job description for patient safety officers with alignment of the on-boarding process & orientation to that job description. A system wide Culture of Safety survey is planned for later this month. The safety council will spearhead the analysis and action planning relative to the results of this survey.

Risk Management

Activities to strengthen the RCA process, which is one element of a robust patient safety program, are underway. A learning needs assessment was conducted in conjunction with GNYHA. The insights from this session will inform curriculum development to ensure a thorough, credible, and uniform process across the system.

Value Based Purchasing

In collaboration with Managed Care and OneCity Health, M&PA is supporting the various value based purchasing efforts in place. The Anthem Blue Cross Blue Shield Quality Incentive Program (Q-HIP) year 3 annual report was recently received. As a result of various improvement efforts H+H was able to realize a 7% increase in reimbursement. Additional work is underway across the 11 acute facilities to allow for learning and sharing with a goal of increasing this yield. A VBP demonstration project is also underway in collaboration with DOH. After selecting six measures from a predetermined menu, baseline data has been identified with respect to CAUTI, CLABSI, & Hospital Acquired Pressure Injury rates, Sepsis bundle compliance, Hemoglobin A1c control, and follow-up care after hospitalization for a behavioral health issue. With a goal of maintaining or improving performance, various projects are underway.

Chief Nurse Executive

Kim Mendez, Chief Nurse Executive, reported the committee of the following;

During the months of April and May 2017, the Office of Patient Centered Care (OPCC) continued to work on the previously outlined CNE Council goals: Develop and implement a system-wide Nursing Philosophy and Culture of Care, foster nursing alignment and collaboration on the integration of care and system strategic imperatives, cultivate a system-wide plan and monitoring framework for Nursing Service fiscal contribution, financial structure and accountability, safe, efficient and effective use of human resources inclusive of standardizing and centralizing were appropriate, monitor and set expectations for continual performance improvement with regard to quality and safety outcomes, patient experience and staff engagement/development and; Integration of Information Services to support regulatory requirements, caregiver shared communication, and promotion of excellence in integrated care delivery and outcomes.

System Nurse Practice Council

Monthly meetings with NYSNA have continued with excellent attendance and participation. In May 2017, the NYC Health + Hospitals System Nursing Philosophy and Care Model was finalized. This was the result of a successful collaboration with NYSNA. The care model is aligned with Jean Watson's Theory of Caring with key Culture Care tenets from Madeleine Leininger's Transcultural Nursing Theory.

NICHE (Nurses Improving Care for Healthsystem Elders)

OPCC is working with NICHE to develop a NYC Health + Hospitals city-wide NICHE Collaboration Day/Session to support NICHE roll-out across our system. Work has also begun with NICHE to pilot a new Geriatric Profile Assessment tool that is used nationally to designate facilities. Bellevue Hospital will serve as a pilot site for review of assessment questions.

Social Work

OPCC is working with Social Work and developing a taskforce with John Cancel (Behavioral Health) to launch an enhanced Domestic Violence Screening tool across the System. Additional work has been underway with One City Health to obtain Social Workers access to a web-based portal maintained by the Mayor's Office of Operations that aggregates real time client information from five city agencies. This access could assist with social aspects of care /service, discharge planning, etc.

Domestic Violence Initiative

Support expansion and enhancement of forensic nurse examination programs. The City will expand forensic nurse examiner programs in two high-need NYC Health + Hospitals facilities to develop curriculum for domestic violence forensic examinations, provide trauma-informed care for victims of sexual assault and domestic violence, collect forensic evidence to aid prosecution of offenders, and offer connection to additional victim services.

Infection Prevention

Interim System Infection Preventionist, Mary Fornek- Consultant, continues system-wide high level gap analysis with a focus on areas of vulnerability. Three key areas of focus in April/May include: Antimicrobial Stewardship regulatory compliance in partnership with Pharmacy, HAI –CAUTI, CLABSI, (point prevalence study to begin at acute and post-acute areas in April/May 2017), and support for facilities undergoing Joint Commission Survey.

Live On NY Projects

April 2017 was Donate a Life Month. Multiple facilities across the system held informational sessions and display tables for Organ and Tissue donation for staff and patients. National pilot projects for Extension of Community Health Care Outcomes also known as ECHO launched in February 2017 at four NYC Health + Hospitals: Bellevue Hospital, Elmhurst Hospital, Kings County Hospital and Lincoln Hospital. Duration of the project is six months.

Project ECHO is a lifelong learning and guided practice model that revolutionizes medical education and exponentially increases workforce capacity to provide best-practice specialty care and reduce health disparities. The heart of the ECHO model™ is its hub-and-spoke knowledge-sharing networks, led by expert teams who use multi-point videoconferencing to conduct virtual clinics with community providers. In this way, primary care doctors, nurses, and other clinicians learn to provide excellent specialty care to patients in their own communities. (See <http://echo.unm.edu/>). The goals are, Improvement of deceased donation process at NYC H+H hospitals, closing gap in potential and resulting in increased donation rates. Select departments within four of our hospitals will participate in this model.

Nursing Education/Professional Development Focus

Developing standardize Clinical Guideline for prevention, assessment and treatment of pressure injuries across the system. Creation of a system-wide standardized new nurse orientation, inclusive of standardized content, orchestration of scheduling of courses to minimize duplicity and partnering with Workforce Development to synchronize nursing orientations at all levels: System, Facility, Department of Nursing.

Continuing Professional Education

Medical Continuing Education Survey for recertification is scheduled for May 17, 2017. Hosting of second training session under the NYSNA Certification HWRI Grant on May 24 & 25, 2017.

IPFCC

Better Together grant with IPCC has officially ended. Report out on results of completed work to be published late 2017. NYC Health + Hospitals did well in integrating family presence into the culture via signage, open visitation, education and comfort kits for family/care givers overnight stays with patients.

Nurses Week 2017 Celebrations – May 6th – 12th

MetroPlus Health Plan, Inc.

Arnold Saperstein, MD, reported to the committee on the total plan enrollment as of April 1, 2017 was 504,184. Breakdown of plan enrollment by line of business is as follows:

Medicaid	374,725
Child Health Plus	15,865
MetroPlus Gold	8,095
Partnership in Care (HIV/SNP)	4,341
Medicare	8,413
MLTC	1,504
QHP	8,481
SHOP	937
FIDA	173
HARP	9,002
Essential Plan	70,731
GOLDCARE	1,917

Action Item:

Machelle Allen MD, Chief Medical Officer, presented to the committee the following resolution.

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals” or the “System”) to enter into a contract with Manatt Health, a division of Manatt, Phelps & Phillips LLP (“Manatt”) to prepare a clinical services plan for the System, including how to staff such services, system wide, facility by facility, taking into account the affiliation workforce as well as the GME impact, over a twenty week period for an amount not to exceed \$4,225,000.

Approved for consideration by the full board.

Strategic Planning Committee – May 9, 2017**As reported by Mr. Gordon Campbell****Committee Members Present: G. Campbell, B. Rosen, R. Nolan, M. Page, S. Brezenoff****Informational Items:***Intergovernmental Affairs Legislative Update*

John Jurenko, Vice President

Government, Community Relations, and Planning

Presentation: Federal and State Budget Legislative Update

The American Health Care Act was passed by the House with a vote of 217 to 213, without a Congressional Budget Office (CBO) score. The bill will move to the Senate for consideration. Health + Hospitals has raised concerns about the bill to NY Senator Charles Schumer. Health + Hospitals is also lobbying for a delay in the DSH funding cuts.

The State adopted budget includes an allocation of \$20 million gross over two years for enhanced safety-net hospitals. The State is relying on HANYS to identify a methodology for allocation.

An allocation of Capital funding of \$500 million for the statewide Health Care Facility Transformation Program was passed to support projects that facilitate health care transformation. Of the total, at least \$75 million will be dedicated to community-based providers.

The removal of juveniles from Riker's Island no later than 10/1/18 was passed. Health + Hospitals will work with Correctional Health to identify implications and its spillover effects.

Summary of Commission Briefs on One New York: Health Care for Our Neighborhoods

Dr. Ross Wilson, Chief Transformation Officer, Office of Transformation

Presentation: Recommendations from the Commission

The Commission on One New York Health Care for Our Neighborhoods led by First Deputy Mayor Anthony Shorris and Deputy Mayor for Health and Human Services Hermenia Palacio released a report to inform NYC Health + Hospitals' efforts to transform into a sustainable, high-performing system that keeps New Yorkers healthy. Dr. Jo Ivey Boufford, a board member at Health + Hospitals, served on the Commission. The report addressed the following topics: Re-Envisioning Clinical Infrastructure; Building Clinical Partnerships and Strategies to Sustain the Safety-Net.

The recommendations are consistent with the transformational plans and direction Health + Hospitals is aiming towards. The link to the Commission briefs were included in the presentation.

System Scorecard

Dr. Ross Wilson, Chief Transformation Officer, Office of Transformation

Presentation: System Scorecard, CY2017, Q1

NYC Health + Hospitals is on target for all metrics tied to increasing efficiency through investments in technology and capital.

CLABSI-SIR shows a minor change due to base line methodology being changed by CDC and is not reflective of any major change in our infection rates.

DSRIP payments are not expected for First Quarter until July of 2017 and the last Employee Engagement Pulse Survey was conducted in Q4 2016.

Two indicators were off-track this quarter: Staff Completing Leadership Programs and Unique Patients. An explanation, including strategies for addressing the gap to target, was provided in the presentation.

Update on Transformation

Dr. Ross Wilson, Chief Transformation Officer, Office of Transformation

Presentation: Our Future State

Guided by the Mayor's report from last year and the Commission's recommendation, Health + Hospitals' leadership has defined key elements and Strategic Goals of the Future State. A draft of the key elements and Strategic Goals were presented.

Success will require Health + Hospitals to become a data-driven, financially sustainable system that provides care to patients in the most appropriate setting, with integration of health and social needs that can succeed in a population health driven value-based-purchasing environment.

To be able to deliver this future state we have to be entirely consistent with our mission, where care will continue to be available for all regardless of their ability to pay.

** * * * * End of Reports * * * * **

Stanley Brezenoff
NYC HEALTH + HOSPITALS
INTERIM PRESIDENT AND CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD OF DIRECTORS
May 25, 2017

Congressional Assault on Affordable Health Care Continues

The U.S. House of Representatives voted on May 4th to pass a legislative vehicle for repeal and replacement of the Affordable Care Act (ACA). If the U.S. Senate approves the bill and it is signed into law by the president, hundreds of thousands of New Yorkers will be stripped of their health insurance coverage, and substantial work accomplished over the past several years to make New Yorkers healthier will be set back. The financial cost to NYC Health + Hospitals will be in the tens of millions at a time when our system can least afford to absorb such a blow and continue to carry out our essential mission to deliver high-quality care to all New Yorkers. Enactment would decimate Medicaid—with a particularly devastating impact on New York and other states which expanded their programs under the ACA. House Republicans were able to pass their repeal and replace bill only by including the Faso-Collins amendment which eliminates the local Medicaid share in New York State (for all counties but the five boroughs of New York City) further straining the State's overall health care resources, to even greater disadvantage for New York City and our system.

The bill will move to the U.S. Senate, where stark differences appear to divide very conservative Senate Republicans from their moderate Republican colleagues. Republicans have hoped to pass health care legislation under budget reconciliation rules allowing for a simple 51 vote majority. But this lower vote threshold for health care legislation disappears if Congress votes on the FFY 2018 budget first. The fact that a lack of consensus on health care threatens to bottle up budget and tax overhaul legislation, may yet incentivize Senate Republicans to pass their own version of ACA repeal and replace legislation, sooner rather than later. Any differences between the Senate and House passed bills will have to be reconciled in a conference committee made up of members from both chambers. Senate deliberations have begun without any indication from the Majority Leader of a timetable, or the likelihood of swift action. NYC Health + Hospitals staff were in Washington, D.C. recently meeting with members of the New York congressional delegation and hospitals associations from across the country to reinforce our message that legislation passed by the House will cause irreparable harm to safety net systems here in New York City and across the country.

President Trump's 2018 Budget Includes Deep Medicaid Cuts

President Trump has released his Federal fiscal year (FFY) 2018 budget proposal, a non-binding blueprint that lays out his vision and priorities for the coming fiscal year, and serves as a tool in budget negotiations and other future legislative discussions. The budget proposes converting Medicaid to per capita caps or block grants starting in FFY 2020, similar to the proposal in the American Health Care Act (AHCA), which passed the House of Representatives earlier this month. The Office of Management and Budget (OMB) estimates that this would cut Federal Medicaid spending by \$610 billion over 10 years. OMB also estimates that repealing and replacing the Affordable Care Act (ACA), including the Medicaid expansion, would cut Federal spending by \$250 billion. NYC Health + Hospitals strongly opposes the budget's unprecedented cuts to the Medicaid program. If enacted, they would severely harm NYC Health + Hospitals financial viability and our ability to continue carrying out our mission.

Final Budget Testimony before New York City Council

On May 9, members of the executive staff and I testified before the City Councils' Finance, Health, and Mental Health Committees on the FY18 Executive Budget. As you know, Health + Hospitals is facing a \$1.1 billion budget gap in FY18, which begins on July 1, and increases to \$1.9 billion by FY21. While I remain confident that we have a clear path to closing the FY18 gap, based on the successes of our current revenue enhancement and cost-reduction initiatives, this in no way minimizes the difficulty of the task that lays ahead. We are facing tremendous headwinds out of Washington, with the looming repeal and replacement efforts by the Republicans and the diminishment of enhanced federal support, and our own efforts to adopt industry standard organizational models to streamline our management structure.

Other highlights of the testimony included the transformative work underway through OneCity Health, our DSRIP performing provider system (PPS), an investment of \$289 million over five years to implement a new Epic revenue cycle, which will integrate

with the Epic patient electronic medical record, and participating in the Mayor's HealingNYC initiative to stem the tide of the opioid epidemic in New York City.

Borough-Wide Annual Public Meetings Held

We continue to hold our yearly, state-mandated public meetings in each borough. These events offer patients and community members an opportunity to express comments and concerns about our operations directly to members of our Board of Directors. Thank you to Board Member Dr. Vincent Calamia, for chairing the May 10th event in Staten Island, as well as to Josephine Bolus, Barbara Lowe, Robert Nolan and Mark Page for being in attendance, and to the staff of NYC Health + Hospitals/SeaView for hosting the meeting. Last week we held our annual public meeting for Brooklyn at NYC Health + Hospitals/Coney Island. Approximately 40 community members attended. Thank you to Board Members Robert Nolan and Josephine Bolus for attending. Thanks also to General Council Salvatore Russo, Board Secretary Patricia Lockhart and Board Chief of Staff Colicia Hercules for their assistance at these events.

NYC Health + Hospitals Participates in "City Hall in Your Borough – Bronx"

Our health system was front and center this week during Mayor de Blasio's concentration on the Bronx, one of an ongoing series of five borough-specific "weeks" devoted to issues and service delivery. Our staff participated in a number of events, including a resource fair in Borough Hall and the Mayor's town hall meeting. Earlier today First Lady of New York City Chirlane McCray announced the launch of two programs, part of HealingNYC, at NYC Health + Hospitals/Lincoln to combat the opioid epidemic in New York City. The programs are just two components of NYC Health + Hospitals' work to transform its substance use care models as it addresses New York's opioid epidemic. The launch of these new programs supports the City's commitment to increasing access to medication-assisted treatment for addiction for an additional 20,000 New Yorkers and to reduce opioid overdose deaths by 35 percent.

One of the new programs at Lincoln will expand Naloxone distribution throughout the hospital, making the medication more readily accessible to patients and caregivers. Naloxone kits will be distributed broadly by the hospital's pharmacy, beyond its substance use disorder program, to include the emergency department (ED), ambulatory care, behavioral health, and pain management service areas. The second initiative, supported with funds from the Department of Health and Mental Hygiene, will use addiction counselors and peer advocates in the hospital's ED to screen each patient who presents with non-fatal opioid overdose, opioid intoxication, or a history of harmful opioid use. Peer advocates, who have experience with substance use disorder treatment, will use their personal stories and insights to connect with vulnerable patients at a time when they may be receptive to help, in an effort to connect patients to care and resources.

NYC Health + Hospitals/Woodhull Accredited by The Joint Commission

Last month, The Joint Commission (TJC) conducted their unannounced survey six weeks ahead of the triennial schedule to NYC Health + Hospitals/Woodhull. I am pleased to report that the hospital received full accreditation for the next three years. Over four days, TJC conducted an intensive and rigorous review of clinical practices and operations, including numerous tracers on inpatient units, ambulatory care clinics, and off-site clinics to follow the trajectory of patients' care. Surveyors reviewed processes around central sterile, medication management, performance improvement, staff competencies, and the environment, including cleanliness. Congratulations to hospital CEO Gregory Calliste, CMO Edward Fishkin, CNO Angela Edwards, and Sharon Neysmith-Crawford of the Quality Management team, and the entire staff of NYC Health + Hospitals/Woodhull, on a successful survey. Thank you as well to Board Member Josephine Bolus, RN, for representing the Board.

Dr. Bassett Speaks at Coney Island Grand Rounds on Opioid Epidemic

Board Member and DOHMH Commissioner Dr. Mary Bassett was guest speaker during the May 4th physician grand rounds at NYC Health + Hospitals/Coney Island, where she kicked off a city wide awareness campaign about the impact that overprescribing has had on opioid addiction, and to discuss the growing body of evidence indicating that prescription opioids have become a gateway to street drugs, especially fentanyl-laced heroin. Dr. Bassett is aiming to meet with 1,000 doctors in Brooklyn by July, following similar efforts in Staten Island and the Bronx, which have led to a drop in opioid prescriptions.

Christopher Mastromano Appointed CEO of NYC Health + Hospitals/Jacobi

Christopher Mastromano has been appointed Chief Executive Officer of NYC Health + Hospitals/Jacobi. Mr. Mastromano had been serving as interim executive director and he brings years of experience in the nation's largest public system, where he has served as Chief Operating Officer at both NYC Health + Hospitals/Jacobi and NYC Health + Hospitals/Gouverneur, effectively leading each facility and helping Gouverneur complete a \$275 million modernization. Earlier, as Deputy Executive Director for Ambulatory and Emergency Services at NYC Health + Hospitals/Kings County, he oversaw improvements that resulted in over \$8 million in savings. He has also served in senior roles at other health care organizations in the New York City area, including Mary Immaculate Hospital in Jamaica and Fidelis Care New York.

David Weinstein appointed CEO at NYC Health + Hospitals/McKinney

David Weinstein was appointed chief executive officer of NYC Health + Hospitals/McKinney, our highly rated post-acute care facility in Brooklyn. Mr. Weinstein had been serving as interim CEO at McKinney since February 2017 overseeing clinicians and staff providing quality short-term rehabilitation and skilled nursing services, in a home-away-from-home setting for patients as they heal, recover, and work towards maintaining their highest quality of life. He has served in a number of senior level management positions in mission driven patient care facilities throughout New York State. His career spans over 30 years, including service as chief operating officer at the Hebrew Home at Riverdale and chief executive officer at Daughters of Sarah Senior Community in Albany, NY.

Revenue Cycle Technology Upgrades to Improve Efficiency, Maximize Collections

This month we announced plans to implement new, advanced revenue cycle technology to improve efficiency and ensure that the health system is collecting the maximum amount of revenue for the services it delivers. The new Epic revenue cycle product is projected to help capture an additional 5 percent of adjusted patient revenue—or up to \$142 million in revenue, based on FY 2016 patient volume. Among the expected benefits are improved clinical documentation to support billed services, reduced claims denials, and accelerated reimbursements.

The new technology will standardize revenue collection in each of our hospitals and across our dozens of community-based patient care sites. It will integrate seamlessly with the Epic patient electronic medical record system that we began to adopt last year. Benefits will be experienced by both patients and providers. This revenue cycle technology will allow patients to more easily see and understand the costs of their care, and pay bills online. It will create a common platform for all health system providers, who will be able to complete tasks without having to jump from system to system, by presenting a consolidated and complete patient record to improve efficiency. Other functionality and benefits include improved coding and documentation, expedited billing, reduced denials of claims, and accelerated reimbursement.

First Lady of New York Chirlane McCray visits NYC Health + Hospitals/Woodhull Maternal Depression Support Group

NYC Health + Hospitals has been proud to partner with the City's *ThriveNYC* effort to prioritize maternal depression screening. Together with First Lady of New York City Chirlane McCray, this month we announced the expansion of depression screenings as a routine part of care at pre-natal clinics at 12 NYC Health + Hospital sites, including each of our 11 hospitals and NYC Health + Hospitals/Gotham Health, Gouverneur. To mark this expansion, the First Lady met with staff and patients of the NYC Health + Hospitals/Woodhull pre-and post-natal depression support group. A number of the patients we serve shared their moving stories about overcoming depression, thanks to the help and support they received from our care team. The support group started last year by psychiatric nurse practitioner and midwife Rebecca Feldman, and the group was recently awarded a Fund for NYC Health + Hospitals Grant ("FIG") for innovative programming with potential for scaling across the system.

NYC Health + Hospitals/North Central Bronx Receives Patient Safety Excellence Award

NYC Health + Hospitals/North Central Bronx has been awarded the 2017 Patient Safety Excellence Award from Healthgrades, a leading online resource for information about physicians and hospitals. NYC Health + Hospitals/North Central Bronx is the only hospital in the Bronx, and one of just two hospitals in New York City, to earn this distinction.

The Healthgrades Patient Safety Excellence Award recognizes hospitals' performance in safeguarding patients from serious, potentially preventable complications during their hospital stay. Award recipients were determined by evaluating the occurrence of observed incidents and expected performance for a number of indicators of how well a hospital prevents injuries,

infections, and other serious conditions. Congratulations to Maureen Pode, Chief Executive Officer, and the entire staff at NCB on this notable achievement.

IDNYC Pop-Up Sites at NYC Health + Hospitals /Metropolitan and NYC Health + Hospitals/Queens

This month NYC Health + Hospitals/Queens and NYC Health + Hospitals/ Metropolitan hosted new IDNYC pop-up enrollment sites. These sites provided a convenient location for community residents to obtain IDNYC, a government-issued identification card available to all New York City residents 14 and older, with proof of identity and residency, regardless of their immigration status, race, gender identity, or sexual orientation. IDNYC cards have proved extremely popular, with more than 1 million people having signed up for the card since its launch in January 2015. We are proud to partner with IDNYC to bring increased services to residents who may already face significant barriers to resources, care and wellness.

MetroPlus Hosts Small Business Seminars During Asian/Pacific American Heritage Month

MetroPlus Health Plan co-hosted a series of seminars as part of Asian/Pacific American Heritage Month in May, in order to raise awareness among small business owners in Flushing, Queens, and surrounding areas, of low cost health plans available through the State's health plan marketplace for businesses with 100 or fewer employees. The seminars also provided information about federal tax credits of as much as 50% of employer's contribution available to qualifying businesses with 25 or fewer employees. With representatives fluent in Mandarin, Cantonese, and Fujianese, MetroPlus recently opened a new site at Skyview Mall in Flushing. The health plan is also opening a new office in the Sunset Park, Brooklyn to further enhance its commitment to bring affordable health care to the Asian community. The seminars were co-hosted by U.S. Representative Grace Meng, New York State Senator Toby Ann Stavisky, Assemblyman Ron Kim, and New York City Councilman Peter Koo, as well as Asian Americans for Equality (AAFE) and the Flushing Chinese-American Business Association (FCBA).

NYC Health + Hospitals/Bellevue Earns Patient Safety Award for Text Messaging Initiative to Help Patients Control Diabetes

An innovative NYC Health + Hospitals/Bellevue program using text messaging to improve the management of patients' insulin-dependent diabetes has received the 2017 Stand Up for Patient Safety Management Award from the National Patient Safety Foundation (NPSF). The initiative features a text messaging program called Mobile Insulin Titration Intervention Program (MITI) to help patients with type 2 diabetes. Patients in the program receive a text message each morning requesting their morning fasting blood sugar level, then text back their results. Values are monitored daily by nurses, who call patients once weekly to advise them on an insulin dose.

Bellevue's Primary Care Diabetes Team developed the program to address a need to make it easier for patients in the NYC Health +Hospitals/Bellevue Adult Primary Care Center to manage their type 2 diabetes. Many patients with insulin-dependent diabetes found it difficult to take time away from work and other responsibilities to visit the clinic to have their insulin dose adjusted. We are proud that NPSF has recognized the value of this work. It anticipates a future in which a similar approach to disease management is expanded to other chronic diseases, such as hypertension and asthma. Congratulations to Andrew B. Wallach, M.D., F.A.C.P., Clinical Director, Ambulatory Care, NYC Health + Hospitals/Bellevue, Natalie Levy, M.D., Director of NYC Health + Hospitals/Bellevue's Primary Care Diabetes Program, and the rest of the team.

NYC Health + Hospitals/Sea View Recognized With Two Prestigious National Awards for Its Palliative Care Program

NYC Health + Hospitals/Sea View palliative care program received two prestigious national awards. One from AMDA: The Foundation for Post-Acute and Long Term Care Medicine; the other from Intalere Healthcare—reflect a continuing tradition of excellence at our skilled nursing facility on Staten Island.

NYC Health + Hospitals/Sea View is the only post-acute facility in the nation to receive AMDA's award, which recognizes the facility's Enhanced Interdisciplinary Palliative Care Services program, designed to increase engagement of residents in palliative care, prevent unnecessary hospital readmissions, and foster an alignment of care with family and residents' wishes. Over a 14-month period, NYC Health + Hospitals/Sea View doubled the number of actively engaged residents receiving palliative care services. The facility was able to maintain a very low percentage of patients requiring transfers from NYC Health + Hospitals/Sea View to acute care services (7.8%)—well below the national benchmark (12.9%). And 98% of residents now have advanced directives in place. The culture of care has changed, too, with staff now embracing palliative care, as well as curative care.

Sea View is one of only three facilities in the nation to receive Intalere Healthcare's Achievement Award in the "Quality/Patient Care Delivery and/or Patient Satisfaction" category, and the sole recipient in the greater New York City area. Its palliative

program was recognized for having created value and greater operational efficiencies through constant innovation and transfer of best practices. Congratulations to CEO Angelo Mascia, Marian McNamara, RN, associate director of nurses, Nenita Premian, RN, assistant director of nurses and the staff at Sea View.

DSRIP/OneCity Health Update

OneCity Health continues its efforts to enhance the care patients receive in primary care, leading to increased referrals and improved outcomes:

Asthma collaborative

In May, as part of its clinical home-based environmental asthma program, OneCity Health hosted its first community health worker (CHW) learning collaborative, where participants learn through role playing exercises and other information sessions. After being assigned pediatric patients from the primary care environment, CHWs complete an asthma assessment, reinforce recommendations from the clinical team, and conduct home visits.

In just one visit to an NYC Health + Hospital/Kings County patient's home, a CHW saw the heat was broken, smoke from the neighbor seeped in through cracks in the wall, and roaches and mice were present. The child was often in the Emergency Room (ER). To help this patient, the CHW coordinated with the New York City Department of Health & Mental Hygiene – which is OneCity Health's partner providing professional cleaning and pest management – and the NYC Housing Authority, to clean the apartment and fix the structural issues. The child has not been back to the ER since. As this example shows, OneCity Health's asthma initiatives are beginning to improve patient care. To date, our partners have assigned over 600 patients to Community Health Workers (CHWs), and completed nearly 300 home visits. Eleven NYC Health + Hospital facilities and six of our community partners are generating referrals to eight of our partners with CHWs.

Palliative Care

To help identify patients with chronic diseases who may benefit from palliative care in the primary care setting, NYC Health + Hospitals and Community Healthcare Network have begun administering to eligible patients the Integrated Palliative Care Outcomes Survey (IPOS). SUNY Downstate Medical Center will start administering the survey soon as well. Results are shared with the patient's clinical provider. In addition, 17 NYC Health + Hospital facilities continue to conduct health care proxy interventions for patients in the primary care setting.

Technical Assistance

Our technical assistance vendors continue to assist 54 sites in the OneCity Health network toward achieving Patient Centered Medical Home (PCMH) recognition. In May, Once City Health hosted its third PCMH learning collaborative. Over 50 attendees learned about how care management concepts can be integrated into the primary care environment.

Care Management Programs

- Following expansions to medical units at NYC Health + Hospitals/Metropolitan and Jacobi, six Transition Management Teams (TMTs) are now in place, including medical units at NYC Health + Hospitals/Bellevue and NYC Health + Hospitals/Lincoln, and one psychiatric unit at NYC Health + Hospitals/Kings County. To date, 1,197 referrals have been made to the program, and 662 patients have graduated.
- Through our Health Home At-Risk pilot at six NYC Health + Hospitals sites (Bellevue and five NYC Health + Hospital/Gotham sites) and four community partner primary care practices (Community Healthcare Network, SUNY Downstate Medical Center, Center for Comprehensive Health Practice and Brightpoint Health) primary care practitioners have made over 300 referrals to care coordinators provided by OneCity Health's Health Home lead agencies, which are NYC Health + Hospitals, Community Healthcare Network and Community Care Management Partners.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals’ or the “System”) to take the necessary steps to implement a platform that will integrate Epic revenue cycle modules with existing Epic clinical modules at a cost not to exceed \$138,710,297 in operating funds and \$150,407,693 in capital funds, which is allocated in the City Capital Budget, over the next five years including procuring the necessary contracts for: staff augmentation to implement, configure and install the modules; the necessary hardware; software maintenance and subscriptions; hardware maintenance; and training services and facilities all of such procurement to be effected in conformity with NYC Health + Hospitals’ Operating Procedure 100-5 but without further Board authorization provided that the GO Enterprise unit of the Enterprise Information Technology Services division of NYC Health + Hospitals (EITS”) shall make regular periodic reports to the Board of Directors to detail such procurement and to report on the progress of the implementation program and track the same to the budget hereby established.

WHEREAS, NYC Health + Hospitals has already acquired rights to use the Epic suite of modules including its revenue cycle modules and its clinical modules; and

WHEREAS, NYC Health + Hospitals has made significant strides in implementing the Epic clinical modules to achieve a unified and uniform electronic medical record system that can be used throughout the System but has not worked to implement the revenue cycle modules; and

WHEREAS, implementing a revenue cycle module will establish a financial management system through medical billing software to enable the System to track every patient care episode, all charges for medical services and the payment of such charges; and

WHEREAS, having a revenue cycle platform in place will allow the System to manage patient care to better establish and ensure uniform provision of best practice care and to optimize revenue from health care services; and

WHEREAS, using the Epic revenue cycle modules will leverage the investment NYC Health + Hospitals has already made in the Epic suite of modules and permit seamless integration with the clinical modules that would be difficult to achieve were another revenue cycle module to be used; and

WHEREAS, EITS will work with the Office of Supply Chain Services to procure contracts under Operating Procedure 100-5 with vendors that supply staff augmentation services, hardware, training and implementation services and will report to the Board of Directors the award of such contracts at regular periodic intervals; and

WHEREAS, the head of the GO Enterprise unit of EITS will be responsible for the supervision, management and reporting of this project.

NOW THEREFOR, IT IS RESOLVED that New York City Health and Hospitals Corporation be and hereby is authorized to take the necessary steps to implement a platform that will integrate Epic revenue cycle modules with existing Epic clinical modules at a cost not to exceed \$138,710,297 in operating funds and \$150,407,693 in capital funds, which is allocated in the City Capital Budget, over the

next five years including procuring the necessary contracts for: staff augmentation to implement, configure and install the modules; the necessary hardware; software maintenance and subscriptions; hardware maintenance and training services and facilities all of such procurement to be effected in conformity with NYC Health + Hospitals' Operating Procedure 100-5 but without further Board authorization provided that the GO Enterprise unit of Enterprise Information Technology Services division of NYC Health + Hospitals shall make regular periodic reports to the Board of Directors to detail such procurement and to report on the progress of the implementation program and track the same to the budget hereby established.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals” or the “System”) to enter into a contract with Manatt Health, a division of Manatt, Phelps & Phillips LLP (“Manatt”) to prepare a clinical services plan for the System, including how to staff such services, system wide, facility by facility, taking into account the affiliation workforce as well as the GME impact, over a twenty week period for an amount not to exceed \$4,225,000.

WHEREAS, as part of the System’s ongoing transformation it is necessary to adopt a coherent clinical services plan that identifies the services that should be offered and where such services should be offered, how the System should rationalize and balance the service capacity in inpatient and ambulatory care settings, and how the provision of services in one setting might complement the provision of services in other settings, all with attention paid to meeting community needs, enhancing the financial sustainability of NYC Health + Hospitals, and providing high quality care; and

WHEREAS, as part of such planning it is also essential to consider the deployment and compensation of the System’s physicians and other medical providers including the use of medical affiliation agreements to furnish many of such medical providers to the System, and to consider the role of such providers in Graduate Medical Education (“GME”) programs, to ensure that such professionals are being deployed across the System to maximize their productivity and to ensure that their compensation is both adequate to attract and retain talent but not wasteful of scarce resources; and

WHEREAS, Manatt was prequalified through an open competitive process to perform consulting services such as these for NYC Health + Hospitals and then was selected using another competitive process from among three pre-qualified consultants solicited to perform the services described; and

WHEREAS, Manatt has done considerable prior work for NYC Health + Hospitals, and thus has considerable knowledge about the organization that it can draw upon in performing the proposed services; and

WHEREAS, the proposed contract for Manatt’s services will be managed jointly by the Senior Vice President and Chief Medical Officer and by the Senior Vice President and Chief Transformation Officer.

NOW THEREFOR BE IT RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized to enter into a contract with Manatt Health, a division of Manatt, Phelps & Phillips LLP, to prepare a clinical services plan for the System, including how to staff such services, system wide, facility by facility, taking into account the affiliation workforce and the GME impact, over a twenty week period for an amount not to exceed \$4,225,000.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to approve a Capital Project for an amount not to exceed \$5,783,618 for planning, pre-construction, design, construction and construction management services necessary for the Upgrade of Fire Alarm Systems in the "ABC" and "T" Buildings (the "Project") at NYC Health + Hospitals / Kings County (the "Facility").

WHEREAS, the existing fire alarm systems for "ABC" and "T" buildings are in working condition but are obsolete and need to be replaced;

WHEREAS, it was determined that replacing the existing fire alarm systems will comply with requirements outlined by Fire Department of New York (FDNY) 2015 revised Technology Management Bulletin # 03-2/2012 (see Attachment 1); and

WHEREAS, the legalization of the existing fire alarm systems will be permitted to maintain the 1968 Building Code functionality; and

WHEREAS, the revision of Operating Procedure 100-5 requires that construction projects with budgets of \$3 million or more shall receive approval of the Board of Directors through Capital Committee; and

WHEREAS, the proposed total project budget, inclusive of all contingencies, is estimated to be \$5,783,618 million; and

WHEREAS, the overall management of the construction contract will be under the direction of the Vice President - Facilities Development.

NOW THEREFORE, be it

RESOLVED, the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to approve a Capital Project for an amount not to exceed \$5,783,618 for planning, pre-construction, design, construction and construction management services necessary for the Upgrade of Fire Alarm Systems in the "ABC" and "T" Buildings (the "Project") at NYC Health + Hospitals / Kings County (the "Facility").



Battalion Chief Thomas J. Pigott – Chief of Technology Management
Office of Technology Management
Bureau of Fire Prevention



9 METROTECH CENTER – BROOKLYN, NY 11201

TECHNOLOGY MANAGEMENT BULLETIN # 03/2012R

Revised March 9, 2015

REFERENCE: Guidelines for Legalization of Existing Building Fire Alarm Systems

EFFECTIVE DATE: March 15, 2012

EXPIRATION DATE: March 15, 2018 unless revoked earlier for cause

The procedures set forth in this bulletin are the **minimum** requirements necessary to obtain the Letter of Approval for any **existing** building fire alarm systems installed pursuant to the 1968 Building Code or prior codes.

1. Existing Building Fire Alarm Systems

1.1. For simplicity and convenience, the Office of Technology Management has outlined the following four key directions to be followed in order to expedite the plan review and approval.

(A) Where the existing Fire Alarm System has been filed with the Department of Buildings but the plans have not been approved, follow the instructions below:

- Reinststate the original Plan/Work Application with the Department of Buildings;
- Submit the fire alarm design and installation documents for review and approval.

(B) Where the Building Information System does not reveal an applicable filing of the existing fire alarm system, but the *current* Certificate of Occupancy bear a record "Fire Alarm and Signal System," follow the instructions below:

- File Plan/Work Application (Form PW-1) as Alteration Type 2 with the Department of Buildings;
- Submit the fire alarm design and installation documents for review and approval.

(C) Where the Building Information System does not reveal an applicable filing of the existing fire alarm system and the *current* Building Certificate of Occupancy does not bear a record "Fire Alarm and Signal System," follow the instructions below:

- Obtain permission to legalize the existing fire alarm system by filing Form TM-4 with the Office of Technology Management. The supporting documents, signed and sealed by the Engineer of Record, shall include a narrative of the system functionality and conditions (equipment, wiring, initiating/notification devices & appliances, etc.) and a copy of the Certificate of Occupancy;
- After the above permission has been granted, file Plan/Work Application (Form PW-1) as Alteration Type 2 with the Department of Buildings;
- Submit the fire alarm design and installation documents for review and approval.

- (D) Where the Building Information System does not reveal an applicable filing of the existing fire alarm system and the Building does not have a valid Certificate of Occupancy, follow the instructions below:
- Obtain a Letter of No Objection from the Department of Buildings;
 - Obtain permission to legalize the existing fire alarm system by filing Form TM-4 with the Office of Technology Management. The supporting documents, signed and sealed by the Engineer of Record, shall include a narrative of the system functionality and conditions (equipment, wiring, initiating/notification devices & appliances, etc.) and a copy of the Letter of No Objection;
 - After the above permission has been granted, file Plan/Work Application (Form PW-1) as Alteration Type 2 with the Department of Buildings;
 - Submit the fire alarm design and installation documents for review and approval. The Engineer on Record shall identify the height and construction classification of the building, number of floors, use and occupancy load on the drawings.
- 1.2. Follow the Technology Management Bulletin **No.: 10/2009** for submission of the fire alarm design and installation documents.
- 1.3. Follow the Fire Alarm Inspection Unit Bulletin **No.: 06-01-11** procedures for scheduling inspection/test.
- 1.4. Recognizing the importance of maintaining a uniform alarm notification tone of a "*three-pulse*" *temporal* pattern in buildings throughout the City, the Office of Technology Management recommends phasing in the conversion of alarm signal with legalization of the existing fire alarm systems. For detailed instructions follow the Fire Alarm Inspection Unit Bulletin **No.: 01-02-12**.
- 1.5. All fire alarm systems legalized under this bulletin shall be connected for central station monitoring for issuance of a Letter of Approval by the Fire Alarm Inspection Unit.
- 1.6. A maximum period of one year from the date of legalization variance approval shall be permitted for the filing and inspection of the subject fire alarm system. The variance shall be expired and without effect afterwards.
2. Existing Sprinkler Monitoring Systems
- 2.1. Follow the Fire Alarm Inspection Unit Bulletin **No.: 03-15-15** procedures for legalizing existing Sprinkler Monitoring Systems.
3. Any applications for legalization of an existing fire alarm or sprinkler monitoring system expired and/or filed on or after March 15, 2018, *must comply with provisions of the current building code in effect.*

RESOLUTION

Authorizing the NYC Health + Hospitals (the "Health Care System") to execute a revocable five year license agreement with the New York City Department of Health and Mental Hygiene (the "Licensee") for use and occupancy of approximately 2,480 square feet of space on the 6th floor of the Kountz Pavilion for the operation of the New York City Nurse-Family Partnership program at Harlem Hospital Center (the "Facility") for an annual occupancy fee of \$124,000.

WHEREAS, Harlem Hospital Center's Nurse-Family Partnership program for calendar year 2016 served 2,534 clients and provided 27,990 completed visits; and

WHEREAS, the program is an evidenced-based community healthcare program that seeks to improve the health, well-being and self-sufficiency of low-income first-time mothers and their children by partnering them with nurses who provide home visits; and

WHEREAS, the program has been staffed, funded and operated by Harlem Hospital since 2003; and

WHEREAS, the operation of the program will be transferred to the New York City Department of Health and Mental Hygiene and will be funded and staffed by its employees while the location of the program and scope of services provided will remain unchanged.

NOW THEREFORE, be it

RESOLVED, that the NYC Health + Hospitals (the "Health Care System") be and hereby is authorized to execute a revocable five year license agreement with the New York City Department of Health and Mental Hygiene (the "Licensee") for use and occupancy of approximately 2,480 square feet of space on the 6th floor of the Kountz Pavilion for the operation of the New York City Nurse-Family Partnership program at Harlem Hospital Center (the "Facility") for an annual occupancy fee of \$124,000..

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "NYC Health + Hospitals") to execute a lease agreement with RXR 32 Old Slip Owner LLC for a ten year term for approximately 20,567 square feet of space on the 5th floor at 32 Old Slip Borough of Manhattan, to house the NYC Health + Hospitals' Office of the Inspector General ("H+H OIG") at a base rent of \$52 per square foot for the first five years of the term, \$35 per square foot or \$712,988 for the first year of the term after factoring four months of free rent, \$39 per square foot or \$802,112 per year for each of the second and third years of the term after factoring three months of free rent for each year and a base rent of \$57 per square foot or \$1,172,319 per year for years six through ten for a total base rent of \$10,317,775 over the ten year term.

WHEREAS, in October 2015, the NYC Health + Hospitals' Board of Directors adopted a resolution authorizing its President to enter into a Memorandum of Understanding (the "MOU") with the New York City Department of Investigation ("NYC DOI") to create an Office of the Inspector General for NYC Health + Hospitals under the authority and control of NYC DOI to replace the existing office within NYC Health + Hospitals; and

WHEREAS, pursuant to a letter agreement executed by NYC DOI and NYC Health + Hospitals, the entire expenses of the H+H OIG, including but not limited to salaries and other benefits for the staff and the cost of office space shall be the responsibility of NYC Health + Hospitals; and

WHEREAS, the H+H OIG currently occupies approximately 16,500 square feet on the 17th floor at 160 Water Street and, as a result of staffing increases made pursuant to the MOU, the 160 Water Street space no longer accommodates the H+H OIG's staff which has increased to seventy-five; and

WHEREAS, the space at 32 Old Slip provides adequate space to meet the H+H OIG's needs; and

WHEREAS, the responsibility for the administering the proposed lease shall rest with the NYC Health + Hospital's Inspector General.

NOW, THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (the "NYC Health + Hospitals") be and hereby is authorized to execute a lease agreement with RXR 32 Old Slip Owner LLC for a ten term for approximately 20,567 square feet of space on the 5th floor at 32 Old Slip, Borough of Manhattan, to house the NYC Health + Hospitals' Office of the Inspector General at a base rent of \$52 per square foot for the first five years of the term, \$35 per square foot or \$712,988 for the first year of the term after factoring four months of free rent, \$39 per square foot or \$802,112 per year for each of the second and third years of the term after factoring three months of free rent for each year and a base rent of \$57 per square foot or \$1,172,319 per year for years six through ten for a total base rent of \$10,317,775 over the ten year term.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to designate the auditorium at NYC Health + Hospitals/Gouverneur ("Gouverneur") as the Dr. Emily D. Barringer Community Hall in honor of Dr. Emily Dunning Barringer.

WHEREAS, NYC Health + Hospitals Operating Procedure 100-8 ("OP 100-8") authorizes the naming of a NYC Health + Hospitals health care facility or portion thereof to honor an individual who has made a significant contribution to public health including to NYC Health + Hospitals or any of its facilities; and

WHEREAS, Dr. Barringer was an early advocate for women's rights in the medical field, was the first female ambulance surgeon and was the first to secure a surgical residency while at Gouverneur; and

WHEREAS, Dr. Barringer was President of the American Medical Women's Association in 1942 and, as Co-Chair of its War Service Committee, organized the American Women's Hospital in Europe which provided medical and surgical care during and after the War; and

WHEREAS, Dr. Barringer successfully lobbied Congress to allow women doctors to serve as commissioned officers in the Army Medical Reserve Corps and advocated for better treatment of women in prisons; and

WHEREAS, in accordance with OP 100-8, the proposed naming of the auditorium at Gouverneur has been recommended by the Gouverneur Community Advisory Board and is supported by the family of Dr. Barringer;

NOW THEREFORE, IT IS RESOLVED THAT New York City Health and Hospitals Corporation be and it hereby is authorized to designate the auditorium at NYC Health + Hospitals/Gouverneur as the Dr. Emily D. Barringer Community Hall in honor of Dr. Emily Dunning Barringer.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute an agreement with McKesson Pharmacy Optimization ("McKesson") to provide a Patient Assistance Program to the 11 acute care hospitals in the System over a 3 year term with 2 one- year extensions at the sole option of the System for a 15% recovery fee which, based on an estimated cost avoidance of \$42,500,000, will yield an estimated total compensation to McKesson which shall not exceed \$6,375,000; provided, the President shall have the authority to increase the payment to McKesson to equal 15% of any additional costs that are avoided in excess of the estimated \$42,500,000.

WHEREAS, the System wishes to provide a Patient Assistance Program to all 11 acute care hospitals in the System to increase and enhance the replacement of, and reimbursement for, pharmaceuticals and medical devices used by the System patients provided by manufacturers, charitable entities and other third party resources; and

WHEREAS, currently the System's patients do not fully benefit from various program offered by manufacturers, charitable entities and other third party resources that assist in the supply and purchase of pharmaceuticals and medical devices; and

WHEREAS, such failure to fully benefit from such programs results in additional unreimbursed costs to the System that would be avoided by a more effective exploitation of such programs; and

WHEREAS, a Request for Proposals was issued on February 9, 2017, three proposals were received on March 3, 2017, and the Patient Assistance Selection Committee has selected McKesson as the best firm for the System; and

WHEREAS, a Request to Enter into a Contract was presented before the Contract Review Committee on the basis set forth above; and

WHEREAS, a three phase approach for implementation over a 7 month period will expand across the 11 participating hospitals; and

WHEREAS, the projected total cost avoidance for the initial three year term is \$24,500,000 and \$9,000,000 for each of the two one-year option terms, and

WHEREAS, the overall responsibility for monitoring the proposed contract shall be vested with the Vice President, Supply Chain Services.

NOW THEREFORE, BE IT:

RESOLVED, that the New York City Health and Hospitals Corporation be and hereby is authorized to execute an agreement with McKesson Pharmacy Optimization to provide a Patient Assistance Program to the 11 acute care hospitals in the System over a 3 year term with 2 one-year extensions at the sole option of the System for a 15% recovery fee which, based on an estimated cost avoidance of \$42,500,000, will yield an estimated total compensation to McKesson which shall not exceed \$6,375,000; provided, the President shall have the authority to increase the payment to McKesson to equal 15% of any additional costs that are avoided in excess of the estimated \$42,500,000.

EXECUTIVE SUMMARY
RESOLUTION TO AUTHORIZE CONTRACT
WITH McKESSON PHARMACY OPTIMIZATION

BACKGROUND:

Many manufacturers, charitable entities and other third party resources offer assistance to indigent patients without resources to pay for pharmaceuticals and medical devices. The System does not currently have a program to assist and encourage patients to apply for such assistance. In the absence of such assistance, the System is required to provide additional pharmaceuticals and medical devices without reimbursement. The System estimates that an effective program of seeking out such assistance would save the System an estimated \$24,500,000 over the proposed three-year contract term and \$9,000,000 for each of the two one-year option terms.

PROCUREMENT:

A formal request for proposals ("RFP") was issued on February 9, 2017 seeking firms that specialize in assisting patients to receive the benefits of such assistance programs. Three proposals were received on March 3, 2017. A formal Selection Committee was formed and voted to award the subject contract to McKesson. The RFP and the selection of McKesson was approved by the System's Contract Review Committee,

It is customary among firms that assist patients to access financial assistance in purchasing pharmaceuticals and medical devices that they be compensated based on a percentage of the assistance obtained. Such a structure will be beneficial to the System because it will not have to pay anything unless financial assistance is actually secured and because the payment structure serves to incentivize the contractor. Based on the RFP, McKesson's 15% structure was competitive and McKesson demonstrated a history of, and capacity to, achieve impressive results.

TERMS:

The System will pay McKesson 15% of what it recovers for patients. The System will have no obligation to remit any other payment to McKesson whose sole compensation shall be its stated commission. The term of the contract will be three years with 2 one-year extensions at the sole option of the System. Based on projections, the System anticipates that McKesson will be able to avoid costs to the System of approximately \$24,500,000 over the three-year contract term and \$9,000,000 for each of the two one-year options, totaling \$42,500,000. Based on such projections, McKesson's compensation over the 3 year term will be \$3,675,000 and \$1,350,000 for each of the two one-year option terms, totaling \$6,375,000. Such compensation shall not be exceeded; provided, however, the President shall have the right to increase the compensation to McKesson in the amount of 15% of any costs avoided in excess of the estimated \$42,500,000.

CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

Contract Title: Patient Assistance Program
Project Title & Number: Patient Assistance Program
Project Location: Central Office
Requesting Dept.: Supply Chain

Successful Respondent: McKesson

Contract Amount: \$6,375,000

Contract Term: July 1, 2017 – June 30, 2022

Number of Respondents: 3

(If Sole Source, explain in Background section)

Range of Proposals: 12% - 15% of value collected

Minority Business

Enterprise Invited: Yes No

If no, please explain:

Funding Source:

General Care

Capital

Grant: explain

Other: explain: Cost Avoidance from Pharmacy Drug

Spend

Method of Payment:

Time and Rate

Other: explain: Monthly from Cost Avoidance Generated

EEO Analysis: YES

Compliance with HHC's

McBride Principles?

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.)

CONTRACT FACT SHEET

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

The 11 acute care hospitals within New York City Health + Hospitals provide millions of dollars of drugs and medical devices annually to our uninsured or under insured patients. One in six of our patients do not have the ability to pay. Many pharmaceutical and medical device manufacturers offer patient assistance programs to replace or provide free products to qualified patients. Each manufacturer has its own protocol regarding the criteria to qualify for these programs. For many health systems, including New York City Health + Hospitals, these complexities are a barrier to taking full advantage of the patient assistance programs and maximizing the financial savings.

There are technology companies that have the software to maximize the number of patients who qualify for these programs, identify the appropriate documentation, file the completed applications, track each submission, review and potentially reverse manufacturers' negative decisions and monitor product inventory at each site. These vendors typically work on a contingency fee based on the value of the product recovered or replaced.

CONTRACT FACT SHEET

Contract Review Committee

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

An application to issue an RFP was presented to the CRC on February 1, 2017 and approved on February 2, 2017.

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): *Committee members, respondees, No oral presentation, Score sheet criteria*

Selection Committee Members

Ujwala Shah – Pharmacy Director, Woodhull Hospital
Michael Blumenfeld – Pharmacy Director, Bellevue Hospital
Lauryn Solomon – Pharmacy Director, Belvis Health Center
Rachel Griffith – Sr. Systems Analyst, Corporate Budget
Michelle Thomas – Consultant, EITS
DeNiece Rosario – Patient Assistance Coordinator, Coney Island Hospital
Victor Cohen, Chairperson – AVP for Clinical Pharmacy Services, NYC H+H

Respondees

Cardinal
AmerisourceBergen
McKesson

Score Sheet Criteria

Technical Qualifications
Firm's experience, organization and resources
Cost of proposal
Client References
Management Program, Plan

CONTRACT FACT SHEET

Scope of work and timetable: Section 4 and timetable

New York City Health + Hospitals is interested in the implementation of a Patient Assistance Program at the 11 acute care hospitals in the NYC H+H system. NYC H + H patients are often uninsured or under insured and therefore qualify for a number of special programs offered by drug manufacturers.

There are currently 5 hospitals within NYC H+H that offer some level of in-house patient assistance. It is H + H intent to have a robust patient assistance program at all 11 acute care hospitals. The plan is to have a three phase approach beginning with an implementation at two hospitals that currently do not have a patient assistance program, then expanding to the other 4 hospitals without a program and finally to those hospitals that already have ongoing programs.

Implementation at the first 2 hospitals will begin on or about July 1, 2017 and will be completed at all 11 hospitals no later than March 30, 2018

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

The System estimates that an effective program of seeking out such assistance would avoid costs of \$24,500,000 over the proposed three-year contract term and \$9,000,000 for each of the two one-year option term.

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

None

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

There are no current staffing resources available. The patient assistance software is proprietary.

Will the contract produce artistic/creative/intellectual property? Yes No

Who will own It? Yes No

Will a copyright be obtained? Yes No

Will it be marketable? Yes No

Did the presence of such property and ownership thereof enter into contract price negotiations? Yes No

CONTRACT FACT SHEET

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

Paul Albertson, VP Supply Chain Operations

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 5/18/2017

Analysis Completed By E.E.O. 5/25/2017
Date

Keith Tallbe _____
Name

32118

TO: Mitchell Jacobs, Director
Supply Chain Services
Division of Materials Management

FROM: Keith Tallbe *KT*

DATE: March 29, 2017

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, McKesson Pharmacy Optimization, LLC, has submitted to the Supply Chain Diversity Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Central Office

Contract Number: _____

Project: Patient Assistance Program
Service for the Indigent

Submitted by: Division of Materials Management

EEO STATUS:

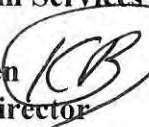
1. Approved
2. Conditionally Approved with follow-up review and monitoring
3. Not approved
4. Conditionally approved subject to EEO Committee Review

COMMENTS:

KT:srf

MEMORANDUM

To: Mitchell Jacobs
Supply Chain Services

From: Karen Rosen 
Assistant Director

Date: June 2, 2017

Subject: VENDEX Approval

For your information, on June 2, 2017 VENDEX approval was granted by the Office of Legal Affairs for the following company:

McKesson Corporation

This approval is based upon prior VENDEX approval for the above-named company, which falls within 90 days of your current request.

cc: James Liptack, Esq.

Patient Assistance Program

Board of Directors Meeting

June 22, 2017

Victor Cohen BS, PharmD, BCPS, CGP, RPh

AVP for Clinical Pharmacy Services



BACKGROUND

- Many pharmaceutical and medical device manufacturers offer patient assistance programs which provide select medications and medical devices to health centers for qualified patients
- Vendor evaluations estimate approximately \$8-\$10M of current usage at NYC Health+Hospitals qualifies for these special programs
- 50+ manufacturers offer programs; each has own requirements regarding initial and continuing eligibility:
 - Includes inpatients and outpatients
 - Generally requires US residency



Background continued

- Vendor provides proprietary software with manufacturer drug/device specific requirements, and required documentation for replacement
- Five Health+Hospitals offer some level of in-house patient assistance
 - Effort is thru staff with other full time assignments
 - Concentration is on a few high return medications, such as oncology and rheumatoid arthritis infusion medications
 - This program will permit us to optimize opportunities and best use of staff



SCOPE

- Request For Proposal was approved by the Contract Review Committee (CRC) for qualifying vendors to provide:
 - Replacement services
 - Identification and management of all appropriate documentation required for applications
 - Submission and management of each completed application with the manufacturer
 - On-site staffing, minimum of one full-time representative
 - Monthly detailed reports and metrics reporting



IMPLEMENTATION

- McKesson is vendor of choice; phase in services over 7 months
 - 2 hospitals without programs will be first rollout
 - 4 remaining hospitals without programs will be second rollout
 - 5 hospitals with some services will be the final rollout
- McKesson will provide software for tracking needed detail of each transaction, based on requirements of each participating manufacturer, on-site personnel to manage the program, and dedicated account manager.
- Payment is contingent on verified drug/device recovery documents, substantiating purchase price.
- The recovery fee of 15% is from the lowest bidder who demonstrated the best recovery process to the selection committee, with references that affirmed their recovery successes.



PROJECTIONS

Fiscal Year	Projected Cost Avoidance	15% Recovery Fee	Net Value of Cost Avoidance
FY18	6,500,000	975,000	5,525,000
FY19	9,000,000	1,350,000	7,650,000
FY20	9,000,000	1,350,000	7,650,000
FY21	9,000,000	1,350,000	7,650,000
FY22	9,000,000	1,350,000	7,650,000
Total	42,500,000	6,375,000	36,125,000

We are seeking Board Approval for a 3 year contract with McKesson with 2 one year extensions at the option of NYC Health + Hospitals



RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute an agreement with Education and Assistance Corporation (“EAC”) to provide transitional case management services under the Community Re-entry Assistance Network program (“CRAN”) over a five-year term, inclusive of two one-year renewal options, for a total not-to-exceed cost of \$28,639,875.

WHEREAS, CRAN is a rebranding of two programs, SPAN and LINK, which were previously administered by the NYC Department of Health and Mental Hygiene and had contracted with five different providers; and

WHEREAS, the current contracts expire June 30, 2017;

WHEREAS, the new CRAN consolidates the previous two programs into one, with a single contracted provider to create a single-point of entry model for clients to achieve increased oversight, efficiencies, and continuity of care for clients leaving jail with a mental illness; and

WHEREAS, funding for CRAN has been allocated in the FY18-FY22 budget; and

WHEREAS, EAC has been a LINK provider since 1999 for Brooklyn and Staten Island and has extensive experience providing case management services to clients in the criminal justice system; and

WHEREAS, the System wishes to enter into a new agreement with EAC to provide CRAN services; and

WHEREAS, a EAC was procured through an open competitive Request for Proposals process and the procurement was approved by the Contract Review Committee; and

WHEREAS, the overall responsibility for monitoring the proposed contracts shall be vested with the Senior Vice President, Correctional Health Services.

NOW THEREFORE, BE IT:

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized to execute an agreement with Education and Assistance Corporation to provide transitional case management services under the Community Re-entry Assistance Network program over a five-year term, inclusive of two one-year renewal options, for a total not-to-exceed cost of \$28,639,875.

EXECUTIVE SUMMARY

Education and Assistance Corporation Vendor Distribution Agreement

Prior Agreement: Education and Assistance Corporation (“EAC”) currently provides NYC Health + Hospital’s clients with case management services in Brooklyn and Staten Island under the LINK program. These services have previously been provided under a NYC Department of Health and Mental Hygiene agreement dated April 8, 2014, as a result of a contract renewal. The agreement will expire June 30, 2017.

Program: The LINK contracts along with its counterpart program, SPAN, have been re-structured as a single new program called the Community Re-entry Assistance Network program (“CRAN”) with a single provider. CRAN will provide a single-point of entry model for clients released from jail who have a mental illness. Services include transitional case management, entitlement enrollment and connections to community healthcare providers.

Previously there were five different providers, each with separate contracts. While the previous model and providers were effective, CHS believes that it can increase oversight, create efficiencies, and enhance the continuity of care for clients with a single-provider model. Additionally, the model helps to ensure that clients receive the same caliber of services no matter what county they may be seeking services in.

EAC was chosen as the new CRAN provider based on their proposal and their experience serving individuals with a mental illness moving through the criminal justice, and reintegrating into the community post-release. At the time of submitting their proposal, EAC already had locations set-up in all of the boroughs except one which helps to ensure that the current client caseload can easily and efficiently be transferred from the current providers, without delay. EAC also had the most competitive cost-proposal out of the 3 proposals that were received.

Procurement: A Request for Proposals was released in February and Authorization to Enter into a Contract was approved by the CRC on May 31, 2017.

Terms: The Office of Supply Chain Services has negotiated a favorable agreement with EAC to provide these necessary services for a term of three years, with two one year renewal options as detailed below:

	FY18	FY19	FY20	FY21	FY22	Overall Contract Total
Proposal Amount	\$ 6,364,565	\$ 6,364,565	\$ 6,364,565	\$ 6,364,565	\$ 6,364,565	\$ 31,822,825
Negotiated Final Contract Value	\$ 5,727,975	\$ 5,727,975	\$ 5,727,975	\$ 5,727,975	\$ 5,727,975	\$ 28,639,875
Savings	\$ 636,590	\$ 636,590	\$ 636,590	\$ 636,590	\$ 636,590	\$ 3,182,950

Financing: The financing of the project is as set forth below:

Funding Source	Funding Amount
State Office of Mental Health	\$ 4,907,547
City Tax Levy*	\$ 820,428
Total Contract Value	\$ 5,727,975

**Will be utilized once State funding is exhausted.*

CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

Contract Title: Community Re-entry Assistance Network (CRAN)
Project Title & Number: Community Re-entry Assistance Network (CRAN)
Project Location: New York City, all 5 boroughs
Requesting Dept.: Correctional Health Services

Successful Respondent: Education and Assistance Corporation (EAC)
Contract Amount: \$5,727,975 annually; \$28,639,875 over 5 years
Contract Term: July 1, 2017 to June 30, 2020; 3 year period with 2 one-year options to renew.

Number of Respondents: 3
(If Sole Source, explain in Background section)

Range of Proposals: \$6,364,565 to \$11,015,881
(\$5,727,975 to \$11,015,881 – Negotiated)

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

Funding Source: General Care Capital
Grant: explain \$820,428 CTL
\$4,907,547 State OMH Funding
Other: explain _____

Method of Payment: Time and Rate
Other: explain Quarterly based on actuals.

EEO Analysis: Approved

Vendex Clearance Pending

(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.)

CONTRACT FACT SHEET (continued)

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

In 2015, Correctional Health Services was transferred from the Department of Health and Mental Hygiene to Health + Hospitals. After the transfer, Policy & Planning and the Finance office reviewed all contracts that were part of the transfer. In doing so, they determined that the LINK and SPAN contracts had not been RFP'd in 10 years and there had been minimal adjustments to the required services or the funding amounts.

Additionally, an evaluation of the contract services was conducted. This evaluation included data, funding, client and staff focus groups, site visits and review of current program literature. As a result of this evaluation, it was determined that services needed to be enhanced, oversight needed to be enhanced and the contract needed to become deliverable based.

Previously contractors were being paid regardless of whether or not they hit the client targets. Data collected and tracked was minimal, and each borough had their own version of the required services model. Awarding this new contract to EAC will allow us to streamline services, enhance oversight and begin long-term data tracking and evaluation. We are confident that these enhancements will produce a more robust and effective program for our client population.

Contract Review Committee

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

Yes, the RFP was presented on February 1st and was approved February 2nd, 2017.

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:

No changes have occurred.

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):

Committee Members

Ashley Smith, Assistant Director of Policy & Planning

Patricia Brown, Senior Associate Director of Community & Behavioral Health Initiatives

CONTRACT FACT SHEET (continued)

ShweZin Oo, Associate Director of Finance
Bill Collins, Director of Social Work & Reentry Services
Benjamin Farber, Senior Associate Director of Planning & Analysis
Elizabeth Ford, Chief of Psychiatry
Anne Siegler, Director of Monitoring and Evaluation

Vendors Who Applied

Education and Assistance Corporation (EAC)

CASES

Volunteers of America (VOA) with Bowery Residents Committee (BRC) as a sub-recipient

Evaluation Criteria

Experience 25%

Implementation/SPOE Plan 30%

Staffing/Location/Office Hours 20%

Cost of Proposal 25%

Justification for Selection

CHS and Supply Chain sent the RFP to 111 different vendors and received 3 responses. The selection committee reviewed all of the proposals thoroughly over the course of a week. The committee met repeatedly to discuss the proposals and discuss the model proposed by each vendor. All of the proposals met the minimum requirements and demonstrated an understanding of the needs of the clients. Ultimately, EAC was chosen for the following reasons:

1. **Location:** With the exception of Manhattan, EAC had had all of the required office locations already procured. This meant that the transition time to get the sites up and running would be significantly reduced.
2. **Resources:** EAC had a large amount of community partners they could leverage to link clients with services. Most significantly was their access to housing and crisis beds.
3. **Cost:** EAC also had the most reasonable and clear budget. The other proposers included costs that far exceeded historical costs for the same services and also included costs for services that were either not required under the RFP or would not have enhanced the client experience in a way the committee thought was worth funding.

CONTRACT FACT SHEET (continued)

Scope of work and timetable:

The new contract will go into effect July 1, 2017. The scope of services includes:

Pursuant to the City's responsibilities under the settlement agreement in Brad H v. City of New York, NYC Health + Hospital's Division of Correctional Health Services is seeking a provider to implement the Community Re-entry Assistance Network (CRAN) comprised of two discrete, but integrated programs for patients discharged from NYC jails: Assistance Network Services (ANS) and Community Transitional Case Management (CTCM). These services were previously known as SPAN and LINK. Pursuant to the Brad H settlement agreement, the City is required to provide discharge planning for individuals who are receiving mental health services while incarcerated within City jails and hospitals.

The successful applicant must demonstrate an ability to provide linkage plans for clients who have been diagnosed with a mental illness to criminal justice entities, courts and services in the community. Such linkages include aftercare mental health services, substance use/abuse, and to other related programs such as the Assertive Community Treatment (ACT) Teams, Mobile Crisis Teams, and the various specialty courts. Additionally, the chosen provider will be responsible for completing discharge plans for Brad H Class Members who were released from the City jail system before a discharge plan was completed.

The Community Re-entry Assistance Network (CRAN) program will assist clients making the transition from incarceration to community-living in order to reduce hospitalization and maintain contact with necessary services.

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

Based on the proposal received from EAC, CHS believes that the costs included are fair and reasonable given they will now be the sole provider across the city for this service.

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

CRAN, previously known as LINK and SPAN was previously funded at \$6,274,834.

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

Due to the scope of the project, Corporation staff providing these services would be unsustainable. Additionally, the vendor has access to community resources that are able to be leveraged for the benefit of the clients.

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 intellectual property will be created.

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

Patricia Yang, Senior Vice President, Correctional Health Services

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

32145

TO: Mitchell Jacobs
Procurement Operations
Materials Management

FROM: Keith Tallbe *KT*

DATE: May 31, 2017

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **EAC, Inc. (EAC Network)** has submitted to the Supply Chain Diversity Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Correctional Health Services

Contract Number: _____

Project: Community Re-entry
Assistance Network

Submitted by: Procurement Operations

EEO STATUS:

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

COMMENTS:

KT:srf



Correctional Health Services

**Award of the CHS
Community Re-entry Assistance Network (CRAN)
Request for Proposals to the
Education and Assistance Corporation (EAC)**

June 22, 2017 – Board of Directors Meeting Presentation



Prepared by the Office of:
CHS Policy & Planning
June 2017

Background

- **What is CRAN?**

The Community Re-entry Assistance Network (CRAN) is comprised of two discrete, but integrated programs for patients discharged from NYC jails: Assistance Network Services (ANS) and Community Transitional Case Management (CTCM). Pursuant to the Brad H settlement agreement, the City is required to provide discharge planning for individuals in the CHS mental health service during a period of incarceration in the NYC jails. As part of these discharge planning services, the City must link patients to post-discharge transitional case management and community discharge planning services after their release from jail.

- **Population to be served**

Individuals with mental health treatment needs who are either currently incarcerated or have had any involvement with the criminal justice system within the past two years.

- **ANS and CTCM**

Core services include assistance with applying for public benefits (Medicaid, Public Assistance, Housing, etc.), connections to community mental health services, and educational and vocational opportunities. Based on eligibility criteria, patients may fall in one or both of the following service tracks:

- ANS is an information and referral service that provides discharge planning services for Brad H Class Members who were not incarcerated long enough to receive the full complement of discharge planning services prior to release.
- CTCM is a short term transitional case management service designed to assist with transitioning from incarceration to the community by linking individuals diagnosed with serious mental illness to appropriate aftercare services. This work is done in coordination with the Rikers-based Social Work Department.

Background (continued)

- **Major enhancements to the program:**

- **A single-provider system:** The move toward a single-provider system will allow for system efficiencies and increased oversight of the program.
- **Single Point of Entry (SPOE):** The contract requires an SPOE model. The purpose of this is to ensure to that the client has immediate access to an array of services while maintaining contact with a single Case Manager. For example, a required service under the contract will be access to crisis beds for clients.
- **Increased Access:** The providers must provide flexible and extended office hours and accessibility for clients to meet with program staff. The provider will be required to hold office hours at the CHS Assistance Center located across the street from the bridge to Rikers Island. This will allow for an additional immediate access point for those being released from incarceration, and their families.
- **Economies of Scale provide Reduced Cost:** Due to implementation of the SPOE, economies of scale were achieved which reduced overhead and ultimately contract cost. In the end, approximately \$300,000 will be saved annually in City Tax Levy.
- **Increased Oversight:** The new contract allows for greater monitoring of contract implementation, data collection and client outcomes. This information will be fed to our on-island treatment teams to improve patient experience and service delivery. CHS will be performing a robust evaluation of the program to guide future program modifications.

New Award

- **Award:** Education and Assistance Corporation (EAC)
- **Number of Proposals Received:** 3 (EAC, CASES, VOA/BRC); 111 vendors (including MWBE) were notified of the RFP
- **Proposed Term:** July 2017 – June 2022 (three years, with two one year renewals)
- **Number of Clients to be Served:**
 - **Assistance Network Services:** 1,000 Admitted
 - **Community Transition Case Management:** 2,700 Screened; 2,100 Admitted
- **Contract Total:** \$5,727,975 (\$4,907,547 State OMH; \$820,428 CTL); \$28,639,875 over 5 years
- **Payment:** As part of the RFP, CHS is implementing new deliverables in order to ensure that optimum care is being provided to clients. Payment will be contingent on the provider meeting the required deliverables. These new deliverables include:
 - **Target 1: Clients screened and admitted targets**
 - Failure to meet the targets would trigger a financial penalty
 - **Target 2: 100% of all clients admitted will be connected to community based services**
 - Failure to meet the targets would trigger a financial penalty
 - **Target 3: Meeting the Brad H performance indicators each month**
 - Failure to meet the targets could result in termination of the contract

New Award (continued)

- **Evaluation Criteria:**
 - Experience 25%
 - Implementation/SPOE Plan 30%
 - Staffing/Location/Office Hours 20%
 - Cost of Proposal 25%
- **Award Rational:**
 - **Location:** With the exception of Manhattan, EAC had had all of the required office locations already procured. This meant that the transition time to get the sites up and running will be significantly reduced.
 - **Resources:** EAC had a large amount of community partners they could leverage to link clients with services. Most significantly, EAC has access to housing and crisis beds.
 - **Cost:** EAC also had the most reasonable and clear budget. The other proposers included costs that far exceeded historical costs for the same services and did not provide additional services that would have enhanced the client experience.

OneCity Health Population Health Digital Hospital

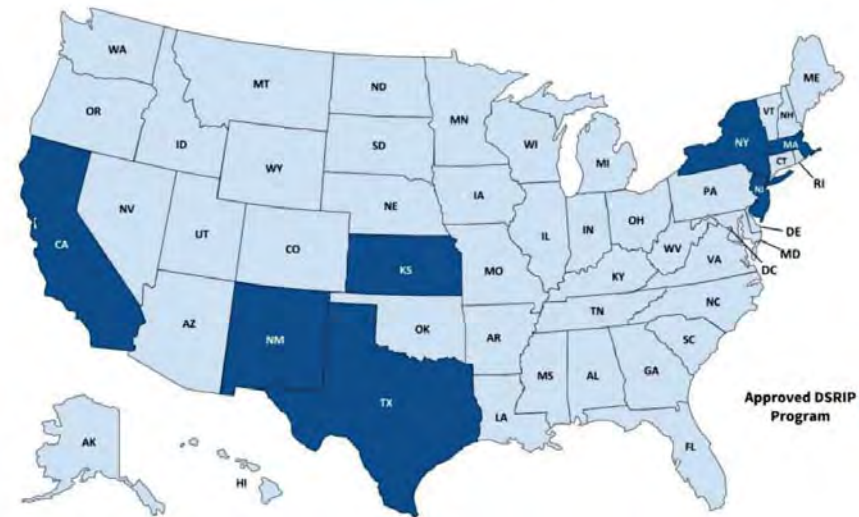
June 22, 2017



What is DSRIP?

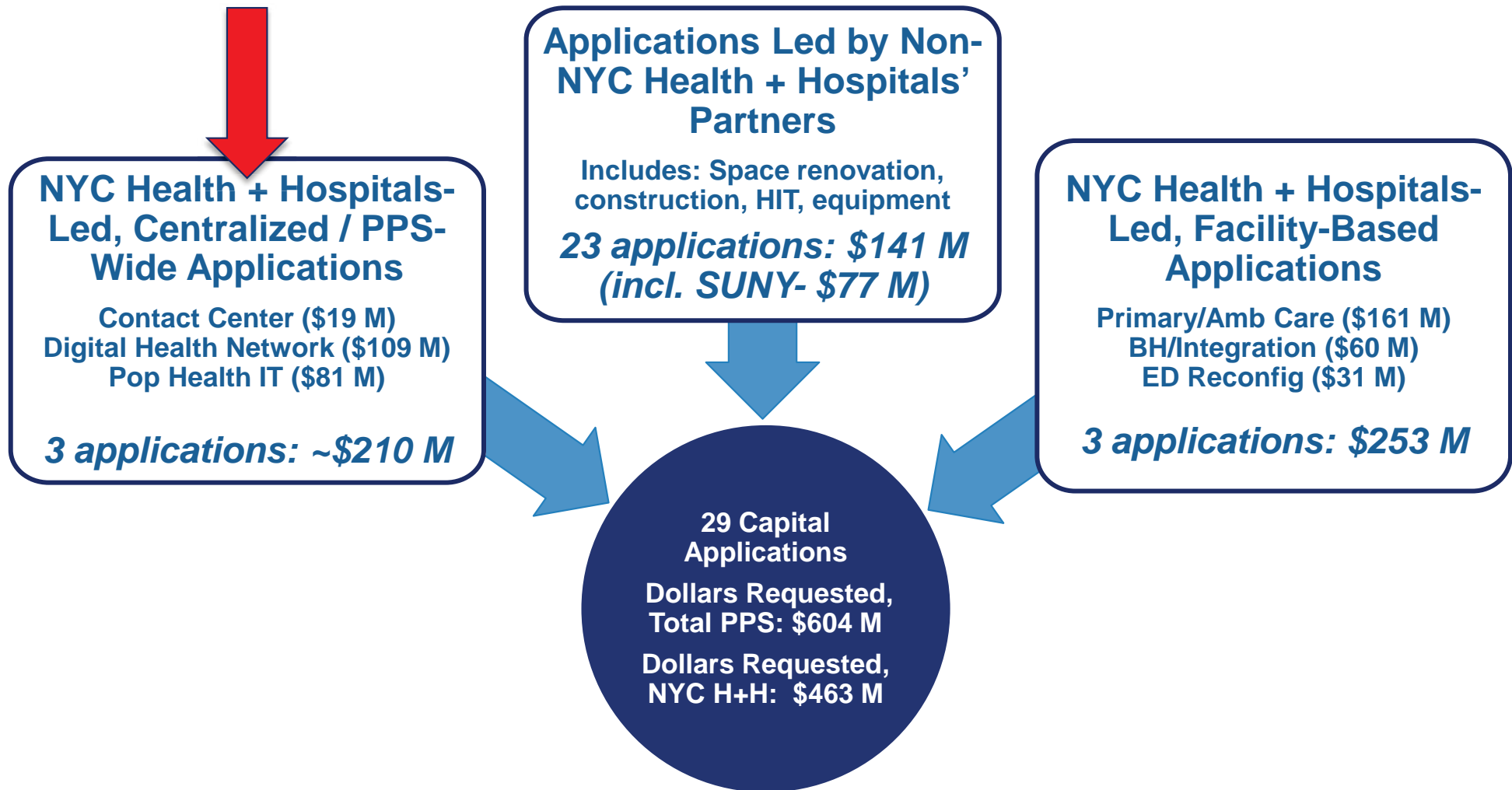
- The **Delivery System Reform Incentive Payment (DSRIP)** program is an incentive payment model that rewards providers for performance on delivery system transformation projects that improve care for low-income patients
- Funded federally via Medicaid 1,115 waivers, DSRIP shifts hospital supplemental payments from paying for coverage to paying for improvement efforts
- **DSRIP**'s purpose is to fundamentally restructure the health care delivery system by reinvesting in the Medicaid program, with the primary goal of reducing avoidable hospital use by 25% over 5 years.

CMS Has Approved Seven DSRIP Programs



OneCity Health Capital Application Sources

Final Submission, May 2015



CRFP Background

- November 2014: NYS DOH released request for applications for Capital Restructuring Financing Program (CRFP)
 - \$1.2B fund available at total state level
 - Reimbursement program
 - Distinct from DSRIP funding pool
 - Intended to support DSRIP transformation: for capital projects that enhance the quality, financial viability and efficiency of healthcare delivery system

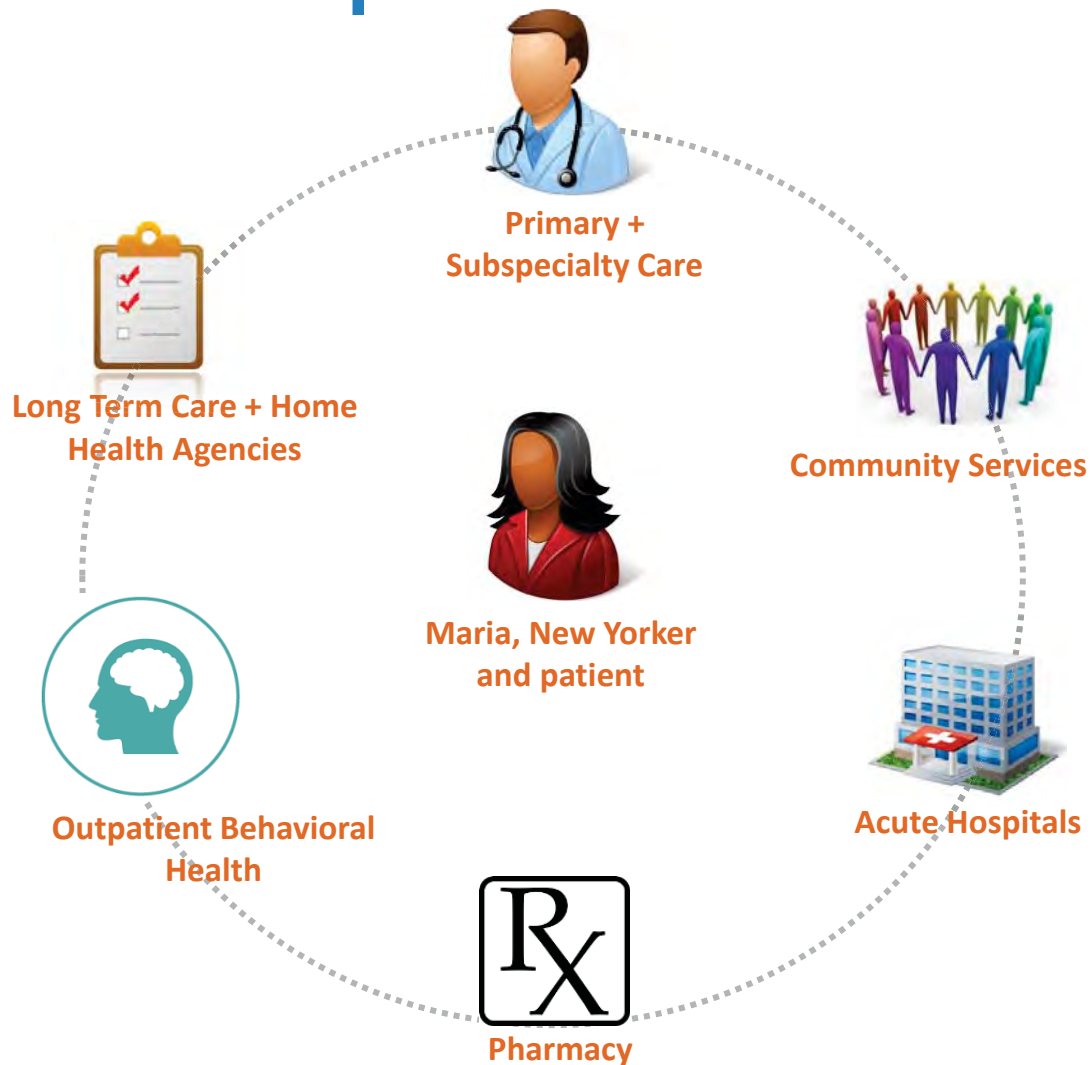
- May 2015: As required, in its role as fiduciary NYC Health + Hospitals submitted all capital requests on behalf of all DSRIP partners in the OneCity Health Performing Provider System (PPS)
 - NYC Health + Hospitals has no role in the awarding of funds or capital project implementation process for any partner organization but itself
 - NYS DOH will award and reimburse funds directly to partners

- March 2016: HHC was notified of award up to \$300M for 5 of 6 capital applications
 - All 3 IT capital projects awarded at full ask
 - Each of the IT projects is in service to integrated delivery system build, which may include non-HHC organizations

- IT project planning since March 2016:
 - PPS Partner Inventory – IT Capability
 - Patient Consent Forms
 - Contracts with Payers



CRFP Projects Enable Technology Strategy for Health Improvement



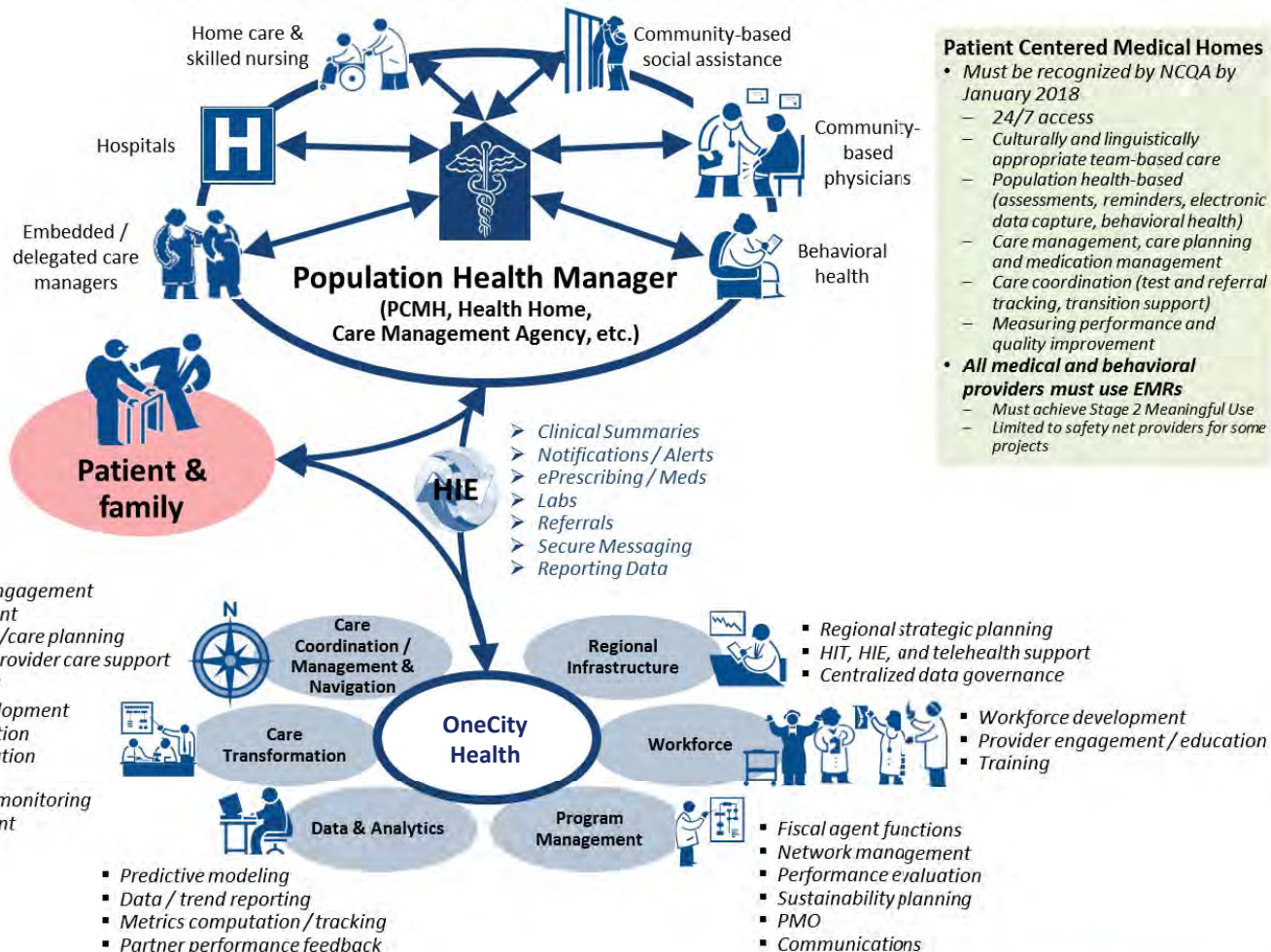
Examples:

- Health Information Exchange (HIE) / Regional Health Information Organizations (RHIOs) Connectivity
- Clinical Record Locator Service (CRLS)
- Telehealth
- Contact Center
- Electronic Medical Record (EMR)
- Social Services Referral Platform

DSRIP Program Requires Unprecedented Coordination Between Participating Providers

DSRIP-Conceptual Approach to Operations

Care Coordination in Primary Care, Backed by Central Services



CRFP Awards For NYC Health + Hospitals IT Projects

- NYC Health + Hospitals, OneCity Health's lead partner, was awarded three IT capital project grants from New York State under the CRFP program, representing the largest total award by the state, and has been allocated as follows:
 - OneCity Health Patient Engagement and Contact Center – \$19.4 million
 - ✓ Approved by Board – March 2017 Board Meeting (\$10 million for IT)
 - Population Health IT – \$81.3 million
 - Digital Healthcare Network – \$109.1 million
- These IT projects will create a common access system across OneCity Health partners, enabling care coordination among multiple providers, organizations and CBOs
 - Provide the ability to track patients
 - Use of accurate data to inform care
 - Measure and improve care processes and outcomes over time
- NYC Health + Hospitals' Matching Funds Derive from the following IT projects:
 - Network Infrastructure
 - Radiology McKesson
 - Epic EMR
 - Business Intelligence

**Note: these projects have been previously authorized*

Population Health: Budget and Milestones

New York City Health + Hospitals was awarded a capital grant of \$81.3 million to build a Population Health IT infrastructure that will enable:

- Exchange of patient and provider records
- Accurate patient identification
- Ability to aggregate data and leverage automated registries

Projected Project Durations

Performance, Management, and Analytics (Year 1 – 5)
Health Information Exchange (Year 1 – 5)
Clinical Record Locator Service (Year 1 – 5)

Population Health Projects	FY18	FY19	FY20	FY21	FY22	Total
Performance, Management, and Analytics						
Data Analytics and Registries	\$10,509,573	\$16,887,208	\$4,706,815	\$3,089,289	\$1,359,664	\$36,552,549
Health Information Exchange						
Sharing Information Among Providers	\$6,642,649	\$6,360,705	\$5,613,073	\$1,290,427	\$769,094	\$20,675,948
Clinical Record Locator Service						
Patient Identification	\$6,785,306	\$5,911,455	\$5,807,013	\$4,695,436	\$896,293	\$24,095,503
Total	\$23,937,528	\$29,159,368	\$16,126,901	\$9,075,152	\$3,025,051	\$81,324,000

Note: There were some initial expenditures in FY17 that have been included in the FY18 figures.



Digital Health Care: Budget and Milestones

New York City Health + Hospitals was awarded a capital grant of \$109.1 million to build an United Communications IT infrastructure that will enable:

- Telehealth and Telemedicine
- Sharing Radiology/Imaging
- Communication with Electronic Health Record Systems (EHRs)

Projected Project Durations

Unified Communication (Year 1 – 4)

Telehealth & Telemedicine (Year 1 – 4)

Imaging (Year 3 – 4)

EMR Partner Connect (Year 1 – 3)

Project	FY18	FY19	FY20	FY21	Total
Unified Communications	\$17,222,200	\$14,316,205	\$1,090,395	\$133,200	\$32,762,000
Telehealth & Telemedicine	\$9,329,999	\$9,614,894	\$4,955,106	\$0	\$23,899,999
Imaging	\$0	\$797,336	\$17,679,471	\$8,071,000	\$26,547,807
EMR Partner Connect	\$11,035,000	\$12,314,561	\$2,525,439	\$0	\$25,875,000
Total	\$37,587,199	\$37,042,996	\$26,250,411	\$8,204,200	\$109,084,806

Note: There were some initial expenditures in FY17 that have been included in the FY18 figures.

Questions?



RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals” or the “System”) to take the necessary steps to implement a Digital Healthcare Network technology infrastructure platform, for a cost not to exceed \$109.1 million of New York State (“NYS”) Delivery System Reform Incentive Program (“DSRIP”) capital reimbursable grant funds, over the next five years, including procuring the necessary contracts for: hardware; software; and staff augmentation to implement, configure and install hardware and software; all of such procurements to be effected in conformity with NYC Health + Hospitals’ Operating Procedure 100-5 but without further Board authorization; provided that the Enterprise Information Technology Services division of NYC Health + Hospitals (“EITS”) shall make regular, periodic reports to the Board of Directors to detail such procurements and to report on the progress of the implementation program and track the same to the budget hereby established.

WHEREAS, the System was awarded a New York State capital reimbursable grant through the DSRIP program, in the amount of \$109.1 million to design, install and deploy the technology infrastructure required to support OneCity Digital Hospital; and

WHEREAS, a robust information technology infrastructure platform is a necessary foundational element to meet the DSRIP goal of building an integrated, value based health delivery system with improved care coordination and expanded access to care; and

WHEREAS, the Digital Healthcare Network will consist of four components: Unified Communications, PPS-wide Sharing of Imaging Results; Telehealth and Telemedicine and an Electronic Medical Record System for the PPS partners which together will support digital communication across the Participating Provider System (“PPS”) in order to efficiently and effectively address the healthcare needs of patients and improve patient care; and

WHEREAS, EITS will procure hardware, software and services necessary to implement the following four program components; and

WHEREAS, the overall responsibility for managing and monitoring the four components of the Digital Healthcare Network technology infrastructure platform and the agreements that will be procured pursuant to this Resolution shall be the Senior Vice President/Corporate Chief Information Officer.

NOW THEREFOR, IT IS RESOLVED that New York City Health and Hospitals Corporation be and hereby is authorized to take the necessary steps to implement a Digital Healthcare Network technology infrastructure platform, for a cost not to exceed \$109.1 million of New York State Delivery System Reform Incentive Program capital reimbursable grant funds, over the next five years, including procuring the necessary contracts for: hardware; software; and staff augmentation to implement, configure and install hardware and software; all of such procurements to be effected in conformity with NYC Health + Hospitals’ Operating Procedure 100-5 but without further Board authorization; provided that the Enterprise Information Technology Services division of NYC Health + Hospitals shall make regular, periodic reports to the Board of Directors to detail such procurements and to report on the progress of the implementation program and track the same to the budget hereby established.

Executive Summary – Purchases for OneCity Health Digital Hospital Hardware, Software, and Services via Multiple Procurements

The accompanying resolution requests approval to purchase hardware, software and associated services from various vendors, through multiple procurements, in an amount not to exceed \$109.1 million for the OneCity Health Digital Healthcare Network technology infrastructure platform. These purchases are included in the Delivery System Reform Incentive Program (“DSRIP”) funding awarded to NYC Health + Hospitals by New York State for the Digital Healthcare Network technology infrastructure platform.

New York City Health + Hospitals was awarded a New York State capital reimbursable grant through DSRIP in the amount of \$109.1 million for the development of the technology infrastructure required to support OneCity Digital Healthcare Network technology infrastructure platform. A robust information technology infrastructure platform is a necessary foundational element to meet the DSRIP goal of building an integrated, value based health delivery system with improved care coordination and expanded access to care. The technology infrastructure will support various types of digital communication across the PPS to efficiently and effectively address the healthcare needs of patients and improve patient care.

The Digital Healthcare Network consists of four components that will enable information to be shared across the PPS:

- Unified Communications: integration of real-time communication and coordination of care across facilities, systems, and PPS partners; establish multiple linkages and coordination points within and among primary and specialty care providers, community physicians, and community-based organizations.
- PPS-wide Sharing of Imaging Results: creation of a PPS Network-wide imaging program that enables cross-facility diagnostic reading and coverage.
- TeleHealth and Telemedicine: remote monitoring and care of patients by clinicians and/or care teams in a timely and comprehensive manner without the need to be confined to a specific facility or clinic.
- Electronic Medical Record System (Meaningful Use Certified): deployment of an EMR to provide a single patient record and enable NYC Health + Hospitals to engage our PPS partners in a consistent manner with a full view of patients’ medical records

These technologies will remain Health + Hospitals’ equipment but will enable our PPS partners to use remotely and will help streamline access to care, reduce wait time, enhance patient monitoring, provide remote access to experts to assist in clinical decisions, facilitate continuum of care among all PPS partners, reduce costs by reducing repeat visits, and meet all compliance and regulatory requirements.

Under this request, EITS will procure the necessary contracts for: hardware; software; and staff augmentation to implement, configure and install hardware and software; all of such procurements to be effected in conformity with NYC Health + Hospitals’ Operating Procedure 100-5 but without further Board authorization provided that the Enterprise Information Technology Services division of NYC Health + Hospitals (“EITS”) shall make regular periodic reports to the Board of Directors to detail such procurements and to report on the progress of the implementation program and track the same to the budget hereby established.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals” or the “System”) to take the necessary steps to create a Population Health technology infrastructure platform, for a cost not to exceed \$81.3 million of New York State (“NYS”) Delivery System Reform Incentive Program (“DSRIP”) capital reimbursable grant funds over the next five years, including procuring the necessary contracts for: hardware; software; and staff augmentation to implement, configure and install hardware and software; all of such procurements to be effected in conformity with NYC Health + Hospitals’ Operating Procedure 100-5 but without further Board authorization; provided that the Enterprise Information Technology Services division of NYC Health + Hospitals (“EITS”) shall make regular, periodic reports to the Board of Directors to detail such procurements and to report on the progress of the implementation program and track the same to the budget hereby established.

WHEREAS, the System was awarded a NYS capital reimbursable grant through the DSRIP program in the amount of \$81.3 million to design, install and deploy the technology infrastructure required to support the OneCity Health Population Health project; and

WHEREAS, the Population Health information technology infrastructure platform will create a common system across the Participating Provider System (“PPS”) to enable partners to define, understand, engage and track patient populations, as well as measure and improve care processes and outcomes over time; and

WHEREAS, the Population Health information technology project will consist of three components that will support the ability to share health information across a common system, track patients and to use accurate data to inform care; and

WHEREAS, Enterprise Information Technology Services (“EITS”) will procure hardware, software and services necessary to implement the following programs: Clinical Record Locator Service, Health Information Exchange and Performance Management and Analytics; and

WHEREAS, the Senior Vice President/Corporate Chief Information Officer shall have the overall responsibility for managing and monitoring the creation of the Population Health program and the agreements made to build the components of the program.

NOW THEREFOR, IT IS RESOLVED that New York City Health and Hospitals Corporation be and hereby is authorized to take the necessary steps to implement a Population Health technology infrastructure platform, for a cost not to exceed \$81.3 million of New York State Delivery System Reform Incentive Program capital reimbursable grant funds over the next five years, including procuring the necessary contracts for: hardware; software; and staff augmentation to implement, configure and install hardware and software; all of such procurements to be effected in conformity with NYC Health + Hospitals’ Operating Procedure 100-5 but without further Board authorization; provided that the Enterprise Information Technology Services division of NYC Health + Hospitals shall make regular, periodic reports to the Board of Directors to detail such procurements and to report on the progress of the implementation program and track the same to the budget hereby established.

**Executive Summary –
Purchases for OneCity Health Population Health
Hardware, Software, and Services via
Multiple Procurements**

The accompanying resolution requests approval to purchase hardware, software and associated services from various vendors, through multiple procurements in an amount not to exceed \$81.3 million for the creation of the OneCity Health Population Health technology infrastructure platform. Such purchases will be financed with the Delivery System Reform Incentive Program (“DSRIP”) funding awarded to NYC Health + Hospitals by New York State for the Population Health technology infrastructure platform.

New York City Health + Hospitals was awarded a New York State capital reimbursable grant through DSRIP, in the amount of \$81.3 million for the development of the technology infrastructure required to support OneCity Health Population Health which will create a common access system across OneCity Health partners to enable the PPS to define, understand, engage and track patient populations, as well as measure and improve care processes and outcomes over time.

The Population Health information technology project addresses the healthcare needs of the broader community and residents by encouraging and enabling care coordination among multiple organizations, providers, and community-based organizations. The common system, the ability to track patients, and the ability to use accurate data to inform care will all help to move PPS partners toward a value-based system.

There are three core components to the Population Health IT Project:

- Clinical Record Locator Service (CRLS): ability to accurately identify and link patient and provider records across the PPS at all points of care to facilitate care coordination, transitions of care, operational monitoring and reporting.
- Health Information Exchange: enable the exchange of health information in real time across the PPS, including private practices, nursing homes, clinics, labs and hospitals and the centralization of data at NYC Health + Hospitals
- Performance Management and Analytics: ability to aggregate data across partners to better manage population health, leverage automated registry functionality, and meet DSRIP reporting requirements

These technologies will remain Health + Hospitals’ equipment but will enable our PPS partners to use remotely and will help streamline access to care, reduce wait time, enhance patient monitoring, provide remote access to experts to assist in clinical decisions, facilitate continuum of care among all PPS partners, reduce costs by reducing repeat visits, and meet all compliance and regulatory requirements.

Under this request, EITS will procure the necessary contracts for: hardware; software; and staff augmentation to implement, configure and install hardware and software; all of such procurements to be effected in conformity with NYC Health + Hospitals’ Operating Procedure 100-5 but without further Board authorization provided that the Enterprise Information Technology Services division of NYC Health + Hospitals (“EITS”) shall make regular periodic reports to the Board of Directors to detail such procurements and to report on the progress of the implementation program and track the same to the budget hereby established.