

**BOARD OF DIRECTORS MEETING**

**THURSDAY, OCTOBER 22, 2015**

**A•G•E•N•D•A**

**CALL TO ORDER - 4 PM**

**Dr. Barrios-Paoli**

**Call for a Motion to Convene in Executive Session**

**Executive Session / Facility Governing Body Report**

- Coney Island Hospital
- Sea View Hospital Rehabilitation Center & Home

**Semi-Annual Governing Body Report (Written Submission Only)**

- Coler Rehabilitation & Nursg Care Center
- Henry J. Carter Specialty Hospital & Nursing Facility

**Diagnostic & Treatment Center Annual Quality Assurance Plan / Evaluation 2014 (Written Submission Only)**

- Renaissance Healthcare Network Diagnostic & Treatment Center

**OPEN SESSION – 5 PM**

**Dr. Barrios-Paoli**

1. Adoption of Minutes: September 24, 2015

**Chair’s Report**

**Dr. Barrios-Paoli**

**President’s Report**

- Information Item: \*FEMA Project Update**  
**Presenter: Roslyn Weinstein, Asst. VP, Office of Facilities Development**

**Dr. Raju**

**>>Action Items<<**

**Correctional Health Services**

2. RESOLUTION Authorizing the President of the New York City Health and Hospitals Corporation to negotiate and execute an agreement with the **Physician Affiliate Group of New York, P.C. [PAGNY]** for the furnishing of staff required **to provide physical and behavioral health services to inmates in the custody of the New York City Department of Correction and certain other individuals** for two years, starting January 1, 2016 for an amount not to exceed \$192,843,453 with three, two-year renewal options exclusive to the Corporation; AND further authorizing the President to make adjustments to the contract amounts consistent with the Corporation's financial plan, professional standards of care and equal employment opportunity policy except that the President will seek approval from the Corporation’s Board of Directors for any increases in payments to PAGNY in any fiscal year that exceed twenty-five percent of the not-to-exceed amount specified in this resolution.
  
3. RESOLUTION authorizing the President of the New York City Health and Hospitals Corporation to negotiate and execute an agreement with **Correctional Dental Associates [CDA] for the provision of dental health services to inmates in the custody of the New York City Department of Correction** for three years, starting January 1, 2016 for an amount not to exceed \$13,413,150; AND further authorizing the President to make adjustments to the contract amounts consistent with the Corporation's financial plan, professional standards of care and equal employment opportunity policy except that the President will seek approval from the Corporation’s Board of Directors for any increases in payments to CDA in any fiscal year that exceed twenty-five percent of the not-to-exceed amount specified in this resolution.

**Dr. Raju**

**Dr. Raju**

**(over)**

**Trauma Center Designations**

- |   |  |
|---|--|
| <p>4. RESOLUTION approving the <b>application for verification by the American College of Surgeons of Harlem Hospital Center as a trauma center</b>. Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and authorizing the President of the New York City Health and Hospitals Corporation, or his designee, to execute any and all documents necessary to verify trauma Center designation for Harlem Hospital Center through the American College of Surgeons, Committee on Trauma.<br/><i>(Med &amp; Professional Affairs / IT Committee – 10/08/2015)</i></p>                                     | <p align="center"><b>Dr. Calamia</b></p> |
| <p>5. RESOLUTION approving the <b>application for verification by the American College of Surgeons of Jacobi Medical Center as a trauma center</b>. Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and authorizing the President of the New York City Health and Hospitals Corporation, or his designee, to execute any and all documents necessary to verify trauma Center designation for Jacobi Medical Center through the American College of Surgeons, Committee on Trauma.<br/><i>(Med &amp; Professional Affairs / IT Committee – 10/08/2015)</i></p>                                       | <p align="center"><b>Dr. Calamia</b></p> |
| <p>6. RESOLUTION approving the <b>application for verification by the American College of Surgeons of Kings County Hospital Center as a trauma center</b>. Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and authorizing the President of the New York City Health and Hospitals Corporation, or his designee, to execute any and all documents necessary to verify trauma Center designation for Kings County Hospital Center through the American College of Surgeons, Committee on Trauma.<br/><i>(Med &amp; Professional Affairs / IT Committee – 10/08/2015)</i></p>                         | <p align="center"><b>Dr. Calamia</b></p> |
| <p>7. RESOLUTION approving the <b>application for verification by the American College of Surgeons of Lincoln Medical and Mental Health Center as a trauma center</b>. Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and authorizing the President of the New York City Health and Hospitals Corporation, or his designee, to execute any and all documents necessary to verify trauma Center designation for Lincoln Medical and Mental Health Center through the American College of Surgeons, Committee on Trauma.<br/><i>(Med &amp; Professional Affairs / IT Committee – 10/08/2015)</i></p> | <p align="center"><b>Dr. Calamia</b></p> |
| <p>8. RESOLUTION approving the <b>application for verification by the American College of Surgeons of Bellevue Hospital Center as a trauma center</b>. Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and authorizing the President of the New York City Health and Hospitals Corporation, or his designee, to execute any and all documents necessary to verify trauma Center designation for Bellevue Hospital Center through the American College of Surgeons, Committee on Trauma.<br/><i>(Med &amp; Professional Affairs / IT Committee – 10/08/2015)</i></p>                                 | <p align="center"><b>Dr. Calamia</b></p> |

<p>9. RESOLUTION approving the <b>application for verification by the American College of Surgeons of Elmhurst Hospital Center as a trauma center</b>. Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and authorizing the President of the New York City Health and Hospitals Corporation, or his designee, to execute any and all documents necessary to verify trauma Center designation for Elmhurst Hospital Center through the American College of Surgeons, Committee on Trauma. <i>(Med &amp; Professional Affairs / IT Committee – 10/08/2015)</i></p>	<p align="center"><b>Dr. Calamia</b></p>
<p><b><u>Corporate</u></b></p>	
<p>10. RESOLUTION authorizing the President of the New York City Health and Hospitals Corporation to use the 20 <b>requirement contracts</b> that were awarded for a two year term with three one-year options to renew to <b>purchase health information related professional IT consultant</b> services as needed to meet <b>non-Epic EMR related IT consulting needs</b> for an amount not to exceed \$43 million for the initial two year term. <i>(Med &amp; Professional Affairs / IT Committee – 10/08/2015)</i> EEO / VENDEX: Pending</p>	<p align="center"><b>Dr. Calamia</b></p>
<p>11. RESOLUTION authorizing the New York City Health and Hospitals Corporation to enter into a <b>Cisco Enterprise License Agreement (“ELA”)</b> through a Third Party Contract as part of the <b>LAN Migration /Network Infrastructure refresh project</b> in an amount not to exceed \$11,410,000 for a five year period. <i>(Med &amp; Professional Affairs / IT Committee – 10/08/2015)</i></p>	<p align="center"><b>Dr. Calamia</b></p>
<p>12. RESOLUTION authorizing the President of the New York City Health and Hospitals Corporation to execute a <b>Memorandum of Understanding between HHC and the New York City Department of Investigation</b> to create an <b>Office of the Inspector General</b> for HHC under the authority and control of DOI to replace the existing office within HHC.</p>	<p align="center"><b>Dr. Raju</b></p>
<p><b><u>MetroPlus Health Plan, Inc.</u></b></p>	
<p>13. RESOLUTION authorizing the Executive Director of <b>MetroPlus Health Plan, Inc.</b> to negotiate and execute a contract with <b>Greenberg Traurig, LLC</b> to <b>provide legal services</b> for a term of three years with two 1-year options to renew, each solely exercisable by MetroPlus, at hourly payment rates which shall be the following: \$350 per hour for services performed by partners; \$325 per hour for services performed by associates with more than six years of experience; \$300 per hour for associates with three to six years of experience; \$250 per hour for services performed by associates with fewer than three years of experience; and \$150 per hour for services performed by a paraprofessional. <i>(MetroPlus Board – 10/13/2015)</i> EEO: Approved / VENDEX: Pending</p>	<p align="center"><b>Mr. Rosen</b></p>
<p>14. RESOLUTION authorizing the Executive Director of <b>MetroPlus Health Plan, Inc.</b> to increase the spending authority for the contract with <b>Milton Samuels Advertising Agency, Inc.</b> dated February 14, 2011, and to allocate additional funds for advertising for the fulfillment of the contract, for an amount not to exceed \$4,075,000 for the term which expires on February 13, 2016. <i>(MetroPlus Board – 10/13/2015)</i></p>	<p align="center"><b>Mr. Rosen</b></p>
<p align="right"><b><i>(over)</i></b></p>	

**Committee Reports**

- Audit
- Equal Employment Opportunity
- Finance
- Medical & Professional Affairs / Information Technology
- Strategic Planning

**Subsidiary Board Report**

- HHC Assistance Corporation/Community Services Organization-OneCity Health Services
- MetroPlus Health Plan, Inc.

>>Old Business<<

>>New Business<<

**Adjournment**

**Ms. Youssouf  
Mrs. Kril  
Mr. Rosen  
Dr. Calamia  
Mrs. Bolus**

**Dr. Raju  
Mr. Rosen**

**Dr. Barrios-Paoli**

**NEW YORK CITY HEALTH AND HOSPITALS CORPORATION**

A meeting of the Board of Directors of the New York City Health and Hospitals Corporation (the "Corporation") was held in Room 532 at 125 Worth Street, New York, New York 10013 on the 24<sup>th</sup> day of September 2015 at 4:00 P.M. pursuant to a notice which was sent to all of the Directors of the Corporation and which was provided to the public by the Secretary. The following Directors were present in person:

Mr. Gordon J. Campbell  
Dr. Ramanathan Raju  
Dr. Mary T. Bassett  
Dr. Gary S. Belkin  
Mrs. Josephine Bolus  
Dr. Vincent Calamia  
Ms. Anna Kril  
Ms. Barbara A. Lowe  
Mr. Robert Nolan  
Mr. Mark Page  
Mr. Bernard Rosen

Jennifer Yeaw was in attendance representing Commissioner Steven Banks; and Udai Tambar was in attendance representing Dr. Lilliam Barrios-Paoli, each in a voting capacity. Mr. Campbell chaired the meeting and Mr. Salvatore J. Russo, Secretary to the Board, kept the minutes thereof.

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

**EXECUTIVE SESSION**

The Board convened in Executive Session to discuss matters of personnel and quality assurance.

**ADOPTION OF MINUTES**

The minutes of the meeting of the Board of Directors held on July 31, 2015 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 July 31, 2015, copies of which have been presented to this meeting, be and hereby are adopted.

**CHAIRPERSON'S REPORT**

Mr. Campbell announced that Mayor Bill de Blasio has appointed Dr. Lilliam Barrios-Paoli as Chairperson of the Board of the New York City Health and Hospitals Corporation. He also welcomed new Board Member, Ms. Barbara Lowe.

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

**PRESIDENT'S REPORT**

Dr. Raju'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 ITEM**

Ms. Caroline Jacobs, Senior Vice President, Safety & Human Development, provided the Board with an overview of the accreditation standards used by the Joint Commission to evaluate HHC's performance and shared findings from the 2015 surveys of our facilities.

**ACTION ITEMS****RESOLUTION**

2. **Adopting the Corporation's Mission Statement and Performance Measures** as required by the **Public Authorities Reform Act**.

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

**RESOLUTION**

3. **Amending a previously adopted resolution in order to increase the authorization for one or more borrowings in an aggregate not to exceed amount from \$60,000,000 to \$120,000,000 and to expand the scope of allowable uses.**

Mr. Rosen 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, through its President, to **delegate to each hospital's Grievance Committee responsibility for the prompt resolution of grievances and complaints from patients and/or their families.** The activities of the Grievance Committees will be reviewed and reported through each hospital's Quality Assurance process to the Board of Directors.

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

**RESOLUTION**

5. Authorizing the President of the New York City Health and Hospitals Corporation to enter into a **sole source agreement with SURESCRIPTS, LLC for e-prescribing software and related services** for an amount not to exceed \$4,769,555 (which includes a contingency reserve of \$229,817 for additional services that may be required) over a three-year term with up to two one-year renewal terms.

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

**RESOLUTION**

6. Authorizing the President of the New York City Health and Hospitals Corporation to **procure and outfit eighty-nine (89) ambulances in Fiscal Year 2016** on behalf of the **Fire Department of the City of New York ("FDNY")**, through City-Wide Requirements Contracts for a total amount not-to-exceed \$34.8 million.

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

**RESOLUTION**

7. Authorizing the President of the New York City Health and Hospitals Corporation to proceed with the **construction and procurement** necessary for **renovation** of an existing 23,000 square foot space on the **13<sup>th</sup> floor in the Martin Luther King (MLK) Pavillon**, to create an **inpatient geriatric friendly unit** at **Harlem Hospital Center** for an amount not-to-exceed \$3,261,000.

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

**RESOLUTION**

8. Authorizing the President of the New York City Health and Hospitals Corporation to execute a revocable **license agreement** with the **New York City Police Department** for its use and occupancy of approximately seventy-five square feet of space to operate radio communications equipment at **Elmhurst Hospital Center** with the occupancy fee waived.

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

**RESOLUTION**

9. **Amending the June 2014 Resolutions of the Board of Directors** of the New York City Health and Hospitals Corporation



by which the President of the Corporation was **authorized to execute five successive one-year revocable license agreements with the New York City Human Resources Administration ("HRA")** for the use and occupancy of space for primary care programs located at 413 East 120<sup>th</sup> Street, Borough of Manhattan and 114-02 Guy Brewer Boulevard, Borough of Queens **administered by Metropolitan Hospital Center and Queens Hospital Center** to (a) increase the base occupancy fee to be paid by \$1.00 per square foot for a total annual occupancy cost of \$96,873 or \$35.38 per square foot for the East 120<sup>th</sup> Street clinic and for a total annual occupancy cost of \$270,593 or \$27.25 per square foot for the Guy Brewer Boulevard clinic where in both cases the total annual occupancy fees are inclusive of surcharges for electricity, air conditioning and after-hour uses; and (b) extend the authorization for the President to execute renewals for an additional year to allow for renewals through 2020.

Mr. Page moved the adoption of the resolution which was duly seconded and adopted by the Board by a vote of 12 in favor.

Ms. Yeaw recused herself.

#### **RESOLUTION**

10. Authorizing the President of the New York City Health and Hospitals Corporation to approve a **Capital Project** for an amount not to exceed \$3,885,000 for planning, pre-construction, design, construction management and project management services necessary for the **installation of two (2) new electric air cooled chillers** for Operating Rooms at **Bellevue Hospital Center**.

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

#### **SUBSIDIARY AND BOARD COMMITTEE REPORTS**

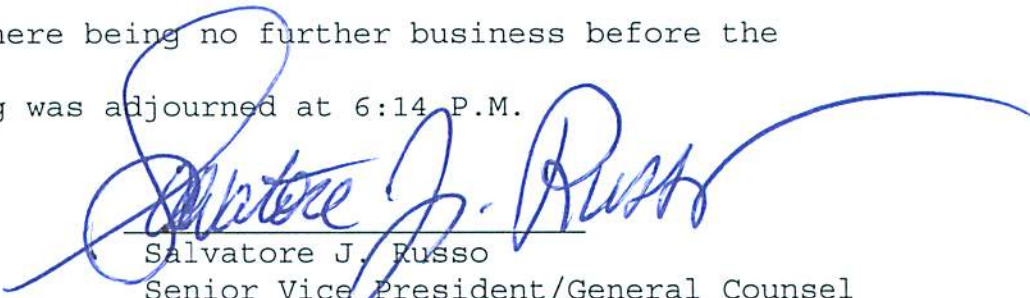
Attached hereto is a compilation of reports of the HHC Board Committees and Subsidiary Boards that have been convened since the last meeting of the Board of Directors. The reports were received by Mr. Campbell at the Board meeting.

**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 Woodhull Medical and Mental Health Center, received an oral report and written governing body submission and reviewed, discussed and adopted the facility's report presented; 2) as governing body of Lincoln Medical and Mental Health Center, the Board reviewed and approved its semi-annual written report; 3) as governing body of Gouverneur Healthcare Services, the Board reviewed and approved its semi-annual written report; and, 4) as governing body of Cumberland Diagnostic and Treatment Center, the Board reviewed and approved its annual quality improvement plan and 2014 evaluation.

**ADJOURNMENT**

Thereupon, there being no further business before the Board, the meeting was adjourned at 6:14 P.M.



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

# COMMITTEE REPORTS

## Capital Committee – September 17, 2015

### As reported by Ms. Emily Youssouf

#### SENIOR ASSISTANT VICE PRESIDENT'S REPORT

Roslyn Weinstein, Senior Assistant Vice President, Operations, advised that the meeting agenda included five (5) action items; a license agreement with the New York City Police Department (NYPD) for space to operate communications equipment; renewal of licenses with the Human Resources Administration (HRA) for off-site clinics operated by Metropolitan and Queens Hospitals; project approval for improvements to the Operating Rooms at Bellevue; authorization for construction and procurement related to the renovation Geriatrics at Harlem; and, the pass-through procurement of ambulances for the Fire Department of the City of New York.

Ms. Weinstein noted that there were a number of activities over the August hiatus. The Corporation received \$33 million from the Department of Citywide Administration Services (DCAS) Accelerated Conservation and Efficiency (ACE) program for the Coler Power Plant, Lincoln Heating Ventilation and Air Conditioning (HVAC) systems, and the Cumberland Power Plant. All three awards do not carry debt service. She also announced that over the past year the series of energy projects had saved the Corporation \$5 million, and comparing July FY'15 to July FY '16, energy spend was lower by \$1 million. The Committee members were pleased to hear that update.

That concluded Ms. Weinstein's report.

#### Action Items:

*Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to execute a revocable license agreement with the New York City Police Department ("NYPD" or "Licensee") for its use and occupancy of approximately seventy-five square feet of space to operate radio communications equipment at Elmhurst Hospital Center (the "Facility") with the occupancy fee waived.*

Dean Mihaltses, Associate Executive Director, Elmhurst Hospital Center, read the resolution into the record on behalf of Chris Constantino, SVP/Executive Director, Elmhurst Hospital Center.

Mr. Mihaltses explained that the requested installation would upgrade existing equipment on site.

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 June 2014 Resolutions of the Board of Directors of the New York City Health and Hospitals Corporation (the "Corporation") by which the President of the Corporation was authorized to execute five successive one-year revocable license agreements with the New York City Human Resources Administration ("HRA") for the use and occupancy of space for primary care programs located at 413 E. 120<sup>th</sup> Street, Borough of Manhattan and 114-02 Guy Brewer Boulevard, Borough of Queens administered by Metropolitan Hospital Center and Queens Hospital Center (the "Facilities") to (a) increase the occupancy fee to be paid by \$1.00 per square foot from \$23 per square foot to \$24 per square foot for a total annual occupancy cost of \$96,873 for the East 120<sup>th</sup> Street clinic and from \$24 per square foot to \$25 per square foot for a total annual occupancy cost of \$270,593 for the Guy Brewer Boulevard clinic in both cases inclusive of surcharges for electricity, air conditioning and after-hour uses; and (b) extend the authorization for the President to execute renewals for an additional year to allow for renewals through 2020.*

Jeremy Berman, Deputy General Counsel, Office of Legal Affairs, read the resolution into the record.

Ms. Youssouf explained that the inclusive amount was not in fact inclusive since the additional utility and cooling charges were separate. Mr. Page asked if that was true. Ms. Youssouf directed meeting attendees to page four of the action item supporting documentation which listed the square footage rates and the additional cooling charges separately, noting that the total of the two numbers would represent the actual annual occupancy fees. Ms. Weinstein noted that the cooling charges were only applicable for three (3) months of the year. Ms. Youssouf agreed but requested clarification.

Dion Wilson, Director, Office of Legal Affairs, agreed that occupancy fees of \$96,873, and \$270,593, were in fact all inclusive, with the surcharges added in, but the individual square footage amounts that were listed did not reflect those additional fees. Ms. Youssouf agreed and requested that the resolution be revised to provide inclusive square footage amounts. Mr. Page said he would also like to see that adjustment. Mr. Berman and Mr. Wilson said they understood and would make the requested changes.

Mr. Berman explained that the \$25,000 additional charge, for afterhours use, was a cap amount and would not exceed \$25,000 but could be less than \$25,000.

Ms. Youssouf said she understood, and was pleased that a cap was established but she would like to see the resolution rephrased to read that the occupancy fee increased by \$1, utility charge remained the same at \$2, for a total cost per square foot of \$27, and for three months of the year would be \$28.

Mr. Berman explained that the increase by HRA was a pass-through of an increase in certain labor related to maintenance costs throughout the City. Mr. Berman also noted that the City of New York only issued one year agreements and in order of saving time the approvals were requested for five years, with the understanding that they would be brought back before the Committee and the full Board if/when there were changes in the fees. Ms. Youssouf thanked Mr. Berman and asked in the future that those details be fully explained in the write ups.

Mr. Page noted that there were a number of instances where HHC licensed space from City agencies and paid occupancy fees while there are agencies leasing space from HHC and occupancy fees are almost always waived. Mr. Berman said that there were cases where HHC received reimbursement.

Ms. Youssouf said that this discussion had come up before and she recalled that in those instances new spaces were being investigated. Josephine Bolus, RN, said that she did remember the discussions but was not sure what the outcome was.

Mr. Berman stated that in most of the cases the occupancy fees were still below market rate. Ms. Weinstein explained that an investigation had discovered that HRA actually paid more to HHC for space than HHC paid to them.

Mr. Berman added that the newly proposed primary care sites were all to be located in City building, and none of them would have fees associated.

Mr. Page asked that this issue be remembered. Ms. Youssouf said it would be and had been on the radar for some time.

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, with requested revisions in place, for the full Board's consideration.

*Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to approve a Capital Project for an amount not to exceed \$3,885,000 for planning, pre-construction, design, construction management and project management services necessary for the Installation of two (2) new electric air cooled chillers for Operating Rooms (the "Project") at Bellevue Hospital Center (the "Facility").*

Michael Rawlings, Associate Executive Director, Bellevue Hospital Center, read the resolution into the record on behalf of Steven Alexander.

Mr. Rawlings explained that the project would be funded by PlaNYC and would allow for the reduction of greenhouse gas emissions (18,000 tons of CO<sub>2</sub>) and a 3.5 year return on investment with annual anticipated savings of over \$1 million in steam costs. Additionally, it would allow the facility to better control the temperature and humidity levels in the Operating Rooms. The equipment would be connected to the hospital's emergency power systems allowing for control during shoulder seasons as well as in emergency situations.

Ms. Youssouf asked if she was correct that there was no debt service associated with the PlaNYC funding. Louis Iglhaut, Assistant Vice President, Facilities Development, said yes.

Ms. Youssouf asked if construction would impact patient care at the facility. Mr. Rawlings said no, the work would mostly be done on the roof and in mechanical rooms.

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 President of the New York City Health and Hospitals Corporation (the "Corporation") to proceed with the construction and procurement necessary for renovation of an existing 23,000 square foot space on the 13<sup>th</sup> floor in the Martin Luther King (MLK) Pavilion, to create an inpatient geriatric friendly unit at Harlem Hospital Center (the "Facility") for an amount not-to-exceed \$3,261,000.*

Denise Soares, Senior Vice President, Generations+/Northern Manhattan Health Network, read the resolution into the record. Mrs. Soares was joined by Ebone Carrington, Chief Operating Officer, and Thomas Scully, Senior Associate Director, Harlem Hospital Center.

Ms. Soares explained that four-bedded rooms would be converted into two-bedded rooms, add safety rails, new head-walls, an activity therapy room and a new nurse call system. She noted that funding for the project was through NYC GO bonds and City Council budget funds. Completed by July 2016.

Ms. Youssouf asked if the project was planned in order to bring the unit up to code for the Department of Health (DOH) and the Center for Medicaid Services (CMS). Ms. Carrington said that the component of the project that was regulatory in nature was the installation of the Type I Electrical System.

Ms. Youssouf asked that clarification be made in the executive summary to better explain the part of the project that was regulatory in nature.

Mrs. Bolus asked how many elevators reach the geriatric unit. Mrs. Soares said there were four elevators. Mrs. Bolus asked if they were appropriate for accommodating wheelchairs. Mrs. Soares said yes.

Mr. Page asked how many beds would be lost on the unit. Mrs. Carrington said no beds would be lost. She explained that four beds would be removed from circulation but not from the facility operating certificate.

Mr. Page asked how facility usage aligned with available beds. Mrs. Soares said that the facility had beds in use and beds on the Operating Certificate. She noted that there was a 24 bed unit that had been taken out of use, but explained that those beds were still available would they be needed.

Mr. Page asked if usage was comparable to capacity. Ramanathan Raju, MD, said that the occupancy rate was approximately 78% at Harlem and noted that in the coming years, as the Delivery System Reform Incentive Program (DSRIP) rolled out, there would be an overall decrease in the number of inpatient beds throughout the State of New York, including HHC. He added that while we may be decreasing beds, the available beds will be in more desirable spaces and therefore help meet the Corporation's market share.

Mr. Page said he understood but wanted to be sure that usage be kept in mind.

Ms. Youssouf asked if there would be cost savings in having a smaller unit. Mrs. Soares said there would be a savings in terms of staffing and likely when relating to pharmaceuticals as well.

Dr. Raju said that it was positive that the facility be attracting a different market with services that they find relevant and successful within the communities they serve.

Ms. Youssouf asked whether the \$1.7 million was the total cost of debt service on the project. Mr. Iglhaut said yes, that is the interest. Ms. Youssouf asked that it be clarified in the executive summary. Mr. Iglhaut said it would be done.

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, with requested revisions in place, for the full Board's consideration.

*Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to procure and outfit eighty-nine (89) ambulances in Fiscal Year 2016 on behalf of the Fire Department of the City of New York ("FDNY"), through City-wide Requirements Contracts for a total amount not-to-exceed \$34.8 million.*

Dean Moskos, Director, Office of Facilities Development, read the resolution into the record. Mr. Moskos was joined by Mark Aronberg, Vincent Barrett, and Victor Holdorf, Fire Department of the City of New York (FDNY).

Ms. Youssouf asked for background information on the purchase. Mr. Moskos explained that the FDNY had a fleet of approximately 460 ambulances and every few years they had scheduled replacement of that fleet. Mr. Moskos said the funding was provided by the City of New York and HHC served solely as a pass-through based on a Memorandum of Understanding (MOU) with the FDNY.

Ms. Youssouf asked if the project was being fully funded through General Obligation (GO) Bonds and that HHC would not be impacted. Mr. Moskos said yes, that is correct, HHC is in no way obligated.

Mr. Page stated that the MOU referenced a better reimbursement rate for the Corporation than the FDNY and whether that was still accurate. Mr. Moskos said he believed so, that HHC as a healthcare entity was able to receive Medicaid reimbursements that were not available to the FDNY. Ms. Weinstein said she would check with the finance department but she also believed that it was related to reimbursement based on the cost of the purchase of the ambulances.

Mr. said that his understanding was that the FDNY cannot bill for EMS transportation and medical care rendered so the ambulances are purchased and owned by HHC so that the FDNY and the City can continue to bill for reimbursements. The Giuliani administration merged the services without taking that into consideration but this MOU allows a loophole for that.

Mrs. Bolus asked if our ownership of the ambulances means they are required to go to HHC facilities. Dr. Raju said no, they go to the closest facility.

Ms. Weinstein said that there would be follow-up with Legal Affairs and the Finance Department to get some clarification and historical information.

Mr. Page said aside from the reimbursement issues, and whether that is still valid, there is a notion that HHC is more skilled at that and it probably carries some benefit.

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.

#### **Information Items:**

##### *Project Status Reports*

Being that there were no projects in delay by six months or more, there were no reports provided.

Ms. Weinstein announced that the Ida Israel Clinic had seen its first patients on Monday, September 14, 2015. She noted that all Project Worksheets (PWs) for FEMA projects had been approved, so Requests for Proposals (RFPs) were going out and the projects were moving forward. Additionally, all necessary environmental assessments related to those projects had been completed. She noted that three primary care sites, within HRA space, were almost ready for work to begin.

Ms. Weinstein said that a list of projects under \$3 million would be provided at the next Capital Committee meeting. Ms. Youssouf said thank you.

Mr. Page asked whether the FEMA portfolio of projects was moving forward now. Ms. Weinstein said yes. Mr. Page said he was very pleased to hear that. Ms. Weinstein said that it was a truly collaborative effort of persons within HHC and parties outside of it.

Mrs. Bolus asked about the status of obtaining funds to renovate the dental clinic at Kings County Hospital Center. Antonio Martin explained that the Corporation recognized the need but it had not yet been included in the Corporation's Capital Plan.

Ms. Youssouf thanked Mrs. Bolus for bringing the matter to the Committee's attention.

## **Community Relations Committee – September 16, 2015**

### **As reported Josephine Bolus, RN**

#### **Chairperson's Report**

Mrs. Bolus welcomed everyone wishing that they all had an enjoyable summer with their families.

Before hearing from the Community Advisory Boards of the North Bronx Network and the Southern Brooklyn/Staten Island Network, Mrs. Bolus highlighted the following recent milestones and HHC events that occurred since our last meeting of May 5, 2015:

- The Medicare and Medicaid programs celebrated their 50<sup>th</sup> anniversary. On July 30, 1965, President Lyndon B. Johnson signed into law the legislation that established these programs. For the past 50 years, these programs have been protecting the health and well-being of millions of Americans. According to the Centers for Medicare and Medicaid Services (CMS), nationwide nearly half of all seniors and scores of people with disabilities were uninsured and many poor Americans were unable to afford the medical care they needed to stay healthy and productive prior to the existence of these two programs. 50 years later, Medicare and Medicaid cover nearly 1 out of every 3 Americans, more than 100 million people.

As we celebrate the 50th anniversary of these programs, Mrs. Bolus asked the Committee members to pause to consider that despite the significant advances supported by Medicare, Medicaid and the Affordable Care Act, many people still struggle to pay for health care. She added that many also encounter delays and barriers to accessing the care that they need.

Mrs. Bolus underscored that for more than 45 years, HHC has been there for New Yorkers with and without health insurance. She urged Committee members to work together so that 50 years from now, we can celebrate the Medicaid and Medicare programs' 100<sup>th</sup> anniversary and HHC's celebrating its 95<sup>th</sup>.

As we celebrate the Medicare and Medicaid programs that have significantly helped many people nationwide, Mrs. Bolus brought to the Committee's attention a new City initiative, the IDNYC program, that has been helping many New Yorkers;. She informed the Committee that the IDNYC program, which began earlier this year, offers an identification card for all New York City residents. Last month, Dr. Raju was joined by several elected officials from the Bronx and New York City's Commissioner for Immigrant Affairs to promote the card at a press conference held at Lincoln Medical and Mental Health Center. Mrs. Bolus noted that more than 30,000 people have applied for the card at Lincoln and more than 200,000 have applied at various locations throughout the City.

Mrs. Bolus pointed out that, with an IDNYC card, every New York City resident, including those who may have difficulty obtaining other government-issued ID, can benefit. IDNYC cardholders can access services and programs offered by the City as well as by private businesses. It is also accepted as a form of official identification when applying for numerous City programs and services. IDNYC also provides cardholders a free one-year membership at many of the City's museums, zoos, concert halls and botanical gardens. It can also serve as a library card.

Mrs. Bolus informed the Committee that HHC is working closely with IDNYC program staff to leverage an array of benefits for its patients, including:

- Access to BigAppleRx for potential discounts on prescription medications at more than 2,000 New York City pharmacies;
- Discounts at health and fitness centers, including memberships to YMCA centers and NYC Parks Department's Recreation Centers;
- Expedited applications for benefits through NYC Human Resources Administration's HIV/AIDS Services Administration (HASA);
- Opportunity to register to become an organ donor;
- Access to applications for health insurance through the New York State of Health Marketplace; and
- Access to vital health records such as birth and death certificates through the Department of Health.

Mrs. Bolus shared with the Committee that HHC is exploring ways in which the IDNYC can be used as patients' clinic or hospital card.

Mrs. Bolus informed Committee members and invited guests that applicants for IDNYC cards can make an appointment online and choose from one of the 29 enrollment sites across the City to apply in person. The cards are valid for 5 years and are free if you apply before December 31<sup>st</sup>. For more information, please go to the city's website, [www.nyc.gov](http://www.nyc.gov) and look for IDNYC.

Mrs. Bolus reported that last month, she had participated in the re-dedication and ribbon-cutting for the new Ida G. Israel Community Health Center in Coney Island. She reminded the Committee that the Center's former site was destroyed by Superstorm Sandy. She

informed the Committee that the new facility, which opened on September 15th, will provide adult primary care, pediatrics, dentistry, social services, family planning, behavioral health, chemical dependency and rehabilitation in the West End of Coney Island. In addition, the facility will also house a Women, Infant and Children (WIC) program. Mrs. Bolus informed the Committee that the 13,000-square foot facility was built with \$7.5 million in resiliency funds from FEMA. She urged Committee members and invited guests to skip the line at Nathan's and go visit the Center the next time they are in Coney Island walking on the boardwalk. She guaranteed them that they will be healthier for it.

As done in prior years, Mrs. Bolus announced that HHC will be hosting health insurance "101" information workshops in conjunction with staff from the Centers for Medicaid and Medicare Services (CMS). These events will be held on October 7<sup>th</sup> at Harlem Hospital Center; October 16<sup>th</sup> at Lincoln; October 20<sup>th</sup> at Kings County, October 22<sup>nd</sup> at Gouverneur; October 29<sup>th</sup> at Woodhull; and November 10<sup>th</sup> at Queens Hospital Center. Mrs. Bolus urged Committee members to contact their facility's Public Affairs staff for more information.

Before ending her remarks, Mrs. Bolus congratulated 3 people for recent appointments and recognition. The first congratulation went to Mrs. Bolus' colleague on the Board, Mr. Robert Nolan for receiving a Distinguished Trustee Award from the United Hospital Fund for his leadership and extraordinary service to hospitals in New York City.

Next, Mrs. Bolus congratulated Bill Walsh, the Senior Vice President for HHC's North Bronx Network, on his new position at SUNY Downstate University Hospital. Mr. Walsh had served HHC for thirty-one years, including ten years as the Senior Vice President of the North Bronx Healthcare Network. Prior to that, he had served nine years as the Senior Vice President for the Southern Brooklyn/Staten Island Network. While he has already started his new position and was not present at the meeting, Mrs. Bolus thanked Mr. Walsh for his extraordinary leadership and the many contributions he had made to HHC. Mrs. Bolus wished him all the best!

Last, Mrs. Bolus congratulated Lilliam Barrios-Paoli on her appointment as the Chairperson of the HHC Board of Directors. Ms. Barrios-Paoli has been serving on the Board as New York City's Deputy Mayor for Health and Human Services. She commented that the Board of Directors is looking forward to her leadership at the Board's helm.

Mrs. Bolus turned the meeting over to Dr. Raju for his remarks.

### **President's Remarks**

Dr. Ram Raju thanked Mrs. Bolus and the Committee members and invited guests.

Dr. Raju began his presentation by sharing with the Committee members, CAB Chairs and invited guests the Corporation's 2020 Vision of transforming HHC's Organizational Structure.

Dr. Raju reported that several months ago he had charged the Corporation's most senior staff to closely review how high performing organizations across the nation are responding to the new demands of changing healthcare industry. Dr. Raju continued and noted that the leadership team recognized the need to transform HHC's organizational structure. Dr. Raju reminded members of the Committee, CAB Chairs and invited guests the current structure of "Networks" had been in place for over twenty-five (25) years. Dr. Raju continued and reported that in order to be more efficient and more responsive to patients and staff needs, the future demands that HHC be better integrated and more patient friendly.

Dr. Raju stated "that today, care is being centered on ambulatory care." With that Dr. Raju announced the proposed decision to alter the configuration of HHC's organizational structure by phasing out the "Network" structure and re-organize into three (3) distinct system-wide functional groups: Inpatient Care, Ambulatory Care and Long Term/Post-Acute Care.

Dr. Raju concluded his remarks by informing Committee members, CAB Chairs and invited guests that these changes will affect the organization only at the most senior levels. The rest of the workforce will continue to provide quality care just as they do today. Dr. Raju added that talk with the senior leadership will continue in October and he plans to implement the new structure in January 2016. Dr. Raju noted that HHC's goal is to be the leader of healthcare in the 21<sup>st</sup> Century.

### **North Bronx Healthcare Network**

*Jacobi Medical Center (Jacobi) Community Advisory Board*



Mrs. Bolus introduced Mr. Silvio Mazzella, Chairperson of Jacobi Medical Center and invited him to present the CAB's annual report.

Mr. Mazzella began the Jacobi CAB's report by stating that he "was happy to report that 2014 was another productive year for the CAB."

Mr. Mazzella continued and highlighted several CAB sponsored events supported by the facility. The events included:

- The 9/11 Memorial event held at the 9/11 Jacobi Memorial Garden. Mr. Mazzella explained that the Garden was established and designed to pay homage to the Bronx victims of 9/11. He noted that this Memorial event is open to the Bronx community.
- The CAB Legislative Forum focused not only on legislative and fiscal issues that impact healthcare, but also on the role public hospitals play in responding to a crisis like Ebola.
- Annual Mental Health Conference which focused on "Veterans Issues." Six guest speakers, who are specialists in the field, presented to an audience that included CAB members, community members, staff and professionals from other organizations.

Mr. Mazzella reported that the most significant health issues include obesity, diabetes and hypertension. Mr. Mazzella noted that these health issues are addressed by practice sessions and with health fairs where health education materials are distributed and free screenings are offered, and by sponsoring a Farmer's Market to provide access to nutritious fresh fruits and vegetables. Mr. Mazzella added that care for geriatric patients with psychiatric disorders is another concern of the community and is being addressed by a special and unique Geri-Psych Unit at Jacobi. Mr. Mazzella noted that the Jacobi CAB members feel fortunate to have the community's needs addressed by the hospital.

Mr. Mazzella reported that the Jacobi CAB members learn about the incidences of these serious illnesses and the hospital's scope of services at their monthly CAB meetings. Mr. Mazzella noted that the Executive Director, Administrators, Physicians and Nursing Leaders provide the CAB with a comprehensive review about new programs and initiatives. Mr. Mazzella added that the Jacobi CAB are kept informed and are provided the opportunity to raise questions and issues.

Mr. Mazzella concluded the Jacobi CAB report by stating "Jacobi Hospital Center and North Central Bronx Hospital are hospitals that have provided and continue to provide quality healthcare to generations of families." Mr. Mazzella noted that Jacobi is a hospital that community members trust, having received compassionate care from experienced providers. Mr. Mazzella added that the Jacobi CAB is proud of the hospital and the community and will continue to work together to make them stronger.

Mrs. Bolus acknowledged the following senior staff from the North Bronx Network: Chris Fugazy, Network Chief Operating Officer; Hannah Nelson, Associate Executive Director and Gregory Calliste, Chief Operating Officer. Mrs. Bolus continued and acknowledged other senior staff from the Southern Brooklyn/Staten Island Network such as: Vito Buccellato, Chief Operating Officer, Coney Island Hospital; Nicole Francois, Associate Executive Director, Coney Island Hospital and Angelo Mascia, Executive Director of Sea View Hospital and Rehabilitation Center and Home.

#### **North Central Bronx Hospital (NCB) Community Advisory Board**

Mrs. Bolus introduced Esme Sattaur-Low, Chairperson of North Central Bronx Hospital and invited her to present the CAB's annual report.

Ms. Sattaur-Low began her presentation by thanking members of the Committee for the opportunity to present the NCB's CAB report.

Ms. Sattaur-Low reported that prior to the reopening of the Labor & Delivery Services at North Central Bronx Hospital in October 2014, CAB members had participated in the ongoing community meetings regarding reopening plans. Ms. Sattaur-Low noted that the NCB CAB was fully engaged in the process of getting the word out to the community regarding the reopening and promoting the services in general. Ms. Sattaur-Low continued and noted that following the reopening, the NCB CAB had received periodic updates on the Women's Health Service and Labor and Delivery, and continued to participate in promotion of the services. Ms. Sattaur-Low announced that since the reopening (approximately one year ago), the Labor & Delivery Services has delivered its 1,000<sup>th</sup> baby. Ms. Sattaur-Low added that the NCB CAB is proud that the services are thriving and providing quality care to the community.

Ms. Sattaur-Low informed members of the Committee, CAB Chairs and invited guests that NCB CAB members had expanded their advocacy work by becoming regular participants on the hospital's Patient Experience Committee. Ms. Sattaur-Low explained that the committee, comprised of executive leadership, administrative staff and chief nursing officers, listens intently to individuals speaking about their patient experience or speaking on behalf of a family member who had been a patient at the facility. Ms. Sattaur-Low

noted that the committee hears both good and bad experiences and makes recommendations for improvement. Ms. Sattaur-Low stated "it's truly a committee that impacts patient safety, quality improvement and enhanced patient satisfaction."

Ms. Sattaur-Low reported that the community's most significant health issues are obesity, diabetes, and hypertension. Ms. Sattaur-Low noted that the NCB CAB members learn about the incidence of these serious illnesses and the hospital's scope of services and unique programs to address these and other health issues during the CAB's monthly meetings.

Ms. Sattaur-Low reported that, in addition, a comprehensive review of the hospital is provided to the NCB CAB by the Executive Director and Clinical leadership. Ms. Sattaur-Low noted that the CAB is always kept informed of important information.

Ms. Sattaur-Low continued and acknowledged Mr. Chris Fugazy, Chief Operating Officer, Ms. Hannah Nelson, Associate Executive Director, and Gregory Calliste, NCB Chief Operating Officer.

Ms. Sattaur-Low concluded the NCB CAB report with a personal message to Dr. Raju, President, New York City Health and Hospitals Corporation. Ms. Sattaur Low stated "I am very impressed with your message. We have much work to do together. Of course, it won't be easy; overcoming real challenges, easy, and making real change, never is. However, as your message clearly demonstrates, HHC is already making health care in our city better; together, we can make it great. HHC will continue its commitment by ensuring that every patient gets the quality of care they need and deserve. Dr. Raju, I wish you true success that will always involve your staff with positive impact using wisdom with great confidence; that we will all work together with our abilities to achieve our goals. God Bless"

### **Southern Brooklyn/Staten Island Network**

#### *Coney Island Hospital (Coney Island) Community Advisory Board*

Mrs. Bolus introduced Ms. Rosanne DeGennaro, Chairperson of the Coney Island Hospital CAB and invited her to present the CAB's annual report.

Ms. DeGennaro began her presentation by thanking the administration at Coney Island Hospital and their staff for working as a team with the CAB. Ms. DeGennaro thanked Arthur Wagner, Senior Vice President/Executive Director, Vito Buccellato, Chief Operating Officer, Dr. John Maese, Medical Officer, Lakeisha Weston, CAB Liaison and the newest member of the Coney Island staff, Nicole Francois, Associate Executive Director of Community Outreach. Ms. DeGennaro informed the Committee that one of Ms. Francois' first projects was the Ribbon Cutting Ceremony for the new Ida G. Israel Community Clinic when she joined the Coney Island's staff in July. Since then, Ms. DeGennaro added that Ms. Francois had been busy setting up Health Seminars for the community and the CAB's 2<sup>nd</sup> Annual Health Fair.

Ms. DeGennaro reported on a change in the Coney Island CAB's Annual Legislative Breakfast program. Ms. DeGennaro explained that because the elected officials are supporters of Coney Island Hospital, the CAB believed it would be a good idea to have a consumer talk about the patient experience. Ms. DeGennaro noted that not only was the guest speaker a consumer but also her daughter and her 2 year old grandson. Ms. DeGennaro added that the guest speaker praised the doctors and nurses for the excellent care that she and her family received. Ms. DeGennaro noted that the Coney Island will continue to incorporate the community/patients at their Annual Legislative Breakfast.

Ms. DeGennaro concluded the Coney Island CAB's report by announcing that on Sunday, September 21<sup>st</sup> the Coney Island CAB will host their 2<sup>nd</sup> Annual Health Fair. Ms. DeGennaro extended an invitation to all. Ms. DeGennaro added that this year's Fair will be held on West 19<sup>th</sup> Street, the location of Ida G. Israel Clinic. Ms. DeGennaro noted this would be a great way to inform the community of the clinic's reopening.

#### *Sea View Hospital Rehabilitation Center and Home (Sea View) Community Advisory Board*

Mrs. Bolus introduced Ms. Carol Dunn, Chairperson of Sea View Hospital Rehabilitation Center and Home, and invited her to present the CAB's annual report.

Ms. Dunn began her presentation by thanking members of the Community Relations Committee for the opportunity to present the Sea View CAB's annual report.

Ms. Dunn stated she greatly appreciates her roles in representing the residents and relatives of Sea View.” Ms. Dunn explained that compared to the rest of New York City Staten Island is a small borough with three (3) elected officials and three (3) Community Planning Boards. Ms. Dunn noted that Staten Island is becoming a healthier community. Ms. Dunn added that “meals on wheels” and assisted living programs are coming soon.

Ms. Dunn concluded her report by informing members of the Committee, CAB Chairs and invited guests, that the patients/residents of Sea View are involved with the administration on discussions involving the patient’s experience and patient care.

Referring to page five (5) question 10 of the Sea View CAB’s report. Mrs. Bolus recommended that the Sea View CAB invite the community to HHC’s Board of Director’s Annual Public Meetings.

Ms. LaRay Brown, Senior Vice President, Corporate Planning, Community Health and Intergovernmental Relations explained the importance of the CABs hosting a Legislative Breakfast and the need for a broader community engagement.

## **New Business**

Ms. Jill Furillo, Executive Director representing the New York State Nurses Association, asked Dr. Raju the following questions:

- Is there discussion and/or planning being undertaken by HHC and the City to alter or eliminate the current decentralized network structure?
- At this point there are reasons to believe that such a process is underway, but neither HHC nor the City have made any public statements regarding such a move.
- If this is the case, what kind of process is being considered to allow for input in the planning/restructuring for health care workers, patients, local community groups and patients who will be affected by these changes?
- What is the rationale for now moving to centralize HHC’s structure?
- Can you tell us why this is being undertaken now, what policy or performance factors are behind this change in direction, and at what goals or results are being aimed by HHC.
- Any restructuring to recentralize control and planning will require the presence of high- quality personnel who are both effective and committed to promoting the role of HHC as the central core of health care delivery in NY City.

Dr. Raju answered by reiterating what he had said earlier and explained that HHC’s 20/20 Vision of transforming its organizational structure is in the beginning phase.

Ms. Furillo asked Dr. Raju to name those involved within HHC leadership in the planning of the changes and what are their precise roles in this process? Dr. Raju responded that the L-18 staff which is comprised of the Senior Administration of Corporate Office (Sr. Vice Presidents and Executive Directors) are the staff members involved in this process. Dr. Raju continued and noted that these staff members were charged to look at how high performing organizations across the nation are responding to the new demands of changing the healthcare industry. In closing, Dr. Raju noted that the changes will affect the organization only at its most senior levels.

Ms. Lois Rakoff, CAB Chair, Bellevue Hospital Center asked Dr. Raju about the timeline for HHC’s branding concept. Dr. Raju replied “when the product is ready.” Dr. Raju explained that there is a process; however he hopes to present HHC Plus branding to HHC’s Board of Directors by January 2016.

Ms. Bette White, CAB Chairperson, Harlem Hospital Center, thanked Dr. Raju for funding Harlem Hospital Center’s Music Therapy program.

## **Finance Committee – September 8, 2015**

### **As reported by Mr. Bernard Rosen**

#### **Senior Vice President’s Report**

Ms. Marlene Zurack informed the Committee that given the number of items on the agenda, the reporting would be limited only to an update of HHC's cash flow. As of September 4, 2015 the Corporation had \$315 million or 20 days cash on hand. The Corporation is expecting several large DSH and UPL payments. So far the September payments are on track. Assuming all else goes as planned HHC will end FY16 with 13 days cash." Going forward, HHC will make every effort to ensure that all outstanding payment receipts are on time.

### **Key Indicators/Cash Receipts & Disbursements Reports**

Ms. Krista Olson reported that utilization for the end of FY 15 was down slightly from FY 14 in most categories. Billed visits were down by 2.5%; acute visits were down by 2.4% and D&TCs were down by 3.6%. Nursing home days were up by 1.9% compared to last year. The LOS all of the hospitals with the exception of Coney Island were within the corporate wide average. Coney Island has remained above the average throughout the year. The CMI was up by 1.7% over last year.

Continuing the reporting, Mr. Covino reported that FTEs were up by 1,035. The budget included an increase of 325 FTEs; however, prior to the end of FY 15, approximately 700 employees were converted to full time status from per diem status. Going forward this conversion will be included in the global FTE count as a transition from one category to another. However, as part of the reporting it is reflected as an increase. Receipts were \$308 million worse than budget. There was a large increase in the month of June due to the UPL receipts totaling \$206 million that were less than projected. Disbursements were \$100 million worse than budget which was consistent with the trend throughout the second half of FY 15. A comparison of FY 14 to FY 15 actual, receipts were \$340 million higher than last year due to an increase of \$523 million in DSH and UPL payments and an increase in the MetroPlus risk pool payment of \$64 million. These increases were offset by a \$196 million reduction in the pools due to the SUBSLIPA payment whereby there was an advancement of a payment in FY 14 that reduced those payment to three compared to four in FY 15. Additionally there was a reduction of \$77 million in grants and intracity due to non-recurring HEAL and FEMA funding. Expenses were up by \$373 million compared to last year due to an increase in PS expenses of \$237 million of which \$206 million was for collective bargaining payments. Allowance increased by \$21.7 million and FTEs increased by 325 for a value of \$12.3 million over the year. Fringe benefits decreased by \$20 million compared to last year due to the timing of payments. The equalization payment was deferred with the City of NY of \$39 million as well as retiree payments for health insurance of \$16 million. Those two reductions were offset by an increase related to FICA and welfare funds payments for CB. OTPS payments were up by \$124 million due to an increase in purchased services totaling \$36 million; \$28 million increase in pharmaceuticals due to an increase in generic drugs and the restatement of the 340B policy; other professional services increased by \$25 million; and medical surgical supplies increased by \$19 million. Affiliation expenses increased by \$32 million of which \$10 million was related to prior year payments for recalculations at Queens and Bellevue hospitals. An \$8.7 million interim payments for collective bargaining as well as \$4.5 million for performance indicators at Queens Hospital and PAGNY. The budget compared to actual, inpatient receipts were down by \$92.5 million due to a decline in workload; Medicaid fee-for-service was down by \$52 million due to a decrease in paid Medicaid discharges of 2,400 or \$32 million; a decrease of 25,000 chronic days or \$20 million. Outpatient receipts were up by \$16.7 million due an increase in the MetroPlus risk pools. All other was down by \$232 million due to the reduction in UPL of \$206 million. Expenses were on budget; fringe benefits were less than budget by \$26 million due to the deferred equalization payment with NYC. OTPS expenses were \$133 million worse than budget due to the previous stated increase in the various expense categories. Affiliation expenses were \$8 million less than budget due to a delay in the settlement for prior years.

### **Action Item**

*Amending a previously adopted resolution to Increase the authorization for one or more borrowings in an aggregate not to exceed amount from \$60,000,000 to \$120,000,000 and to expand the scope of allowable uses to include non-equipment capital projects.*

Ms. Zurack stated that there had been ongoing discussions over the years regarding HHC's problem with doing its own borrowing. In prior years HHC would issue bonds, create a project fund that would receive interest through what is called guaranteed interest contract (GIC) and that interest would be at as much as or higher than the interest paid on the borrowing. Today this no longer an option. Consequently, HHC has been exploring more efficient ways of borrowing in order not to pay interest on the debt while earning very little interest on a project fund. After an extensive search, a resolution was present to the Committee for the flexibility to borrow up to \$60 million for equipment and now with a commitment from another bank, HHC has secured an additional \$60 million for non-equipment and more flexible borrowing which is the requested action of the noted resolution that is requesting the approval of the Board to increase the \$60 million to \$120 million to allow HHC to borrow and additional \$60 million for the noted purposes. Essentially, HHC would have the capacity to borrow in the short term and then after borrowing up to a certain amount issue bonds to pay itself back which would resolve the problem with the project funds and the resolution would allow HHC the flexibility to do that.

Committee Member, Mark Page asked after the funds are used for the facilities' equipment needs what would be the term of the final payment on the borrowing amount.

Ms. Zurack stated that the equipment loan which is done and the other will be done upon approval by the Board; therefore, the points are not yet known given that it is yet to be done. The one that was done, for each tranche the term is five years from that tranche. The first year is variable and the last four years is fixed.

Mr. Page stated that it would be five years on the equipment and the additional \$60 million would cover more categories other than equipment and it is expected to be similar in term of the five-year agreement.

Ms. Zurack stated that a three year term is currently being explored that would be cheaper and HHC is planning to issue bond in the future.

Mr. Page asked what would be the combination of the facilities and bonds. Ms. Zurack stated that it would depend on the life of the equipment, but an estimate would be 11-12 years.

Mr. Page asked if the miscellaneous items would have a longer useful life than the equipment and whether the term of the financing structure reflected that.

Ms. Zurack stated that corporate finance would be seeking input from the Committee as HHC gets closer to structuring and finalizing the deal.

The resolution was approved for the full Board's consideration.

#### **Information Item**

##### *Global FTE*

Mr. Fred Covino stated that the presentation would cover the definition of the global FTE, the benchmarks setting, level as of June 2015 and the targets for FY 16. In defining the global FTE it captures all type of work performed by employees, affiliates, and temporary service workers. The goal is to bring all of those categories together into a single indicator in order to fully define the total levels of staffing at the facilities. The global FTE includes salaried staff, hourly, per diem staff (allowances), overtime converted to FTEs, the affiliate staff and agency staff conversions are based on the number of hours worked.

Mr. Rosen asked if agency nurses used to cover shortage at the facilities were included. Mr. Covino stated that they were included based on the number of hours worked. The caps were calculated by benchmarking the FTEs based on the facilities workload, utilization, casemix and the gross revenues to calculate the facilities' staffing levels based on their productivity. Although workload has declined over the years the FTEs have not followed that trend and has resulted in a slight decline in productivity. A global FTE reduction target of 1,000 FTEs was set to align with the previous levels of productivity to be achieved over an 18-month period which began last January.

Committee Member, Josephine Bolus, RN asked if the staff assigned to the various outsourced management contractors, Crothall and JCI were included.

Mr. Covino stated that all of the HHC employees assigned to those contractors were included; however, the management staff was not given that they are directly related to the contracts and is therefore not included.

Mrs. Bolus asked in what category that staff would be included.

Ms. Covino stated that those staff are full time and part time employees and would be across the various categories.

Ms. Zurack interjected that they would be included. Mr. Covino added that HHC staff would be included but the managers were not given that they were outsourced. The metric will be updated during the year given that as the workload and CMI change some of the facilities may not require the current level of reduction if there are improvements in workload and there is an increase in the level of acuity.

Mr. Rosen asked if the reduction of the 1,000 FTEs began in January 2015 to which Mr. Covino responded in the affirmative. The actual global FTE as of June 30, 2015 was 75% of HHC staffing, full time and part time employees; 11% affiliate staff; 5% per diems; 3% allowances; approximately 4% overtime; 3% agency; 4% non-nursing.

Mr. Rosen asked if the majority of the overtime was related to patient care. Mr. Covino stated that it was with the bulk of the usage in nursing. The global FTE target reduction for FY 16 is based on a baseline of 45,704 FTEs with a goal to reduce that level to 44,704 by 6/30/16. The global PS baseline includes in addition to the dollars, fringe benefits as well and there is a global reduction of \$100 million that is scheduled for the current FY 16 and will be included in the budget as part of the reporting each month against that target.

Ms. Zurack stated that although there is global FTE cap, the facilities have the flexibility to manage within those resources; therefore, it is actually the global PS that will be the focus of the monitoring.

Mr. Rosen added that it could be argued that the \$100 million is high but it includes fringe benefits, etc.

Mrs. Bolus asked if correctional health services were included. Ms. Zurack stated that those costs and grants were not included. If a facility gets a new grant that would fully fund the program it would not be subjected to the process but rather it would be added.

Mr. Covino added that an example would be the World Trade Center grant that is currently increasing staff due to an increase in volumes at Bellevue. That increase would be added to the target and budget.

Human Resources Administration Commissioner Steven Banks, Committee Member, asked if there would be projected savings in non-PS and whether those savings would be counted against that target.

Ms. Zurack stated that only the non-PS that is being included which includes temps and labor staffing. The overall budget must also be achieved that includes a revenue target which poses a challenge as well.

Mr. Rosen added that the target is based on the actual dollars and the FTEs are basically a way of achieving that dollar reduction.

Ms. Zurack stated that there is an OTPS reduction and a supply chain target. In HHC's financial plan there is a \$300 million in savings of which the \$100 million is only a portion of that amount. There is a revenue and OTPS target that are more aggressive than the dollar target.

Mrs. Bolus added that it will be a difficult target to achieve.

## **Information Item**

### **Payor Mix Reports**

Ms. Olson reported that the Payor Mix Reports for the end of FY 15 showed that the improvements that were achieved during the year were sustained, a reduction in the uninsured and an increase in Medicaid. The reduction in Bellevue which was a significant decrease was due to a direct Medicaid billing of the prison health population whereby, in prior years the billing was done by HRA. Lincoln hospital was down by 1.5% in its uninsured rate and Woodhull was down by 2%. The Exchanges began the 2<sup>nd</sup> quarter of last year; therefore, the report was not a pure comparison of the pre-imposed Affordable Care Act (ACA) but rather does show the continuation of the impact of the Exchanges which may be due to the timing relative to the enrollment process that changed as well as the overall eligibility. The outpatient adult payor mix showed that there was a slight increase in Medicaid and Medicare along with a 2% increase in commercial resulting in a reduction in the uninsured of 2.7%. The outpatient pediatrics showed a slight increase in the non CHP commercial plans that resulted in a 1% reduction in the self-pay uninsured. There was less opportunity for children under the ACA but there has been continuous improvement.

Mr. Rosen asked if there has been progressive improvements. Ms. Olson stated that there have been improvement throughout the year and it was sustained. The reporting was concluded.

## **Medical & Professional Affairs / Information Technology Committee – September 10, 2015 – As reported by Dr. Vincent Calamia**

### **Chief Medical Officer Report**

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

#### *K2 – “synthetic marijuana”*

This impact of the escalating use of this group of drugs on HHC Emergency Departments has been increasing over the last 6-12 months, particularly at Lincoln, Bellevue, Kings County, Metropolitan and Jacobi. As experience has been gained, differing clinical syndromes have been identified, but most commonly manifesting features of psychosis and aggressive behavior.

HHC is taking a number of steps:

1. Participation in a City multi-agency taskforce with DOHMH and others, to develop a whole system collaborative approach to the problem
2. Initiation of a monitoring and reporting system on rates of presentation to HHC facilities
3. Development of a standardized approach to diagnosis, documentation and management of these cases
4. Strengthening of the HHC protocols and training on the management of violent patients, to reduce the potential for harm to patients and staff

#### *Legionella Infections*

A more detailed report will be given to the committee at the October meeting, but the outbreak in the South Bronx is over and HHC hospitals managed a large number of patients, some critically ill, with efficiency and effectiveness. The recent finding of legionella in the water supply at Melrose Houses (NYCHA) is in the same building as an HHC clinic, but there is no risk to patients or staff and system remediation has been undertaken.

#### *Accountable Care Organization (ACO)*

In late August, CMS released ACO performance results for 2014. In 2013, our first performance year, HHC ACO was one of fewer than one-quarter of ACOs across the country to meet both cost and quality performance targets and generate a shared savings earned performance payment. The new 2014 results show that HHC ACO was once again one of the nation's top performers. As in the first year, less than one-quarter of ACOs nationally met cost and quality targets, and HHC ACO was among this top performing group for the second consecutive year. The data show that we achieved these goals through strategic focus on increasing primary care engagement, and decreasing hospitalizations and readmissions for our chronically ill patients.

Our 2014 results include improved quality performance on the majority of measures, including 7 out of 8 patient experience measures and patients' self-reported health status. Overall quality performance benchmarked at the 76th percentile nationally. Overall primary care utilization increased and hospital utilization decreased, with significant improvements in readmissions rate and hospitalizations for patients with chronic conditions such as heart failure and asthma.

The ACO has successfully submitted its reapplication to the Medicare Shared Savings Program for 2016 through 2018. We look to this second contract period as an opportunity to build upon the lessons and strategies developed over the last two years in our Medicare population, and grow more advanced in our population management approaches. Our new contract also marks the expansion of HHC ACO to include new community partners with shared values and goals to achieve the Triple Aim. The first partnership, to begin in 2016, will be the inclusion of Community Healthcare Network (CHN), which will grow our attributed Medicare patient population and scale our patient-centered approaches.

#### *Office of Behavior Health*

##### *Transformation Project; Readiness for Managed Care:*

The Office of Behavioral Health continues with the pilots related to Ambulatory Care Access and Data for High Utilizers. Champions are working on the second wave projects that include the use of peers for bridging from inpatient to outpatient care, outpatient engagement using community outreach, and Behavioral Health and Primary Care integration. The office is working closely with the DSRIP team on these projects. Much closer involvement with Managed Care office and Finance is a feature of these projects leading to more clinical understanding of the costs of services as well as informing the rate negotiation for current behavioral health services.

##### *Family Justice Center – Domestic Violence program:*

This new program initiated by the City involves the provision of behavioral health services to Family Justice Centers. The budget for this program has been approved by OMB, and HHC sites are being identified to sponsor and supervise the program. Next steps include drafting MOU agreements between HHC/facilities and Family Justice Center and beginning to recruit staff.

##### *Mayor's initiative on Violence:*

HHC is working closely with DOHMH and other City Agencies on activities aimed at reducing violence, particularly in shelters for the homeless. In conjunction with those agencies we are developing standard work for the assessment, communication, and disposition of an identified "high risk" group of patients.

#### *Emergency Management*

##### *Region 2 Ebola and Special Pathogen Treatment Center Designation*

The U.S. Department of Health and Human Services (HHS) Assistant Secretary for Preparedness and Response (ASPR) has named HHC Bellevue the Region 2 Ebola and Special Pathogen Treatment Center (ESPTC), one of 9 such facilities in the U.S. The grant provides approximately \$3.25 million to HHC Bellevue over the next 5 years to ensure it remains able to receive Ebola patients within 8 hours of notification, care for two such patients simultaneously, and work with external partners across the region, which includes New

York, New Jersey, Puerto Rico and the Virgin Islands, to develop and implement related emergency management plans, training, and exercises.

#### *National Ebola Training and Education Center*

The U.S. Department of Health and Human Services (HHS) Assistant Secretary for Preparedness and Response (ASPR) and the CDC have named HHC Bellevue as co-lead of the National Ebola Training and Education Center (NETEC). HHC Bellevue will share leadership responsibility with Emory University Hospital in Atlanta, Ga and University of Nebraska Medical Center in Omaha. The grant provides funding of approximately \$2.7 million to HHC Bellevue over the next 5 years to ensure that U.S. healthcare facilities can safely identify, isolate, transport and treat Ebola and other special pathogens by focusing on 3 areas: development of performance metrics; development of a training curriculum; and technical support and training to public health departments and the nation's regional Ebola and special pathogen treatment Centers (ESPTCs), designated treatment centers and assessment hospitals.

#### *Mayoral Coastal Storm Tabletop Exercise*

HHC participated in the citywide coastal storm exercise on June 24 led by the First Deputy Mayor. Key points included the ongoing concern about the inappropriate placement of adult care facility and long-term care facility residents and patients in Special Medical Needs Shelters and the need to ensure priority access to gasoline and restricted traffic areas for healthcare workers. On August 20, HHC conducted an internal virtual tabletop exercise using a similar scenario. This was done via videoconference between the Central Office Emergency Operations Center and our facility command Centers with HHC's clinical, operational and financial leadership on August 20th.

#### *Special Medical Needs Shelter (SMNS) Work Group and Council*

HHC convened the first-ever Special Medical Needs Shelter Workgroup bringing together Federal, State and City partners to canvas the practical issues associated with operating the City's 8 Special Medical Needs Shelters (SMNS). HHC also convened the internal SMNS council that has finalized walkthroughs of the shelters, in partnership with NYC Emergency Management, and is reviewing the SMNS facilities and logistical considerations.

#### *FEMA Ebola Case Study Site Visit*

The Federal Emergency Management Agency (FEMA) is completing a series of case studies to assess how Federal homeland security grants have improved preparedness across the country and to demonstrate to policymakers and the public the importance of such programs. Given NYC's role in safely and effectively treating a confirmed Ebola patient and myriad persons under investigation (PUIs), representatives from FEMA, CDC and the Assistant Secretary for Preparedness and Response (ASPR) conducted a site visit with HHC / Bellevue and partner agencies including DOHMH, NYC EM, and FDNY to discuss healthcare delivery system readiness; safe patient transport and handoff, personal protective equipment and worker safety; active monitoring; public outreach and communications and interagency coordination. FEMA will develop a case study report outlining their findings in each area.

#### *Office of Population Health*

In collaboration with IT, the Cardiovascular Risk Registry system was updated. The system enables facilities to access performance metrics related to cardiovascular disease and other data needed for population health management. New data tools are being piloted to improve outreach and engagement of patients with chronic disease.

OPH is engaging facilities on the Q3 performance improvement project, which focuses on improving care and outcomes for diabetes patients. Sites will report their findings at the Dec-Jan QA Board Meetings.

#### **Chief Information Officer Report**

Sal Guido, Acting Senior Vice President/Corporate CIO Enterprise Information Technology Services reported on the following initiatives:

#### *Soarian Stress Testing:*

Information Technology's Business Applications is on target for completing the Soarian Stress testing on September 10, 2015. This testing is in preparation for the Soarian Financials go-live.

Stress testing simulates peak system use using a pre-determined number of users in order to judge the overall performance of the system as well as identifying areas within the system that are performing like bottlenecks. This type of testing ensures that the system has been sized correctly. Through this testing, HHC can remain confident that the Soarian Financials and Scheduling application will perform as expected, especially at peak usage.



Cerner originally estimated delivery of the Soarian test environment to be between August 25<sup>th</sup> and August 31<sup>st</sup>. The test environment was delivered on Tuesday, September 1<sup>st</sup>. Unfortunately, the environment was delivered without any production data which resulted in delays in the development of the necessary automated scripts for the Load test. Both Business Applications and Infrastructure teams created the test scripts after review from Finance and based on input and structure from Cerner which used results from their own internal stress tests. Once completed, these test scripts will run automatically and often repeating their scripted tasks while the tests are performed.

Test scripts will mimic normal user activity on the Soarian system, including admitting, transferring and discharging a patient along with assigning charges for anything related to the patient's visit. Simultaneously, we will have scripts perform look-ups of patients, doctors, as well as run reports similar to normal activity as experienced today.

If successful, this stress testing will prove that the system can handle the extra load that will be placed on it as HHC facilities are placed on the system as well as the added transactional load that will be expected with the Epic integration. With this testing we will also be able to identify any areas that would need to be improved either on the HHC side or Cerner's.

*Update on HHC's Exchange Email System Migration:*

In my June Report to the Committee, I announced that HHC's Enterprise Infrastructure team was initiating the migration of the HHC workforce from the current Novell Groupwise email system to Microsoft Exchange, establishing one single email system for the entire Corporation. This migration to a more advanced and feature rich email system would provide users with functionality such as instant messaging, mobile applications and integrated and video archiving which was not previously available on the Groupwise email system.

Over 50% of HHC facilities have either completed or have active migrations underway. Two (2) main factors have caused our slowdown to completing the migration: the need to replace older BlackBerry devices which are no longer supported and the additional time required to plan and prepare for the migration of Correctional Health users to this new platform.

EIT anticipates that all of HHC will be on the new Exchange platform by November 2015. I will keep the Committee updated on our progress.

*ePrescribing (eRx) Go-Live Update:*

ePrescribing software officially went live at HHC on Tuesday, August 18, 2015. This software allows for HHC providers to electronically send an accurate, error-free and understandable prescription directly to a pharmacy from the point of care (Provider). This process is an important element in improving the HHC patient experience by making it easier for our patients to get their medications and reduce medication errors. eRx is also critical to the implementation of our new electronic medical record.

On September 28, 2015, Quadramed will begin to apply an upgrade patch within the ePrescribing module which will address enhancements to renewals of prescriptions and will turn off the ability to add a duplicate pharmacy.

**Action Item:**

Caroline Jacobs, Senior Vice President, Safety & Human Development, presented to the Committee on the following resolution.

*Authorizing the New York City Health and Hospitals Corporation (HHC), through its President, to delegate to each acute care hospital's Grievance Committee responsibility for the prompt resolution of grievances and complaints from patients and/or their families. The activities of the Grievance Committees will be reviewed and reported through each hospital's Quality Assurance process to the Board of Directors.*

Resolution was approved for the full Board's consideration.

Sal Guido and Katherine Blackburn presented to the Committee on the following resolution.

*Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to enter into a sole source agreement With SURESCRIPTS, LLC for e-prescribing software and related services for an amount not to exceed \$4,769,555 (which includes a contingency reserve of \$229,817 for additional services that may be required) over a three-year term with up to two one-year renewal terms.*

Resolution was approved for the full Board's consideration.

## Information Items:

Dr. Arnold Saperstein, Executive Director MetroPlus Health Plan presented his annual report.

Caroline Jacobs and Mei Kong presented the Patient Safety Update 2015.

## Strategic Planning Committee – September 8, 2015

### As reported by Josephine Bolus, RN

## Senior Vice President Remarks

## Federal Update

Ms. LaRay Brown reported on the following:

### *CMS' Anticipated Modification of Two-Midnight Rule for Short Stays*

Ms. Brown reported that, on August 12, 2015, CMS had announced that it would extend the partial delay of the enforcement of the Two-Midnight Rule Policy through December 31, 2015. Under this extension, Recovery Audit Contractors would only conduct post-payment patient status reviews of claims for admissions after December 31, 2015. In an April 2nd meeting, the Medicare Payment Advisory Commission or MEDPAC suggested that Congressional lawmakers should push for repealing the Two-Midnight Rule in its entirety. Passage of the SGR in April 2015 postponed Two-Midnight Rule until September 2015.

In the proposed OPDS rule posted on July 1, 2015 (comment period concluded on August 31st), the Obama Administration (CMS) said it planned to allow physicians to exercise judgment to admit patients for short hospital stays on a case-by-case basis. Ms. Brown noted that if the rule were to be implemented as it is currently written, the impact for HHC could be up to \$38 million less Medicaid revenue every year. CMS also said it would remove oversight of those decisions from its administrative contractors and instead ask quality improvement organizations to enforce the policy. Recovery Audit Contractors, meanwhile, would be directed to focus only on hospitals with unusually high rates of denied claims.

Ms. Brown reported that the rule changes were outlined in the 2016 Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Proposed Payment Rule. This rule was conceived to address a spike in observation stays attributed to hospitals' fear that Medicare audit contractors would challenge their admissions. Many patients, as a result, found themselves ineligible for skilled nursing after spending days in the hospital because their stay had been billed as observation. CMS has reported that the number of observation visits lasting more than two days was down 11% in fiscal 2014 compared with fiscal 2013. AHA and GNYHA would still like CMS to get rid of the 0.2% reduction to hospital payments that was adopted to balance the expected increase in higher-paying inpatient stays.

### *340B Drug Discount Program Guidance*

Ms. Brown reported that HRSA had been working on a comprehensive 340B guidance since 2007. Comprehensive 340B guidance published on August 28, 2015. There are no major changes to the 340B program in spite of intense lobbying by pharmaceutical industry. Areas of concern for HHC include the exclusion of pharmaceuticals in bundled Medicaid payments, which could cost HHC \$5-10 million/year; and the exclusion of discharge drugs from 340B program, which could cost HHC \$2-4 million/year. HHC saves \$30 million off of the GPO prices and gains an additional \$9 million through the use of contract pharmacies.

### *Medicare Reform Bills*

Ms. Brown reported that, on July 29th members of the House Ways and Means Committee had released bills that would change both Medicare Indirect Medical Education (IME) and Medicare Disproportionate Share Hospital (DSH) payments from per discharge add-ons to lump sum payments. It is still too early to ascertain the impact on HHC. These bills- the Medicare IME Pool Act of 2015 (HR 3292) and the Strengthening DSH and Medicare through Subsidy Recapture and Payment Reform Act of 2015 (HR 3288) are part of a reform effort by the Committee's leadership.

Ms. Brown reported that the Medicare Crosswalk Hospital Code Development Act of 2015 was also introduced, which would create a crosswalk that maps outpatient and inpatient codes in what appears to be an attempt to enable site-neutral payment reform. Site-neutral payments would have a negative impact on HHC. The intent is to pay the same for a hospital outpatient clinic visit as for a physician office visit. Ms. Brown reported that she would share more on potential impact at the next Committee meeting. These bills will be on the Committees' agenda when Congress returns from its summer break on September 8th.

## City Update

Last month, the City Council approved and Mayor de Blasio signed legislation to prevent future cases of Legionnaires' disease in New York City by imposing new regulations on buildings with cooling towers. The new law will require that all cooling towers be registered with the City's Department of Buildings. Owners will be required to conduct quarterly inspections in accordance with Department of Health and Mental Hygiene regulations, and provide annual certification that cooling towers have been inspected, tested, cleaned and disinfected to the DOB. State is expected to follow suit with new regulations with similar requirements for buildings with cooling towers.

Mrs. Bolus asked if there was enough funding for the inspectors to conduct these quarterly inspections. Ms. Brown responded that she was unaware of the City's allocation to the Department of Buildings for these inspections. Mr. John Jurenko, Senior Assistant Vice President, clarified that the building owners were expected to pay for these inspections themselves. Ms. Brown added that there will be an increase in the industry growth for environmental experts to do private inspections of these buildings. In any case, as confirmed by Mr. Antonio Martin, Executive Vice President and Chief Operating Officer, Ms. Brown stated that HHC would absorb the cost of these inspections at its facilities. In addition, Mr. Martin added that these inspections, which were originally conducted every six months during the cooling season, would now be done quarterly because of the new law and would cost HHC about \$4 million a year.

Mrs. Bolus asked if the new law also included the 200 companies that partner with HHC through the Delivery System Reform Incentive Program (DSRIP). Ms. Brown responded that DSRIP is a major transformation strategy by the state and federal government. Those organizations that are part of HHC's One City Health Performing Provider System are still independent entities. Therefore, if those entities owned buildings with cooling towers, those entities, DSRIP or no DSRIP, would be required to implement the City's new law regarding the cooling towers at their own expense.

Mr. Robert Nolan, Board Member, asked if the yearly cost of \$4 million included follow-up and clean-up of the cooling towers in addition to the inspections. Mr. Martin responded affirmatively. He added that the number of cooling systems varied according to the facility's size. While a D&TC may only have one cooling tower, a facility like Kings County Hospital Center may have about four or five cooling systems.

### Information Item:

#### **Presentation:** *World Trade Center Environmental Health Center Update*

Terry Miles, Executive Director, World Trade Center Environmental Health Center

Joan Reibman, M.D., Medical Director, World Trade Center Environmental Health Center

Ms. Brown introduced Mr. Terry Miles, Executive Director, and Joan Reibman, MD, Medical Director for HHC's World Trade Center Environmental Health Center (WTC EHC) Program. She reminded the Committee that it was customary during the month of September to update Board members on this important program that HHC has been operating since the unfortunate attack of the World Trade Center on September 11, 2001. Ms. Brown informed the Committee that the program had significantly grown and changed in terms of its funding mechanisms as well as the range of services and the population served. In addition to those changes, Ms. Brown explained that it was important to update Board members because the federal law that funds this program (the James L. Zadroga 9/11 Health and Compensation Act) was up for reauthorization. Moreover, there have been a lot of activities related to getting it reauthorized as quickly as possible for the continued funding and support of this program and others.

Mr. Miles began his presentation by first thanking the Committee for the opportunity to provide an update on HHC's World Trade Center Environmental Health Center. He informed the Committee that his presentation would cover what the Zadroga Act means administratively and how it plays out at HHC. Mr. Miles added that Dr. Reibman's presentation would focus on the science of why these programs are needed and what is done clinically. Mr. Miles introduced HHC's WTC EHC administrative staff, which includes Scott Penn, Deputy Director; Edith Davis, Data Center Director; Larry Chang, Data Center Administrator; and Lance Robinson, Funded Project Administrator. Mr. Miles added that Dr. Reibman is supported in the clinical administration of the program by the following Assistant Medical Directors: Dr. Deepak Pradan at Bellevue Hospital, Dr. Judy Su at Gouverneur Healthcare Services and Dr. Elizabeth Awerbuch at Elmhurst Hospital Center.

#### **I. WTC EHC Program Administration**

*The James L. Zadroga 9/11 Health and Compensation Act of 2010 (Zadroga Act)*

Mr. Miles stated that the James L. Zadroga 9/11 Health and Compensation Act of 2010 was signed into law at the end of 2010 and operationalized in July 2011. The Zadroga Act was named after an NYPD Officer who died from 9/11 related illnesses. Mr. Miles explained that, while the Zadroga Act is comprised of a health and a compensation component, he would only discuss the health component.

Mr. Miles reported that the National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control (CDC) administers the health component of the Zadroga Act. He added that the compensation component of the Zadroga Act was administered separately by the United States Department of Justice.

Mr. Miles stated that the Zadroga Act established a World Trade Center Health Program for both medical and mental health services for WTC responders and community members who became sick due to events on and after September 11, 2001. Mr. Miles explained that for the sake of this program, community members are legislatively defined as “survivors.” Mr. Miles reported that the overall World Trade Center Health Program includes seven clinical Centers of Excellence (CCEs) in the New York City area; a national program, which serves individuals who live throughout the United States – including responders at the Pentagon and at Shanksville, PA; and three Data Centers (DCs). Mr. Miles added that HHC operates one of the seven CCEs and one of the three DCs.

#### *World Trade Center Program Structure*

Mr. Miles stated that the WTC EHC is the Clinical Center of Excellence (CCE) for WTC survivors. The WTC EHC has three clinical locations, which are sited at Gouverneur Healthcare Services and at Bellevue and Elmhurst Hospitals. There is also a national program that serves responders and survivors. Mr. Miles explained that it was misleading to refer to the national program as a CCE because the national program functioned very differently in comparison to the WTC EHC program. He explained that the national program uses United Healthcare’s provider network so that no matter where people live across the country, they are able to access WTC-related health care in their community. Mr. Miles informed the Committee that Dr. Reibman and other Medical Directors have been working with Medscape to devise clinical information for providers throughout the country so that they can avail themselves to that training and appropriately get continuing education credits for it. But more importantly, to bring them up to speed with the care needs of patients that doctors across the country serve.

Mr. Miles stated that HHC’s WTC EHC has a Data Center as part of the program. He emphasized that, by law, there must be a “Survivors Steering Committee” and a “Scientific Technical Advisory Committee.” He added that community advocates and labor were the genesis of the Survivor Steering Committee. He also commented that, also by law, survivors and physicians have to be part of the Scientific Technical Advisory Committee.

#### *WTC EHC Program Description*

Mr. Miles explained that the term “survivor” is a legislative term defined as workers, residents, children, passers-by, clean-up workers, legislated below Houston Street in Manhattan and the very Northwest corner of Brooklyn Heights. Mr. Miles added that Canal Street is the northern boundary for the Victims Compensation Fund. Mr. Miles commented that the health and compensation program worked differently in a variety of ways – including geography. Ms. Brown interjected that it took months of discussions to delineate the boundaries of where people should live to be eligible for the survivors’ program before the bill was finally enacted. Mr. Miles highlighted that the Houston Street definition for survivors was written into law. The Canal Street definition for compensation was determined by an administrator who was named to oversee the compensation component. Mr. Nolan, Board Member, asked how much of Brooklyn Heights’ waterfront was included in the boundaries. Mr. Miles responded that it is a very small area.

#### *Comparison between Responder and Survivor Programs*

Mr. Miles presented the differences between the “Survivor” and the “Responder” Programs. Mr. Miles explained that the Responder Program screened and provided direct care and also monitored healthy individuals. He informed the Committee that currently there are 37,000 people enrolled in the WTC Health Program. Mr. Miles noted that all responders are eligible for monitoring, even without a certified WTC-related condition. He added that there is no such monitoring program in the Survivor Program. Mr. Miles reported that, while the Responder Program was primarily comprised of men, the Survivor Program is comprised of 50% men and 50% women. Moreover, the Survivor Program has a pediatric-adolescent population which is now aging out. He reported that currently, there are about 70 children/adolescents in the program. Mr. Miles stated that the WTC Health Program is a payer of last resort which means that patients’ personal insurance is billed first before the WTC Health Program is billed. Furthermore, WTC EHC patients must not only be sick but must also have a certifiable WTC-related health condition.

#### *FY 15 Revenue and Expenses: July 1, 2014 – June 30, 2015*

Mr. Miles referred to the FY 15 Revenue and Expenses – July 1, 2014 – June 30, 2015 slide. Noting that the figures were preliminary, Mr. Miles explained that the program has a contract for the Clinical Center of Excellence and another for a Data Center. He explained

that the Clinical Centers of Excellence (CCE) contract supports member and administrative services, while the Data Center contract supports data gathering, analysis and reporting. He added that there was a fee-for-service component for care that is rendered.

Mr. Miles reported the WTC EHC's program revenue as being \$7,864,441 and expenses as being \$7,654,207. Mr. Miles explained that the figures were roughly the same and commented that it is a dynamic process that is being monitored constantly as the program pays for itself. Ms. Brown clarified that in addition to the Central Office WTC EHC team, these costs are distributed throughout the organization and all three sites as the program is supported by other departments. Ms. Brown described the administrative cost as including data gathering, analysis and reporting, supporting the activity of the Central Office WTC EHC team as well as others within the organization. She added that because the program has a very complicated billing mechanism, the WTC EHC team works very closely with colleagues in Finance and Corporate Reimbursement. Mr. Miles added that overwhelmingly, the administrative cost also includes non-clinical time for the clinical staff such as doctors, social workers, etc.

#### *WTC EHC Primary Payer Mix*

Mr. Miles described the WTC EHC primary payer mix as the following:

- 34% of patients enrolled in commercial insurance
- 27% of patients with WTCHP coverage only
- 20% of patients enrolled in Medicaid
- 17% of patients enrolled in Medicare
- 2% of patients enrolled in Workers Compensation

Mr. Miles explained an unintended consequence of the bill. He stated that the language of the Zadroga Act stipulates that the WTC Health Program should serve as the payer of last resort for survivors. However, in a pre-existing relationship between the federal government and the state, Medicaid is the payer of last resort. Therefore, the difference between what Medicaid pays and what the WTC Health Program allows for the 20% of patients enrolled in the Medicaid program can never be billed to the WTC Health Program. Mr. Miles commented that, in spite of that, the program is able to sustain itself financially.

#### *Timeline of WTC-Related Care and Funding*

Mr. Miles noted that:

- Shortly after the actual event in 2001, patients started coming in to HHC facilities with symptoms related to the events of September 11. Initially, HHC developed a very small program to treat these individuals. The main source of funding was through philanthropy.
- In 2006 and 2007, the City of New York stepped in which allowed the program to expand at Bellevue; to create a program at Gouverneur; and to support the pre-existing, small program at Elmhurst.
- In 2008, HHC began to receive some federal funding for the program.
- With the Zadroga Act taking effect in July 2011, HHC received ongoing funding to support the WTC EHC Program. Mr. Miles reminded the audience that the Zadroga Act was about to expire. The reauthorization process is ongoing right now.

#### *Reauthorization of the Zadroga Act:*

Mr. Miles stated that the current law called for the Zadroga Act to be reauthorized after five years. The goal of the reauthorization of the Zadroga Act is to make the program permanent while keeping it budget neutral. Mr. Miles added that the Senate had already passed the budget neutral component of the Zadroga Act as a bill in March 2015, which was a good staging for the actual reauthorization. The reauthorization bill would expand funding and services for further research in a more enhanced way than the current law does. It would also address some technical issues that need to be corrected. Mr. Miles stated that a large technical issue that needs to be address is the lack of funding for administering the WTC Health Program at the federal level. As such, the federal government has been using National Institute of Occupational Safety and Health (NIOSH) and Center of Disease Control (CDC) funding to oversee the program. Over a short period of time, in March and April, the bill was actually introduced after a budgeting mechanism was approved. Mr. Miles acknowledged the City Council for passing a resolution in support of reauthorization in the early part of the year. A few weeks later, the bill was actually formerly introduced to both the Senate (S. 928) and the House (HR. 1786) in the same language unlike four years ago.

Mr. Miles noted that there hasn't been a lot of activities over the last several months, except for the following:

- April 2015 - Dr. Reibman was part of an Advisory Phone Call to the Senate Health Committee.
- July 2015 - Dr. Reibman joined by the Medical Directors of the Fire Department and the Mount Sinai Program for Doctor Day in Washington, DC

- Last Week - Press Conference with the participation of WTC EHC patients
- Next Week - Education Day scheduled in Washington, DC – Congress Members Nadler and Maloney requested that WTC EHC members be present on that day to help educate Congress Members about the program.

Mr. Miles reported that the most recent reauthorization activities included the following:

- The Senate’s Health Education, Labor and Pension (HELP) Committee is negotiating what has been presented at the Senate. The most heated issue that people are still optimistic about is whether the program will be permanent or not or would they negotiate to a 25-year term or less.
- The House’s Energy and Commerce Committee had a very positive meeting earlier this year. Since then, there has been no discussion, no mark-up on the bill, no correction process that would normally happen after a committee meeting. The belief is all of that is going to happen in early October. Some activities that have been ongoing over the summer, including the summer recess got diverted due to the Iran nuclear agreement. They finally conceded that nothing would happen until after that vote which was scheduled to occur on September 27<sup>th</sup>.

Mr. Miles invited Committee members to review the WTC Health Program 2014-2015 Year in Review Annual Report which was distributed during the meeting. Mr. Miles cautioned that some of the information in the document was slightly different than what Dr. Reibman would be presenting to the Committee. This is because the annual report/newsletter has data that is several months old. He highlighted that one of the patients that was interviewed in the annual report/newsletter was Ms. Florence Jones who is a member of the WTC EHC program.

## II. WTC EHC Program - Scientific/Clinical Update

Dr. Reibman began her presentation by praising HHC’s support of the WTC EHC program. She specifically acknowledged the support of Ms. LaRay Brown, and all the members of the WTC EHC team. She noted that it had been an enormous endeavor for many people. Dr. Reibman reemphasized that the program started as a community collaborative project in 2001 at an early community meeting and has grown and persisted as a community collaborative project. Dr. Reibman commented that this program was a beautiful illustration of what happen when physicians, community and HHC work all together.

Dr. Reibman informed the Committee that her presentation would cover the scientific/clinical aspect of the program including the environmental exposures, the adverse health findings in community members, the medical findings as well as the mental health findings.

### *Environmental Exposures*

Dr. Reibman stated that inasmuch as it is obvious now that the destruction of the World Trade Center resulted in the immediate death of 2,752 individuals and exposed a considerable amount of individuals (including firefighters and others who participated in the rescue efforts as well as local community members) to dust and fumes as the towers collapsed, this fact was not known at the time of the unfortunate event. Dr. Reibman stressed that it took a long time to understand that among the individuals who were exposed there were approximately 60,000 residents living south of Canal Street; 300,000 local workers/office workers, commuters and teachers; 15,000 students; and many other children. Dr. Reibman stated that some individuals were completely covered in material from the dust cloud that formed when the towers collapsed. Among those who were exposed to the dust cloud were Stuyvesant High School students and many of the local workers who left the towers themselves or live in the surrounding buildings. Dr. Reibman reported that one of these women, called the “Dust Lady” who became an iconic 9/11 image known around the world, had recently passed away. Dr. Reibman explained that some individuals suffered from acute exposure not because they were responders but because they were local workers, school children, residents, even passers-by and tourists who were present in the area on that day.

Dr. Reibman reminded the Committee that before any testing of indoor air quality was conducted by any governmental entity, there was a press statement of EPA Administrator Christine Todd Whitman issued on September 21, 2001 stating:

- “I am glad to reassure the people of New York and Washington, DC, that their air is safe to breathe [sic] and their water is safe to drink. .... New Yorkers.... need not be concerned about environmental issues as they return to their homes and workplaces.”

Subsequent to that statement, local workers returned to work on September 17, 2001 and few residents evacuated. It is to be noted that dust had settled inside buildings/ventilation systems and was re-suspended from incompletely cleaned ventilation systems. In addition, chemical composition of indoor dusts was similar to the outdoor dusts – but with smaller particles. Dr. Reibman added that there was potential for chronic exposures of gases and fumes as the fires burned through December 2001. It was evident that people who live and work in the area were potentially exposed to the debris. Dr. Reibman noted that the collapse of the two 107 story buildings included 1.2 million tons of building materials; 90% of which are of settled particles >10 µm diameter and 11,000 tons of particles < 2.5 µm [micrometers] in diameter.

Dr. Reibman described the chemical constituents of the WTC dust as the following:

- Combustion of jet fuel
- Combustion products
  - Plastics
  - Metals
  - Woods
  - Insulation
  - Fluorescent lights
  - Computer and video monitors
- Organic pollutants
  - Polycyclic aromatic hydrocarbons
- Hydrocarbons
  - Naphthalene
  - Polychlorinated biphenyls (PCBs)
  - Dioxins
  - Benzene
- Heavy metals
  - Mercury
  - Lead

Dr. Reibman described the characteristics of settled WTC dust as the following:

- Alkaline (pH9-11)
- Construction materials
  - Cement
  - Concrete
  - Wallboard
- Particulate matter
  - Calcium sulfate (gypsum)
  - Calcium carbonate
  - Crystalline silica
- Fibers
  - Fibrous glass
  - Gypsum fibers
  - Chrysotile asbestos

Dr. Reibman reported that, on October 11, 2011, Bellevue Hospital and NYU Medical Center were jointly involved in a forum at Pace University. A number of academic community coalitions were developed, which included the Fire Department of New York City (FDNY), rescue workers, and community members. Dr. Reibman stated that the FDNY has a long-standing health program that continues to provide enormous important information.

Dr. Reibman informed the Committee that the *New England Journal of Medicine* had published a paper on September 12, 2002, stating that there were adverse health effects among firefighters at the World Trade Center site. Because of the academic interest of Bellevue and NYU, they were able to conduct a study with the collaborative effort of the New York State Department of Health and the local community. Dr. Reibman stated that the New York City Department of Health was not included at that moment. A comparison was made between an “exposed area” and a “control” area on the Upper West Side and lung function testing was also conducted.

Dr. Reibman reported that the findings of the WTC Respiratory Health Study documented an increase in new-onset respiratory symptoms (i.e., cough, wheezing, shortness of breath) in previously normal exposed residents compared to a control group; an increase in medical consultation and asthma medicine use in previously normal residents. These conditions are associated with exposure to dust and fumes. These findings were subsequently confirmed in multiple reports from the New York City Department of Health and Mental Hygiene in their registry.

Dr. Reibman reported that the Bellevue Hospital treatment program was developed as a result of the health findings in WTC community members. In 2002, community and collaborative groups showed up at Bellevue Hospital and requested treatment which was provided at the Bellevue Hospital Asthma Clinic. Consequently, the WTC Environmental Health Center treatment program was created and supported with different sources of funding as listed below:

- 2005 – American Red Cross Liberty Disaster Relief Fund
- 2006 – City of New York
- 2008 – CDC-NIOSH (first federal funding)
- 2011 – James Zadroga 9/11 Health and Compensation Act

Dr. Reibman reported on HHC WTC Environmental Health Center's current patients. There are 8,649 patients currently enrolled in the program, 3,853 of whom have had a visit within the past three years and are considered active. Dr. Reibman re-emphasized that contrary to the Responder Program which monitors healthy individuals, every WTC EHC patient must have experienced a WTC-related symptom, such as shortness of breath, cough, wheezing, chest tightness and (most recently) mental illness before being admitted to the program. Dr. Reibman noted that, while not all of these patients get seen every month, there are about 4,000 patients that are active at all three sites and Bellevue is the largest site. At the request of Robert Nolan, Board Member, Dr. Reibman reiterated that exposure plus a WTC-related symptom were two required conditions for any patient to be admitted to the WTC EHC program. She added that by definition, the WTC EHC Program is a sick population.

Dr. Reibman stated that every patient is screened for exposure, symptoms, and a temporal relationship between the exposure and the symptoms. She added that there have been a lot of discussions about the onset of asthma among individuals applying to the program. For example, if one develops asthma 10 years later, after the expiration of the exposure period, which was one year after 9/11, it is difficult to state that the patient's condition is related to the exposure of the 9/11 chronic dust. Therefore, there has been a 5-year cut off for asthma or asthma-like symptoms after the last exposure. Ms. Brown added, if the program is still in existence 10 years from now and an individual can prove at that time that he/she was exposed and that their current symptoms are related to 9/11, he will be able to enroll in the program.

Bernard Rosen, Board Member, asked about the remaining 4,800 patients who are not active and how often they visited the program. Dr. Reibman answered that they all had made at least one visit to the program. She stated that it is hopeful that they would come back. However, many of them have moved away, others have decided to go to their private physicians and others may simply feel well with no need to follow-up.

Mrs. Bolus asked if there were any babies born afterwards. Dr. Reibman responded affirmatively and added that this has been a hot topic. It was initially said that babies born nine months after the exposure, would be included in the program; however, there have not been a lot of them. Dr. Reibman informed the Committee that there were a number of studies done by Columbia and also at Mount Sinai on health defects in babies. She reported that unfortunately, while the study at Mount Sinai was an excellent one, it was not funded by the government and ended. The Columbia study, however, had a longer duration and may still be ongoing. Dr. Reibman stated that little is known about any health defects in this group. Dr. Reibman stated that there is a need to really focus on kids and their in utero exposures but unfortunately, the program did not do it. Mrs. Bolus asked if the other sites were able to focus on the kids' exposures. Dr. Reibman stated no and underscored that the program is only staffed for pediatric at the Bellevue site.

Mr. Rosen asked if some first responders were part of the active patients. Dr. Reibman clarified that the WTC EHC program is limited to only serving non-responders/survivors.

Dr. Reibman described the WTC EHC patients' characteristics. Unlike the Responders' program with 90% male patients, there is a 50/50 split of male and females including children who are severed by the WTC EHC. Dr. Reibman reported that currently, most of the active WTC EHC population are local workers who were either working in offices or retail, or had stands in the street as well as a small number of residents. Dr. Reibman explained that the program started with a major group of clean-up workers, with 50% of these workers reported being in the dust cloud on 9/11 and having had acute exposure on that day.

Dr. Reibman presented the current WTC EHC certified conditions as the following:



<u>Certified Condition</u>	<u>% of Patients with Certified Conditions</u>
<b>Medical Conditions</b>	
• Obstructive airway disease (asthma-like)	51%
• Upper respiratory disease	39%
• Gastroesophageal reflux disease	37%
• Cancer	9%
• Interstitial lung disease	1%
• Sarcoidosis	1%
<b>Mental Health Conditions</b>	
• Post-traumatic stress disorder	23%
• Adjustment reaction	19%
• Depression	19%
• Anxiety	12%
• Substance Abuse	5%

These conditions are not mutually exclusive. Sixty-four (64%) of the WTC EHC patients have more than one certified condition. Dr. Reibman explained that Sarcoidosis is a disease of unknown cause that usually starts in the lungs by forming granuloma tight little clusters of inflammatory cells. The disease could be mild or extremely debilitating. Thanks to the pre-existing medical program of the firefighters showing that there was a peak of new cases of sarcoidosis, the WTC EHC program was able to link the new sarcoidosis cases to the list of WTC-related symptoms. Dr. Reibman admitted that it can only make sense that a foreign body exposure would cause an immune response in the lung. Dr. Reibman reported that there were a number of these cases.

Dr. Reibman reported on the current cancer certifications as listed below:

<u>Cancer Type</u>	<u>#of Patients with this Cancer Certification</u>	<u>% of Patients with any Cancer Certification</u>
• Breast	86	19%
• Prostate	57	13%
• Trachea, Bronchus and Lung	44	10%
• Thyroid	42	9%
• Lymphoma	38	8%
• Skin (Non-Melanoma)	34	8%
• Leukemia (Lymphoid and Myeloid)	27	6%
• Head and Neck	23	5%
• Kidney	23	5%
• Multiple Myeloma	20	4%
• Colon and Rectum	19	4%
• Esophagus and Stomach	13	3%
• Hodgkin's Disease	9	2%
• Other	70	15%

Dr. Reibman reported that certification for cancer began in 2012 because it was not possible to get the data on cancers from the beginning. This is because it was not expected that cancers would show up right away. Cancers were identified after reviewing firefighters' and New York City Department of Health data. Because 50% of the program's population is women, a common cancer that has been identified is breast cancer. In addition, an increase of prostate cancer has been reported by the firefighters and by the NYC Department of Health. Dr. Reibman stated that lung cancers were not as prevalent as they had expected. However, there is a fair number of lymphomas, leukemia, multiple myelomas and Hodgkin's Diseases. Dr. Reibman stated that people are coming in every single day with a variety of cancers and it is unclear if these cases are regular cancers, if there is something different about them, or if they are responding the way cancers are expected to respond. Dr. Reibman explained that it has been a huge endeavor for the program as these patients were not being cared for in the program but referred out for case-based management. She added that Sheila Smyth-Giambanco, RN the WTC EHC's Cancer Clinical Coordinator is to be commended for ensuring that every single one of these cases is appropriately followed and cared for.

### *Mental Health Findings*

Dr. Reibman reported that there are high rates of PTSD, depression and anxiety in the cohort enrolled for medical conditions and these symptoms are persistent 4-7 years after 9/11.

### Lessons Learned

#### Respiratory Disease

- Standard measures of lung function may not completely reflect symptoms – may need measures of small airways
- Standard measures of lung function show improvement over time – those with abnormal lung function do not return normal
- Lower respiratory symptoms have remained chronic and uncontrolled in many because of the following:
  - Severity associated with exposures, lung functions, presence of mental health symptoms
  - Chronicity associated with exposures, abnormal lung function measurement, presence of mental health symptoms
  - Measures of inflammation (eosinophils, c-reactive protein) are frequently elevated and associated with disease

#### Mental Health

- High rates of PTSD, anxiety and depression in overall population of “survivors” and in those presenting just for medical complaints
- PTSD associated with exposures (dust cloud) and respiratory symptoms
- PTSD, anxiety and depression can be chronic
- Chronic PTSD, anxiety and depression associated with exposures, lower respiratory symptoms and decreased functional status
  - Anxiety further associated with low income

#### Cancers

- Because we lack a screening population for denominator, and patients are self-referred, cannot assess incidence
- Despite this, enrollment for cancers continues to increase
- Currently performing a case series analysis to understand characteristics of hematologic cancers and solid tumors

#### Other

- High rates of co-morbid medical and mental health conditions in community members with environmental disaster exposure
- Medical and mental health conditions are improved in some, remain chronic in others
- Co-morbid conditions impact response to treatment and chronicity of disease
- Multidisciplinary approach needed for disaster programs – model for general medical programs?

Ms. Brown emphasized that the HHC’s WTC EHC program grew out of a coalition of community residents, community health advocates, and union/labor. Ms. Brown added that it was extremely important because the WTC EHC is the kind of program that requires a level of advocacy that is unparalleled vis-à-vis Zadroga, the interactions between the responders’ program, the Fire Department with Mount Sinai, the WTC EHC Program and the federal government. Ms. Brown emphasized that that level of interaction takes a huge amount of energy and interaction by the team here including Dr. Reibman for this to be recognized and for the program to continue to have the level of support that it would need from a financial perspective. As it was mentioned throughout the presentation, Ms. Brown reiterated that the program has been serving many individuals with very low income who cannot afford to get the kind of private care that their conditions would require.

Mrs. Bolus applauded the team for their hard work. Ms. Brown added that the applause also should also go to other team members at Bellevue, Gouverneur and Elmhurst.

## SUBSIDIARY REPORTS

### **HHC Accountable Care Organization (ACO) – July 30, 2015**

#### **As reported by Dr. Ram Raju**

The Board discussed savings distribution, renewal of participation in the Medicare Shared Savings Program (“MSSP”), network expansion, and governance matters.

Dr. Wilson announced that 2013 savings payments would be distributed in August and actions were taken to address the causes of delay.

Dr. Nicholas Stine, Chief Medical Officer of the ACO, presented on the policy context of the MSSP, and explained that new regulations are generally favorable. As such, the ACO proposes to continue its participation in the MSSP for 2016 to 2018 and submitted a non-binding Notice of Intent to reapply under the upside-only Track 1. The reapplication process also requires updated agreements with ACO participants and partners.

Dr. Stine described the ACO's network development strategy to increase the Medicare patient base and promote closer partnerships with community providers, in particular large provider groups that have existing connections with MetroPlus and/or OneCity Health. The Board reviewed the benefits and considerations of partnering with external groups.

The Board further discussed the ACO savings distribution methodology for 2014 and beyond, specifically the split between HHC and other ACO Participants, and how to calculate the non-HHC affiliated Participants' share.

The Board approved three resolutions:

- Authorizing the ACO to renew its participation in the MSSP and execute updated agreements with participants and partners;
- Requesting HHC to designate an additional Director to represent New York University ("NYU") physicians on the Board; and
- Authorizing the ACO to form an Advisory Committee for non-HHC affiliated participants and designating as single seat on the Board for one representative of all non-HHC affiliated participants.

**HHC Assistance Corporation [Centralized Services Organization –CSO]**

**August 4, 2015 - As reported by Dr. Ram Raju**

*The Board was informed:*

- The OneCity Health Performing Provider System ("PPS") received a net project valuation of \$1.17B and is also eligible for up to \$45M from a separate high-performance fund. All DSRIP payments are dependent on meeting State-required process, reporting and performance metrics and milestones.
- The role of the Centralized Services Organization (CSO) in DSRIP implementation is to oversee the implementation of DSRIP program requirements for all partners in the PPS, including HHC. Some of the responsibilities of the CSO include performance data tracking and analysis, partnership management, finance functions including DSRIP budgeting and funds flow, information technology, workforce training and development, and healthcare management consulting services. The CSO must meet its obligations in order to ensure PPS performance. The CSO is responsible for quarterly reporting to NYS DOH of the PPS's progress against milestones.
- In terms of OneCity Health PPS governance, CSO leadership serves on all governance committees, and the CEO of the CSO serves on the Executive Committee and chairs the Nominating Committee which seats all members.
- The preliminary CSO budget was presented and includes the major budget categories of staffing costs, leased time for HHC employees contributing less than full time to DSRIP duties, contracted services, and operations and administration. The Board agreed to delay approval of the preliminary CSO budget until its next meeting.

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

**RAMANATHAN RAJU, MD**  
**HHC PRESIDENT AND CHIEF EXECUTIVE OFFICER**  
**REPORT TO THE BOARD OF DIRECTORS**  
**September 24, 2015**

Good afternoon. As customary, I will highlight just a few items from the full version of my report to the board. The full version is available to all here and will be posted on our website.

**2020 Vision Update: Transforming Our Organizational Structure**

Last April we set very ambitious goals and metrics for the year 2020.

- To become the provider of choice for more New Yorkers,
- To bring excellence to patient experience, and
- To gain market share.

Our ultimate goal is to build a financially sustainable health system that continues to fill its essential, historic role in New York City.

Our leadership team has closely reviewed how high performing organizations across the nation are responding to the new demands of the changing healthcare industry. We agree that a new organizational structure will serve as a critical foundation from which to build our future and achieve our 2020 goals.

First, we will reorganize into three functional groups – Inpatient Care, Ambulatory Care and Long Term/Post-Acute Care. We need to respond to today's needs with an organizational structure that is more focused on primary and preventive care, more responsive to the communities we serve, and more committed to keeping New Yorkers healthy.

Second, we are planning to phase-out the outdated internal "network" structure that currently groups together hospitals, long term care facilities, and community health centers under six internal administrative networks. Today these networks simply add avoidable layers of complexity.

The leadership team will complete deliberations by mid-October when we will be prepared to present our vision for this new organizational structure that better supports our goals. We plan to begin putting in place that new structure in January.

I am committed to making these changes as seamlessly as possible, not just for our patients, but also for our dedicated workforce and front line staff. These changes affect the organization only at its most senior levels. The rest of our workforce will continue to provide the same high quality care and support for our caregivers.

**Flu Vaccination Campaign Update**

In preparation for the upcoming flu season, the Internal Communications Group (ICG) is working on a number of engagement strategies to encourage patients and staff to get vaccinated.

- It's Not About You -- a series of posters, ad panels, screensavers, and flat screen ads -- themed to call attention to the vulnerability of babies, the elderly, and those with chronic illness, and how their health as well as your own is protected when you vaccinate.
- Flu FAQ for Patients, Our Communities, and Our Staff in all 13 HHC-used languages.
- 10,000 Flu Vax lollipops ("Sweet on Flu Vax at HHC") and 20,000 Flu Vax temporary tattoos ("Flu Stops Here ↓").
- Flu Vax Healthy Competition – once vax season is under way, weekly postings of the Employee Vaccination Rates (EVR) by facility will be posted each week in The HHC Insider.
- Why Did You Vax? -- a series of short video interviews in which we ask HHC staff why they did it. These will air on The HHC Insider.
- Flu Stops Here ↓ posters and screen savers featuring HHC staff displaying their flu tattoos.

Over 2,000 New Yorkers die each year from flu-related illness – we propose to lower that number considerably.

### **OneCity Health Update**

OneCity Health has submitted the State Implementation Plan and its first DSRIP quarterly report. OneCity Health received feedback on its quarterly report from the NYS DOH DSRIP Independent Assessor and will make requested adjustments as part of normal course of business.

OneCity Health is working closely with partners to define interest and participation in each DSRIP project, as well as to identify the mutual obligations in ensuring performance objectives are met.

Our Performing Provider System received a net project valuation to receive up to \$1.17 billion and is also eligible for up to \$45 million from a separate high-performance fund. As you know, all DSRIP payments are dependent on meeting performance metrics and milestones.

### **Federal Update**

#### **340b Drug Discount Program "MegaGuidance"**

In August the federal Health Resources and Services Administration (HRSA) published the Comprehensive 340b "MegaGuidance," in process since 2007. Despite intense pressure from the pharmaceutical industry there were no major changes proposed to the 340b program. The guidance does include some areas of concern to HHC including the proposed exclusion from the 340b program of pharmaceuticals in bundled Medicaid payments, and of discharge drugs. The 340b Program produces savings of about \$40 million a year for HHC and we will continue to keep the Board up to date on it.

#### **CMS Extends Two-Midnight Rule Enforcement Delay**

In a positive development, the Centers for Medicare and Medicaid Services (CMS) extended its delay of the Two-Midnight Rule through December 31, 2015. With this extension, auditors would only conduct post-payment patient status reviews on claims for admissions after that date. This extension is in addition to proposed changes to the two midnight rule that CMS included in a rule published earlier this year. The rule allows physicians to exercise judgment in short stays. Physicians would document factors that support their decision such as severity of symptoms etc. Implementation of the existing rule would cost HHC \$23-38 million in Medicare revenue each year.

#### **Extension of 9/11 Zadroga Act Sought**

Without Congressional action, the James L. Zadroga 9/11 Health and Compensation Act for injured and ill 9/11 survivors and responders is set to expire in less than a year and a half. HHC's WTC Environmental Health Program is fully funded until December 31st 2016, but its future will be at risk along with the responder programs if the Zadroga Act is not reauthorized by this current congress. Support for a permanent extension of the Act reached a critical milestone last week when dozens of responders, survivors and their advocates, including staff and patients of our WTC EHC, visited the offices of over half of all congressional members.

Though there is some bipartisan support for a permanent extension of the Act, most Republican members would favor a time-limited extension that is being negotiated in key committees of both the House and the Senate. HHC joins the city of New York in thanking the key legislative leaders, New York Senators Gillibrand and Schumer and Congresspersons Maloney, Nadler and King, for continuing the push for a permanent reauthorization of the bill.

### **Deviation from HHC Policy Regarding Lease**

Pursuant to my authority to deviate from the Corporation's procurement procedures and after consultations with the chair of the Capital Committee and the Acting Board Chair, I executed a First Amendment to Lease with respect to the Corporation's September 2013 lease of office space at 55 Water Street. By the Amendment, the Corporation rented an additional 35,190 square feet on the 18th Floor of the building. The space will be used to house the staff transferred from the NYC Department of Health and Mental Hygiene that administers Correctional Services for which the Corporation became responsible as of August 9 by virtue of Executive Order No. 11 of 2015 and the Memorandum of Understanding among the Corporation, the City, the Department of Health and Mental Hygiene and the Department of Correction. Due to the very short schedule on which the Corporation is asked to assume management of Correctional Health Services, because the Board had no meeting in August and the need to secure the rental of this space while it was available, there was no time to go through the normal Board approval process. This urgency dictated my use of my authority to deviate from normal procedures. Our occupancy of the new space will

governed by the September 2013 lease except the rent will start at \$47.50/ft and will increase every five years. The landlord will contribute close to \$2.5 Million towards the costs of necessary alterations and the first 10 months of the lease are rent free.

### **Cumberland Health Center and Satellites Receive Funding for Full FHQC Status**

Cumberland Diagnostic & Treatment Center and its six satellite clinics have received notice from the federal Health Resources and Service Administration (HRSA) that it now has **full status** as a Federally Qualified Health Center– not as a Look-Alike.

All Gotham sites were provided Look-Alike status as a first step to Full status and Cumberland is the first with that designation. Full status comes with a New Access Point (NAP) grant of \$541,000 the first year and \$650,000 every year going forward. This will improve access to primary care services for those living in public housing and others.

It will also allow HHC and Gotham Health to apply for other Diagnostic & Treatment Centers to achieve full FQHC status. Next on our list is Gouverneur Health.

### **HHC Executive Director Appointed to New City-Wide Age-Friendly Commission**

Earlier this month, Mayor de Blasio announced that Dr. Martha Sullivan, Executive Director of our Long-Term Care facility at Gouverneur is among the new commissioners appointed to the new Age-Friendly NYC Commission. The Commission grew organically from Age-Friendly NYC, launched in 2007 as a partnership among the Mayor's Office, the NYC City Council and the NY Academy of Medicine. Leaders on the current Board have been members of that body, including Dr. Lilliam Barrios-Paoli, Dr. Jo Ivey Boufford and Gordon Campbell.

Dr. Sullivan's appointment makes clear HHC's commitment to ensuring that ours continues to grow as a senior-friendly health system.

### **HHC Hospitals Displays System-Wide Commitment in This Week's Patient Safety EXPO**

The Office of Patient Safety and Employee Safety hosted Patient Safety EXPO 2015 this week at The Corporate Conference Center at Jacobi. Over 230 HHC employees attended this event. Thirty posters were displayed, showcasing successes on patient safety strategies that were evidenced-based, replicable, showed sustainability, and aligned with HHC's strategic goals and guiding principles. Clinical teams were able to share ideas and best practices.

The EXPO posters were judged by three judges: Kathleen Ciccone, RN, MBA., DrPH., Executive Director, HANYS' Quality Institute and Co-Director, NYS Partnership for Patients; Patricia Kischak, RN, MBA, Vice President and Chief Nursing Officer, Hospitals Insurance Company (HIC); and Arnold Saperstein, MD, President and CEO, MetroPlus Health Plan.

Four awards were presented:

- Woodhull Medical and Mental Health Center won the First Place award for Hospital Based Service for 'Optimization of Anticoagulation Management in a Specialty Practice'.
- Henry J. Carter Nursing Facility received the First Prize for Long Term Care for their project titled 'Establishing a Realistic Hand Hygiene Compliance Rate Using a Secret Observer Program'.
- First Prize for Community Based Service went to HHC Health and Home care for 'Tele-Care Management: Using Technology to Reduce Hospitalization of Heart Failure Patients'.
- The special President's Award was presented to Dr. Susan Smith McKinney's project 'Pharmacy in Action'.

### **HHC Staff Diversity Highlighted in Photo Display**

On your way into today's meeting you will have seen a photo display which features the broad diversity of our staff. This display has been developed by the HHC CLAS department to highlight the emphasis we place on strong culturally and linguistically appropriate access to healthcare information for all our patients. We're proud to be leaders in providing this critically important access.

### **HHC Opens New Satellite Simulation Training Center at Elmhurst Hospital**

Last week, at HHC Elmhurst Hospital we opened a new state-of-the-art medical simulation training center to help doctors and nurses practice medical emergencies and real life-saving procedures. The new \$750,000 simulation center features high fidelity patient mannequins and spaces that can replicate operating rooms, intensive care units, emergency rooms, and pediatric patient

exam rooms where staff can be trained to practice complicated cases. It is the first of several planned satellite sites to expand the capacity our Simulation program. More than 2,000 NYC Health + Hospitals employees train at our Sim Center annually.

### **State Grants Support Bio-Medical Research at HHC Hospitals**

Two of our hospitals received research grants from New York State to study obesity, hypertension and cardiac arrest. Over \$2 million from the New York State Empire Clinical Research Investigator Program has been earmarked for HHC investigators at Lincoln and Elmhurst hospitals. Researchers at Lincoln will use the state funds to study how to achieve weight loss and blood pressure control among minority patients within various inner-city settings. At Elmhurst, researchers will develop a novel curriculum for hospital medical teams responding to cardiac arrests, with the goal of developing training techniques that will lead to better safety and improved outcomes for patients. We are enormously proud to receive these grants which will allow us to expand our team-based approach and provide additional opportunities for physicians to conduct medical research that will benefit our community.

### **Coney Island Hospital Physician Wins Third Title**

Dr. Terence Brady, the Coney Island Hospital's Associate Chief Medical Officer has received the American College of Physicians's (ACP) "Mastership" designation. Masters are highly accomplished physicians, eminent practice, leadership, or in medical research. Dr. Brady joins two other HHC Coney Island physicians who already hold this designation - Dr. John Maese, Chief Medical Officer and Dr. Paul Gitman of Quality Management. These three physicians are among 785 worldwide to hold this distinction of Masters by the ACP.

For an institution to have three physicians earn this designation is remarkable -- one example of the many skilled and accomplished physicians we have, providing excellent care for our patients and community.

### **Farewell to Long-Time HHC Leader**

With mixed emotions, we bid farewell to William "Bill" Walsh earlier this month. Bill has served Corporation for thirty-one years, the past ten years as Senior Vice President for the North Bronx Healthcare Network. In his next professional chapter, Bill is joining the SUNY Downstate Medical Center as Senior Vice President for Hospital Operations and Managing Director of the University Hospital of Brooklyn.

Always an inspirational leader, Bill has been a tireless champion for patient safety and care quality across the Corporation and a major force in the Corporation's Breakthrough transformation efforts.

A national search will be undertaken for Bill's replacement. In the interim, I am naming Chris Fugazy as Acting Executive Director at Jacobi, where he presently serves as Chief Operating Officer and Gregory Calliste as Acting Executive Director at North Central Bronx Hospital, where he presently serves as Chief Operating Officer.

### **HHC Program & Individuals of the Month: The WTC Environmental Health Center, Its Staff & Patients**

Normally at this point each month, I call your attention to an outstanding Health and Hospital program, and then to an individual playing a key role in the execution of our mission.

Today I'd like to honor our WTC Environmental Health Center, which encapsulates excellence in both.

Our job as public health professionals is not just to provide the best possible care for neediest and most vulnerable amongst us. We must **also fiercely advocate** for our patients. We must act as a moral compass by insisting on what is right, and objecting to what is wrong.

Normally I don't comment on politics in this forum. But in this case a pressing issue---**the failure of Congress to reauthorize the federal law which funds healthcare for 9/11 survivors**---has become intertwined with our job of caring and advocating for our patients.

9/11 demonstrated New York City at its best.

We showed the world heroic resiliency in standing up to the terrorist attack.

Many responders on that day --- firefighters, police officers, EMTs---displayed bravery that will be forever etched on the American psyche.

But another sort of heroism involved everyday people:

They are unsung, unknown, heroes, many of them undocumented, who brought the City back to its feet by returning to the neighborhoods surrounding Ground Zero, to clear the rubble, to remove the debris, to clean the buildings--- all of which was essential to restoring New York. Yet thousands continue to pay a terrible price for their bravery. In many cases, the Zadroga Act is all they've got.

Many developed respiratory illnesses, gastrointestinal diseases, and mental health problems. Many are developing and dying of cancers. Many are forced to rely on oxygen tanks.

All these things are heart wrenching.

But what is worse is the fact that many cannot afford to pay for the care that they need.

In many cases, Zadroga offers their only opportunity for treatment.

When people in our own country are dying because they acted with civic responsibility, and the only program available for them to receive the treatment they deserve **is due to expire, that state of affairs is unacceptable.**

**We cannot** be complacent about the devastating effects that 9/11 still has on the health of thousands of New Yorkers.

**We cannot** be silent about the failure of Congress to reauthorize this act.

The President has often stated that we don't leave anyone behind on the battle field. We should apply the same rule for the home front.

It is our moral responsibility as a nation to reauthorize this law and make it permanent. This should not even be open for discussion.

9/11 survivors deserve our gratitude, and the nation's assistance. We will be judged by how we respond.

So, today, let's fight for the healthcare of great Americans who are also 9/11 survivors--- Survivors like **Kimberly Flynn, Catherine McVay Hughes, and Maggie Garcia** who we are so proud to recognize tonight. Despite personal challenges related to health, family and work, they undoubtedly played a major role in the Survivor program's inclusion in the Zadroga Act.

And let's also offer our gratitude and admiration for **Dr. Joan Reibman**, who did so much to identify the environmental health threat to New Yorkers almost immediately after the towers fell, and who hasn't stopped---who hasn't even slowed down--- in the intervening 14 years of fiercely advocating for the healthcare rights of survivors.

## **HHC In the News Highlights**

### **Broadcast**

Ground Zero Survivors Still Battling Health Problems, CBS News, Bellevue: Dr. Joan Reibman, Medical Director, World Trade Center Environmental Health Center

Back-to-school health tips for parents and kids, WCBS News, Dr. Warren Seigel, Chairman of Pediatrics, Coney Island

Back to School Health Tips, News 12 Brooklyn, Coney Island: Dr. Warren Seigel, Chairman of Pediatrics

Mayor and Dr. Raju Visit Bronx Senior Center, FOX, Dr. Ram Raju, President

Pre-med student says thanks to trauma doctor, News12 Bronx, Jacobi: Dr. Sheldon Teperman, Director Trauma Center

Mayor Thanks Lincoln Staff, Provides Update on Legionnaires

Officials Encourage Bronx Residents to Get Municipal ID, News 12 Bronx, Lincoln: Dr. Raju, President

Jacobi Medical Center makes Memorial Quilt for World Aids Day, News 12 Bronx, Jacobi: Christine Mastin, Caseworker –HIV Services.

New Simulation Training Facility Opens at Elmhurst Hospital, NY1 News, HHC, Queens, Elmhurst: Dr. Suzanne Bentley, Clinical Director, Simulation Center; Dr. Peter England, Emergency Medicine

Hospital Study Highlights Benefits of Helmets for Bicyclists, NY1 News, Bellevue: Dr. Spiros Frangos, Chief of Trauma



## Print

City Hospital head to reorganize hierarchy, emphasize ambulatory care, Politico Pro, Dr. Ram Raju, HHC President

New York City's Public Hospital system to change corporate structure: 5 things to know, Becker's Hospital Review, Dr. Ram Raju, HHC President

100 Most Influential People in Healthcare – 2015, Modern Healthcare, Dr. Ram Raju, HHC President

Barrios-Paoli to Step Down from Post as Deputy Mayor, Politico Pro, HHC: Lilliam Barrios-Paoli

Council to Nominate New Member to HHC Board, Politico, Pro, HHC: Helen Arteaga

NYC System Appoints new CMO at Bronx Hospital, Modern Healthcare, Lincoln: Dr. Balvinder S. Sareen, Chief Medical Officer

HHC Lincoln Medical Center names new CMO, Becker's Hospital Review, Lincoln: Dr. Balvinder S. Sareen, Chief Medical Officer

New Simulation Center in Queens, Crain's Health Pulse, HHC, Elmhurst

NYC Health and Hospitals Opens New Simulation Center, Becker's Hospital Review, HHC, Elmhurst: Dr. Ross Wilson, Corporate Chief Medical Officer

Texting Helps Low-Income Diabetes Patients Manage Insulin Dosing, Capital Public Radio, Bellevue: Dr. Natalie Levy, Head of Bellevue Hospital's Diabetes Program

Tips for Back to School Success, amNewYork, Coney Island: Dr. Warren Seigel, Chair of Pediatrics

City Encourages Immigrants to get their IDNYC Cards, Mott Haven Herald, Lincoln: Dr. Ram Raju, HHC President

HHC's Accountable Care Organization saves \$7.1 million, Politico Pro, HHC: Dr. Ross Wilson, CEO, HHC's Accountable Care Organization and Corporate Chief Medical Officer

CMS releases ACO results, Crain's Health Pulse, HHC

Mothers from Harlem Hospital and Other Hospitals Attempt Breastfeeding Record, Harlem Word, Queens; Harlem: Denise C. Soares, Senior Vice President, Generations+/Northern Manhattan Health Network, Executive Director, Harlem Hospital, Queens; Chris Constantino, Executive Director of Queens Hospital Center and Senior Vice President of HHC'S Queens Health Network; Marcy Stein Albert, M.D., Director of Pediatrics; Barbara Holmes, IBCLC, Breastfeeding Coordinator

Children Board Prematurely Reunite with the Doctors & Nurses Who Saved Them, Sheepshead Bites, Coney Island: Vito Buccellato, Chief Operating Officer; Barbara Rosado; Dr. Cherbrale Hickman; Dr. Althea Senior-Morris; Kathleen Marino; Nana Gvasalia

Elmhurst Hospital Center Receives Grant for Cardiac Arrest Training, Times Ledger, Elmhurst: Chris Constantino, Executive Director

Elmhurst Hospital Center in design Phase of expansion for ER, Times Ledger, Elmhurst

Opinion: The Crucial role of New York's Public Hospital System, El Diario, HHC, MetroPlus

Executive Director of Jacobi leaving after ten years, Bronx Times, Antonio Martin, Executive VP and Corporate COO; William Walsh, SVP, North Bronx Healthcare Network; Chris Fugazy, COO, Jacobi; Gregory Calliste, COO, NCBH

Pam Brier, a Crain's Hall of Famer, on her career, Crain's Health Pulse, HHC, Jacobi, Bellevue

## RESOLUTION

Adopting the Corporation's Mission Statement and Performance Measures as required by the Public Authorities Reform Act

**WHEREAS**, the New York State Public Authorities Reform Act of 2009 requires local public authorities such as the Corporation to adopt each year a mission statement and performance measures to assist the Corporation in determining how well it is carrying out its mission; and

**WHEREAS**, the Corporation has posted on its website a mission statement that is a refined version of the purposes of the Corporation as expressed in the legislation which created HHC and in the HHC By-Laws; and

**WHEREAS**, the Corporation keeps extensive data on numerous performance measures for internal monitoring and external reporting; and

**WHEREAS**, the Corporation has selected performance measures addressing the core functions and values of the Corporation for reporting to the Office of the State Comptroller's Authorities Budget Office (ABO) as required by the Public Authorities Reform Act; and

**WHEREAS**, the ABO has required reporting of the Corporation's mission and performance measures, as well as responding to certain additional questions, on a form provided by that office and requires that the Board of Directors read and understand the mission statement and read and understand the responses provided to the ABO; and

**WHEREAS**, the attached "Mission Statement and Performance Measures" uses the same indicators as the last report approved by the Board of Directors except that some descriptions have been refined and the performance measures have been updated;

**NOW, THEREFORE**, be it

**RESOLVED** that the attached "Mission Statement and Performance Measures" as required by the Public Authorities Reform Act is hereby adopted.

A RESOLUTION AMENDING A PREVIOUSLY  
ADOPTED RESOLUTION IN ORDER TO INCREASE  
THE AUTHORIZATION FOR ONE OR MORE  
BORROWINGS IN AN AGGREGATE  
NOT TO EXCEED AMOUNT FROM \$60,000,000 TO \$120,000,000  
AND TO EXPAND THE SCOPE OF ALLOWABLE USES

WHEREAS, the President of New York City Health and Hospitals Corporation (the “Corporation”) has issued that certain Operating Procedure (40-58 Debt Finance and Treasury) (the “Operating Procedures”) relating to the delegation of certain powers for the incurrence of debt for various capital expenditures, including renovations, improvements, construction and equipment financing to the Corporation’s Chief Financial Officer by resolution to be adopted by the Board of Directors of the Corporation; and

WHEREAS, the Board of Directors of the Corporation, and the Finance Committee of such Board, pursuant to Section 4(f)(i) of such Operating Procedures, have determined that it is necessary and desirable to expand the authorization for the incurrence of debt for equipment financing, as previously authorized by the Board of Directors by Resolution adopted April 30, 2015, from an aggregate amount from time to time not exceeding \$60,000,000, to an aggregate amount from time to time not exceeding \$120,000,000, in the form of tax-exempt or taxable loans borrowed by the Corporation from time to time from one or more lenders (the “Lenders”), to provide funds to finance, refinance and reimburse the Corporation for the costs of various capital expenditures, including renovations, improvements, construction and equipment and various related capital projects and expenditures at the Corporation’s facilities, and to carry out the purposes permitted by law and set forth herein and consistent with the Operating Procedures;

NOW, THEREFORE, BE IT RESOLVED, AS FOLLOWS:

**Section 101. Authority.** This Resolution is adopted pursuant to the authority contained in the New York City Health and Hospitals Corporation Act and in the Operating Procedures.

**Section 102. Principal Amount.** The incurrence of debt is hereby authorized in the aggregate principal amount of not exceeding \$120,000,000, from time to time, for the purpose of financing various capital expenditures, including renovations, improvements, construction and equipment and various related capital projects and expenditures at the Corporation’s facilities. Such debt may take the form of borrowings, loan agreements, installment purchase agreements or lease agreements, all as contemplated by the Operating Procedures.

**Section 103. Interest.** Such debt shall bear interest as determined by the Chief Financial Officer of the Corporation as authorized in the Operating Procedures.

**Section 104. Authorization of Related Documents.** The Corporation is authorized to enter into one or more debt contracts, such as loan agreements, revolving credit agreements, notes, bonds, installment purchase agreements, rental arrangements or lease

agreements. The form, terms and provisions of the debt contracts, between the Corporation and a Lender, providing for the incurrence of such debt, shall be approved by an Authorized Officer (defined below) of the Corporation, as evidenced by his or her signature thereon. The President, the Senior Vice President of Finance/Chief Financial Officer, or any other authorized officer of the Corporation under the by-laws of the Corporation (each an “Authorized Officer”) is authorized and empowered for and on behalf of the Corporation to execute, acknowledge and deliver the debt contracts, and the Secretary or any other Authorized Officer of the Corporation is hereby authorized and empowered to affix the seal of the Corporation and to attest to the same for and on behalf of the Corporation.

The President, the Senior Vice President of Finance/Chief Financial Officer, or any other Authorized Officer of the Corporation are each hereby authorized to take any action, execute any document, or give any consent which may from time to time be required by the Corporation under this Resolution or any such debt contracts. Any such action taken or document executed or consent given by such officer in his or her capacity of an officer of the Corporation shall be deemed to be an act by the Corporation.

**Section 105. Effective Date.** This Resolution shall take effect immediately upon its adoption by the Board of Directors of the Corporation, subsequent to its adoption by the Finance Committee of such Board.

## **RESOLUTION**

Authorizing the New York City Health and Hospitals Corporation (HHC), through its President, to delegate to each hospital's Grievance Committee responsibility for the prompt resolution of grievances and complaints from patients and/or their families. The activities of the Grievance Committees will be reviewed and reported through each hospital's Quality Assurance process to the Board of Directors.

**WHEREAS**, HHC and its facilities are committed to the delivery of high quality Health services in an atmosphere of dignity and respect; and

**WHEREAS**, the Board of Directors has continuing responsibility for the effective operation of HHC's facilities; and

**WHEREAS**, the Board of Directors serves as the Governing Body of HHC's facilities;

**NOW, THEREFORE, be it**

**RESOLVED** that HHC, through its President, will delegate to each hospital's Grievance Committee responsibility for the prompt resolution of grievances and complaints from patients and/or their families. The activities of the Grievance Committees will be reviewed and reported through the Quality Assurance Committee process to the HHC Board of Directors.

## **Resolution**

Authorizing the President of the New York City Health and Hospitals Corporation (“the Corporation”) to enter into a sole source agreement with SURESCRIPTS, LLC for e-prescribing software and related services for an amount not to exceed \$4,769,555 (which includes a contingency reserve of \$229,817 for additional services that may be required) over a three-year term with up to two one-year renewal terms.

**WHEREAS**, New York State Public Health Law and Education Law mandate the implementation of e-prescribing for all medications including controlled substances by March 2016; and

**WHEREAS**, the Corporation is adopting the Surescripts LLC e-prescribing technology to work in conjunction with the Epic Electronic Medical Record system; and

**WHEREAS**, Surescripts LLC operates the nation’s only health information network with the capability to electronically transmit prescriptions and refill requests, which network will allow the Corporation to connect the Corporation’s prescribers with community pharmacies in order to enable the secure, reliable transmission and delivery of electronic prescription orders and refill authorization requests; and

**WHEREAS**, the contract with Surescripts LLC will provide all software and services necessary for the Corporation to implement e-prescribing in compliance with NYS mandate requirements; and

**WHEREAS**, the funding for this contract will be provided through the Epic EMR budget previously presented to the Board of Directors; and

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

**NOW, THEREFORE**, be it:

**RESOLVED, THAT** the President of New York City Health and Hospitals Corporation be and hereby is authorized to enter into a sole source agreement with SURESCRIPTS, LLC for e-prescribing software and related services for an amount not to exceed \$4,769,555 (which includes a contingency reserve of \$229,817 for additional services that may be required) over a three-year term with up to two one-year renewal terms.

## RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to procure and outfit eighty-nine (89) ambulances in Fiscal Year 2016 on behalf of the Fire Department of the City of New York ("FDNY"), through City-wide Requirements Contracts for a total amount not-to-exceed \$34.8 million.

**WHEREAS**, on January 19, 1996, the Corporation and the City of New York (the "City") executed a Memorandum of Understanding ("MOU") allowing the transfer of the Corporation's Emergency Medical Service ("EMS") ambulance and pre-hospital emergency medical service functions to the Fire Department of the City of New York ("FDNY") to be performed by FDNY for the benefit of the City; and

**WHEREAS**, the MOU requires that the FDNY have access to and use of the Corporation's property to the same extent that EMS had prior to the transfer; and

**WHEREAS**, a major portion of the Corporation's property used and maintained by the FDNY is the ambulance fleet formerly managed and operated by EMS; and

**WHEREAS**, to maintain an appropriate ambulance and pre-hospital emergency medical service, vehicles in the ambulance fleet must be periodically replaced when such vehicles have exceeded their useful life, requiring more than routine repairs and maintenance; and

**WHEREAS**, 89 vehicles out of the FDNY's active fleet of 460 ambulances have reached the end of their useful life and must be replaced at a cost not-to-exceed \$34,769,000; and

**WHEREAS**, the City provides the funding for ambulance replacement to the Corporation for allocation to the FDNY; and

**WHEREAS**, the City has allocated \$27,417,000 in Fiscal Year 2016, and \$25,386,000 in Fiscal Year 2017 in the Corporation's Capital Commitment Plan, on behalf of the FDNY for the purpose of purchasing and outfitting ambulances; and

**WHEREAS**, sufficient uncommitted funds are available in the Corporation's Fiscal Year 2016 Capital Commitment Plan for this purpose.

**NOW, THEREFORE**, be it

**RESOLVED**, that the President of the New York City Health and Hospitals Corporation (the "Corporation") be and is hereby authorized to procure and outfit eighty-nine (89) ambulances in FY 2016 on behalf of the Fire Department of the City of New York ("FDNY"), through City-wide Requirements Contracts for a total amount not-to-exceed \$34.8 million.

**RESOLUTION**

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to proceed with the construction and procurement necessary for renovation of an existing 23,000 square foot space on the 13<sup>th</sup> floor in the Martin Luther King (MLK) Pavilion, to create an inpatient geriatric friendly unit at Harlem Hospital Center (the "Facility") for an amount not-to-exceed \$3,261,000.

**WHEREAS**, the proposed renovation will upgrade the existing unit, bringing it to compliance with Department of Health (DOH) code and allowing it to better serve geriatric patients; and

**WHEREAS**, it is necessary to provide an environment that includes handicap accessible bathrooms, activity and therapy rooms along with rehabilitation rooms; and

**WHEREAS**, it is required by the state DOH and Center for Medicaid Services (CMS) to bring the current unit up to code by installing sprinklers, and required electrical and medical gases; 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 \$3.2 million; and

**WHEREAS**, the overall management of the construction contract will be under the direction of the Facility's Senior Associate Director, Planning and Design and the Assistant Vice President, Facilities Development at Central Office

**NOW THEREFORE, be it**

**RESOLVED**, the President of the New York City Health and Hospitals Corporation (the "Corporation") be and hereby is authorized to proceed with the construction and procurement necessary for the renovation of an existing 23,000 square foot space on the 13<sup>th</sup> floor in the Martin Luther King (MLK) Pavilion, to create an inpatient, geriatric friendly unit at Harlem Hospital Center (the "Facility") for an amount not-to-exceed \$3,261,000.



## RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to execute a revocable license agreement with the New York City Police Department ("NYPD" or "Licensee") for its use and occupancy of approximately seventy-five square feet of space to operate radio communications equipment at Elmhurst Hospital Center (the "Facility") with the occupancy fee waived.

**WHEREAS**, in May 2012 the Board of Directors authorized the President to enter into a license agreement with the New York City Police Department for the installation of radio communications equipment at the Facility designed to enhance the performance of its city-wide radio operations network; and

**WHEREAS**, the NYPD desires to install additional radio communications equipment at the Facility to further enhance the performance of its city-wide radio operations network, and the Facility has the space to accommodate the NYPD communications system; and

**WHEREAS**, the Licensee's radio communications system shall not compromise Facility operations, and it complies with applicable federal statutes governing the emission of radio frequency signals and, therefore, poses no health risk.

**NOW, THEREFORE, be it**

**RESOLVED**, that the President of the New York City Health and Hospitals Corporation (the "Corporation") be and hereby is authorized to execute a revocable license agreement with the New York City Police Department ("NYPD" or "Licensee") for use and occupancy of approximately seventy-five square feet of space to operate radio communications equipment at Elmhurst Hospital Center (the "Facility") with the occupancy fee waived.

## RESOLUTION

Amending the June 2014 Resolutions of the Board of Directors of the New York City Health and Hospitals Corporation (the "Corporation") by which the President of the Corporation was authorized to execute five successive one-year revocable license agreements with the New York City Human Resources Administration ("HRA") for the use and occupancy of space for primary care programs located at 413 E. 120<sup>th</sup> Street, Borough of Manhattan and 114-02 Guy Brewer Boulevard, Borough of Queens administered by Metropolitan Hospital Center and Queens Hospital Center (the "Facilities") to (a) increase the base occupancy fee to be paid by \$1.00 per square foot for a total annual occupancy cost of \$96,873 or \$35.38 per square foot for the East 120<sup>th</sup> Street clinic and for a total annual occupancy cost of \$270,593 or \$27.25 per square foot for the Guy Brewer Boulevard clinic where in both cases the total annual occupancy fees are inclusive of surcharges for electricity, air conditioning and after-hour uses; and (b) extend the authorization for the President to execute renewals for an additional year to allow for renewals through 2020.

**WHEREAS**, HRA manages Multi-Service Centers throughout the City that it makes available to other City agencies and not-for-profit corporations to use for the provision of community oriented services (the "MSCs") pursuant to one-year license agreements; and

**WHEREAS**, HRA charges users of its MSCs basic occupancy fee with additional surcharges for electricity, air conditioning and after-hours operations; and

**WHEREAS**, the management of the Corporation has generally sought the approval of the Corporation's Board of Directors to enter into five successive one-year license agreements for the MSC to avoid having to return for new authority each year; and

**WHEREAS**, in June 2014, the Board of Directors of the Corporation authorized the President to execute five successive one-year revocable license agreements with HRA allowing for the Corporation's use and occupancy of space at 413 E. 120<sup>th</sup> Street at \$23 per square foot, which, together with additional charges for electricity, air conditioning and after-hours operations resulted in a total annual occupancy cost of \$96,873; and

**WHEREAS**, in September 2014, the Board of Directors of the Corporation authorized the President to execute five successive one-year revocable license agreements with HRA, allowing for the Corporation's use and occupancy of space at 114-02 Guy Brewer Boulevard at \$24 per square foot, which, together with additional charges for electricity and air conditioning resulted in a total annual occupancy cost of \$270,593; and

**WHEREAS**, HRA has implemented a one dollar per square foot increase in the occupancy fee for all of its MSCs across the City including the two occupied by the Corporation effective July 1, 2015; and

**NOW, THEREFORE, be it**

**RESOLVED**, that the June and September 2014 Resolutions of the Board of Directors of the New York City Health and Hospitals Corporation (the "Corporation") by which the President of the Corporation was authorized to execute five successive one-year revocable license agreements with the New York City Human Resources Administration ("HRA") for the use and occupancy of space for primary care programs located at 413 E. 120<sup>th</sup> Street, Borough of Manhattan and 114-02 Guy Brewer Boulevard, Borough of Queens administered by Metropolitan Hospital Center and Queens Hospital Center be amended to (a) increase the base occupancy fee to be paid by \$1.00 per square foot for a total annual occupancy cost of \$96,873 or \$35.38 per square foot for the East 120<sup>th</sup> Street clinic and a total annual occupancy cost of \$270,593 or \$27.25 per square foot for the Guy Brewer Boulevard clinic where in both cases the total annual occupancy fees are inclusive of surcharges for electricity, air conditioning and after-hour uses; and (b) extend the authorization for the President to execute renewals for an additional year to allow for renewals through 2020.

## RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to approve a Capital Project for an amount not to exceed \$3,885,000 for planning, pre-construction, design, construction management and project management services necessary for the Installation of two (2) new electric air cooled chillers for Operating Rooms (the "Project") at Bellevue Hospital Center (the "Facility").

**WHEREAS**, in September 2014, the City mandated a 80% reduction in greenhouse gas emissions in City-owned properties by 2050, managed by Division of Energy Management within Department of Citywide Administrative Services ("DCAS"); and

**WHEREAS**, in December 2009, as part of PlaNYC 2030, the City passed major legislation known as the "Greener, Greater Buildings Plan" that included more stringent code requirements; required installation of lighting upgrades and tenant meters in non-residential spaces; and required all buildings over 50,000 square feet to undertake benchmarking and audits; and implement retro-commissioning measures. Local Law 87 mandated Comprehensive Energy Audits be completed within a 10 year time frame (2013 – 2023); and

**WHEREAS**, the City, through DCAS, has allocated funding under the Accelerated Conservation and Efficiency ("ACE") program for improvements and upgrades to increase energy efficiency and energy cost savings at City-owned facilities in line with the PlaNYC initiative to reduce energy and greenhouse gas emissions of municipal operations 80% by 2050; and

**WHEREAS**, the Corporation has determined that it is necessary to address the cooling requirements of the Operating Rooms at the Facility by undertaking the project at a not-to-exceed cost of \$3,858,653, to enhance the reliability of its systems, as well as increase the comfort and safety of the Operating Room patients; and

**WHEREAS**, DCAS has deemed this ACE project to be eligible under the PlaNYC initiative and has allocated \$3,885,000.00 in the PlaNYC capital budget; and

**WHEREAS**, Kallen & Lemelson Consulting Engineers, LLP (HHC's Requirement Contractor) has demonstrated that the project will produce total annual cost savings to the Facility estimated at \$1,082,054; and

**WHEREAS**, the proposed new electric air cooled chillers will provide required cooling to maintain proper temperature and humidity levels which will correct existing deficiencies and conform to current codes and standards; and

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

**NOW THEREFORE**, be it

**RESOLVED**, the President of the New York City Health and Hospitals Corporation (the "Corporation") to approve a Capital Project for an amount not to exceed \$3,885,000 for planning, pre-construction, design, construction management and project management services necessary for the Installation of two (2) new electric air cooled chillers for Operating Rooms (the "Project") at Bellevue Hospital Center (the "Facility").



# New York City Health and Hospitals Corporation

HHC FEMA Project Update  
October 22, 2015



# Overview

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- **The team approach**
- **Update FEMA Project Worksheet and Amendments**
- **Agreements and Contracts (EDC)**
- **Timeline \* Scope \* Budget**
- **Next steps**
- **Questions**

## Our Team and Staffing

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A cohesive team meeting weekly to coordinate an efficient program to insure on-budget and on-time projects.

- Oversight Committee: Quarterly review of Scope, Budget & Timeline
- HHC: Community relations & overall coordination of construction activities
- EDC: Overall facilitation of projects: Detailed scope, budget and timeline
- NYC OMB: Oversight, Value Engineering, Finance and CDBG
- NYC ORR: Coordination with Mayor's office, special activities (RIOC)
- BASE Tactical: Coordination with FEMA and NYS (project review, amendments, change orders and closeout)

# FEMA PW Status

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## Coney Island

- Base PW: obligated for ~**\$922M**.
- ✓ EHP review: EA approved.
- ✓ Draft amendment (scope clarification) submitted to NYS & FEMA, 10/6/15; State approval and waiting amended PW.

## Coler

- Base PW: obligated for ~**\$180M**.
- ✓ Amendment to be drafted/ submitted pending flood wall resolution with RIOC.
- EHP review: on hold until resolution on flood wall scope.

## Bellevue

- Base PW: obligated for **\$499M**.
- ✓ EHP review: EA approved.
- ✓ Amendment may be necessary, pending outcome of mitigation planning study.

## Metropolitan

- Base PW: obligated for ~**\$120M**.
- ✓ EHP review: EA, currently in Public Notice period. (Laray Brown)



# Agreements / Contracts

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## 1. Memorandum of Understanding (MOU)

- Project implementation services agreement between HHC and EDC
- Final updates being incorporated
- To be executed Nov 2015

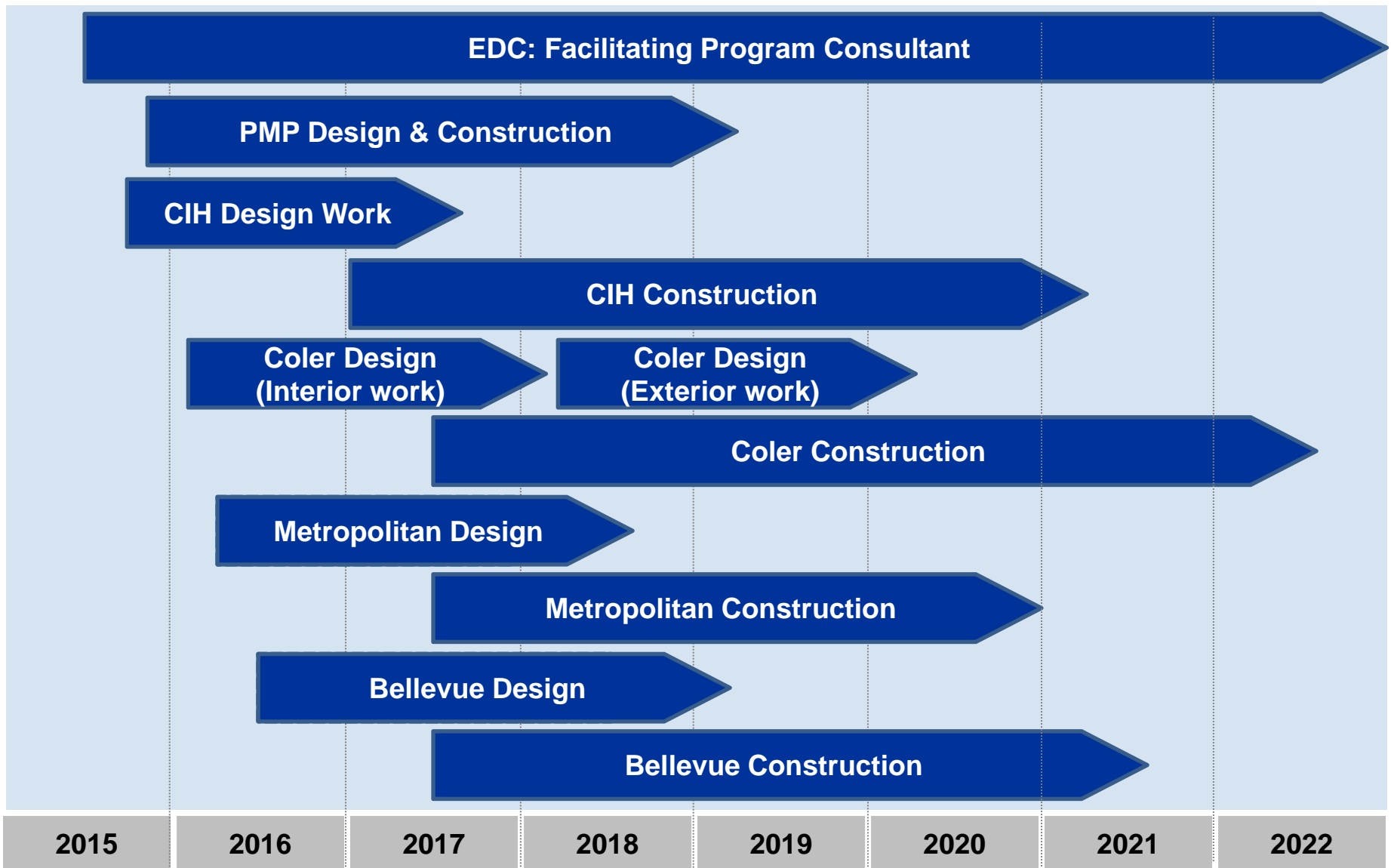
## 2. Subrecipient Agreement (SRA)

- Agreement between OMB and EDC outlining CDBG funding requirements and utilization plan
- Drafting in process with City Law, OMB, EDC and HHC Legal
- Executed October 2015

## 3. Procurement of key services

- Procurement of CM (construction manager) for PMP projects. Complete
- Procurement of PM (program manager). Responses received 10/14/15
- Procurement of Architectural services – CIH. Complete
- Procurement of Architectural services – Coler. Responses received October

# FEMA 428 Program- Overall Timeline



# Conclusion

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## **RESOLUTION**

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to negotiate and execute an agreement with the Physician Affiliate Group of New York, P.C. ("PAGNY") for the furnishing of staff required to provide physical and behavioral health services to inmates ("Inmates") in the custody of the New York City Department of Correction ("DOC") and certain other individuals for two years, starting January 1, 2016 for an amount not to exceed \$192,843,453 with three, two-year renewal options exclusive to the Corporation;

AND

Further authorizing the President to make adjustments to the contract amounts consistent with the Corporation's financial plan, professional standards of care and equal employment opportunity policy except that the President will seek approval from the Corporation's Board of Directors for any increases in payments to PAGNY in any fiscal year that exceed twenty-five percent of the not-to-exceed amount specified in this resolution.

**WHEREAS**, the Corporation is responsible for the provision of health services to inmates ("Inmates") in the custody of the New York City Department of Correction ("DOC") and certain other individuals including children under two years of age housed on Rikers Island whose mother is an Inmate and certain DOC employees ("CHS Patients"); and

**WHEREAS**, the Corporation desires to ensure the provision of high quality patient care services to CHS Patients; and

**WHEREAS**, the Corporation requires the services of an organization willing and able to furnish the staff necessary to provide for high quality healthcare professional services with respect to the delivery of health care to CHS Patients; and

**WHEREAS**, PAGNY is willing to, and capable of, furnishing such staff; and

**WHEREAS**, PAGNY is a professional service corporation organized under the laws of New York, all of whose physicians are duly licensed to practice medicine in New York State; and

**WHEREAS**, the Corporation, in the exercise of its powers and fulfillment of its corporate purposes, desires that PAGNY furnish the staff to provide healthcare services to CHS Patients and PAGNY is ready and willing to do so.

**NOW, THEREFORE, BE IT**

**RESOLVED**, that the President of the New York City Health and Hospitals Corporation ("the Corporation") is hereby authorized to negotiate and execute an agreement with the Physician Affiliate Group of New York, P.C. ("PAGNY") for the furnishing of staff required to provide physical and behavioral health services to inmates in the custody of the New York City Department of Correction and certain other individuals for a period of two years, commencing January 1, 2016 for an amount not to exceed \$192,843,453 with three, two-year renewal options exclusive to the Corporation; and it is further

**RESOLVED**, that the President is hereby authorized to make adjustments to the contract amounts consistent with the Corporation's financial plan, professional standards of care and equal employment opportunity policy except that the President will seek approval from the Corporation's Board of Directors for any increases in payments to PAGNY in any fiscal year that exceed twenty-five percent of the not-to-exceed amount specified in this resolution.

## EXECUTIVE SUMMARY

### RESOLUTION AUTHORIZING A CONTRACT WITH THE PHYSICIAN AFFILIATE GROUP OF NEW YORK, P.C. TO PROVIDE CERTAIN MEDICAL SERVICES WITHIN INSTITUTIONS OPERATED BY THE NYC DEPARTMENT OF CORRECTIONS

- NEED:** With the Mayor's signature of Executive Order No. 11 of 2015 and the Corporation's execution of the Memorandum of Understanding as of August 6, 2015 with the City of New York, the NYC Department of Health and Mental Hygiene ("DOHMH") and the NYC Department of Corrections ("DOC"), the Corporation has assumed responsibility for providing health services for individuals in the custody of DOC ("Inmates") and certain other individuals including children under two years of age housed on Rikers Island whose mother is an Inmate and certain DOC employees ("CHS Patients"). Such services have been provided by Corizon Health, Inc. and its affiliates ("Corizon") and Damian Family Care Centers ("Damian") under contract to DOHMH. Pursuant to the authorization of the Corporation's Board of Directors adopted at its July 2015 meeting, the Corporation assumed the Corizon and Damian contracts and Corizon has been continuing to provide such services under the Corporation's supervision. The Corizon and Damain contracts expire December 31, 2015 and November 17, 2016, respectively, and the Corporation does not intend to renew them. Thus, it is imperative that the Corporation contract with another entity to provide such services.
- CONTRACTOR:** Physician Affiliate Group of New York, P.C. ("PAGNY") has provided physicians' services to the Corporation for its Lincoln Medical and Mental Health Center, Jacobi Medical Center, North Central Bronx Hospital, Harlem Hospital Center, Metropolitan Hospital Center, Coney Island Hospital, Kings County Hospital Center and several Diagnostic and Treatment Centers for the last five years. At the Corporation's Board of Directors' September, 2015 meeting, authority was given to renew such agreement for another five years. Thus, PAGNY has a record of substantial collaboration with the Corporation in providing quality healthcare.
- PROGRAM:** Under the proposed contract, PAGNY will furnish the staff to provide physical and behavioral health services to CHS Patients. Any CHS Patient requiring acute care, will be transferred to either the Corporation's Elmhurst Hospital Center or to Bellevue Hospital Center where they will receive care by the staffs of those two hospitals. Thus, the physical and behavioral health care services provided to CHS Patients will be within the DOC facilities. PAGNY will be required to satisfy all legal requirements applicable to health care in correctional facilities including those imposed by the consent decrees entered into by the City of New York to settle litigations brought over the operation of the DOC facilities. The Corporation will actively supervise and manage the services that PAGNY will provide.
- ECONOMIC TERMS:** The Corporation will reimburse PAGNY for its costs to employ the physicians, other health professionals and service providers engaged to provide the required services and will pay PAGNY a 2.75% administrative fee.



## **RESOLUTION**

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to negotiate and execute an agreement with Correctional Dental Associates ("CDA") for the provision of dental health services to inmates ("Inmates") in the custody of the New York City Department of Correction ("DOC") for three years, starting January 1, 2016 for an amount not to exceed \$13,413,150;

AND

Further authorizing the President to make adjustments to the contract amounts consistent with the Corporation's financial plan, professional standards of care and equal employment opportunity policy except that the President will seek approval from the Corporation's Board of Directors for any increases in payments to CDA in any fiscal year that exceed twenty-five percent of the not-to-exceed amount specified in this resolution.

**WHEREAS**, the Corporation is responsible for the provision of health services including dental health services to inmates ("Inmates") in the custody of the New York City Department of Correction ("DOC"); and

**WHEREAS**, the Corporation desires to ensure the provision of high quality dental health services to Inmates; and

**WHEREAS**, the Corporation requires the services of an organization willing and able to provide high quality dental health services to Inmates; and

**WHEREAS**, CDA, has successfully provided dental health services to Inmates over the previous five years during which it has greatly increased dental services to Inmates and received high satisfaction reports; and

**WHEREAS**, CDA is willing to, and capable of, continuing to provide such services; and

**WHEREAS**, CDA is a professional service corporation organized under the laws of New York, all of whose dentists and other professionals are duly licensed to practice their particular dental functions in New York State; and

**WHEREAS**, the Corporation, in the exercise of its powers and fulfillment of its corporate purposes, desires that CDA provide dental health services to Inmates and CDA is ready and willing to do so.

**NOW, THEREFORE, BE IT**

**RESOLVED**, that the President of the New York City Health and Hospitals Corporation ("the Corporation") is hereby authorized to negotiate and execute an agreement with Correctional Dental Associates ("CDA") for the provision of dental health services to inmates in the custody of the New York City Department of Correction for three years, starting January 1, 2016 for an amount not to exceed \$13,413,150; and it is further

**RESOLVED**, that the President is hereby authorized to make adjustments to the contract amounts consistent with the Corporation's financial plan, professional standards of care and equal employment opportunity policy except that the President will seek approval from the Corporation's Board of Directors for any increases in payments to CDA in any fiscal year that exceed twenty-five percent of the not-to-exceed amount specified in this resolution.

## **EXECUTIVE SUMMARY**

### **RESOLUTION AUTHORIZING A CONTRACT WITH CORRECTIONAL DENTAL ASSOCIATES TO PROVIDE CERTAIN DENTAL HEALTH SERVICES WITHIN INSTITUTIONS OPERATED BY THE NYC DEPARTMENT OF CORRECTIONS**

- NEED:** With the Mayor's signature of Executive Order No. 11 of 2015 and the Corporation's execution of the Memorandum of Understanding dated as of August 6, 2015 with the City of New York, the NYC Department of Health and Mental Hygiene ("DOHMH") and the NYC Department of Corrections ("DOC"), the Corporation has assumed responsibility for providing health services to individuals in the custody of DOC ("Inmates"). The dental portion of such services have been provided by Correctional Dental Associates ("CDA") under contract to DOHMH. Pursuant to the authorization of the Corporation's Board of Directors adopted at its July 2015 meeting, the Corporation assumed the CDA contract and CDA has been continuing to provide such dental services under the Corporation's supervision. The CDA contract expires December 31, 2015. The Corporation wishes to continue CDA's services. Thus, it is imperative that the Corporation put a new contract with CDA in place.
- CONTRACTOR:** CDA has provided dental services to the Inmates for the last five years. CDA also holds contracts to provide similar services for a substantial portion of the individuals in custody in Maryland, New Jersey and Rhode Island. CDA has brought a welcome level of mission-driven professionalism to its work for incarcerated individuals. CDA has received favorable satisfaction scores from DOC Inmates by substantially expanding access to services. CDA is unique in its ability to maintain and improve on the level of dental care now provided to the Inmates.
- PROGRAM:** Under the proposed contract, CDA will provide dental health services to Inmates. CDA will be required to satisfy all the legal requirements applicable to healthcare in correctional facilities including those imposed by virtue of the consent decrees entered into by the City of New York to settle litigations brought over the operation of the DOC facilities.
- ECONOMIC TERMS:** The Corporation will reimburse CDA for its costs to employ the and other dental professionals as well as for various itemized administrative and supervisory services.

## RESOLUTION

Approving the application for verification by the American College of Surgeons of Harlem Hospital Center (“Harlem Hospital Center”) as a trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the President of the New York City Health and Hospitals Corporation (the “Corporation”), or his designee, to execute any and all documents necessary to verify trauma Center designation for Harlem Hospital Center through the American College of Surgeons, Committee on Trauma.

**WHEREAS**, the Corporation has played a significant and needed role in the provision of trauma services in New York City; and

**WHEREAS**, Harlem Hospital Center has been designated as a trauma center by the New York State Department of Health; and

**WHEREAS**, in 2015 the American College of Surgeons is the verifying authority for trauma centers; and

**WHEREAS**, the Board of Directors of the New York City Health and Hospitals Corporation fully supports the continued provision of trauma services at Harlem Hospital Center; and

**NOW, THEREFORE, be it**

**RESOLVED**, that the Board of Directors of the New York City Health and Hospitals Corporation of the City of New York (the “Board”) approves the application for verification of Harlem Hospital Center as a trauma center; and

**FURTHER RESOLVED**, that the Board commits to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

**FURTHER RESOLVED**, that the Board authorizes the President of the Corporation, or his designee, to execute any and all documents necessary to verify Harlem Hospital Center, as a Trauma Center, by the American College of Surgeons.



## **Executive Summary**

Board of Directors Resolution on Trauma Center Designation  
October 22, 2015

HHC has played a significant and needed role in the provision of trauma services in New York City, and has had trauma center designation at Harlem Hospital Center.

The New York State Department of Health will continue to be the designating authority for this trauma center. The verification authority will be delegated by the State to the "American College of Surgeons, Committee on Trauma" (ACS COT).

The HHC Board of Directors previously approved Trauma Center designation for these facilities on November 21, 2013. Since that time the American College of Surgeons, Committee on Trauma, has updated its requirements for verification, specifically authorizing the work of the trauma performance improvement committee at each trauma center. The American College of Surgeons requires a specific board resolution consistent with this change, prior to the 36 month expiration date of the previous HHC board resolution on trauma center verification. Hence the resolution before the Board today.

## RESOLUTION

Approving the application for verification by the American College of Surgeons of Jacobi Medical Center (“Jacobi Medical Center”) as a trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the President of the New York City Health and Hospitals Corporation (the “Corporation”), or his designee, to execute any and all documents necessary to verify trauma Center designation for Jacobi Medical Center through the American College of Surgeons, Committee on Trauma.

**WHEREAS**, the Corporation has played a significant and needed role in the provision of trauma services in New York City; and

**WHEREAS**, Jacobi Medical Center has been designated as a trauma center by the New York State Department of Health; and

**WHEREAS**, in 2015 the American College of Surgeons is the verifying authority for trauma centers; and

**WHEREAS**, the Board of Directors of the New York City Health and Hospitals Corporation fully supports the continued provision of trauma services at Jacobi Medical Center; and

**NOW, THEREFORE, be it**

**RESOLVED**, that the Board of Directors of the New York City Health and Hospitals Corporation of the City of New York (the “Board”) approves the application for verification of Jacobi Medical Center as a trauma center; and

**FURTHER RESOLVED**, that the Board commits to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

**FURTHER RESOLVED**, that the Board authorizes the President of the Corporation, or his designee, to execute any and all documents necessary to verify Jacobi Medical Center, as a Trauma Center, by the American College of Surgeons.

## **Executive Summary**

Board of Directors Resolution on Trauma Center Designation  
October 22, 2015

HHC has played a significant and needed role in the provision of trauma services in New York City, and has had trauma center designation at Jacobi Medical Center.

The New York State Department of Health will continue to be the designating authority for this trauma center. The verification authority will be delegated by the State to the "American College of Surgeons, Committee on Trauma" (ACS COT).

The HHC Board of Directors previously approved Trauma Center designation for these facilities on November 21, 2013. Since that time the American College of Surgeons, Committee on Trauma, has updated its requirements for verification, specifically authorizing the work of the trauma performance improvement committee at each trauma center. The American College of Surgeons requires a specific board resolution consistent with this change, prior to the 36 month expiration date of the previous HHC board resolution on trauma center verification. Hence the resolution before the Board today.

## RESOLUTION

Approving the application for verification by the American College of Surgeons of Kings County Hospital Center ("Kings County Hospital Center") as a trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation"), or his designee, to execute any and all documents necessary to verify trauma Center designation for Kings County Hospital Center through the American College of Surgeons, Committee on Trauma.

**WHEREAS**, the Corporation has played a significant and needed role in the provision of trauma services in New York City; and

**WHEREAS**, Kings County Hospital Center has been designated as a trauma center by the New York State Department of Health; and

**WHEREAS**, in 2015 the American College of Surgeons is the verifying authority for trauma centers; and

**WHEREAS**, the Board of Directors of the New York City Health and Hospitals Corporation fully supports the continued provision of trauma services at Kings County Hospital Center; and

**NOW, THEREFORE, be it**

**RESOLVED**, that the Board of Directors of the New York City Health and Hospitals Corporation of the City of New York (the "Board") approves the application for verification of Kings County Hospital Center as a trauma center; and

**FURTHER RESOLVED**, that the Board commits to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

**FURTHER RESOLVED**, that the Board authorizes the President of the Corporation, or his designee, to execute any and all documents necessary to verify Kings County Hospital Center, as a Trauma Center, by the American College of Surgeons.

## **Executive Summary**

Board of Directors Resolution on Trauma Center Designation  
October 22, 2015

HHC has played a significant and needed role in the provision of trauma services in New York City, and has had trauma center designation at Kings County Hospital Center.

The New York State Department of Health will continue to be the designating authority for this trauma center. The verification authority will be delegated by the State to the "American College of Surgeons, Committee on Trauma" (ACS COT).

The HHC Board of Directors previously approved Trauma Center designation for these facilities on November 21, 2013. Since that time the American College of Surgeons, Committee on Trauma, has updated its requirements for verification, specifically authorizing the work of the trauma performance improvement committee at each trauma center. The American College of Surgeons requires a specific board resolution consistent with this change, prior to the 36 month expiration date of the previous HHC board resolution on trauma center verification. Hence the resolution before the Board today.

## RESOLUTION

Approving the application for verification by the American College of Surgeons of Lincoln Medical and Mental Health Center (“Lincoln Medical and Mental Health Center”) as a trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the President of the New York City Health and Hospitals Corporation (the “Corporation”), or his designee, to execute any and all documents necessary to verify trauma Center designation for Lincoln Medical and Mental Health Center through the American College of Surgeons, Committee on Trauma.

**WHEREAS**, the Corporation has played a significant and needed role in the provision of trauma services in New York City; and

**WHEREAS**, Lincoln Medical and Mental Health Center has been designated as a trauma center by the New York State Department of Health; and

**WHEREAS**, in 2015 the American College of Surgeons is the verifying authority for trauma centers; and

**WHEREAS**, the Board of Directors of the New York City Health and Hospitals Corporation fully supports the continued provision of trauma services at Lincoln Medical and Mental Health Center; and

**NOW, THEREFORE, be it**

**RESOLVED**, that the Board of Directors of the New York City Health and Hospitals Corporation of the City of New York (the “Board”) approves the application for verification of Lincoln Medical and Mental Health Center as a trauma center; and

**FURTHER RESOLVED**, that the Board commits to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

**FURTHER RESOLVED**, that the Board authorizes the President of the Corporation, or his designee, to execute any and all documents necessary to verify Lincoln Medical and Mental Health Center, as a Trauma Center, by the American College of Surgeons.

## **Executive Summary**

Board of Directors Resolution on Trauma Center Designation  
October 22, 2015

HHC has played a significant and needed role in the provision of trauma services in New York City, and has had trauma center designation at Lincoln Medical and Mental Health Center.

The New York State Department of Health will continue to be the designating authority for this trauma center. The verification authority will be delegated by the State to the "American College of Surgeons, Committee on Trauma" (ACS COT).

The HHC Board of Directors previously approved Trauma Center designation for these facilities on November 21, 2013. Since that time the American College of Surgeons, Committee on Trauma, has updated its requirements for verification, specifically authorizing the work of the trauma performance improvement committee at each trauma center. The American College of Surgeons requires a specific board resolution consistent with this change, prior to the 36 month expiration date of the previous HHC board resolution on trauma center verification. Hence the resolution before the Board today.

## RESOLUTION

Approving the application for verification by the American College of Surgeons of Bellevue Hospital Center (“Bellevue Hospital Center”) as a trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the President of the New York City Health and Hospitals Corporation (the “Corporation”), or his designee, to execute any and all documents necessary to verify trauma Center designation for Bellevue Hospital Center through the American College of Surgeons, Committee on Trauma.

**WHEREAS**, the Corporation has played a significant and needed role in the provision of trauma services in New York City; and

**WHEREAS**, Bellevue Hospital Center has been designated as a trauma center by the New York State Department of Health; and

**WHEREAS**, in 2015 the American College of Surgeons is the verifying authority for trauma centers; and

**WHEREAS**, the Board of Directors of the New York City Health and Hospitals Corporation fully supports the continued provision of trauma services at Bellevue Hospital Center; and

**NOW, THEREFORE, be it**

**RESOLVED**, that the Board of Directors of the New York City Health and Hospitals Corporation of the City of New York (the “Board”) approves the application for verification of Bellevue Hospital Center as a trauma center; and

**FURTHER RESOLVED**, that the Board commits to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

**FURTHER RESOLVED**, that the Board authorizes the President of the Corporation, or his designee, to execute any and all documents necessary to verify Bellevue Hospital Center, as a Trauma Center, by the American College of Surgeons.



## **Executive Summary**

Board of Directors Resolution on Trauma Center Designation  
October 22, 2015

HHC has played a significant and needed role in the provision of trauma services in New York City, and has had trauma center designation at Bellevue Hospital Center.

The New York State Department of Health will continue to be the designating authority for this trauma center. The verification authority will be delegated by the State to the "American College of Surgeons, Committee on Trauma" (ACS COT).

The HHC Board of Directors previously approved Trauma Center designation for these facilities on November 21, 2013. Since that time the American College of Surgeons, Committee on Trauma, has updated its requirements for verification, specifically authorizing the work of the trauma performance improvement committee at each trauma center. The American College of Surgeons requires a specific board resolution consistent with this change, prior to the 36 month expiration date of the previous HHC board resolution on trauma center verification. Hence the resolution before the Board today.

## RESOLUTION

Approving the application for verification by the American College of Surgeons of Elmhurst Hospital Center (“Elmhurst Hospital Center”) as a trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the President of the New York City Health and Hospitals Corporation (the “Corporation”), or his designee, to execute any and all documents necessary to verify trauma Center designation for Elmhurst Hospital Center through the American College of Surgeons, Committee on Trauma.

**WHEREAS**, the Corporation has played a significant and needed role in the provision of trauma services in New York City; and

**WHEREAS**, Elmhurst Hospital Center has been designated as a trauma center by the New York State Department of Health; and

**WHEREAS**, in 2015 the American College of Surgeons is the verifying authority for trauma centers; and

**WHEREAS**, the Board of Directors of the New York City Health and Hospitals Corporation fully supports the continued provision of trauma services at Elmhurst Hospital Center; and

**NOW, THEREFORE, be it**

**RESOLVED**, that the Board of Directors of the New York City Health and Hospitals Corporation of the City of New York (the “Board”) approves the application for verification of Elmhurst Hospital Center as a trauma center; and

**FURTHER RESOLVED**, that the Board commits to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

**FURTHER RESOLVED**, that the Board authorizes the President of the Corporation, or his designee, to execute any and all documents necessary to verify Elmhurst Hospital Center, as a Trauma Center, by the American College of Surgeons.

## **Executive Summary**

Board of Directors Resolution on Trauma Center Designation  
October 22, 2015

HHC has played a significant and needed role in the provision of trauma services in New York City, and has had trauma center designation at Elmhurst Hospital Center.

The New York State Department of Health will continue to be the designating authority for this trauma center. The verification authority will be delegated by the State to the "American College of Surgeons, Committee on Trauma" (ACS COT).

The HHC Board of Directors previously approved Trauma Center designation for these facilities on November 21, 2013. Since that time the American College of Surgeons, Committee on Trauma, has updated its requirements for verification, specifically authorizing the work of the trauma performance improvement committee at each trauma center. The American College of Surgeons requires a specific board resolution consistent with this change, prior to the 36 month expiration date of the previous HHC board resolution on trauma center verification. Hence the resolution before the Board today.

## RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation (the “Corporation”) to use the 20 requirement contracts that were awarded for a two year term with three one-year options to renew to purchase health information related professional IT consultant services as needed to meet **non-Epic EMR** related IT consulting needs for an amount not to exceed \$43 million for the initial two year term.

**WHEREAS**, HHC from time to time has the need for IT consulting services in order to obtain expertise, experience or knowledge that is either not available in the Corporation, is not required on a long term basis, or any other circumstances where consulting expertise may be needed; and

**WHEREAS**, the requirements contracts will offer the Corporation IT consultants with a wide range of expertise and knowledge in a timely and efficient manner to support major software implementations, training, and maintenance activities; and

**WHEREAS**, the pool of requirement contracts will help HHC ensure continuity of services, avoid disruptions, delays, or gaps in service to both internal and external end users that rely on these essential and critical systems; and

**WHEREAS**, the Corporation previously awarded these contracts for professional services for the Epic EMR program; and

**WHEREAS**, the utilization of these contracts will provide the Corporation with health information related professional services on an as-needed basis for implementation, advisory, support and/or training services for a wide array of technology consulting needs as required by the business in order to provide the necessary skillsets; and

**WHEREAS**, the overall responsibility for managing and monitoring the agreements shall be under the Senior Vice President/Corporate Chief Information Officer.

**NOW, THEREFORE**, be it;

**RESOLVED THAT** the President of the New York City Health and Hospitals Corporation (the “Corporation”) be and hereby is authorized to use the 20 requirement contracts that were awarded for a two year term with three one-year options to renew to purchase health information related professional IT consultant services as needed to meet **non-Epic EMR** related IT consulting needs for an amount not to exceed \$43 million for the initial two year term.

## **Executive Summary**

### **EITS Professional Service Requirements Contracts**

On July 30, 2015 the Board of Directors approved the award of 20 requirements contract to provide information technology consultants and approved the spending authority of approximately \$119 million for the Epic Electronic Medical Record (EMR) and Revenue Cycle programs. The requirements contracts were procured through a Request for Proposals (RFP) to provide information technology (IT) consultant services on an as-needed basis to obtain resources with the necessary skillsets at the required times for a wide array of potential technological consulting needs.

The contracts resulted from an RFP issued by Enterprise IT Services (EITS) seeking vendors to provide IT consultant services for both the Epic EMR program as well as the non-Epic EMR information technology consulting needs of the Corporation. At this time, EITS is seeking to add spending authority to the 20 requirements contracts for the non-Epic EMR consultants.

The contract term will be two years with three one-year options to renew. The spending authority under the Resolution will not exceed a total of \$43 million over the *initial* two-year period for non-Epic EMR related IT consultant services. This amount is an estimate based on historical spending for these services. The IT consultant spend is included in HHC's annual baseline budget.

HHC will use the requirement contracts to obtain expertise, experience or knowledge that is either not available in the Corporation, is not required on a long term basis, or any other circumstances where consulting expertise is necessary to ensure continuity of services, avoid disruptions, delays, or gaps in service to clinical and business applications relied upon by both internal and external end users.

This set of contracts will allow the Corporation the flexibility and agility needed to quickly align to changing technologies and respond to new business needs in a timely and efficient manner. Contractors will provide IT consultants to support software implementations, infrastructure, training, and maintenance activities throughout HHC's facilities.

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 requirement contractors, HHC will evaluate the responses based on technical qualifications and price and will select the response that offers the Corporation the most favorable combination of quality and price.

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

**CONTRACT FACT SHEET (continued)**

**Contract Title:** Information Technology Consulting Services  
**Project Title & Number:** Multiple IT Projects  
**Project Location:** Enterprise wide  
**Requesting Dept.:** Enterprise IT Services (EITS)

**Successful Respondent:** 20 Vendors (See attachment)  
**Contract Amount:** \$43 million for the initial two year period  
**Contract Term:** 2 Years with 3 one-year options to renew

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

**Range of Proposals:** \$50.00/hour to \$870.00/hour

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

**Funding Source:** General Care X Capital  
Grant: explain  
X Other: explain Operating funds

**Method of Payment:** X Time and Rate  
Other: explain

**EEO Analysis:** Pending

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

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

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

## CONTRACT FACT SHEET (continued)

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On July 30, 2015, the Board of Directors approved the award of 20 requirements contracts to provide information technology (IT) consultant services on an as-needed basis to obtain resources with the necessary skillsets at the required times for a wide array of potential technological consulting needs. The 20 requirements contracts were approved by the Board of Directors with the spending authority of approximately \$119 million for the Epic Electronic Medical Record (EMR) and Revenue Cycle programs.

The contracts were established through a Request for Proposals (RFP) issued by Enterprise IT Services (EITS) seeking vendors to provide IT consultant services for both the Epic EMR program as well as the non-Epic EMR information technology consulting needs of the Corporation. At this time, EITS is seeking to add spending authority to the 20 requirements contracts for the non-Epic EMR consultants.

The contract term will be two years with three one-year options to renew. The spending authority under the Resolution will not exceed a total of \$43 million over the *initial* two-year period. This amount is an estimate based on historical spending for these services. The IT consultant spend is included in HHC's annual baseline budget.

These contracts will provide IT consultants with the necessary skillsets at the required times to support non- Epic EMR related projects and systems on an as-needed basis for a wide array of potential technological needs for consulting expertise services to perform implementation, IT support and/or training for non-Epic EMR related clinical and business applications and infrastructure.

This set of contracts will allow the Corporation to obtain short-term consultants for the necessary tasks in a timely and efficient manner. HHC will use the requirement contracts to obtain expertise, experience or knowledge that is either not available in the Corporation, is not required on a long term basis, or any other circumstances where consulting expertise is necessary to ensure continuity of services, avoid disruptions, delays, or gaps in service to clinical and business applications relied upon by both internal and external end users.

Currently, the Corporation utilizes a set of HHC consulting requirements contracts as well as Third Party Contract vendors. The contracts will replace and expand upon existing requirement contracts expiring in December 2015.

### **Contract Review Committee**

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

Yes. The Epic EMR and Revenue Cycle spending authority was approved on 6/29/15. The non-Epic EMR spending authority was approved on 9/30/15.

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*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.

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

## CONTRACT FACT SHEET (continued)

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EITS received Board approval on July 30, 2015 to enter into these 20 requirements contracts and spending authority for the Epic EMR related consultants. At this time, EITS is seeking to add spending authority to the 20 requirements contracts for the non-Epic EMR consultants.

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### *Scope of work and timetable:*

This panel of firms will provide expertise in the area of Healthcare Information Systems and other related information technology services and allow the Corporation to secure consulting expertise on an as needed basis to support major software implementation, infrastructure, clinical and business applications, training, and maintenance activities. They will provide specialized and trained expertise for a large number of implementation teams working throughout HHC's two (2) Data Centers, eleven hospitals, five long-term care sites, six diagnostic & treatment centers, and 80 plus clinics.

Written work orders identifying the specific project, scope of work, hourly rate, period of performance and the not-to-exceed amount will be issued to the Contractors on an as needed basis for new consultant services through a competitive process. Each request for new IT consultant services will be issued to the appropriate contractors, HHC 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 to the Corporation. The hourly rates in the work orders can be less than, but cannot exceed, the hourly rates in the contract.

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



## CONTRACT FACT SHEET (continued)

### Contract Review Committee Process

CRC Meeting Date..... September 30, 2015

### Board of Directors Approval Process

M&PA/IT Board Date..... October 8, 2015

Board of Directors Date..... October 22, 2015

**Contract Execution**..... November 2015

**Contract Start**..... By January 2016

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

For the services not related to the Epic EMR project, IT consultants will be utilized on an as-needed basis, to obtain expertise, experience or knowledge that is either not available in the Corporation or is not required on a long term basis sufficient to hire a full time employee; or any other circumstances where consulting expertise is determined to be required.

These contracts will help the Corporation achieve the flexibility necessary to quickly align with changing technologies and respond to new business demands in a cost effective manner.

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

#### Non- Epic EMR Consultants:

Fiscal Year	HHC Requirements Contracts & Third Party Contracts Total Spend
FY13	\$33.6M
FY14	\$33.7M
FY15	\$34.6M

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

This set of contracts will allow the Corporation to obtain short-term consultant services with specialized expertise for the necessary tasks in a timely and efficient manner. HHC will use the requirement contracts to obtain expertise, experience or knowledge that is either not available in the Corporation, is not required on a long term basis, or any other circumstances where consulting expertise is necessary to ensure continuity of services, avoid disruptions, delays, or gaps in service to clinical and business applications relied upon by both internal and external end users.

*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?*

These contracts are not expected to produce any type of intellectual property. If they do, HHC will retain ownership.

**CONTRACT FACT SHEET (continued)**

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

Sal Guido  
Sr. AVP/ Interim Chief Information Officer  
55 Water Street, 24th Floor  
New York, NY 10041

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***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):

***PENDING***

Received By E.E.O. \_\_\_\_\_  
Date

Analysis Completed By E.E.O. \_\_\_\_\_  
Date

\_\_\_\_\_  
Name

## ATTACHMENT A

SELECTED VENDORS
CTG Health Care Solutions
Emergis (Telus)
Mediant
Kforce Inc.
Experis (Manpower)
Tekmark
Teksystems
314e Corporation
HCI Group
CSI Healthcare
NTT Data
Dyntek Services
Soliant Health
Lucca Consulting Group
Intellect Resources
KPMG *
Momentum
Physician Tech Partners
Innovative Consulting Group
ISS

**\*Note: KPMG submitted a proposal and recently acquired another proposer – Beacon Partners. Award is subject to approval by the Audit Committee scheduled in December 2015**



# EITS Requirements Contracts for IT Consultant Services

Board of Directors Meeting  
October 22, 2015



## The Request

### 20 Requirement Contracts Awarded to Provide IT Consultants

- Board of Directors approved contract awards to 20 vendors to provide IT consultants on an as-needed basis on July 30, 2015
- Board approved the use of the contracts for a spending authority of approximately \$119 million for the Epic Electronic Medical Records and Revenue Cycle Programs for the initial 2-year term
- Contract Term 2 years + 3 one-year renewals
- The contracts will replace and expand upon existing requirement contracts that are expiring December 2015

### Spending Authority for non-Epic EMR IT consultants up to \$43 million

(To provide IT consultants on an as-needed basis for implementation, support/maintenance, and training for the Non-EMR IT programs)

- Spending Authority is for initial two year term
- Estimate based on historical spending
- Non-EMR spend is included in HHC's annual baseline budget
- No guarantee to vendors of a minimum payment
- Payment is based on actual services performed pursuant to a work order issued by HHC



## FY16 Operating OTPS Budget (Non-Epic EMR)

FY16 - IT Budget					
		Includes, but not limited to	(\$ in millions)		
			Total Budget	Expenditures [Paid or in Progress] as of 9/30/2015	Balance
1	<b>Maintenance</b>	Radiology/Picture Archiving and Communication System, Dentrax, Microsoft, Quadramed, Mcafee, Cerner, Oracle, Sungard and CISCO Smartnet	\$138.9	\$39.8	\$99.1
2	<b>Services</b>	Consulting Services for Business Intelligence, PeopleSoft, Desktop Support, Enterprise Service Desk and Enterprise Operations Center	\$43.5	\$5.8	\$37.7
3	<b>Upgrades</b>	Information Security & Risk Management, Application Standarization, Secure File Transfer, MobileIron, Secure Texting and PC Refresh	\$26.9	\$2.1	\$24.8
	<b>Total (IT OTPS Budget)</b>		<b>\$209.3</b>	<b>\$47.7</b>	<b>\$161.6</b>





## Internal Controls

EITS is implementing Internal Controls to monitor programmatic and fiscal effectiveness of IT consultants, such steps include:

### Electronic Timesheets

Consultants will use PeopleSoft as an electronic time punch to enter and submit weekly timesheets for HHC approval, this measure will:

- Ensure accurate billing/payment
- Maintain consistent and easily accessible documentation
- Track consultant attendance

### Activity Reports

Consultants working on a time and materials basis will complete and submit weekly detailed activity reports with timesheets, this will allow HHC to:

- Evaluate consultant performance
- Independent validation from a third party of consultants time to timesheets and job activity logs

### Selection of Consultants

Established checklist guidelines and documentation for “mini bids” among contractors, to:

- Ensure fairness in selection process
- Avoid conflicts of interest



Requirement Contracts allow HHC to achieve flexibility to quickly align with changing technologies and respond to new business needs in a cost effective manner.

## Benefits Associated IT Consultant Requirements Contracts

- provide 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
- obtain expertise, experience or knowledge that is either not available in the Corporation or is not required on a long term basis
- allow for continuity of services, avoid disruptions and delays to on-going projects





## 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 for new consultants 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

# Questions



Questions?

## **RESOLUTION**

Authorizing the New York City Health and Hospitals Corporation (“the Corporation”) to enter into a Cisco Enterprise License Agreement (“ELA”) through a Third Party Contract as part of the LAN Migration/Network Infrastructure refresh project in an amount not to exceed \$11,410,000 for a five year period.

**WHEREAS**, Enterprise Information Technology Services (“EITS”) in undergoing a Network Infrastructure refresh program to upgrade the Corporation’s network to improve system availability, speed, bandwidth and stability necessary to meet the growing demand and advances in healthcare delivery models and improve patient care; and

**WHEREAS**, as part of the overall program, EITS will be installing new network infrastructure equipment, installing an enterprise wireless network throughout the organization, and replacing the existing Private Branch Exchange (PBX) with an agile phone system Voiceover Internet Protocol with full Business Continuity throughout the HHC environment; and

**WHEREAS**, the Cisco Enterprise License Agreement (“ELA”) provides the operating software for the unified communication system - voiceover internet protocol (“VOIP”) devices-throughout the Corporation’s facilities and clinics; and

**WHEREAS**, the ELA permits unlimited deployment of licenses across the enterprise for a unified communication system at significant savings compared to the costs if such licenses were purchased on an individual device basis; and

**WHEREAS**, the Corporation will solicit proposals from authorized vendors who offer the Cisco software via Third Party contracts; and

**WHEREAS**, the award will be made to the vendor offering the lowest price; and

**WHEREAS**, the overall responsibility for managing and monitoring the agreement shall be under the Senior Vice President/Corporate Chief Information Officer.

**NOW, THEREFORE**, be  
it

**RESOLVED, THAT** the President of the New York City Health and Hospitals Corporation (“the Corporation”) be and hereby is authorized to enter into a Cisco Enterprise License Agreement (“ELA”) through Third Party Contract(s) as part of the LAN migration/Network Infrastructure refresh project in an amount not to exceed \$11,410,000 for a five year period.

**Executive Summary –  
Purchase of a Cisco Enterprise License Agreement via  
Third Party Contracts**

Enterprise Information Technology Services (“EITS”) is seeking to procure a Cisco Enterprise License Agreement (“ELA”) through a Third Party Contract as part of the LAN Migration/Network Infrastructure refresh project in an amount not to exceed \$11,410,000 for a five year period.

The Cisco ELA will provide the operating software for the unified communication system - voiceover internet protocol (“VOIP”) devices - throughout the Corporation’s facilities and clinics. The ELA permits unlimited deployment of licenses across the enterprise for a unified communication system at significant savings compared to the costs if such licenses were purchased on an individual device basis.

The cost of the software included in the ELA would exceed \$29.2 million if purchased as individual items rather than bundled through the ELA. Obtaining the software through an ELA would result in a cost avoidance of \$17.8 million.

EITS is undergoing a Network Infrastructure refresh program to upgrade the Corporation’s network to improve system availability, speed, bandwidth and stability necessary to meet the growing demand and advances in healthcare delivery models and improve patient care.

As part of the overall program, EITS will be installing new network infrastructure equipment, installing an enterprise wireless network throughout the organization, and replacing the existing Private Branch Exchange (PBX) with an agile phone system Voiceover Internet Protocol with full Business Continuity throughout the HHC environment.

This solution will move the Corporation off of the legacy PBX (Private Branch Exchange) technology which is outdated and does not support many of the newer applications and environments such as Telehealth (including remote patient monitoring) and telemedicine. The move off the legacy PBX systems to the new VOIP Unified Communications systems will allow the HHC to support Telehealth, and Telemedicine. Remote patient monitoring uses devices to remotely collect and send data to a home health agency or a remote diagnostic testing facility (RDTF) for interpretation.

Unified Communications VOIP technology is an integral and essential component of the technology infrastructure needed to evolve NYCHHC into these areas of healthcare.

The EITS is soliciting proposals from authorized vendors who offer the Cisco software via Third Party contract. The award will be made to the vendor offering the lowest price.

# CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

**Contract Title:** Cisco Enterprise License Agreement  
**Project Title & Number:** LAN Migration/Network Infrastructure Refresh  
**Project Location:** Enterprise-Wide  
**Requesting Dept.:** Enterprise IT Services

**Successful Respondent:** Vendor via Third Party Contract  
**Contract Amount:** \$11,410,000  
**Contract Term:** 5 years

**Number of Respondents:** Multiple vendors via Third Party Contract  
(If Sole Source, explain in Background section)

**Range of Proposals:** \$ Not Applicable to \$

**Minority Business Enterprise Invited:**  Yes If no, please explain:

**Funding Source:** General Care Grant: explain  
 Other: explain Operating

**Method of Payment:** Lump Sum Per Diem Time and Rate  
 Other: explain: Annual payments

**EEO Analysis:**

**Compliance with HHC's McBride Principles?** Yes No  N/A

**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 (continued)

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

EITS is seeking spending authority in the amount of \$11.41 million to purchase a Cisco Enterprise License Agreement (ELA) necessary for the installation of an agile phone system Voiceover Internet Protocol with full Business Continuity throughout the HHC environment as part of the LAN Migration/Network Infrastructure Refresh program.

The LAN Migration/Network Infrastructure refresh program includes the upgrade of the network hardware infrastructure, the installation of an enterprise wireless network throughout the organization and the replacement the existing Private Branch Exchange (PBX) with a unified communication system.

At this time EITS is seeking spending authority for the ELA that provides the Cisco operating software for the unified communication system - voiceover internet protocol ("VOIP") devices- throughout the Corporation's facilities and clinics that allows for unlimited deployment of licenses across the enterprise at significant savings compared to the costs if such licenses were purchased on an individual device basis.

This solution will move the Corporation off of the legacy PBX (Private Branch Exchange) technology which is outdated and does not support many of the newer applications and environments such as Telehealth (including remote patient monitoring) and telemedicine.

The move off the legacy PBX systems to the new VOIP Unified Communications systems will allow the HHC hospitals to support Telehealth, and Telemedicine. Remote patient monitoring uses devices to remotely collect and send data to a home health agency or a remote diagnostic testing facility (RDTF) for interpretation.

Unified Communications VOIP technology is an integral and essential component of the technology infrastructure needed to evolve NYCHHC into these areas of healthcare.

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### **Contract Review Committee**

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

*Yes. The submission was presented on 9/30/15.*

*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

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**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):

*Process used to select the proposed contractor –*

Under this request, a solicitation is being conducted from vendors available through Third Party Contract. Conducting solicitations via Third Party contracts will ensure that HHC is promoting competition as well as receiving the best price for the required software. Third party contracts offer discounted pricing compared to the market price for such software.

*The selection criteria –*

Enterprise IT Services will solicit authorized Cisco resellers via Third Party contracts. Multiple resellers will be solicited. An award will be made to the lowest responsive and responsible bidder.

*The justification for the selection –*

An award will be made to the lowest responsive and responsible bidder for each purchase.

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*Scope of work and timetable:*

The ELA will allow HHC unlimited deployment of voice over internet protocol devices across the HHC enterprise during the 5 year term.

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

The ELA will result in a cost avoidance of \$17.8 million compared to the costs if the software was purchased on an individual basis.

Items Included in the ELA	Price List	ELA	
Net-new Licenses and SWSS	\$11,986,860	Included	Combination of all product licenses (phone, video, voicemail, etc.) and maintenance to be purchased over next 60 months consistent with past purchases and future company direction
Prime Management	\$7,914,268	Included	200,000 devices to be licenses and 60 months of SWSS
SWSS on Existing Licenses	\$756,781	Included	Maintenance and upgrades of existing software assets over 60 months
WebEx Conferencing	\$4,566,600	Included	Based on 20,000 knowledge workers and 3,600 active hosts
Contact Center Express Agents	\$268,750	Included	Contact center express for 500 enhanced agents
Cisco Advanced Services	\$3,735,134	Included	Adoption and implementation services including two onsite engineers for 2 years and virtual adoption resources
Total	\$29,228,393	\$11,404,682	
Savings		<b>\$17,823,711</b>	

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

N/A

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

Not applicable. The purchase is for software licenses.

*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.

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

Sal Guido, Assistant Vice President/ Interim Corporate CIO.

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

Received By E.E.O. \_\_\_\_\_ **Not Applicable**  
Date

Analysis Completed By E.E.O. \_\_\_\_\_  
Date

\_\_\_\_\_  
Name





## CISCO Enterprise License Agreement

### Board of Directors Meeting

October 22, 2015

## CISCO ELA



- **Enterprise IT Services (EITS) is seeking \$11.41 million in spending authority to purchase Cisco software licenses through an Enterprise License Agreement (ELA) for a 5 year term.**
- **The ELA provides the operating software for the unified communications system (voice over internet protocol) being installed throughout all HHC facilities.**
- **An ELA permits unlimited deployment of licenses for these devices across the HHC enterprise at a significant savings compared to purchasing the software on an a la carte basis.**
- **The cost of the software, if purchased individually, would exceed \$29.2 million. Therefore obtaining the required software through an ELA would result in a cost avoidance of \$17.8 million.**

# LAN Migration/Network Infrastructure Refresh



- **The Network Infrastructure Refresh program is a multi-pronged effort to upgrade HHC's network to improve system availability, speed, bandwidth and stability in order to meet growing demand, advances in the healthcare delivery model and to improve patient care. The program includes:**
  - **Installing new network infrastructure equipment**
  - **Installing an enterprise wireless network throughout the organization**
  - **Replacing the existing phone system with an agile unified communications system - Voiceover Internet Protocol - with full Business Continuity throughout the HHC environment.**
- **Unified Communications VOIP technology is an integral and essential component of the technology infrastructure needed to evolve HHC into new areas of healthcare**
- **For example, the unified communications system will allow the HHC to support Telehealth, and Telemedicine, remote patient monitoring devices to collect and send data to a home health agency or a remote diagnostic testing facility (RDTF) for interpretation**
- **The ELA will provide the software that operates the communications devices that will be installed**



## FY16 Operating OTPS Budget (Non-Epic EMR)

FY16 - IT Budget					
		Includes, but not limited to	(\$ in millions)		
			Total Budget	Expenditures [Paid or in Progress] as of 9/30/2015	Balance
1	<b>Maintenance</b>	Radiology/Picture Archiving and Communication System, Dentrax, Microsoft, Quadramed, Mcafee, Cerner, Oracle, Sungard and CISCO Smartnet	\$138.9	\$39.8	\$99.1
2	<b>Services</b>	Consulting Services for Business Intelligence, PeopleSoft, Desktop Support, Enterprise Service Desk and Enterprise Operations Center	\$43.5	\$5.8	\$37.7
3	<b>Upgrades</b>	Information Security & Risk Management, Application Standarization, Secure File Transfer, MobileIron, Secure Texting and PC Refresh	\$26.9	\$2.1	\$24.8
	<b>Total (IT OTPS Budget)</b>		<b>\$209.3</b>	<b>\$47.7</b>	<b>\$161.6</b>



## Procurement



- **EITS is soliciting authorized resellers using Third Party Contract. Multiple resellers are being solicited for this purchase.**
- **An award will be made to the lowest responsive and responsible bidder**

# Questions



Questions?

## RESOLUTION

Authorizing the President to execute a **Memorandum of Understanding** between HHC and the **New York City Department of Investigation** ("DOI") to create an Office of the Inspector General for HHC under the authority and control of DOI to replace the existing office within HHC

**WHEREAS**, DOI is a mayoral agency of the City of New York under the New York City Charter, the Commissioner of which has the authority to make any study or investigation which may be in the best interest of the City, including but not limited to investigations of the affairs, functions, accounts, methods, personnel or efficiency of any agency; and

**WHEREAS**, mayoral agencies of the City of New York and other City-related authorities and entities have Inspectors General who are under the auspices and authority of DOI; and

**WHEREAS**, the Board of Directors is fully committed to the highest standards of ethical behavior in the conduct of the Corporation affairs; and

**WHEREAS**, currently HHC has an Office of the Inspector General which investigates matters of potential criminality, malfeasance, and misconduct and makes recommendations designed to prevent crime, fraud, and misconduct within the Corporation; and

**WHEREAS**, in an arrangement unique among New York City entities, the HHC Office of the Inspector General is not under the direct authority and control of DOI and instead reports to the President and Chair of the HHC Board with a dotted line to DOI; and

**WHEREAS**, authority and control by DOI will provide greater accountability and independence through supervision of investigations outside of HHC and thereby enhance the prevention of fraud, mismanagement and corruption;

**NOW, THEREFORE**, be it

**RESOLVED** that the President is hereby authorized to execute a **Memorandum of Understanding** between HHC and the **New York City Department of Investigation** to create an Office of the Inspector General for HHC under the authority and control of DOI to replace the existing office within HHC

## RESOLUTION

*Authorizing the Executive Director of MetroPlus Health Plan, Inc. to negotiate and execute a contract with Greenberg Traurig, LLC to provide legal services for a term of three years with two 1-year options to renew, each solely exercisable by MetroPlus, at hourly payment rates which shall be the following: \$350 per hour for services performed by partners; \$325 per hour for services performed by associates with more than six years of experience; \$300 per hour for associates with three to six years of experience; \$250 per hour for services performed by associates with fewer than three years of experience; and \$150 per hour for services performed by a paraprofessional.*

**WHEREAS**, MetroPlus Health Plan, Inc. (“MetroPlus” or the “Plan”), a subsidiary corporation of the New York City Health and Hospitals Corporation (“HHC”), seeks specialized legal counsel experienced in serving health plans to supplement the assistance provided by the HHC Office of Legal Affairs; and

**WHEREAS**, it is crucial for the Plan to maintain a presence in Albany to advocate for issues related to Plan operations and maximization of revenue; and

**WHEREAS**, Greenberg Traurig is a law firm with extensive resources, an established record and reputation of excellence in healthcare and managed care laws and regulations, has provided highly effective counsel to the Plan, and has a thorough working knowledge of MetroPlus and its affairs; and

**WHEREAS**, Greenberg Traurig has a major presence in Albany and Washington DC, and is currently advocating on behalf of the Plan’s interests including implementation of programs authorized under the Affordable Care Act and NYS Medicaid reform initiatives; and

**WHEREAS**, an RFP for legal services was issued in compliance with the Corporation’s contracting policies and procedures and;

**WHEREAS**, Greenberg Traurig, is the vendor selected to provide these services;

**WHEREAS**, the rates negotiated with Greenberg Traurig are far below those charged by the firm to other clients; and

**WHEREAS**, the Board of Directors of MetroPlus has duly considered and approved the proposed contract between MetroPlus and Greenberg Traurig; and

**WHEREAS**, the Certificate of Incorporation of MetroPlus reserves to the HHC Board of Directors the sole power to approve selection of outside legal counsel for MetroPlus.

**NOW, THEREFORE, be it**

**RESOLVED**, that the Executive Director of MetroPlus is hereby authorized to negotiate and execute a contract with Greenberg Traurig to provide legal services for a term of three years with two 1-year options to renew, each solely exercisable by MetroPlus, at hourly payment rates which shall be the following: \$350 per hour for services performed by partners; \$325 per hour for services performed by associates with more than six years of experience; \$300 per hour for associates with three to six years of experience; \$250 per hour for services performed by associates with fewer than three years of experience; and \$150 per hour for services performed by a paraprofessional.



**FOR HHC BOARD OF DIRECTORS**

***Authorization for MetroPlus Health Plan to Enter into  
A Legal Services Agreement with  
Greenberg Traurig, LLP***

MetroPlus Health Plan, Inc. (“MetroPlus”) seeks Board approval to negotiate and execute a contract with Greenberg Traurig, LLP (“Greenberg Traurig”) to provide legal services for a term of three years with two 1-year options to renew. Greenberg Traurig was selected through a RFP process.

Because selection of outside legal counsel is reserved in the certificate of incorporation of MetroPlus to the New York City Health and Hospitals Corporation (“HHC”), the RFP process was undertaken and HHC Board authorization is now sought to enter into an agreement with the selected firm. The MetroPlus Board of Directors has approved submission of these agreements to the HHC Board for authorization.

Greenberg Traurig will work under the direction of the MetroPlus Executive Director, or designee, on an as needed basis, subject to the advice, consent and supervision of the HHC General Counsel. The scope of work that the firm may be called upon to assist with includes; providing specialized legal services to MetroPlus in connection with the implementation of legal and regulatory requirements and new product launches, and advocating on issues related to the Plan’s operation and maximization of revenue.

Greenberg Traurig’s hourly payment rates shall be the following: \$350 per hour for services performed by partners; \$325 per hour for services performed by associates with more than six years of experience; \$300 per hour for associates with three to six years of experience; \$250 per hour for services performed by associates with less than three years of experience; and \$150 per hour for services performed by a paraprofessional.

**Background of Greenberg Traurig:**

MetroPlus has been working with Greenberg Traurig since 2004 and is familiar with MetroPlus’ expectations and needs. The firm has substantial experience in government affairs, health care, managed care, Federal and State health care regulations and insurance law. Greenberg Traurig has experienced attorneys practicing throughout the firm’s national network of offices and has a strong presence in New York City and Albany.

Greenberg Traurig also has extensive experience working with New York State regulators on compliance issues. In the past year Greenberg Traurig have assisted plans in navigating complex challenges relating to compliance with fraud and abuse requirements, behavioral health initiatives and value based payment arrangements.

The vendor contract is for a three year term with a two 1-year options to renew. The projected start date is February 2016.

# CONTRACT FACT SHEET

MetroPlus Health Plan, Inc.

A subsidiary corporation of New York City Health and Hospitals Corporation

For RFP, RFB, PSA, SS, NA

**Contract Title:** Greenberg Traurig, LLP  
**Project Title & Number:** 100912R118  
**Project Location:** MetroPlus Health Plan, Inc.  
**Requesting Dept.:** Corporate Affairs

**Successful Respondent:** Greenberg Traurig

**Contract Amount:** Hourly payment rates are the following: \$350 per hour for services performed by partners; \$325 per hour for services performed by associates with more than 6 years of experience; \$300 per hour for associates with 3 to six years of experience; \$250 per hour for services performed by associates with less than 3 years of experience; and \$150 per hour for services performed by a paraprofessional.

**Contract Term:** Three years with two 1-year options to renew.

**Number of Respondents:** 3

**Range of Proposals:** Various

**Minority Business Enterprise Invited:** Yes

**Funding Source**  
 Capital  
 General Care  
 Grant: Explain  
 Other: [General Operating Fund]

**Method of Payment**  
 Lump Sum  
 Per Diem  
 Time and Rate  
 Other: [As invoiced]  
(required for contracts that exceed the amount of \$25,000)

**EEO Analysis:**  Yes  No

**Compliance with HHC's McBride Principles**  Yes  No  
(required for contracts in the amount of \$100,000 or more)

**Vendex Clearance**  Yes  No - in process  
(if applicable)

**Privacy Addendum:**  Yes  No - executed with the contract

## CONTRACT FACT SHEET(continued)

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

MetroPlus seeks specialized legal counsel experienced in serving health plans, to supplement the assistance provided by the HHC Office of Legal Affairs. Due to its unique status within HHC as a health plan, MetroPlus frequently requires assistance in addressing legal and regulatory issues that fall outside of the mainstream of legal matters handled by the Office of Legal Affairs. These include, matters arising under State and Federal laws and regulations governing the insurance industry, issues raised by oversight activities of the New York State Department of Health, as well as, matters arising under Articles 44 and 49 of the Public Health Law (governing licensure and operations of prepaid comprehensive health services plans). In addition, due to the rapid pace of managed care evolution and the complexity of its regulatory environment, the volume of MetroPlus requests for counsel sometimes outstrips the resources Legal Affairs has available to allocate to MetroPlus.

**Contract Application Approval** (not applicable to PSA or RFB)

*Was the proposed contract application approved?*

Yes, on 6/10/15

*Has the proposed contract's scope of work, timetable, budget, contract deliverables or accountable person changed since the approval of the Contract Application? If so, please indicate how the proposed contract differs since that approval:*

No

## CONTRACT FACT SHEET(continued)

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

**Selection Committee Members** (Applicable to RFP, RFB, or NA )

(For RFP, RFB or NA only: Need to have an odd number of persons but no less than 5 upper/mid-level managers and that includes 3 persons from different departments)

(For PSA or SS: Project Manager and Department Head)

Barry Ritter, Associate Director of Finance, MetroPlus  
Seth Diamond, Chief Operating Officer, MetroPlus  
Joyce Weinstein, Associate Executive Director, Corporate Integrity, MetroPlus  
Barbara Keller, Deputy Counsel, HHC  
Lindsey Cei, Regulatory Affairs Analyst, MetroPlus

**Firms Responding** (Applicable to RFP, RFB, PSA or NA)

Greenberg Traurig, LLP  
Manatt, Phelps & Phillips, LLP  
Sutherland Asbill & Brennan LLP and Gonzalez Saggio & Harlan LLP

**Firms Considered** (Applicable to RFP, RFB, PSA or NA)

Greenberg Traurig, LLP  
Manatt, Phelps & Phillips, LLP  
Sutherland Asbill & Brennan LLP and Gonzalez Saggio & Harlan LLP

**Justification of Vendor Selection** (Provide greater detail for Sole Source, Negotiated Acquisition or PSA)

The selection committee unanimously agreed that Greenberg Traurig had the most to offer MetroPlus. The firm has substantial government affairs and health care practices. Greenberg Traurig has a multitude of experienced attorneys practicing throughout the firm's national network of offices. Greenberg Traurig has a strong presence in New York City and experience in a broad range of practice areas. The firm has experience with both MetroPlus and HHC and offered the lowest cost based on experience in managed care.

**Justification of Award of Contract**

(For NA or SS, explain in detail the reasons that justify the contract award)

(For NA or PSA, attach a Memorandum describing vendor search process, comparisons with at least 3 other vendors, including completed scoring/evaluation criteria sheets, competitive selection process, and that monies to be paid for services rendered are fair and reasonable)

The selection committee consisted of 4 MetroPlus and 1 HHC representatives, who have on-going experience with these types of services. The evaluation process involved looking at the criteria specified in the RFP as requirements of vendors submitting proposals as well as the cost proposal of each submission. Minimum vendor qualification evaluation criteria specified in the RFP were:

- Legal personnel assigned to perform work under the contract must be members in good standing with the New York State Bar Association, and at least one member of the selected law firm must be admitted to practice before the United States District Courts for the Southern and Eastern Districts of New York;
- Demonstrate, on behalf of the firm and each of the senior legal personnel who would be assigned to this contract, at least 10 years of experience providing services of the type sought hereunder to health plans operating in New York State;
- Experience in the areas of laws and regulations governing health insurance, specifically regulations promulgated by the New York State Department of Financial Services and the New York State Department of Health.

Greenberg Traurig met each and every criteria, provided excellent references and their cost was the lowest of the respondents.

## CONTRACT FACT SHEET (continued)

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*Why can't the work be performed by Corporation staff?*

MetroPlus seeks specialized legal counsel experienced in serving health plans to supplement the assistance provided by the Health and Hospitals Corporation Office of Legal Affairs. The Health and Hospitals Office of Legal Affairs does not have the Federal and State regulatory experience governing the health Insurance industry, nor does it have the requisite experience in managed care laws and regulations sufficient to meet the needs of MetroPlus.

In addition, due to the rapid pace of managed care evolution and the complexity of its regulatory environment, the volume of MetroPlus requests for counsel sometimes outstrips the resources Legal Affairs has available to allocate to MetroPlus.

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*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

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*Contract monitoring (include which Executive Staff is responsible):*

Seth Diamond, Chief Operating Officer

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***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):

(applicable to contracts that exceed \$25,000)

*Received By E.E.O. October 1, 2015*

*Analysis Completed By E.E.O.: October 5, 2015*

2015 OCT -6 P 2: 04

31232A

**Manasses C. Williams**  
Senior Assistant Vice President  
Affirmative Action/EEO

manasses.williams@nychhc.org

**TO:** Kathleen Nolan  
Contract Administrator, Corporate Affairs  
MetroPlus Health Plan Inc.

**FROM:** Manasses C. Williams 

**DATE:** October 5, 2015

**SUBJECT:** EEO CONTRACT COMPLIANCE

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The proposed contractor/consultant, Greenberg Traurig LLP, has submitted to the Affirmative Action Office a completed Contract Compliance Questionnaire and the appropriate EEO documents.

This company is a:

Minority Business Enterprise  Woman Business Enterprise  Non-M/WBE

Project Location(s): MetroPlus Health Plan Inc.

Contract Number: 100912R118

Project: Provide Legal Services

Submitted by: MetroPlus Health Plan Inc.

EEO STATUS:

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

COMMENTS:

## RESOLUTION

*Authorizing the Executive Director of MetroPlus Health Plan, Inc. to increase the spending authority for the contract with Milton Samuels Advertising Agency, Inc. ("MSA"), dated February 14, 2011, and to allocate additional funds for advertising for the fulfillment of the contract, for an amount not to exceed \$4,075,000 for the term which expires on February 13, 2016.*

**WHEREAS**, MetroPlus is certified under Section 4403(a) of the Public Health Law of the State of New York as a Health Maintenance Organization and has organized a plan for the provision of Prepaid Health Services to its members; and

**WHEREAS**, the Certificate of Incorporation of MetroPlus reserves to HHC the sole power with respect to MetroPlus entering into contract, other than with HHC or a health care service provider, with an annual value in excess of \$3,000,000; and

**WHEREAS**, despite substantial enrollment in health insurance under the Affordable Care Act, it is estimated that over 400,000 New Yorkers remain uninsured and providing these New Yorkers with insurance is critical to the goals of ensuring health equality; and

**WHEREAS**, enhanced outreach and advertising are required to reach those, who despite substantial publicity over a two-year period, have not yet enrolled in health insurance; and

**WHEREAS**, the 2015 open enrollment cycle through the implementation of the Essential Plan and MetroPlus' reduced price, there are new opportunities for low income New Yorkers to receive low price, quality health insurance; and

**WHEREAS**, additional advertising and marketing expenditures are needed to inform New Yorkers about these new opportunities; and

**WHEREAS**, MetroPlus anticipates being approved to do business in Staten Island and additional expenditures are needed to inform Staten Islanders about the availability of MetroPlus insurance and the services it offers; and

**WHEREAS**, in 2010, MSA was selected as the vendor, through an RFP process, to provide advertising and marketing services to MetroPlus; and

**WHEREAS**, MetroPlus' existing contract with MSA for advertising services is for an amount not to exceed \$2.875 million per year and, due to the additional marketing needs described above, MetroPlus is requesting an additional \$1,200,000 to cover the final year of the contract which is February 14, 2015 to February 13, 2016; and

**WHEREAS**, the Board of Directors of MetroPlus has duly considered and approved the proposed increase to the contract between MetroPlus and MSA.

**NOW THEREFORE**, be it

**RESOLVED**, that the Executive Director of MetroPlus is hereby is hereby authorized to increase the spending authority for the contract with Milton Samuels Advertising Agency, Inc. ("MSA"), dated February 14, 2011, and to allocate additional funds for advertising for the fulfillment of the contract, for an amount not to exceed \$4,075,000 for the term which expires on February 13, 2016.

**FOR HHC BOARD OF DIRECTORS**

***Authorization for MetroPlus Health Plan to Allocate  
Additional Funds  
to the Contract with Milton Samuels Advertising***

MetroPlus Health Plan, Inc. (“MetroPlus”) seeks Board approval to increase the spending limit on the current contract with Milton Samuels Advertising (“MSA”), to provide media buying and advertising services, for a total amount not to exceed \$4,075,000 for the remainder of the current contract year, ending February 13, 2016. MSA is in its final year of a contract with no options to renew remaining.

The last quarter of 2015 features several new product launches including the new Essential Plans on the NYSOH – the most affordable plans yet - and the rollout of MetroPlus Gold to all New York City employees, as well as a potential expansion into Staten Island. Further, MetroPlus is competitively priced for the Fall open enrollment period. In order to reach and enroll New Yorkers in these products and expand successfully into Staten Island, MetroPlus is asking for additional funds for advertising.

Despite substantial enrollment in health insurance under the Affordable Care Act, it is estimated that over 400,000 New Yorkers remain uninsured, with approximately half being insurable, and providing these New Yorkers with insurance is critical to the goals of ensuring health equality. Enhanced outreach and advertising are required to reach those, who despite substantial publicity over a two-year period, have not yet enrolled in health insurance

The Essential Plan and MetroPlus’ reduced Marketplace prices offer new opportunities for lower income New Yorkers to receive truly affordable, quality health insurance. Additional advertising and marketing expenditures are needed to inform New Yorkers about these new opportunities. In addition, MetroPlus anticipates being approved to do business in Staten Island and additional expenditures are needed to inform Staten Islanders about the availability of MetroPlus insurance and the services it offers.

MetroPlus’ existing contract with MSA for advertising services is for an amount not to exceed \$2.875 million per year. The launch of the Essential Plans and the Plan’s expansion into Staten Island required unanticipated advertising support.

MSA serves as the Plan’s central media buying and creative agency that helps us brand and create product recognition in our markets. They strategically plan advertising buys for us in a broad spectrum of advertising media, including TV. A critical component of an aggressive integrated marketing strategy, TV buys, while generally more costly than other media, have the most reach, impacting wider audiences (current members, prospective members, navigators and other influencers, etc.).

MetroPlus is requesting an additional \$1,200,000, for a total amount not to exceed \$4,075,000, for the MSA contract the term of which expires on February 13, 2016, and has no options to renew. These monies will be used to aggressively market MetroPlus Essential Plans on TV (\$1,000,000) and support our Staten Island expansion (\$200,000).

Because of the increased availability for this open enrollment of low cost insurance, MetroPlus is well positioned to meet the insurance needs of additional New Yorkers. Additional advertising is critical to ensure the message reaches more people. We are confident that the addition of these requested dollars will significantly support our brand, our retention efforts and critical new member growth.





# MetroPlus Request for Additional Advertising Funding

NYC Health and Hospitals Corporation  
Board of Directors  
October 22, 2015

Arnold Saperstein, MD  
Executive Director, MetroPlus Health Plan

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# Current State

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- MetroPlus has been working with Milton Samuels Advertising (MSA) for the last eight (8) years
- Vendor was selected through an RFP process
- Current approved contract includes print, outdoor, transit, digital, radio and social media
- Current contracted amount is \$2.875MM/year

# Current State

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- MetroPlus' and HHC's 2020 goal is to reach 1 million members
- Multiple ongoing initiatives for expansion:
  - New line of business (Essential Plan)
  - Staten Island
  - MetroPlus Gold offered to all NYC employees
  - Lowest cost Qualified Health Plan (Exchange)
  - Aggressive retention plan
- The Essential Plan and MetroPlus' lowest cost on the NYSOH Marketplace represents a significant opportunity to grow market share
- This opportunity may not present itself again in the near future

# Request for Additional Spending Authority

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- Add focused TV advertising (\$1MM) which will roll out by November 15 (the beginning of the Open Enrollment Period)
  - MetroPlus has not utilized TV advertising since 2007
  - New market opportunities make this appropriate time to expand our marketing and advertising
- Add focused Staten Island advertising (\$200K)
- Spending authority requested is for total additional cost of \$1.2MM
- New contract amount will be \$4.075MM
- This request is for the remainder of the current contract (which expires in February 2016). We will evaluate response and reconsider for the next RFP.

:30 Television Commercial



VO: The lowest cost health plan online?



VO: Where do I click?



VO: Health care for zero or twenty dollars per month?



VO: Sign me up.



VO: Finally, health care I can afford.



VO: Sweet.



VO: They found the lowest cost health plan online.



VO: So can you.



VO: MetroPlus Health Plan. Plan ahead.

