AGENDA

INFORMATION TECHNOLOGY COMMITTEE

Meeting Date: November 8, 2017
Time: 10:00 AM
Location: 125 Worth Street, Room 532

BOARD OF DIRECTORS

CALL TO ORDER — **MS. YOUSSOUF**

ADOPTION OF MINUTES

October 11, 2017

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

INFORMATION TECHNOLOGY COMMITTEE REPORT OUT — **MR. GUIDO**

ACTION ITEM #1: ENTERPRISE RESOURCE PLANNING (ERP) FUNDING — **MR. GUIDO**

Authorizing the New York City Health and Hospitals Corporation (the "System") to take the necessary steps to implement an Enterprise Resource Planning ("ERP") system at a cost not to exceed $5 million in operating funds and $5.3 million in capital funds, which are allocated in the City Capital Budget, over the next three 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 the System's Operating Procedure 100-5 but without further Board authorization provided that the System's Enterprise Information Technology Services division ("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 herein described.

ACTION ITEM #2: IT REQUIREMENTS CONTRACTS — **MR. GUIDO**

Authorizing the New York City Health and Hospitals Corporation (the "System") to renew for a three-year term of January 1, 2018 to December 31, 2020 ("Renewal Term"), the 20 requirements contracts previously awarded in July 2015 for a two-year term with three one-year options, for health information related professional consultant services on an as needed basis to meet the System's needs for professional services, primarily consisting of staff augmentation, to enable the System to meet its information technology needs, with all necessary funding deriving from previously approved program budgets.

INFORMATION ITEM #1: OVERVIEW OF EPIC REVENUE CYCLE IMPLEMENTATION — **MR. STARR**

OLD BUSINESS

NEW YORK CITY HEALTH + HOSPITALS

NEW BUSINESS

ADJOURNMENT

MINUTES

Meeting Date: October 11, 2017

INFORMATION TECHNOLOGY COMMITTEE

ATTENDEES

COMMITTEE MEMBERS
Emily Youssouf, Chair
Josephine Bolus, RN
Stanley Brezenoff, Interim President & CEO
Gordon Campbell
Karen Lane (for Steven Banks)
Barbara Lowe

NYC HEALTH + HOSPITALS CENTRAL OFFICE STAFF:
Dr. Machelle Allen, Senior Vice President and Chief Medical Officer, Office of Health Care Improvement
PV Anantharam, Senior Vice President and Chief Financial Officer
Dr. Eytan Behiri, Corporate Chief Medical Information Officer, Enterprise Information Technology Services
Robert de Luna, Press Secretary/Communications
Suzanne Fathi, Director, Enterprise Information Technology Services
Dr. Alfred Garofalo, Senior Assistant Vice President, Enterprise Information Technology Services
Sal Guido, Senior Vice President and Chief Information Officer, Enterprise Information Technology Services
Colicia Hercules, Chief of Staff, Office of the Chairperson
Janet Karegozian, Assistant Vice President, Enterprise Information Technology Services
Barbara Lederman, Senior Director, Enterprise Information Technology Services
Patricia Lockhart, Secretary to the Corporation
Ana Marengo, Senior Vice President, Communications and Marketing
Salvatore Russo, Senior Vice President & General Counsel, Legal Affairs
Pamela Saechow, Senior Assistant Vice President, EMR Build and Implementation
Barry Schechter, Assistant Director, Enterprise Information Technology Services
Brenda Schultz, Senior Assistant Vice President, Finance
David Starr, GO Program, EMR Build and Implementation
Dr. Ross Wilson, Senior Vice President and Chief Medical Officer, Corporate Medical & Professional Affairs

OTHERS PRESENT:
Osmund Desouza, Account Executive, Juniper

INFORMATION TECHNOLOGY COMMITTEE
Wednesday, October 11, 2017

Emily Youssouf called the meeting to order at 11:05 AM. The minutes of the June 13, 2017 meeting were adopted.

Ms. Youssouf said that because the information is so critical, at each monthly IT Committee meeting, we will be talking an in-depth dive into individual programs. Today will be an overview.

CHIEF INFORMATION OFFICER REPORT

Sal Guido pointed out that the committee members have the CIO Report to review but we will forego reviewing it together in order to focus on some of our critical programs. The report had the following updates:

Delivery System Reform Incentive Payment (DSRIP) Program

- Population Health IT
  - Performance Management and Analytics – This is the ability to aggregate data across partners to better manage population health, leverage automated registry functionality, and meet DSRIP/One City Health (OCH)/EITS reporting requirements.
    - Phase 1: Allowed business users to create ad hoc reports by using filters that can be applied to appropriate data sets. It provided metrics in the following data sets: Readmissions, Patients and Visits, Length of Stay, Patient Satisfaction Survey and Healthcare Associated Infections. This phase was completed and delivered in June 2017.
    - Phase 2: Create a strategic solution to support OCH's data analytics needs by establishing self-service dashboards. These will allow business users to create ad hoc reports by using filters that can be applied to appropriate data sets. The dashboards will provide both high-level statistical information as well as drill-downs into patient-level details, where applicable. Work stream is currently in the process of setting up workshops for defining the scope and the requirements for the subsequent phases.
  - Health Information Exchange (HIE) – HIE provides support for OCH Performing Provider Systems (PPS) partners in achieving connectivity to one of the NYC Qualified Entities (QEs) and centralization of QE data at NYC Health + Hospitals. The project scope helps facilitate the exchange of data between NYC Health + Hospitals and three payers (HealthPlus, MetroPlus, and Emblem). This was finalized as of July 2017. Requirements gathering was completed in August 2017 for the HealthFirst-ADT message type. Requirements gathering is currently in progress for the MetroPlus-ADT message type. It is expected that the scope and requirements finalization for Clinical and Labs for all the three payers will be completed by the beginning of December 2017.
  - Clinical Record Locator Service – This capability will provide the ability to accurately identify and link patient and provider records across the PPS.
    - Biometrics: In order to meet the Clinical Record Locator Service objectives, a request for proposal (RFP) for Biometrics solution was drafted and approved in the second week of July 2017. This RFP was submitted to the vendors. Responses were expected by end of August 2017. It is expected that the RFP responses will be reviewed and two vendors will be shortlisted by the middle of September 2017. The two shortlisted vendors will begin their three month proof of concept in November 2017 and results reviewed for final vendor selection upon conclusion.

- Digital Healthcare Network
    - Telehealth – This service enables clinicians and/or care teams to monitor or treat medical conditions in a timely and comprehensive manner without the need to be confined to a specific facility or clinic. The Telehealth work stream finalized the program's strategic framework in June 2017. Work stream is currently in the process of identifying and prioritizing high-value opportunities for Telehealth intervention based on clinical use cases. This is anticipated to be completed by November 2017. Business requirements will be determined per the defined priorities and finalized December 2017.
- Contact Center
    - This work stream defined the business and technical scope specification and prioritization in June 2017. It is currently in the process of aligning and confirming the scope specifications and priorities. This is expected to be finalized by November 2017.

EMR GO Program Update

In September, the GO Enterprise implementation team began the enterprise build and workflow adoption phase, where the gaps from direction are ushered through governance and specialized workgroups for resolution and sign off. The first adoption session is taking place from October 3-5, 2017. Currently, our program status remains at "caution." This is because we have been unable to finalize our enterprise charter due to outstanding scope questions on professional billing, clinical data repository, and third-party vendor application standards & contracts. We were able to mitigate physical space limitations by finalizing recommendations to the leadership team and we have aligned EITS network remediation timelines at a high level. In the last two weeks, our support service level agreements (SLAs) dipped below the 90% threshold and we are following management protocols to complete root cause analysis documents. The upgrade to Epic version 2017 planned for December 10, 2017 is on schedule. We are currently in the testing phase and all work streams are reporting on track at this time. Several optimization projects went live in the last reporting period, including the Haiku/Canto Epic Mobile apps at Queens; build and reporting to enable Elmhurst to receive higher Certification from Joint Commission for their Comprehensive Joint Replacement program; and work begins on an analyst manual to standardize operating processes and tools.

Enterprise Resource Planning (Project *Evolve*) Update:

Enterprise Resource Planning (ERP) Phase 1/Wave 2 went live on-time and on-budget over the weekend at East New York, Kings County, MetroPlus, and McKinney. Command centers are currently helping users who reach out in need of help.

Wave 3 is scheduled to roll out in December 2017. Currently, Supply Chain, Finance and EITS staff are working with site Champions and leadership to gather all the necessary information for these coming go-lives.

The week of September 18, Cost Accounting implementation was successfully completed. This project team is currently working on the design of the system.

In order to prepare for coming go-lives, teams have been formed to address pre-Payroll tasks that have been identified throughout the business. The main participants are Finance, Human Resources, Office of Labor Relations, and EITS. The core team training for Payroll and Time & Labor is scheduled for this month. The first meeting for the Enterprise-wide Time Collection Device Evaluation Committee was held and the RFP was released September 25. Proposals are due for evaluation by October 19.

Meaningful Use and QuadraMed 6.2 Upgrade

The QuadraMed major upgrades are necessary to meet Phase 2 and Phase 3 Meaningful Use (MU) standards. This will make NYC Health + Hospitals' QuadraMed-based facilities eligible for continued financial incentives. Testing and configuration enhancements are completed and now live at four NYC Health + Hospital facilities (Jacobi, North Central Bronx, Harlem, and Woodhull). This upgrade brings enhanced functionality. This includes a consolidated medication reconciliation solution for both Acute and Outpatient venues, improved patient education resources, secure messaging for physician-patient communication, and a newly-designed patient portal. The Patient Portal has been populated with over 70,000 clinical summaries for our patients to access. Training and onboarding continues for our patients and the functionality is expected to be live today, October 3, 2017.

Radiology McKesson Project

All Phase I (Harlem, Metropolitan, Lincoln, and Coney Island), Phase II (Kings, Jacobi, and NCB), and Phase III (Queens) NYC Health + Hospitals' patient care locations are now employing the Conserus Worklist, Peer Review, and the Physician Concierge Service. Elmhurst is scheduled to go live with Conserus Worklist and Concierge Service in October 2017 and Conserus Image Repository in November 2017. The Business Intelligence platform is available for Phase I and II locations, including Phase III Queens and Phase IV Elmhurst locations only. Collection of site-level information is in progress for all Phase I, II, III (Queens), and IV (Elmhurst) locations. It is generating valuable insights. The overall feedback continues to be positive and widely accepted by Radiologists. In particular, the "Physician Concierge Service" is especially popular. It locates the ordering physician via phone and makes the connection between that physician and the radiologist. This allows for the prompt delivery of critical findings and appropriate care to the patient. A Cross Site Facility pilot solution is also underway for cross-facility readings. The Enterprise PACS Viewer consolidation project is also underway.

INFORMATION ITEM 1:

INFORMATION TECHNOLOGY COMMITTEE REPORT OUT

Mr. Guido introduced Pamela Saechow and David Starr to review the GO program.

Ms. Saechow thanked the committee and introduced herself and Mr. Starr, saying they are the oversight for the GO program. She said we will be giving an update on its status.

Ms. Saechow pointed to the slide called GO Enterprise Sequencing. She said it was seen previously by the Board. This is a reminder of the timelines for implementing GO.

Ms. Saechow then spoke to Executive Summary – GO Program. She said each petal on the graph represents a work stream and its deliverables. She said the overall status of the program is yellow, which means proceed with caution. There are no impacts to our timelines. She said our only red is GO staffing but this recently turned yellow. She said we maxed out our seating at 55 Water Street. But thanks to this group, we were able to secure a location to move staff.

Ms. Sechow spoke to Revenue Cycle Update. She talked about Direction Sessions. The GO team conducted all three rounds of direction sessions in the month of August. These sessions set the foundation for future decision making and workflow design throughout the fall. She said we are now in gap sessions. The majority of sessions resulted in a "green" grade, which signifies that 80%+ of decisions needed were made. She said we have made great progress and making sure we are building our workflows.

For Third-party Systems, she said the GO team identified all Revenue Cycle future state third-party systems and began contracting with each system. She said we are working with Soarian currently but getting ready to work with Epic revenue cycle. This effort is consolidating from 16 to 10 applications. We are working to

identify target procurement dates for each system. She said I will give an example but slide 16 has a holistic listing of all those applications.

Ms. Saechow said as an example, the Epic revenue cycle will help us leverage eligibility screening and address verification. This means when I check the registration process, it will dial into a third-party system to check if a patient is eligible for Medicare or Medicaid. We get a response saying yes or no and that the address has been updated in our records.

Ms. Youssuf asked if the number of applications will fall below 10.

Ms. Saechow said it will stay at 10.

Josephine Bolus asked how long it will take.

Ms. Saechow said we already integrate in the Soarian revenue cycle. She said when we go to Epic, it will reduce the number. But we do not count them out yet because some will need to be retained at least temporarily. For example, she said address verification, we use Emdeon.

Mr. Guido said we will give regular updates on this process. He said, regarding how long it will take, we are scheduled to have it done by 4th quarter 2018.

Ms. Youssuf said the timing goes to 2020.

Ms. Saechow returned to GO Enterprise Sequencing. She spoke to Enterprise Validation and Build. She said that due to all the steps necessary, including adding revenue cycle, when we go live in November 2018, those third-party features will all go live as well. We will have a standard model and build.

Barbara Lowe said, so, it will be built and validated but will not be functioning until the go live in 2018.

Ms. Saechow said correct.

Ms. Lowe said that is good because we like to see the revenue cycle pieces being put to work and we want to be see a robust platform.

Ms. Bolus asked to go to slide 16, Revenue Cycle Third-Party Applications. She said there is a lot of replacement here; more than the 16 you mentioned.

Ms. Saechow said some are many-to-one products and some are one-to-one products. She said for example, Change Healthcare Emdeon will replace products and that is a three-for-one change. You will see under “Future State” it will be Emdeon. Under “Current State,” there are seven instances of HDX that will be replaced. She said we may use different functions of a single product (address verification, eligibility, etc.).

Ms. Youssuf said, so, Emdeon will be replacing HDX in all these categories. They are being concurrently replaced. It would be good to see that information in that way.

Ms. Saechow said these will all go live in November 2018.

Ms. Bolus asked why some of the current states are unknown.

Ms. Saechow said regarding Payment Safe (which is listed as N/A) is that we do not use a third-party today and we are evaluating our options.

David Starr said we did not want to list every vendor and preferred to focus on future state.

Ms. Saechow said we could have labeled this better and we will redo it to make it clearer.

Ms. Youssuf said the information needs to be broken down since it is a lot to understand. She said we are not IT experts and we need to get our arms around everything.

Ms. Saechow continued with Professional Billing (aka, Physician Billing). She said we are in the process of determining whether it is more cost effective to continue with the current outsourced billing solution versus bringing in-house in preparation for GO Enterprise. Epic has a product we might want to do as well.

Gordon Campbell asked if this has to do with revenue cycle.

PV Anantharam said Epic currently has a module for use within the Epic system. The question is whether we should consider it or allow a contractor to do it. He said his current preference is to move it to Epic but it is a conversation we need to have with them to see the greater impact.

Ms. Youssuf asked if he mentioned a contractor.

Mr. Anantharam said Ficare is the contractor we currently use.

Ms. Youssuf thought he said consultant.

Mr. Guido said our revenue cycle consultant is Huron.

Mr. Anantharam said Huron is helping us to currently right-size our processes across the system. They are not helping us to select contractors to do this work.

Ms. Lowe said regarding physician billing, are there any opportunities to maximize that?

Mr. Anantharam said for a long time it was our practice not to do physician billing and our systems were not set up. But now, we are improving on all our commercial aspects. Currently, we get lump sums so we might not have many opportunities here. But in some hospitals we can do commercial billing and we are working on that.

Dr. Ross Wilson said there are areas to maximize physician billing. We have ways of getting more information about each physician interaction which we can use to plan care in advance using predicting algorithms. He said the work we are doing is multi-pronged. We are looking to theoretically bill every patient (even if we do not send the bills) to get the data and we are looking to maximize professional billing where we are legitimately allowed to. Huron is helping with this and there is a lot of work coalescing around these goals.

Ms. Lowe said this involves knowing who is not doing the right kinds of documentation.

Mr. Anantharam said that will be a critical part of what Huron is doing.

Ms. Saechow said we are making efforts to make sure we are working together. We have weekly meetings with Huron, for example.

Ms. Youssuf asked, when you say some facilities allow you to break down information, what do you mean?

Mr. Anantharam said years ago, we got the status of teaching institution. We have six hospitals with that status now. That bundles the cost we incur on the physician side within the rate we get paid on the inpatient admission side. He said we do not have to bill separately. That allowed us to get better reimbursement as a whole for the system. He said we evaluated those facilities to figure out if we can do better with separate billing and the jury is still out. At some facilities, it seems we might have some opportunities and others not.

Stanley Brezenoff said before he leaves, we are going to put together a full presentation for the Board on physician billing and compensation, opportunities for engaging physicians, measures to improve billing, and more. This teaching measure has lingered for a long time. These are good questions being asked.

Mr. Campbell said our chances for growing are dependent on granting physicians a stake.

Mr. Anantharam said a large part of retaining physicians and getting them to be productive is to create incentives. He said there is work underway on this.

Ms. Bolus said while you are doing this for physicians, you should do the same for nurses. We decided two years ago, when we did the census, that physicians would have six different numbers, and nurses had one. We fought for the nurses to now have four and they need to be used because we have to show just how valuable nurses are; just like doctors.

Ms. Lowe said workflow is an issue but that is another discussion.

Mr. Anantharam said a big part of this revenue cycle is to institute a clean CDI (clinical documentation improvement) across the system and nurses will play a critical role there.

Ms. Youssuf said whoever puts that presentation together should list hospitals' physicians and RNs (registered nurses) in both categories. That is the kind of breakdown that would be helpful.

Mr. Campbell said whether we use a contractor or use Epic, I do not want another Soarian situation. We have to find a compelling reason to stay with the platform rather than moving to Epic.

Mr. Anantharam agreed. If we change vendors, we do not want to be at their mercy.

Ms. Bolus asked to turn to slide 16, patient portal. We just started this. Why is it listed as N/A?

Mr. Guido said in QuadraMed, we started the patient portal around three years ago. We have 80,000 people who use it. With Epic, the GO team has been able to get more patients to use it. It is better and easier to use as well. We want to move over to Epic portal.

Ms. Youssuf said you are doing a study to make sure everything coalesces correctly. How long will that take? I am concerned with that.

Dr. Wilson said the timing is such that recommendations – along with the presentation Mr. Brezenoff mentioned – will be available by end of the calendar year. The implementation is going to take longer because of strategic and financial imperatives. We looked at first round of recommendations yesterday.

Ms. Saechow turned to Transformation Activities. She spoke to Highlighted Benefits of Newly Live Optimizations and said this is a journey. She talked about the Communication Dashboard, which is a one-stop within Epic for all communications and system updates. She addressed My Chart Open Notes. This is now live at Coney Island and Queens. Progress Notes are automatically shared for providers in Primary Care and Geriatrics in all three live sites. Patients can view their doctor's note in MyChart and be more involved in their care and the notes the provider writes. This is part of the population health initiative. She then spoke to ED Events. She said this improves communication between ED & radiology, especially at hospitals that do not use the transport model in Epic like Queens. It also allows for a log to look back and determine delays between the two departments and help track turnaround times.

Ms. Lowe said what about our partners' data?

Mr. Guido said this will go into Epic via the RHIOs (regional health information organizations) and Care Everywhere. We are checking to see if there are third-party EMRs that can help connect the data. RHIOs now only get CCDA (consolidated clinical document architecture), which is limited information.

Ms. Youssuf asked about vulnerability.

Mr. Guido said that we have to make sure we have continuity for our patients.

Ms. Youssuf asked to go to slide 6. Under ED Events, she asked about the transport model in Epic.

Mr. Starr said there is a functionality within Epic to track patients, beds (for cleaning), etc. At Queens, they are not using it all the way. But by using ED Events, they can track time taking to turn around a bed cleaning for patient.

Ms. Youssuf why are they not using it?

Mr. Starr said they have other ways of tracking this. But once we go live across the enterprise, it will be adopted more.

Mr. Guido thanked Ms. Saechow. He said he wanted to introduce executive sponsors for the programs, including Mr. Anantharam, Dr. Machelle Allen, and Dr. Wilson. He then introduced Janet Karageozian, AVP of Business Applications. She is responsible for the ERP (Enterprise Resource Planning) and many others.

Ms. Karageozian thanked the Committee. She spoke to ERP Wave Deployment Approach. She said we are live with Waves 1 and 2 of the Finance and Supply Chain rollouts at Queens, Lincoln, Central Office, Correctional Health, MetroPlus, Kings County, and East New York. She said we set up two teams (Blue and Red) from IT, Finance, and Supply Chain to keep things on track. We just went live last week with Wave 2 last week. Each team supports different rollouts concurrently.

Ms. Youssuf asked how many people are in a team.

Ms. Karageozian said it depends because different people do different jobs. As we progress, we will increase boots on ground to support it.

Mr. Guido said, for example, Kings County is our biggest Supply Chain facility. It has six major store rooms. So we have a larger team going there. But at Woodhull, there will be a much smaller team. Depends on size of location.

Ms. Youssuf said she understands but we want to know headcounts.

Ms. Karageozian said we will do that. She spoke to ERP Program Executive Summary. She said the program is trending yellow or cautious. She said during Wave 1, we had issues with budgeting and requisitioning. There were some minor system issues and we learned our lessons. So Wave 2 was much smoother. We are diligent in applying lessons learned.

Ms. Youssuf asked if Waves 1 and 2 are green, that means all is live at those facilities.

Ms. Karageozian said yes. We are now in post go-live, providing support and we will continue to do so for the next few weeks. She said people need our help and we are there but it has been extremely quiet. We are very happy with how it turned out.

Mr. Guido said we are putting in rigorous controls. Things that were dispersed are now all enterprise-wide. These workflows, along with behavioral changes, are significant. The more we rollout and implement, we expect to have change management issues but we are prepared since we are learning.

Ms. Lowe said she wanted to point out as a sidebar that Correctional Health is not our facility. Is there a way to track our ambulatory sites are used to the maximum in our system?

Mr. Anantharam said Correctional Health is a department and its operations will be tracked in a similar way as the facilities.

Ms. Bolus said Correctional Health is divided. It has Rikers Island and other places.

Mr. Guido said from a Supply Chain point of view, Kings County is really six sites, due to how it is managed. So now, we made them into one site. Same thing with Correctional Health. There are 12 sites but we have made it into one virtual site.

Ms. Bolus asked about transportation department we are using for Correctional Health? The same one?

Mr. Guido said we are using the same everything. ERP just allows us track everything better, including from a personnel point of view.

Mark Page said I understand how a virtual system gives a clear picture, but how does it relate to the function of having adequate inventory?

Mr. Guido said because we have one system now, and now five, we are able to put in a system called Blue Bin. It has inventory management in each supply room and closet. We will know when each needs to be replenished. Now we know which supplies are being delivered and how much it costs. It will give each department a P&L (profit and loss) statement. We are not there yet but at least we have the Supply Chain in place right now.

Ms. Karageozian said we were able to streamline our processes.

Ms. Youssuf said this slide shows Cost Accounting as well as Payroll, Time & Labor. So when we complete Wave 3, it means a basic system will be in all facilities. Can you clarify?

Ms. Karageozian asked to go back to previous slide ERP Wave Deployment Approach. Wave 3 is set for December (2017), Wave 4 for March 2018, and Wave 5 for May 2018. If we go back to slide called ERP Program Executive Summary, you see we have a lot of implementations going on at the same time. Cost Accounting is going through an implementation now. And Payroll implementation starts in January 2019. Right now, we are doing our pre-Payroll activities, including a committee. We are identifying tasks. We will move away from paper timesheets to an electronic system.

Ms. Youssuf said the description of the five waves does not include Cost Accounting, and Payroll, Time, and Labor.

Mr. Guido said yes, correct. You have to have the foundational buiding blocks in place first. From a change management point of view, we do not think the organization could handle so much change all at once.

Ms. Youssuf said you should separate them from now on. It was not self-evident.

Mr. Guido said absolutely. We will put it on a different slide in the future in order to not confuse anyone.

Ms. Karageozian said we are in Wave 3, but we are two weeks behind. We identified Elmhurst originally to go live, but they are undergoing an Epic upgrade. So they are going to Wave 4 even though we already started the work. We have some resource issues and figure out how to keep up the momentum. In addition, I want to note that most of our partners from Deloitte are leaving next week. So we will roll out Waves 4 and 5 without their on the ground support though they will continue to help with Cost Accounting and Payroll. The rest is up to us.

Several people said this was great and wonderful.

Mr. Guido said we follow the 911 Commission in that we use our implementation partners to kick us off and train us and then we pick up the rest.

Ms. Karageozian said Cost Accounting is also behind due to resource issues. There were some competing resource issues with Huron and we are working to support both.

Ms. Youssuf asked if this means taking resources from Huron to us.

Mr. Guido said there are many studies going on right now. Huron needs our data for the revenue cycle study. There are competing interests we are working to resolve and this is common in IT.

Mr. Page asked if the resource problem is due to our ability to support outside consultants.

Mr. Guido said it is our ability to support the entire workload, regardless of whether it is internal or external.

Ms. Karageozian said we released RFP (request for proposal) for an electronic time capture system device and there will be a committee to evaluate the options.

Mr. Guido said right now we do time capture via timesheets. It is manual. We are going to modernize, using biometric devices to capture time (palm readers, etc.).

Dr. Wilson asked if there is union buy-in.

Mr. Guido said the union is part of the RFP process as part of the solution. We are also negotiating to make sure they are comfortable with this.

Karen Lane said HRA (Human Resources Administration) uses something like this.

Mr. Guido said we are in contact with them about it. Also, we can track patients virtually via biomeds. We showed this to the HRA people. We would like to partner with them to get better pricing.

Ms. Lane said it seems to be working quite well.

Mr. Guido said there will always be challenges at beginning but HRA says they love their system.

Ms. Youssuf asked if unions have bought in.

Mr. Guido said they are at the table with us. They are very much in favor of this.

Ms. Bolus said the biggest groups affected by this are doctors, nurses, and nutritionists.

Mr. Guido said they are at the table.

Ms. Karageozian said we are now looking at devices.

Ms. Bolus asked if all these people – nine different groups – will be involved in the future?

Mr. Guido said yes, they will. We will cover the rest at the next meetings since we are out of time.

There being no further business, the meeting was adjourned 12:00 PM.

CHIEF INFORMATION OFFICER REPORT

Briefing of the Information Technology Committee of the NYC Health + Hospitals Board of Directors – November 8, 2017

Thank you and good afternoon. I would like to provide the committee with the following brief updates:

Delivery System Reform Incentive Payment (DSRIP) Program

- Population Health IT
  - Performance Management and Analytics – This is the ability to aggregate data across partners to better manage population health, leverage automated registry functionality, and meet DSRIP/One City Health (OCH)/EITS reporting requirements. This project is classified into Tactical and Strategic initiatives. Tactical initiative supports business to meet short term metrics/reporting requirements. The supplemental file of HbA1c data is delivered to OCH for the Value Based Payment Quality Improvement Program (VBP QIP) along with three DSRIP Tactical Metrics reports and an additional four reports scheduled. ED Payer monthly reports for non-Epic sites are processed and delivered to the business. Strategic initiative is designed to support OCH's strategic data analytics needs by establishing self-service dashboards. These will allow business users to create ad hoc reports by using filters that can be applied to appropriate data sets. The dashboards will provide both high-level statistical information as well as drill-downs into patient-level details, where applicable. Work stream has scheduled workshops for defining the scope and requirements for subsequent phases.
  - Health Information Exchange (HIE) – HIE provides support for OCH Performing Provider Systems (PPS) partners in achieving connectivity to one of the NYC Qualified Entities (QEs) and the centralization of QE data with NYC Health + Hospitals. Priority list of partners and contract terms are identified. The project scope helps facilitate the exchange of data

  between NYC Health + Hospitals and three payers (HealthPlus, MetroPlus, and Emblem). The Healthfirst secure connection and transfer of sample data is complete. The MetroPlus Technology team is engaged in the project and Queens was selected as the first facility to rollout the new payer workflow.
  - Clinical Record Locator Service – This capability will provide the ability to accurately identify and link patient and provider records across the PPS. Responses to the Biometrics RFP (request for proposal) have been reviewed and vendors shortlisted for POC (proof of concept).

- Digital Healthcare Network
  - Telehealth – This service enables clinicians and/or care teams to monitor or treat medical conditions in a timely and comprehensive manner without the need to be confined to a specific facility or clinic. Prioritization and Governance Structure within Telehealth Work Stream has been approved. There are four subgroups and subgroup leads for: Patient Appointment Reminders, Chronic Disease Management, Behavioral Health Access, and General Intake established

- Contact Center – Aligning scope specs and prioritization (business and technical) completed. Requirements for Contact Center work stream have been drafted.

EMR GO Program Update:

October has been a busy month for the GO Enterprise implementation team as we continue the enterprise build and workflow adoption phase. The Revenue Cycle governance groups successfully completed their first round of workflow adoption sessions. Significant progress has been made in the enterprise charter and the integrated project plan has been baselined. However, our program status remains at "caution" due to third party vendor engagement for the significant build and testing involved in the project. During this reporting period, our support service level agreements (SLAs) remain above the 90% threshold. The upgrade to Epic version 2017 planned for December 10,

2017 is on schedule and our live facilities are actively engaging staff in the training and readiness initiatives. Several optimization projects went live in the last reporting period, including Epic integration with the patient management application Jellyfish (Elmhurst); build to support face to face referral workflows (Home Health); and several department moves & changes.

Enterprise Resource Planning (Project *Evolve*) Update:

The Enterprise Resource Planning team is working hard toward the Phase 1/Wave 3 December go-live. The Wave 3 facilities are NYC Health + Hospitals/Belvis, Cumberland, Harlem, Henry J. Carter, Morrisania, Renaissance, and Woodhull.

The ERP Planning Leadership team has begun attending and presenting to the Operations Committee, which is chaired by Milton Nunez. This is a way to inform NYC Health + Hospitals leadership about what the project is working on as well as helping the ERP Project Leadership Team (PLT) listen to facility concerns and opinions.

The Pre-Payroll team continues to work through tasks and decisions that are needed to direct the Payroll implementation. PeopleSoft Payroll Training has been completed for the Core implementation team. This group will receive Time and Labor training the week of October 30. Three vendors will conduct presentations in response to the Time Collection Device RFP (request for proposal) that was released. Vendor selection is scheduled for later in November.

Meaningful Use and QuadraMed 6.2 Upgrade.

The QuadraMed upgrade roll-out necessary to comply with Phase 2 and the foundation for Phase 3 Meaningful Use (MU) standards are almost completed. The remaining facilities – Metropolitan, Lincoln and Bellevue – will be completed in the coming weeks. The upgrade introduced enhanced functionality in a consolidated medication reconciliation solution for both Acute and Outpatient venues. It also improved patient education resources, secure messaging for physician-patient communication, and a newly-designed patient portal. The Patient Portal and Secure Messaging went live on

October 3, 2017 and has been populated with over 70,000 clinical summaries for our patients to access. Training and onboarding continues for our patients.

Radiology McKesson Project

All Phase I, Phase II, and Phase III NYC Health + Hospitals' patient care locations are now employing the Conserus Worklist, Peer Review, and the Physician Concierge Service. Of the remaining facilities, Elmhurst is in the go-live phase with Conserus Worklist and Concierge Service; and then with the Conserus Image Repository in November 2017. The Business Intelligence platform is available for Phase I and II locations, as well as Phase III (Queens) and Phase IV (Elmhurst) locations only. Site-level business analytics continues to generate valuable insight for all Phase I, II, III (Queens), and IV (Elmhurst) locations. Cross Site Facility testing was successful with the next step focusing on cross-facility readings throughout the enterprise. The Enterprise PACS Viewer consolidation project is also underway.

This completes my report today. Thank you.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "System") to take the necessary steps to implement an Enterprise Resource Planning ("ERP") system at a cost not to exceed $5 million in operating funds and $5.3 million in capital funds, which are allocated in the City Capital Budget, over the next three 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 the System's Operating Procedure 100-5 but without further Board authorization provided that the System's Enterprise Information Technology Services division ("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 herein described.

WHEREAS, the System is implementing an ERP system to replace the current disparate business applications throughout the System including: financials, payroll, time & attendance, supply chain and nurse & physician scheduling to sit on one integrated platform for an overall budget of $72,021,812; and

WHEREAS, in December 2015, the Board of Directors approved the purchase of multiple modules of the Oracle/PeopleSoft ERP software (Financials, Supply Chain and Payroll/Time and Attendance), and associated ancillary and support applications necessary to implement the ERP for an amount not to exceed $31,301,712 for a five-year term with a five-year renewal; and

WHEREAS, in June 2016, the Board of Directors approved a contract award to Deloitte Consulting LLP to provide ERP software implementation, including project planning, design, management of interfaces and conversions, and planning for system maintenance for an amount not to exceed $18,203,795; and

WHEREAS, at the time such approvals were obtained, the ERP project was at the stage of implementing and deploying the budget and supply chain modules but now the ERP project is moving forward with the implementation of the payroll/time and attendance, cost accounting and nurse & physician scheduling aspects of the project; 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 overall responsibility for managing the project and monitoring the contracts signed to further the project shall be under the Senior Vice President of Finance, the Vice President of Supply Chain and Senior Vice President/Corporate Chief Information Officer; and

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 to implement an Enterprise Resource Planning System at a cost not to exceed $5 million in operating funds and $5.3 million in capital funds, which are allocated in the City Capital Budget, over the next three 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 the System's Operating Procedure 100-5 but without further Board authorization provided that the System's Enterprise Information Technology Services division 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 herein described.

EXECUTIVE SUMMARY

Background: NYC Health + Hospitals has embarked on implementing an Enterprise Resource Planning System (ERP) to replace the current disparate business applications throughout the System including: financials, payroll, time & attendance, supply chain and nurse & physician scheduling to sit on one integrated platform. The total five-year implementation costs is $72 million which includes a 10% contingency. The goal is to standardize and reduce the number of separate financial systems currently in place to achieve enterprise-wide reporting, improve internal controls, ensure best practices, optimize budgeting and financial analysis with real-time data to improve decision making, reporting, forecasting, and planning.

An assessment was conducted to identify gaps, opportunities, and priorities for the back-office systems: Finance, Supply Chain, Budget, Grants, Time & Attendance, Payroll, Accounts Payable, Fixed Asset, Cost Accounting and General Ledger. The assessment determined that there are too many independent IT systems and that their architecture is not integrated. These disparate systems result in the overutilization of resources and manual data entries. The use of multiple system platforms drives up IT maintenance and support expenses with a diminishing business benefit due to the lack of integration.

At this time, we are seeking spending authority in the amount not to exceed $5 million in operating funds and $5.3 million in capital funds, of the $72 million approved budget, to procure the services, software and hardware necessary to continue the deployment of ERP, implement Payroll/Time and Attendance and nurse & physician scheduling.

Previous Approvals: In December 2015, the Board of Directors approved the contract award to Mythics, Inc. to provide Oracle/Peoplesoft software (Financials, Supply Chain and Payroll/Time and Attendance), maintenance and training for a five-year term with one, five-year option to renew, with implementation costs of $19.3 million and annual maintenance costs of $2.3 million for a total ten-year cost of $31.3 million.

In June 2016, the Board of Directors approved the contract award to Deloitte Consulting LLP for an amount not to exceed $18,203,795 for a term of three years with two one-year options to renew, to support the business change processes, implementation of Oracle/PeopleSoft ERP, and associated ancillary and support applications, project planning, milestone setting, design, interfaces, conversions, and maintenance activities.

Project Status: Wave 1 (Central Office, EITS, and Correctional Health) and Wave 2 (East New York, Kings County, MetroPlus, and McKinney) went live on-time and on-budget. Wave 3 (Woodhull, Cumberland, Harlem Hospital, Henry J. Carter, Morrisania, Sydenham/Renaissance and Belvis) is scheduled to roll out in December 2017. Cost Accounting training is completed and the project team is currently working on the design of the system. Pre-Payroll tasks have been identified for Time & Attendance and Payroll and training has commenced.

Procurement: The goods and services required for the proposed implementation will come from many vendors for additional services. Contracts for such goods and services will greatly range in value from hundreds of thousands of dollars to millions of dollars. All vendors will be procured in accordance with the procurement rules of NYC Health + Hospitals conducted in the normal course by the Office of Supply Chain Services. All contract will be reported to the IT Committee of the Board at regular periodic intervals with such detail and in such format as the Committee requests.

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Enterprise Resource Planning

IT Committee Meeting

November 8, 2017

Sal Guido

Senior Vice President/Corporate Chief Information Officer

Enterprise IT Services

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ERP Waves

The ERP project name: Project *Evolve* seeks to identify and implement best practices in Finance and Supply Chain to further support the project's vision of:

- ✓ Updating technology to support transformative organizational change that is responsive and respectful of staff requirements
- ✓ Providing timely business performance reports that will drive strategic decisions at all levels of the system
- ✓ Generating cost savings through operational savings and staffing efficiencies

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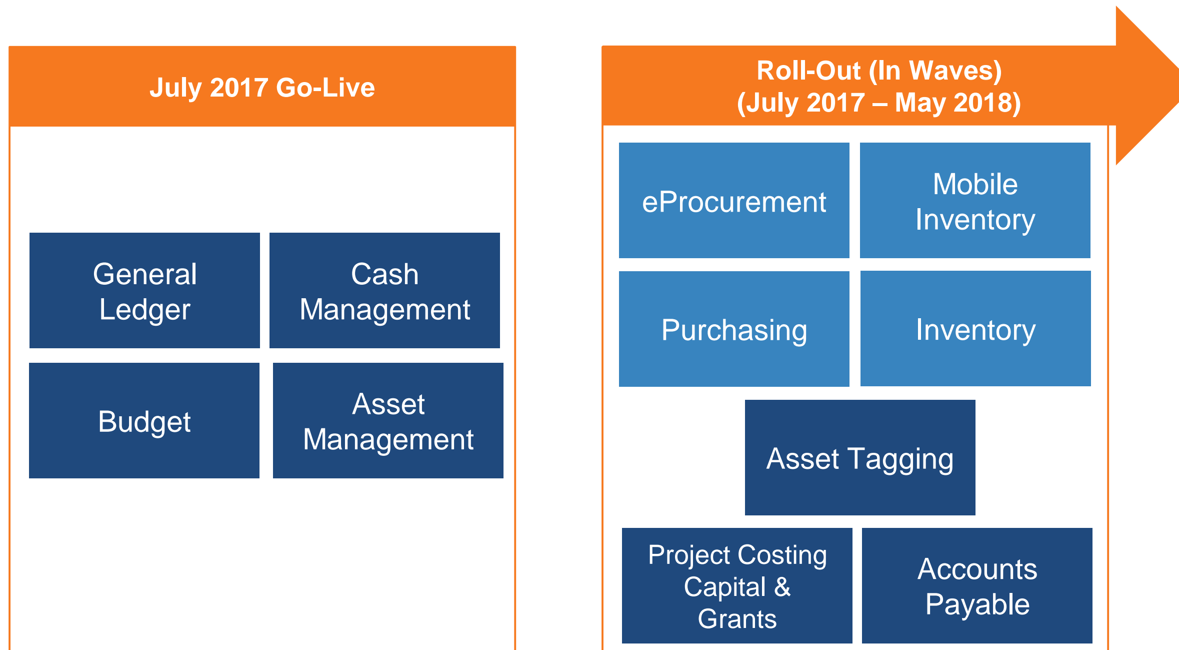
Scope and Modules Roll-Out



Full Implementation:
The majority of Finance functionality was implemented in July 2017 as a single launch at all facilities.

Multi-Facility Implementation (In Waves):
Supply Chain Functionality and some Finance modules will be phased in by facility.

Key:
Supply Chain
Finance

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ERP Waves

July 2017	September 2017	December 2017	March 2018	May 2018
Wave 1 ***completed** ***Finance:** All Locations **Supply Chain:** Central Office Correctional Health Lincoln Queens	**Wave 2** ***completed** Kings + ENY + McKinney MetroPlus	**Wave 3** ***in process** Woodhull +Cumberland Carter Harlem +Belvis +Morrisania +Sydenham	**Wave 4** ***in process** Gouverneur Elmhurst Bellevue Coler	**Wave 5** Coney Island +Mariner's Harbor +Stapleton Sea View NCB Jacobi Metropolitan

* General Ledger, Cash Management, Budget, and Asset Management modules in Wave 1.
Accounts Payable, Asset Tagging, and Project Costing Capital & Grants will be rolled-out in Waves.

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What has been Approved?

Purchase of:

- PeopleSoft Financial / Supply Chain, PeopleSoft Payroll and Time & Labor, Clairvia Physician and Nurse Scheduling, Hyperion (Budget Cost Accounting),
- Application Maintenance
- Hardware Update and Maintenance
  - Servers for Data Center environment
- Deloitte implementation of ERP software (non-Clairvia)

FINANCE		SUPPLY CHAIN
Accounts Payable	Cost Accounting	Materials Management
Asset Management	General Ledger	Procurement
Budget	Payroll / Time and Labor	Purchasing
Cash Management / Treasury	Project Costing	

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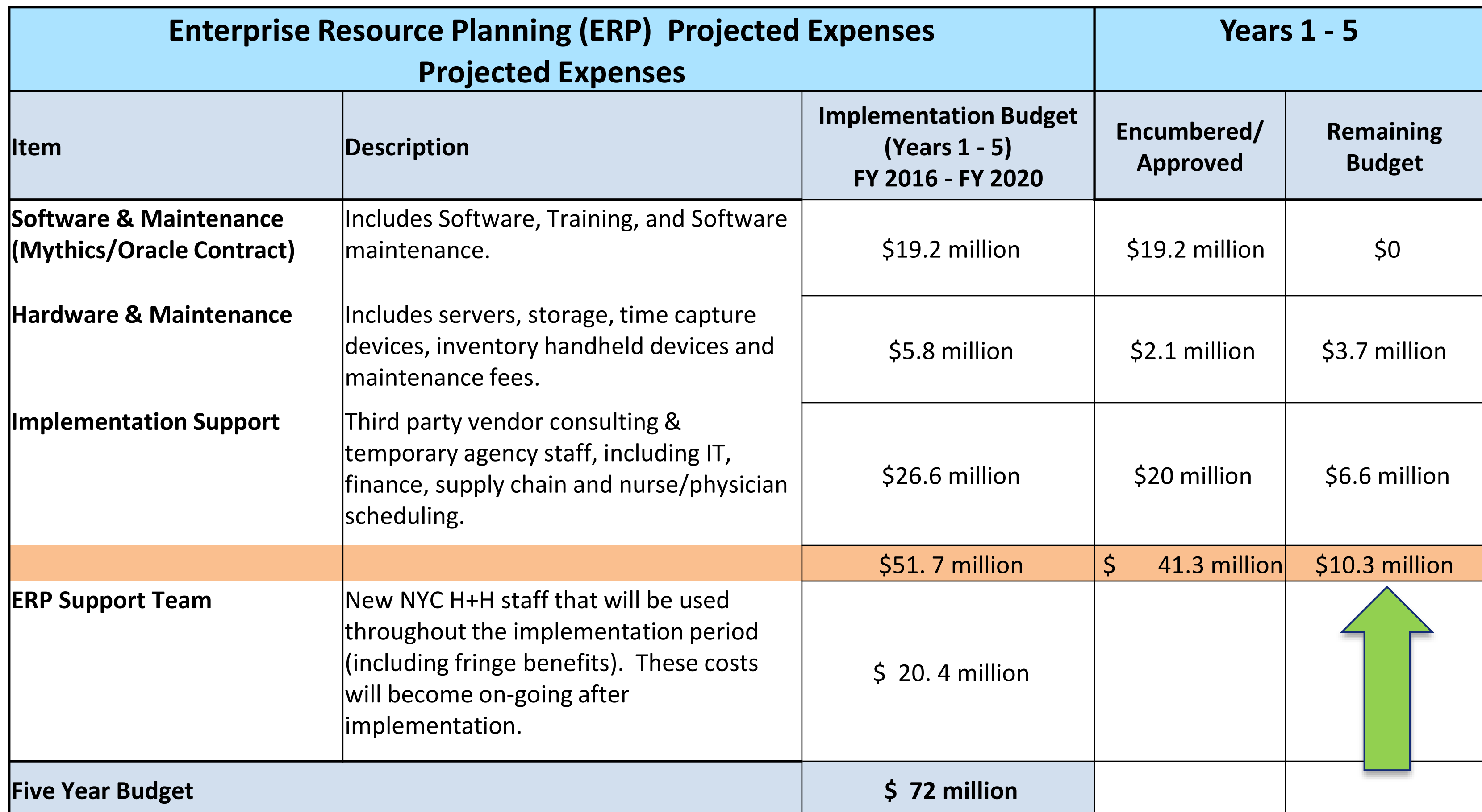
Budget and Encumbered



Enterprise Resource Planning (ERP) Projected Expenses Projected Expenses			Years 1 - 5	
Item	**Description**	**Implementation Budget (Years 1 - 5) FY 2016 - FY 2020**	**Encumbered/ Approved**	**Remaining Budget**
Software & Maintenance (Mythics/Oracle Contract)	Includes Software, Training, and Software maintenance.	$19.2 million	$19.2 million	$0
Hardware & Maintenance	Includes servers, storage, time capture devices, inventory handheld devices and maintenance fees.	$5.8 million	$2.1 million	$3.7 million
Implementation Support	Third party vendor consulting & temporary agency staff, including IT, finance, supply chain and nurse/physician scheduling.	$26.6 million	$20 million	$6.6 million
		$51. 7 million	$ 41.3 million	$10.3 million
ERP Support Team	New NYC H+H staff that will be used throughout the implementation period (including fringe benefits). These costs will become on-going after implementation.	$ 20. 4 million		
Five Year Budget		**$ 72 million**		

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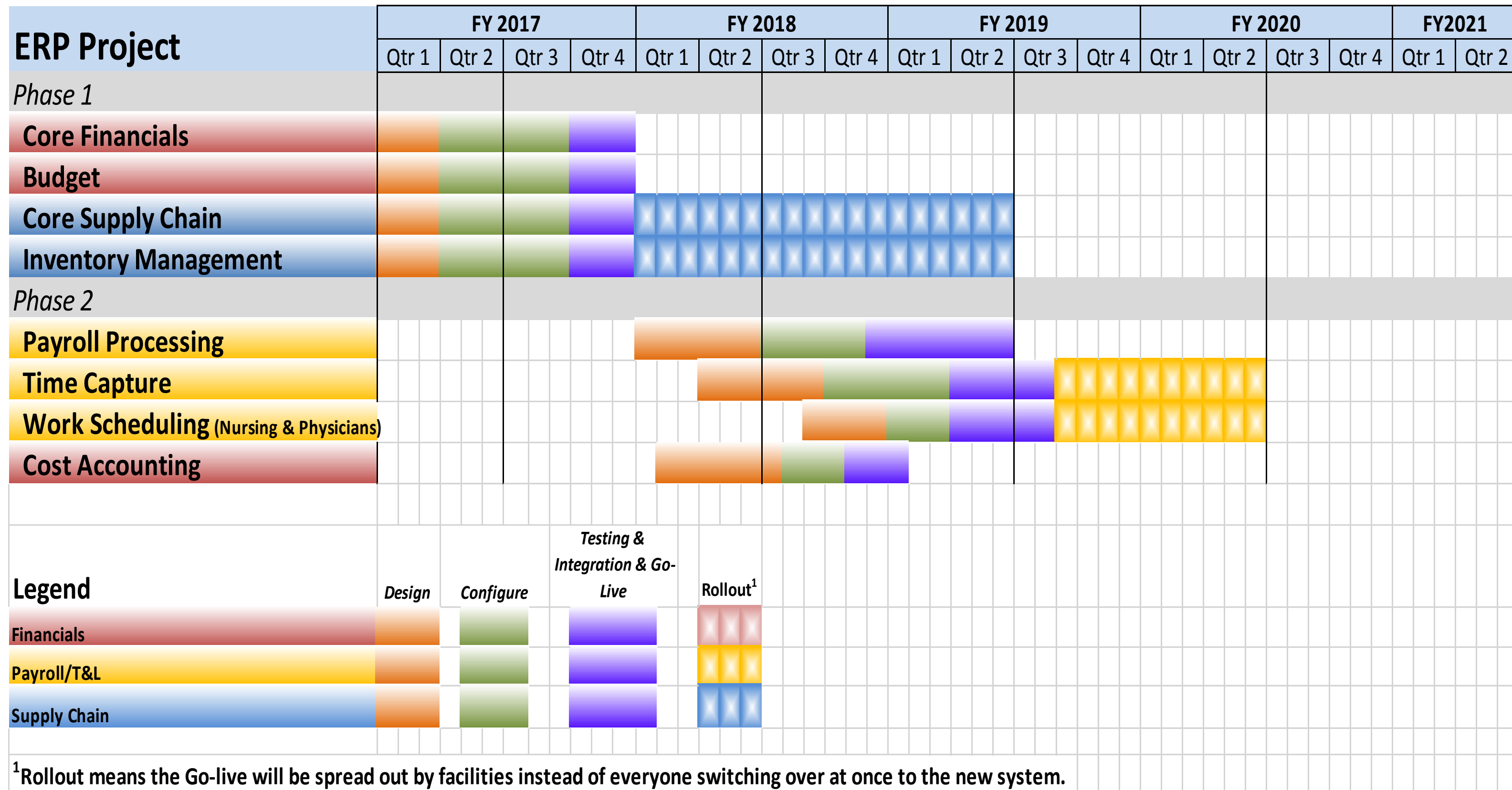
ERP Implementation Deployment Timeline



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Next Steps

- Select Time Capture Vendor/Devices
- Continue Deployment of Finance / Supply Chain Waves 3-5
- Continue Pre-Payroll Activities
- Cost Accounting Implementation
  - Go live – July 2018
- Begin Payroll and Time and Labor Implementation
  - Go-live Jan 2019
  - Roll-out Electronic Time Capture 2019

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Q&A

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "System") to renew for a three-year term of January 1, 2018 to December 31, 2020 ("Renewal Term"), the 20 requirements contracts previously awarded in July 2015 for a two-year term with three one-year options, for health information related professional consultant services on an as needed basis to meet the System's needs for professional services, primarily consisting of staff augmentation, to enable the System to meet its information technology needs, with all necessary funding deriving from previously approved program budgets.

WHEREAS, in July 2015 the Board of Directors approved the award of 20 requirements contracts for the term of January 1, 2015 to December 31, 2017 with three one-year renewal options, such contracts resulting from a Request for Proposals for health information related services on an as-needed basis; and

WHEREAS, the use of the requirements contracts makes easily and promptly available to the System, IT staff with a wide range of experience and knowledge that is not available within the System, is not available in the necessary numbers or is not required on a long term basis, to support major software implementations, complete required milestones and deliverables, training, and maintenance activities where temporary skilled staff may be needed; and

WHEREAS, renewing the requirement contracts will help the System obtain continuity of services, avoid disruptions, delays, or gaps in service to both internal and external end users that rely on these critical systems; and

WHEREAS, funding for the professional services obtained under the requirements contracts derives from previously approved program budgets; and

WHEREAS, the System tracks the utilization and spending of the requirements contracts against the applicable funding source; and

WHEREAS, the overall responsibility for managing and monitoring the requirements contracts shall be under 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 renew for a three-year term of January 1, 2018 to December 31, 2020, the 20 requirements contracts previously awarded in July 2015 for a two-year term with three one-year options, for health information related professional consultant services on an as needed basis to meet the System's needs for professional services, primarily consisting of staff augmentation, to enable the System to meet its information technology needs with all necessary funding deriving from previously approved program budgets.

Executive Summary
EITS Professional Services Contracts

In July 2015, the Board of Directors approved the award of 20 requirements contracts for Enterprise Information Technology Services ("EITS") to obtain information technology professional services on an as-needed basis for a two-year term from January 1, 2016 to December 31, 2017 with three one-year options to renew. The contracts resulted from a Request for Proposals ("RFP") seeking vendors that had expertise in healthcare information systems that would enable EITS to secure information technology (IT) services, primarily staff augmentation, with the necessary skillsets at the required times for a wide array of potential technological needs. The requirements contracts are expiring and EITS is seeking to renew the contracts for a three-year term of January 1, 2018 to December 31, 2020 to enable the System to meet its information technology needs, with all necessary funding deriving from previously approved program budgets.

While the abilities of current employees are being utilized, the requirements contracts has allowed the System to obtain short-term staff augmentation for necessary tasks in a timely and efficient manner. Over the course of the initial two-year term, the contracts offered multiple benefits, including, enabling the flexibility and agility needed to quickly align to changing technologies and respond to new business needs; the ability to ramp-up or scale back staffing to meet changing demands; the capability to acquire expertise, experience or knowledge not available within the System, not available in the necessary numbers, or that is not required on a long term basis. Renewing the contracts will help the System attain continuity of services and avoid disruptions, delays, or gaps in service to the internal and external end users that rely on these critical systems.

The actual services performed under the contracts will be governed by a written work order identifying the specific project, scope of work, hourly rate, period of performance and the not-to-exceed amount. Each work order for new consultant services will be issued on an as needed basis through a competitive process. Each request for new IT consultant services will be issued to the contractors, the System will evaluate the responses based on technical qualifications and price and will select the response that offers the most favorable combination of quality and price.

Payment is based on actual services performed pursuant to a work order issued by the System, the contracts do not guarantee a minimum payment to the Contractors.

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EITS Requirements Contracts for IT Consulting Services

IT Committee Meeting

November 8, 2017

Sal Guido
Senior Vice President/Chief Information Officer
Enterprise IT Services

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Request

- Renew the requirements contracts for a three-year term of January 1, 2018 to December 31, 2020
    - In July 2015, the Board of Directors approved contract awards to 20 vendors to provide IT consultants on an as-needed basis for the term of 2 years + 3 one-year renewals
    - Contracts resulted from a Request for Proposals
- Spending under these contracts derives from existing approved budgets, does not require increased or additional funding
- Contracts do not guarantee a minimal payment; only pay for actual service provided

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Benefits Associated with IT Consultant Requirements Contracts

- Requirement Contracts allow Health + Hospitals to achieve flexibility to quickly align with changing technologies and respond to new business needs in a cost effective manner:
    - No guarantee to vendors of a minimum payment
    - Payment is based on actual services performed pursuant to a work order signed by Health + Hospitals and vendor
    - Provides as-needed services for a wide array of potential technology consulting expertise needs in a timely and efficient manner – necessary IT skillsets at the required times for the required duration
    - Secure expertise, experience or knowledge that is either not available in Health + Hospitals or is not required on a long term basis
    - Allow for continuity of services, avoid disruptions and delays to on-going projects

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Work Order Assignment Process

- Each assignment will be governed by a written work order identifying the specific project, scope of work, hourly rate, period of performance and the total not-to-exceed amount
- Request for a Statement of Work sent to appropriate Contractors, describing the project, required services necessary to complete the statement of work, a schedule and completion date for the services
- Contractors will respond to the request with a timetable for implementing the Statement of Work, resumes of the proposed consultants, a proposed approach, if applicable and an hourly rate
- The proposed hourly rate can be less than the contract rates/cannot exceed contract rates
- Evaluate the responses and select the Contractor whose response provides the combination of quality and price most favorable to the Corporation

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GO Revenue Cycle Update

8 November 2017

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What is Revenue Cycle?

Business Function	Epic Application Name	Governance Group
Patient Scheduling for Inpatient and Ambulatory	Cadence	Patient Access and Ambulatory Council
Patient Registration for Inpatient and Ambulatory	Prelude	Patient Access and Ambulatory Council
Patient Movement for Inpatient only	ADT	Patient Access Council
Bed Management for Inpatient only	Bed Time	Patient Access Council
Health Information Management for Inpatient and Ambulatory	HIM	Health Information Management Council
Hospital Billing and Claims Processing	Resolute HB and Claims	Hospital Billing Council and Revenue Integrity Council
Professional Billing and Claims Processing	Resolute PB and Claims	Hospital Billing Council and Professional Billing Council

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Sequencing Background

Approval to move forward with Epic Revenue Cycle in May 2017

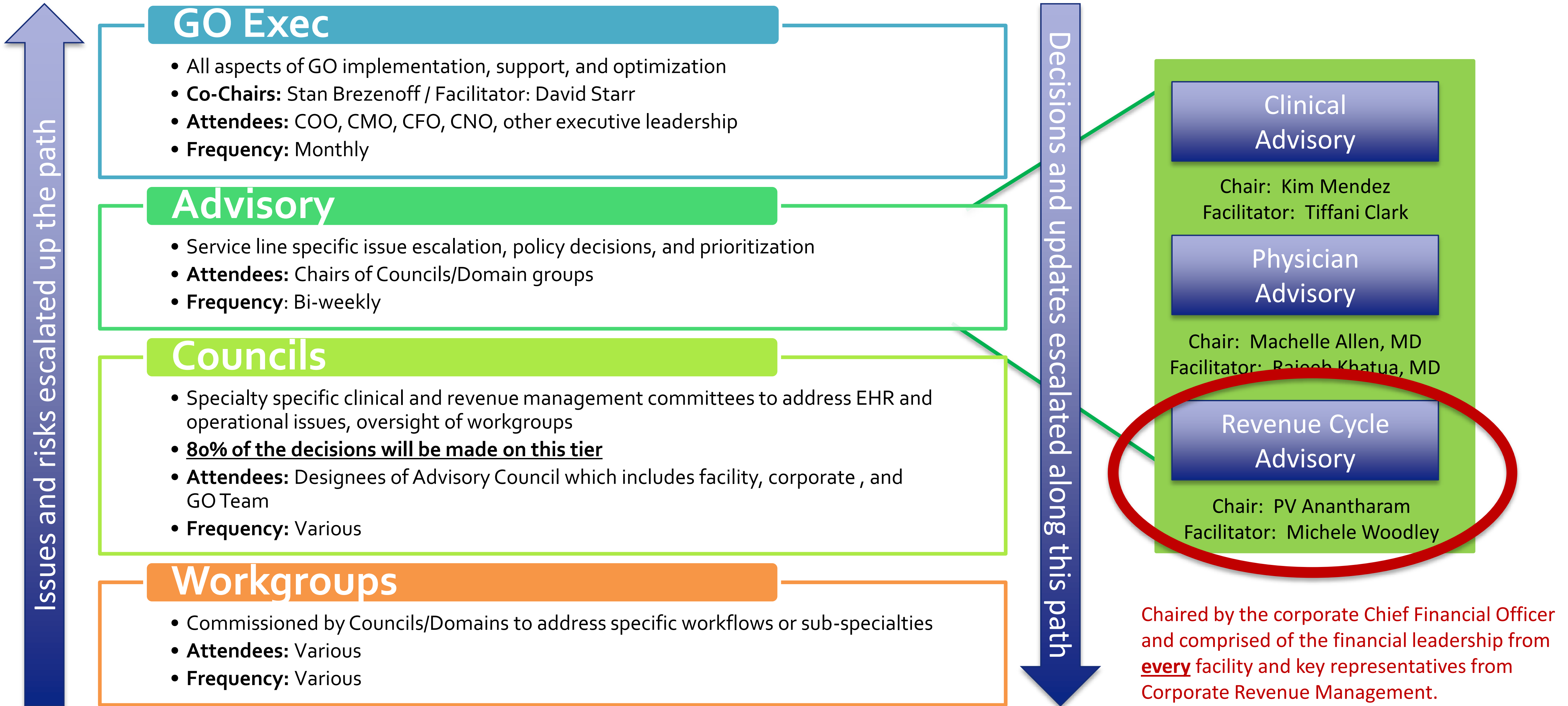
Task	2017 (Q2–Q4) – 2020 (Q1–Q4)
Upgrade 2017	12/10/17
Enterprise Validation and Build	
Woodhull, Cumberland DTC, Queens/Elmhurst/Coney Retrofit	11/3/18
Bellevue, Gouverneur DTC	Q2 '19
Upgrade 2018	Q4'19
Metropolitan, Lincoln, Belvis DTC, Morrisana DTC	Q4'19
Kings County, East NY DTC	Q1'20
Jacobi, NCB, Harlem, Renaissance DTC	Q2'20
LTC Wave #1 (Henry J. Carter, Gouverneur, McKinney LTC)	Q3'20
LTC Wave #2 (SeaView, Coler)	Q4'20

Today 11/8/2017

DRAFT

Queens & Elmhurst Hospitals, Home Health went live with Epic Clinicals in April 2016
Coney Island Hospital went live with Epic Clinicals in February 2017

Governance Structure



Chaired by the corporate Chief Financial Officer and comprised of the financial leadership from **every** facility and key representatives from Corporate Revenue Management.

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Implementation Process

- **Initial Discovery**: June - August
  - Surveys – High-level data gathering, surveys sent to sites
  - Site Visits – Determine any net new build, review high priority workflows
  - Key Organizational Decisions
  - Direction Setting Sessions – Meet with Operations to provide overview of application (by department)
- **Build & Adoption**: September - February
  - Configure system
  - Confirm documented workflow, decisions, and demo build
- **Testing**: March – August
- **Training**: September – October
- **GO Live**: November 2018

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Integration with Key Organizational Initiatives

- **Project STREAM (Revenue Optimization)**
  - Workflows to support optimized revenue
  - Reporting to measure ongoing success and opportunities
  - Designing a standardized revenue cycle operating model

- **Supply Chain Project**
  - Operating room preference cards (supply usage)

- **Epic/PeopleSoft Integration**
  - Material Management interfaces for supplies
  - Revenue interface with General Ledger

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Financial Update

	Budget	Paid or in-Process through August 2017	Remaining Balance
GO Revenue Cycle Capital	$150,407,693	$4,185,468	$146,222,225
GO Revenue Cycle Operating	$138,710,297	$13,254,000	$125,456,297
Total GO Revenue Cycle	$289,117,990	$17,439,468	$271,678,522

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Appendix

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Work Groups

Decision making governing council responsible for domain specific decisions and escalation point to Revenue Cycle Advisory Committee for any integrated decisions that cannot be resolved.

Every council and workgroup is chaired by H+H operations leadership as identified by the Revenue Cycle Advisory Committee. Membership consists of representatives from facilities operations and corporate Revenue Management.

Revenue Cycle Advisory Committee