

NYC HEALTH + HOSPITALS

A meeting of the Board of Directors of NYC Health + Hospitals was held in Room 532 at 125 Worth Street, New York, New York 10013 on the 23rd day of March 2017 at 3:00 P.M. pursuant to a notice which was sent to all of the Directors of NYC Health + Hospitals and which was provided to the public by the Secretary. The following Directors were present in person:

Mr. Gordon J. Campbell
Mr. Stanley Brezenoff
Ms. Helen Arteaga Landaverde
Dr. Gary S. Belkin
Josephine Bolus, R.N.
Dr. Jo Ivey Boufford
Dr. Vincent Calamia
Barbara A. Lowe, R.N.
Mr. Robert Nolan
Mr. Mark Page
Dr. Herminia Palacio
Mr. Bernard Rosen
Ms. Emily A. Youssouf

Jennifer Yeaw was in attendance representing Commissioner Steven Banks, and Dr. Oxiris Barbot was in attendance representing Dr. Mary T. Bassett, each in a voting capacity.

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

ADOPTION OF MINUTES

The minutes of the meeting of the Board of Directors held on February 23, 2017 were presented to the Board. Then on motion made by Mr. Campbell and duly seconded, the Board unanimously adopted the minutes.

1. **RESOLVED**, that the minutes of the meeting of the Board of Directors held on January 26, 2017, copies of which have been presented to this meeting, be and hereby are adopted.

CHAIRPERSON'S REPORT

Mr. Campbell announced that the educational session scheduled for Wednesday, March 15, 2017 was canceled due to inclement weather, and will notify the Board when the meeting is rescheduled.

Mr. Campbell reported that the Joint Commission visited NYC Health + Hospitals/Bellevue on March 13, 2017 and conducted a four-day survey. He thanked Ms. Lowe for participating in the leadership session.

Dr. Palacio and Dr. Boufford discussed the Commission on Healthcare for Our Neighborhoods and their Issue Brief. Dr. Palacio emphasized the urgency of our transformation agenda.

PRESIDENT'S REPORT

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

Mr. John Jurenko, Vice President, Intergovernmental Relations, discussed the implications of potential changes in the Affordable Health Care Act.

INFORMATION ITEM

Mr. Paul Albertson, Vice President, Supply Chain Services, provided the Board with an update with respect to the goals of

standardizing goods, services, and equipment, as well as improving the quality of care and saving money.

ACTION ITEMS

RESOLUTION

2. Authorizing the President of the NYC Health and Hospitals Corporation (the "NYC Health + Hospitals) to execute an agreement with **Cardinal Health 200, Inc.** to **provide medical and surgical distribution services** as requested over a three-year term for a total not-to-exceed the amount of \$369,722,040.

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

RESOLUTION

3. Authorizing the New York City Health and Hospitals Corporation (NYC Health + Hospitals) to negotiate and execute a **contract amendment** with **McKesson Technologies Inc.** to obtain the licenses, services, training and maintenance required to **implement a consolidated diagnostic viewer in conjunction with the Radiology Integration and Practice Management Services Agreement** made with McKesson in February 2016 for a period of two years (the remaining Initial Term of the Agreement) with two, one-year options to renew, exercisable solely by NYC Health + Hospitals, in an additional amount of \$6,668,270.94 (includes a 10% contingency of \$606,206.45) for a total increased contract amount not to exceed \$23,353,125.94.

Ms. Youssouf moved the adoption of the resolution which was duly seconded and unanimously adopted by the Board.

RESOLUTION

4. Authorizing the New York City Health and Hospitals Corporation (NYC Health + Hospitals) to execute contracts for the **purchase of hardware, software, and services from various vendors** on an on-going basis **via Third Party Contracts(s)** in an amount not to exceed \$10,000,000 for a one year period.

Ms. Youssouf moved the adoption of the resolution which was duly seconded and unanimously adopted by the Board.

RESOLUTION

5. Authorizing the New York City Health and Hospitals Corporation (NYC Health + Hospitals) to execute a five-year, revocable, no fee **license agreement** with the City of New York acting by and through the **Mayor's Office of Immigrant Affairs** ("MOIA") for full-time, non-exclusive use and occupancy of spaces each less than approximately 500 sq. ft. to be designated at NYC Health + Hospitals/Lincoln, NYC Health + Hospitals/Lincoln, NYC Health + Hospitals/Elmhurst, NYC Health + Hospitals/Dr. **Susan Smith McKinney**, NYC Health + Hospitals/Sea View and NYC Health + Hospitals/Gouverneur to provide **pro bono legal and related services to patients and members of the community** focused primarily on efforts to identify eligible immigrants, and facilitate their enrollment with health insurers, including Medicaid as well as assisting them with other legal matters.

Mr. Page moved the adoption of the resolution with the amendment proposed by Dr. Belkin, adding the words "related to immigration" to the end of the resolution, which was duly seconded and unanimously adopted by the Board as amended.

At this juncture, Dr. Palacio left the meeting.

RESOLUTIONS

6. Authorizing the New York City Health and Hospitals Corporation (NYC Health + Hospitals) to execute a **requirements contract** with **Rashel Construction Corporation** in the amount of \$10,000,000 to provide **construction services for General Construction Work** on an as-needed basis at various facilities throughout the Corporation.

- and -

7. Authorizing the New York City Health and Hospitals Corporation (NYC Health + Hospitals) to execute a **requirements contract** with **Volmar Construction, Inc.** in the amount of \$10,000,000 to provide **construction services for General Construction Work** on an as-needed basis at various facilities throughout the Corporation.

- and -

8. Authorizing the New York City Health and Hospitals Corporation (NYC Health + Hospitals) to execute a **requirements contract** with **Jemco Electrical Contractors** in the amount of \$10,000,000 to provide **construction services for General**

Construction Work on as as-needed basis at various facilities throughout the Corporation.

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

SUBSIDIARY AND BOARD COMMITTEE REPORTS

Attached hereto is a compilation of reports of the NYC Health + Hospitals 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.

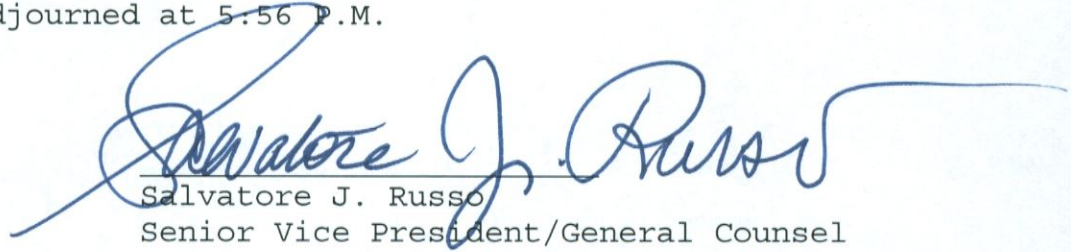
Mr. Campbell received the Board's approval to convene an Executive Session to discuss matters of quality assurance, potential litigation and personnel.

FACILITY GOVERNING BODY/EXECUTIVE SESSION

The Board convened in Executive Session. When it reconvened in open session, Mr. Campbell reported that, (1) the Board of Directors, as the governing body of NYC Health + Hospitals/Coler, received an oral governing body submission and reviewed, discussed and adopted the facility's report presented; (2) as governing body of NYC Health + Hospitals/Carter, the Board received an oral governing body submission and reviewed, discussed and adopted the facility's report presented; and (3) as governing body of NYC Health + Hospitals/Woodhull, the Board reviewed and approved its semi-annual written report.

ADJOURNMENT

Thereupon, there being no further business before the Board,
the meeting was adjourned at 5:56 P.M.

A handwritten signature in blue ink, reading "Salvatore J. Russo". The signature is written in a cursive style with a long horizontal flourish extending to the right.

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

COMMITTEE REPORTS

Capital Committee – March 16, 2017

As reported by Mr. Mark Page

Committee Members Present: Mark Page, Gordon Campbell, Josephine Bolus, and Stanley Brezenoff

Vice President’s Report

Ms. Weinstein advised that the meeting agenda would include a license agreement with the Mayor’s Office of Immigrant Affairs for occupancy at various facilities to provide pro bono legal services to patients and local communities, by a provider who is currently providing services throughout the system, as well as three requirement contracts for General Construction services for a not-to-exceed amount of \$10,000,000 each.

Ms. Weinstein explained that, as mandated by the Construction Procedures Manual, she would be reporting a Project Change Order over \$200,000. She noted that the Operating Room Chiller Upgrade Project at Bellevue, designed by Parsons Brinkerhoff, had a \$215,000 change order. Ms. Weinstein said that the project was halted midway by Hurricane Sandy, which led to an energy audit that resulted in the decision to utilize a larger piping in connecting the chillers to the facility. The increase was within the project budget and would not require additional funding.

That concluded her report.

Salvatore Russo, General Counsel, Legal Affairs, said that there would be an amendment to the first action item. He explained that the end of the resolution read, the program would be assisting people in the community, “including Medicaid as well as assisting them with other legal matters”, and that would be changed to read, “including Medicaid as well as immigration related legal matters”, so that the scope was not as broad as indicated. All parties agreed.

Action Items

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a five- year, revocable, no fee license agreement with the City of New York acting by and through the Mayor’s Office of Immigrant Affairs (“MOIA”) for part-time, non-exclusive use and occupancy of spaces each less than approximately 500 sq. ft. (the “Licensed Spaces”) at NYC Health + Hospitals/Lincoln, NYC Health + Hospitals/Elmhurst, NYC Health + Hospitals/Dr Susan Smith McKinney, NYC Health + Hospitals/Sea View and NYC Health + Hospitals/Gouverneur (the “Facilities”) to provide pro bono legal and related services to patients and members of the community focused primarily on efforts to identify eligible immigrants, and facilitate their enrollment with health insurers, including Medicaid as well as assisting them with other legal matters.

Jeremy Berman, Deputy Counsel, Legal Affairs, read the resolution into the record, as corrected. Mr. Berman noted during his reading that the phrase “part-time” was also to be removed from the amended resolution. Parties agreed.

Mr. Berman explained that the Mayor’s Office of Immigrant Affairs (MOIA) was launching a program to extend legal services to immigrants within the City of New York, and particularly identifying those which may qualify for Medicaid coverage, which would benefit the system. The proposition is that MOIA will have a presence in these spaces, along with potential service partners, to assist immigrants in the hospital and the community at large. They will be assisting with Medicaid related issues and services as well as possible immigration issues.

Mr. Berman explained that in the past the New York Legal Assistance Group (NYLAG) had been approved to license space and provide similar services. This was an effort to expand and augment that work. It was not a license agreement to NYLAG, it was with MOIA who plan to work with NYLAG. In some instances they would be occupying the same space. For some locations it would be a new service and/or new space. The idea was that the work with NYLAG would continue, which was exclusive to our patients and would be reported separately from the MOIA work.

Gordon Campbell, Vice Chair, Acting Chairman of the Board, said that he could not imagine a more important service in today's climate.

Mr. Page noted that the resolution summary stated that any additional costs incurred by Health + Hospitals for cleaning, security, etc. would be reimbursed. Mr. Berman said yes, similar to the NYC ID program operating at NYC H+H / Lincoln.

Mrs. Bolus asked if that would be three Mayoral services that were housed in our facilities. Mr. Berman said no, just the services being presented today and the NYC ID program at Lincoln.

Mrs. Bolus asked if there would be outreach to inform the community about these services. Mr. Berman said no he believed the Health + Hospitals outreach would fall mostly on the social work providers within our facilities. Mr. Russo added that he believed MOIA would be doing some community outreach.

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

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

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a requirements contract with Rashel Construction Corporation (the Contractor) in the amount of \$10,000,000 to provide construction services for General Construction Work on an as-needed basis at various facilities throughout NYC Health + Hospitals.

Louis Iglhaut, Assistant Vice President, Office of Facilities Development, read the resolution into the record.

Mr. Iglhaut explained that the contract was for a larger amount than previously approved contracts, from \$6,000,000 to \$10,000,000 in anticipation of ongoing work related to the Mayor's Primary Care Initiative and Delivery System Reform Incentive Program (DSRIP) projects. These contracts also include the language necessary to operate under the Project Labor Agreement (PLA).

Mr. Page asked if task work under the contracts was issued by competing proposals. Mr. Iglhaut said yes, we try to have two contractors submit.

Mr. Campbell asked how the selection process worked.

Mr. Iglhaut said that the Gordian Group assisted in posting the bid, those bids were based off of a provided task catalog, with fixed dollar amounts, and the bidders bid on that catalog with a multiplier. The lowest multiplier or bid, is selected as the winner.

Mr. Page asked if the task list was the same for all bidders. Mr. Iglhaut said yes, for each bid for the same services. Mr. Page asked if all three contracts being presented were for General Contracting services. Mr. Iglhaut said yes.

Mr. Page asked if a lower multiplier was better. Mr. Iglhaut said yes.

Mrs. Bolus asked if notation of the Contractor's previous experience meant that their work was on time and on budget. Ms. Weinstein said yes. Mrs. Bolus asked that be reflected in future resolutions.

Mr. Iglhaut explained that each task order stood independently, so that if a project required additional work, and/or dollars, then it would require a new work order and new approvals through the Office of Facilities Development.

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

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

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a requirements contract with Volmar Construction, Inc. (the Contractor) in the amount of \$10,000,000 to provide construction services for General Construction Work on an as-needed basis at various facilities throughout NYC Health + Hospitals.

Mr. Russo recommended amending the Contract Fact Sheet to remove Vitech Construction, as a non-responsive bidder.

Louis Iglhaut, Assistant Vice President, Office of Facilities Development, read the resolution into the record.

Mr. Iglhaut noted that task orders were not issued until project funding was identified and in place.

Mr. Page asked if the notation that the contracts were active for two years or until funds were depleted or if increase in funds could be requested if time ran out, or if additional time could be requested if dollars ran out.

Mrs. Weinstein said yes, either scenario is possible but we would go through the same channels of approval; Committee and Board approval. Mr. Berman added that those processes would require approvals but not a new procurement process.

Mr. Page asked if it should be noted that the contracts do not end at a drop dead date, being that they can be extended by dollars and/or time.

Mr. Berman said that as far as the Board is concerned the contracts do die, unless they are brought back before the committees for the required additional approvals.

Mrs. Bolus asked if our contracts have penalties if work is not satisfactory. Ms. Weinstein said evaluations are required for work completed and those determine if a contractor would be selected again.

Mrs. Bolus said that she believed there was a time that there was discussion about projects going over budget or beyond schedule should be brought before the Committee. Ms. Weinstein said that she was unsure exactly what Mrs. Bolus was referencing but there were projects in the past, such as the Women’s Health Pavilion at Elmhurst Hospital Center, which was not on time, and it was brought before the Committee to notify them of pending legal action against the Contractor. But we do not have penalties or incentives built into these contracts. They are managed by individual task order.

Mr. Berman explained that placing penalties in the contracts often resulted in higher prices.

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

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

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a requirements contract with Jemco Electrical Contractors (the Contractor) in the amount of \$10,000,000 to provide construction services for General Construction Work on an as-needed basis at various facilities throughout NYC Health + Hospitals.

Louis Iglhaut, Assistant Vice President, Office of Facilities Development, read the resolution into the record.

Mr. Page asked if, being that the contractor name was Jemco Electrical, they were acceptable in providing general contracting services.

Mr. Iglhaut said yes, they have been very popular as an electrical contractor for the system and while providing general contracting services.

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

Change Order: *Operating Room Chiller Upgrade Project at NYC Health + Hospitals / Bellevue*

Ms. Weinstein provided the information update in her Vice President's Report.

Community Relations Committee – March 16, 2017

As reported by Josephine Bolus, RN

Committee Members Present: Josephine Bolus, RN, Helen Arteaga-Landaverde and Ross Wilson, M.D. representing Stanley Brezenoff, Interim President.

Chairperson's Report

Mrs. Bolus welcomed Committee Members and highlighted key NYC Health + Hospitals' events that occurred since the January 10, 2017 meeting. Mrs. Bolus began her report by informing members of the Committee, CAB Chairs and invited guest that Ms. Gladys Dixon, CAB Chairperson for Coler, was hospitalized at New York Presbyterian Weill Cornell. Mrs. Bolus asked everyone to please keep Gladys in our thoughts and prayers for a speedy recovery. She continued and reported the following:

- Mrs. Bolus thanked the Council of CABs, NYC Health + Hospitals' leadership (notably Israel Rocha and Alina Moran), facility public affairs staff, CAB members and Auxiliary members for coming out in full force to advocate for NYC Health + Hospitals for Lobby Day in Albany, NY on February 14th. Mrs. Bolus added that more than one hundred CAB members and staff participated in more than 70 meetings with members of the State Assembly and Senate. She noted that they discussed the need for safety net funding legislation and our concerns regarding ACA repeal and DSH payment cuts.
- Mrs. Bolus thanked all of the Community Advisory Boards and staff who have helped to organize fifteen (15) Legislative forums across the system, which started on February 8th and will continue through March 17th. Thus far, nine legislative forums were held at the following facilities:
 - **February 8th** at Jacobi
 - **February 10th** at Woodhull
 - **February 24th** at Queens
 - **March 2nd** at Metropolitan
 - **March 3rd** at Bellevue, Coler and Kings
 - **March 4th** at East New York

Mrs. Bolus added that at these forums, NYC Health + Hospitals staff and CAB members highlight the facility's services, achievements, facility-specific needs, and the challenges that NYC Health + Hospitals' will face to fulfil its mission in light of changes to the current health care landscape nationally.

- Mrs. Bolus announced the upcoming NYC Health + Hospitals' Board of Directors Annual Public Meetings. The schedule is the following:
 - **The Bronx:** Wednesday, April 19th at 6pm at Jacobi
 - **Staten Island:** Wednesday, May 10th at 6pm at Sea View
 - **Brooklyn:** Wednesday, May 17th at 6pm at Coney Island
 - **Manhattan:** Wednesday, June 7, 2017 at 6pm at Harlem
 - **Queens:** Wednesday, June 14th at 6pm at Elmhurst
- Mrs. Bolus concluded her remarks by highlighting a few notable initiatives that occurred across the system:
 - **Coney Island** had successfully implemented the EPIC electronic medical record system that will help physicians provide safe, high-quality, efficient care and allow patients to easily access their medical records via a secure website. Moreover, EPIC will seamlessly connect the hospital, emergency room, and robust primary and specialty outpatient services into one unified electronic information system.

- **North Central Bronx** is the latest facility in the system to receive recognition by the World Health Organization and others as a “Baby-Friendly Hospital.” She explained that this award recognizes hospitals that offer an optimal level of care for infant feeding and mother/baby bonding.
- **Metropolitan** is one of only a few hospitals in New York City, and the only facility within the public health system that is offering gender-affirming surgeries at its newly expanded LGBTQ Health Center, which also provides hormone therapy.

President’s Remarks

Dr. Ross Wilson greeted everyone and on behalf Mr. Brezenoff he highlighted the Committee on two (2) key issues starting with what’s going on in Washington D.C. and how that affects the vulnerable populations that NYC Health + Hospitals serves. Dr. Wilson began his remarks by informing members of the Committee that President Trump’s plan to repeal and/or replace the Affordable Care Act (ACA) was still not clear. Dr. Wilson stated that the ACA discussions are really important and financially threatens the NYC Health + Hospitals because we don’t know where we are going to land. He explained that repeal would cause more than 18 million people to lose their insurance nationally within a year, including up to 1.6 million New Yorkers. Dr. Wilson noted that there is talk of keeping parts of the ACA; specifically, the provision that would prohibit insurance companies from denying coverage to individuals with preexisting medical conditions and children would remain on their parent’s coverage until age 26. If the ACA is repealed, NYC Health + Hospitals stands to lose \$418 million over 10 years from Medicare ACA reduction and \$289 million in Medicaid Disproportionate Share Hospital (DSH) funding, when this provision goes into effect in October 2017 for FFY18-19. Dr. Wilson concluded his remarks by thanking the CABs for their continued advocacy.

Community Advisory Board (CAB) Annual Reports

NYC Health + Hospitals/East New York - A Gotham Health Center

Mrs. Bolus introduced Mr. Ludwig Jones, Chairperson of NYC Health + Hospitals/ East New York - A Gotham Health Center - and invited him to present the CAB’s annual report.

Mr. Jones began his report by greeting members of the Committee, CAB Chairperson and invited guests and informing the Committee that in lieu of giving the East New York (ENY) CAB report, he would like to digress from the report and present his personal observation as the Chair of the ENY CAB for the record. Mr. Jones presented the following observations:

- Mr. Jones stated that he was privileged to be among those persons who journeyed to the State Capital in Albany on Tuesday February 14th, to impress upon the Legislators the dire situation facing NYC Health + Hospitals. Mr. Jones noted that his take away was that NYC Health + Hospitals is operating in a changing world as it relates to health care. Mr. Jones stated, “We can no longer operate under the “business as usual” mentality, thinking that when we are in need, the various federal and state funding agencies will always be there to bail us out.” Mr. Jones stated that he had concluded and others have supported this after meeting with many of the legislatures that we must change our attitudes, particularly towards our customers/consumers. Mr. Jones added that NYC Health + Hospitals has to operate with the “mindset” that the facilities will only remain open when we treat those who come in with the utmost personal care and respect, notwithstanding the excellent professional medical care that we already dispense.
- NYC Health + Hospitals will be facing mounting challenges from the proliferating Urgent Care Centers in the ENY neighborhoods and he noted in many cases, located within a few blocks of the facilities and the merging of individual private hospitals into mega health systems, which are all designed to attract consumers by advertising low waiting times, and good service to all.
- Mr. Jones continued and noted that, while NYC Health + Hospitals cannot compete financially with other conglomerates in the advertisement arena, NYC Health + Hospitals is leading many of these institutions in quality patient care. Mr. Jones noted that interaction or lack thereof of respect between staff and the consumers has to considerably changed so that patients will not only come in the buildings to access services but they will tell others in the community of their “excellent experience”. Mr. Jones added that NYC Health + Hospitals must demonstrate to our patients that we are happy to see them and are always ready to serve them.

- Mr. Jones concluded his personal observation by stating that “on a very important note ENY is in dire need of a visible digital electronic sign on the face of the building as well as an attractive entry.” Mr. Jones extended an invitation to Mr. Brezenoff and Mr. Martin to tour the facility.

NYC Health + Hospitals/Cumberland - A Gotham Health Center

Mrs. Bolus introduced Ms. Jacqueline Narine, Chairperson of NYC Health + Hospitals/Cumberland and invited her to present the CAB's annual report.

Ms. Narine began her presentation by greeting members of the Committee and thanking them for the opportunity to present. Ms. Narine gave the following report:

- Ms. Narine informed the Committee that the CAB serves as a connection between Cumberland and the community, facilitating access to quality healthcare. Ms. Narine noted that Cumberland is a health care practice that has been caring for the community for over 100 years.
- Ms. Narine stated that, “We are a Federally Qualified Health Center, true to its roots as a community health provider. Cumberland prides itself on responding to local health concerns through many forms of community involvement such as community outreach and patient centered medical care.”
- Cumberland achieved the highest level patient experience score across NYC Health and Hospitals through a concentrated effort by staff and management to have managers be more visible on the floors, engaging with patients, identifying bottlenecks in the flow and problem solving in real time.
- Cumberland recently received its staff engagement scores from Press Ganey, which revealed an impressive improvement. A team dedicated to addressing staff concerns, staff recognition and awards has been developed to ensure that staff has a voice in decisions making.
- The CAB was instrumental in reintroducing Cumberland to the community by deploying the outreach team to have a more robust presence by connecting with small businesses, local community partners, and also by inviting the community to use the space in Cumberland for programs and events. Cumberland provides a number of programs which the community attends such as Zumba and knitting classes.

Ms. Narine concluded her remarks by thanking Dr. Walid Michelen, Gotham Chief Medical Officer, Ms. Michelle Lewis, Sr. Associate Director, Dr. Cynthia Boakye, Alvin Young, Director of Community Affairs, Manelle Belizaire, Assistant Director, Nancy Ramos, CAB Liaison, Cumberland CAB and Auxiliary members for their leadership and continued support.

NYC Health + Hospitals/Kings County

In the excused absence of Kings CAB Chairperson, Mr. Kenneth Campbell, Mrs. Bolus introduced Ms. Gloria Thomas, and invited her to present the CAB's annual report.

Ms. Thomas began the Kings CAB report by thanking members of the Committee for the opportunity to present the CAB's annual report and she presented the following report summary:

- NYC Health + Hospitals/ Kings County's leadership continues to work to meet the needs of the community through the promotion of services and programs as well as education and outreach to the community. The Public/Community Affairs Department works with clinicians and administrators across the hospital to advance the goals of the facility, and indeed the corporate office. There is also a concerted push to improve access to services and improve patient experience.
- The CAB used its extensive network to introduce Kings County nurses and diabetes educator to local community groups which contributed to Kings County presence at approximately 40 community health fairs and events during April- October.

Ms. Thomas noted that Kings clinical staff provided education on living a healthier life, including diet and nutrition information, and conducted 149 BMI and 1611 blood pressure screenings.

- On Friday, March 4, 2016 Kings County Hospital and the Community Advisory Board hosted their Annual Legislative Breakfast more than 100 attendees including elected officials learned about Kings County services to the community and NYC Health + Hospital's fiscal and policy goals. Ms. Thomas noted that Honorable City Councilman Mathieu Eugene surprised attendees with the presentation of a \$4.5 Million check to Kings County to meet some of its capital needs.
- Ms. Thomas informed members of the Committee that the Kings County CAB participated in this year's Lobby Day in Albany, New York on Tuesday, February 14th. Ms. Thomas continued and noted that there are eighteen (18) members on the CAB with five (5) vacancies.

Ms. Thomas concluded the Kings County CAB report by recognizing Ernest Baptist, CEO Natasha Burke, Chief of Staff and Xiomara Wallace, CAB Liaison for their leadership, dedication and commitment to the community. Ms. Thomas also recognized NYC Health + Hospitals/Kings CAB members who were present.

NYC Health + Hospitals/Gouverneur - A Gotham Health Center

Mrs. Bolus introduced Donald Young, Chairperson of Gouverneur's CAB and invited him to present the CAB's annual report. Mr. Young began the Gouverneur CAB report by thanking members of the Committee for the opportunity to present. The following overview was presented:

Mr. Young announced that the previous year had been marked by several milestones and accomplishments in their efforts to engage and connect with our community. As a result, Mr. Young feels that the CAB is in a better position today to represent its community.

- Mr. Young informed the Committee that last June the Gouverneur CAB had achieved a milestone by holding its first annual public meeting. Mr. Young noted that the event was a success with more than 100 people from the community in attendance. He stated that Mr. Joe Salvo, the Director of New York City's Planning Department's Population Division was the keynote speaker and he presented an analysis of demographic trends for the Lower East Side. An interesting discussion followed about the implication of these trends for healthcare and other city services. He reported that the CAB also participated with Gouverneur's Administration in several meetings with community leaders, including with Latino, Chinese, Jewish and faith-based leadership. The meetings provided valuable feedback about our services and based on these discussions several improvements were implemented. In addition, CAB members worked with Gouverneur's outreach staff to host successful a Back to School and an Open House event that each attract several thousand people.
- Mr. Young noted that Gouverneur is successfully positioning itself as an important member of its community and is motivated to meet the communities' needs.
- There were also several notable accomplishments at Gouverneur last year. The Skilled Nursing Facility achieved a 5-Star CMS rating, the highest rating. Mr. Young noted that it also was listed by US News and World Report on their 2016-2017 list of Best Nursing Homes.
- Mr. Young informed members of the Committee that the community has certainly taken notice, and Gouverneur has a wonderful reputation. He believes that Gouverneur is the #1 one choice for community members requiring long term or sub-acute care.
- Mr. Young also reported that the ambulatory care program at Gouverneur became the first NYC Health + Hospitals site to recertify as a Patient Centered Medical Home and also achieving the highest rating. Ambulatory Care staff participated in several important mayoral initiatives for immigrant groups, including a new initiative that is being implemented to provide no-cost legal services at Gouverneur.

Mr. Young concluded the CAB's report by stating "we understand that the system is facing daunting budgetary challenges, but we would be remiss if we didn't use this meeting to request additional support for these important services so we can continue to make progress and grow." Mr. Young continued and announced that the first Gouverneur CAB Legislative Brunch, in more than 10 years, will take place on Thursday, March 16th.

New Business

Ms. Jacqueline Narine announced NYC Health + Hospitals/Cumberland CAB will host its Legislative Breakfast on Friday, March 10th beginning at 9:00 a.m.

Benita Stembridge announced NYC Health + Hospitals/ Harlem CAB will host its Legislative Breakfast on Friday, March 17th beginning at 9:30 a.m.

Ms. Eartha Washington announced NYC Health + Hospitals/Elmhurst CAB will host its Legislative Breakfast on Friday, March 10th beginning at 11:00 a.m.

Ms. Rosanne DeGenarro announced NYC Health + Hospitals/Coney Island CAB will host their annual Legislative Breakfast on Friday, March 10th beginning at 9:00 a.m.

Equal Employment Opportunity Committee – March 7, 2017

As reported by Mr. Robert Nolan

Committee Members Present: Josephine Bolus, R.N., Helen Arteaga Landaverde, Stanley Brezenoff

Josephine Bolus, R.N. chaired the Committee in the temporary absence of Committee Chair, Robert F. Nolan.

Dr. Rosa Colon-Kolacko, the Systems' new Chief People Officer, introduced herself to the Board and outlined a People strategy which highlights diversity and inclusion goals tied to the workforce, workplace and marketplace. As one of the most diverse organizations she has worked for, Dr. Colon spoke of her desire to connect diversity and inclusion to the way we work, the way we deliver patient care, and how we interact with our community and the marketplace. She further advocated for developing our employees to maximize their potential to improve services to diverse communities that will result in better patient outcomes. She then expressed that this integration of diversity and inclusion principles and goals will foster a strong culture of inclusion in the workplace, build cultural competency capacity among staff, promote and improve supplier diversity and improve access to equitable care among our patient and local community populations. Dr. Colon also stated that the Office of Diversity and Inclusion, led by Matilde Roman, Chief Diversity and Inclusion Officer, offers services to make sure that we embed a culture of inclusion in the workplace and supports capacity building on cultural competency through training and education.

Ms. Roman spoke about the demographic composition of the Systems' workforce pulled from June 2016 data. She stated that out of 40,000 plus employees, our workforce is 83.1% Minority and 16.9% White and is representative of 68.7% Females and 31.30% Males. In addition, 52.4% of employees are between the ages of 40-59 while the average age of our employees is 50, and average employee tenure is 8.2 years of service.

Ms. Roman discussed the Job Groups that were underrepresented for Total Minorities, Females, Hispanics and Asians and the numbers necessary to eliminate the underrepresentation. She stated that further analysis will be conducted to allow the organization to be more strategic in efforts to find opportunities to fill gaps in key demographics to ensure that our workforce is representative of, and better able to serve our diverse patient population.

She then reported that this year, our Affiliates, Mt. Sinai School of Medicine, New York University School of Medicine, Physician Affiliate Group of New York, P.C. (PAGNY), and State University of New York (SUNY) Health Science Center at Brooklyn did not have any underrepresentation.

Keith Tallbe, Associate Counsel, Legal Affairs, Director of Procurement Systems and Operations, Supply Chain Services reported on the B2GNow software which is a compliance tool that Supply Chain Services instituted last year for tracking contracting

between a prime vendor and its subcontractors (“Tier 2 Contracting”). Mr. Tallbe stated that over the past year, this software enabled us to capture \$5 million in spend.

Mr. Tallbe further reported that ongoing work with Premier, the systems’ largest Group Purchasing Organization (GPO) has resulted in having twelve Tier 1 Vendors (which have direct contracts with NYC Health +Hospitals) in the New York State Minority and Women Owned Business Enterprise certification pipeline. He then stated that additional work is underway to increase visibility of vendors whom have subcontracts with NYC Health +Hospitals Tier 1 vendors.

2017 Conditionally Approved Contactors Update

W.B. Mason Company, Inc. was the sole conditionally approved contractor to report to the Committee. They were awarded an 8.8 million dollar Office Supplies contract in November of 2016. They had nine job groups with an underrepresentation. Of the nine, Managers Level 2, Operatives Level 3 and Sales Workers Levels 1, 2 and 3 each had both a minority and female underrepresentation. In addition, Job Group Administrative Workers Level 2 and Operatives Level 2 each had a minority underrepresentation and job groups Laborers Level 1 and Managers Level 3 each had a female underrepresentation.

To address representation deficiencies, W.B. Mason has sourced Interactive Business Inclusion Solutions (IBIS), a certified and minority owned business, to provide input at all levels of hiring decisions and training on recruiting and hiring. W.B. Mason Human Resources employees and hiring managers will be required to attend “Unconscious Bias”, “Hiring and Selection” and Career Development and Performance Feedback” training. Human Resources will work with personnel managers to ensure that the priority going forward is to grant full opportunities including training for women and minorities in the company. The goal for these initiatives is to increase the number of minorities and women in their applicant pools and available for promotion. In addition, their new recruiting activities include posting on 25 diversity websites, attending diversity job fairs and recruiting at colleges and other highly diverse institutions.

Finance Committee – March 21, 2017

As reported by Mr. Bernard Rosen

Committee Members Present: Bernard Rosen, Gordon Campbell, Stanley Brezenoff, Mark Page

Senior Vice President’s Report

Mr. P.V. Anantharam noted it had been a couple of months since the Committee met and wanted to recognize Gassenia Guilford who had retired at the end of February with more than 40 years of service. Ms. Guilford handled all Board matters for Mr. Anantharam, and contributed greatly to Finance and the entire Corporation. Mr. Anantharam thanked Ms. Guilford for her support and noted that she would be missed. Angeles Pai will be assisting with Board issues as needed for Finance. Mr. Anantharam proceeded to provide a framework for the upcoming reports which had data reporting through the end of January. Health + Hospitals had a \$779 million targeted savings plan, of which about \$118 million had been achieved so far. Health + Hospitals has made great progress in meeting that target, including signing documents last week that will produce about \$400 million in funds in the second half of the fiscal year, which is not reflected in the upcoming reports for this meeting. For the cash balance, as of March 11, it was approximately \$485 million or 25 days with the year-end balance projected to be at approximately \$116 million. Linda Dehart proceeded to present an overview of the funds that Health + Hospitals will be receiving in the coming months.

Ms. Dehart reported that Health + Hospitals received \$68 of Indigent Care Adjustment (ICA), a quarterly payment that should have come in January. The next quarterly ICA payment is expected to be received on time in April. Additionally, Health + Hospitals is expecting the forthcoming receipt of the following funds - a total of \$182 million for 2015 nursing home and inpatient Upper Payment Limit (UPL) by the end of March. Approximately \$120 million of Value Based Payment/Quality Improvement Program (VBP/QIP) funds is expected to arrive in early April, with at least an additional \$60 million expected to follow shortly thereafter. Additional expected funding in April also includes approximately \$163 million in Care Restructuring Enhancement Pilot (CREP) funding.

VBP/QIP and CREPs are components of the revenue generating initiatives included in the \$779 million savings plan. Both programs have been under negotiation with New York State for multiple years, and Ms. Dehart reported that through the joint

efforts of our Managed Care Contracting Office led by Megan Meagher and One City Health, primarily Christina Jenkins and Larry Altman, Health + Hospitals will now see funds begin to flow. The Chief Medical Officer's office, the Post-Acute Care service line, Behavioral Health Services, and MetroPlus as well as Emblem and Fidelis are also key partners in this achievement. Mr. Anantharam further discussed the in-house efforts that are producing results, including supply chain and revenue initiatives ramping up. All of these activities will produce results in the months to come. There was improvement in February with March to see more improvement. Overall, it is good news for current efforts this year. The reports for today are numbers for the end of January which do not necessarily show the results at that point. The reporting was concluded.

Action Item

Resolution authorizing the New York City Health and Hospitals Corporation (the "NYC Health + Hospitals") to execute an agreement with Cardinal Health 200, Inc. ("Cardinal") to provide medical and surgical distribution services as requested over a three-year term for a total not-to-exceed amount of \$369,722,040.

Paul Albertson, Vice President of Supply Chain Services and Jun Amora, Senior Director of Supply Chain Services, proceeded to provide an overview of the Cardinal Health sole source procurement.

Cardinal Health distributes Medical and Surgical Supplies to Health + Hospitals through a current contract which expires on July 31, 2017. Supply Chain Services is seeking Board approval to enter into a 3-year Sole Source Contract with Cardinal Health for Medical/Surgical Supply Distribution Services. As background, Cardinal Health distributes approximately \$110 million of medical/surgical supplies annually. Of which, 80%, or about \$88 million, are from vendors with whom Health + Hospitals has direct contracts with the other 20%, or about \$22 million, being Cardinal-branded products. Cardinal Health purchases all required supplies from contracted vendors, warehouses them, and distributes them based on daily orders from the facilities. Mr. Albertson noted that, for their work, Cardinal Health receives a distribution fee of 2.85%.

Mr. Albertson proceeded to provide the Enterprise Resource Planning (ERP) framework in which Health + Hospitals has been concurrently fast-tracking implementation of its ERP for Finance and Supply Chain. There are several Finance modules that will be "fully live" by July 1, 2017. There are three modules – Purchasing, Inventory, and Accounts Payable – that require a twelve month rollout for facility staff training and change management. Health + Hospitals staff will be working on current (GHX) and new (PeopleSoft ERP) systems. Embedded in the ERP software are the contracts for supplies and 90,000 items that are routinely purchased – including their contract number, item number, unit price, unit of measure and other data points. This information is required to process the 110,000 purchase orders annually. Also, there are tables to support the names, locations and ship to/billing data of the 3,000 requisitioners that utilize the system. In order to meet the July 1, 2017 ERP implementation date, the files and tables that were built support the current business with Cardinal Health. Mr. Albertson noted that there were illustrative pages that highlight the more than twenty-seven attributes that define an item as well the waves of the roll-out of ERP modules.

For the Sole Source justification, Mr. Albertson discussed that switching to another prime vendor will greatly complicate and delay the ERP project. Conversations with leadership, including the General Counsel, occurred. The General Counsel's advice was sought, and legal approval was granted. Subsequently, the Contract Review Committee approved to move to negotiation. The results of the negotiation yielded \$8.1 million savings over a 3-year term, including a \$2.15 million up front discount (paid within 60 days of execution) as well as the discontinuation of distribution pricing of Cardinal Branded products. All of this allows for the continued transformation of the Inventory Management Process for Health + Hospitals, and surpasses other opportunities that may exist with other vendors. Mr. Anantharam noted that there are savings for this year and the next two years. Mr. Albertson summarized that there were \$2.6 million in Fiscal Year 2017 with approximately \$1.8 million in each of the next three fiscal years. Mr. Rosen inquired about the last page of the presentation which had a table of payment terms. Mr. Albertson discussed that it was a table that outlined payment terms, sliding costs and a reduction of savings. A change in the terms could be triggered by either party with a notice of six months, with the current agreement being Net 30

Mr. Albertson concluded the presentation and stated that Supply Chain Services is seeking Board approval to enter into a Sole Source Contract (for three years) with Cardinal Health for Medical/Surgical Supply Distribution Services.

Mr. Rosen noted that supply chain conducted good negotiations, particularly with regards to the 2.85% and that centralizing purchasing was important. Mr. Rosen inquired if there were any questions, and there was a vote to move to approve from Mr. Page with a second from Mr. Brezenoff. With no objections, the resolution was approved.

Key Indicators Report

Ms. Krista Olson began with utilization through January, Fiscal Year 2017 compared to Fiscal Year 2016. Overall, most of the trends show continued decline, although the rate of decline has slowed slightly since the last report in November. Starting with Acute Care facilities, ambulatory care visits at the acute hospitals are down by 3.2% with this trend appearing across most facilities and across most services. Inpatient discharges are down by 2.2%, with specific facilities showing larger variation. Mr. Rosen asked if this was better than the last time reported, and Ms. Olson confirmed it was as the last figure reported was a decline of 2.7%. In terms of inpatient discharge variations, Kings County is down by 8.9% and Elmhurst is down by 7.2% with the positive being that NCB is up by 6.7% and Queens up by 9.1%. Mr. Page requested more detail on the 8.9% decline at Kings County, and Ms. Olson explained that about 40% of the decline is due to an increase in the use of observation status, in part as a reaction to the two midnight rule. Ambulatory care visits are down by 3.5% which is a decline from last year, but a slight improvement since last month. Mr. Rosen asked if there was a change in how visits were calculated that would impact the numbers. Ms. Olson replied that the change in methodology was about two years ago, focused on date of service, open visits, and HIV counseling visits billing. That changed methodology does not impact the calculations reported.

The average length of stay shows a comparison of actual length of stay to the corporate-wide average. The two facilities that show the greatest variation are Elmhurst and Kings County. These two facilities participated in a corporate strategic effort to move a number of our longest staying patients out of the acute care setting into post-acute care facilities. Both of these facilities had a number of patients discharged with very long lengths of stay, sometimes several years, which is reflected in this data. The case mix index continues to be up compared to last year, showing an increase of 4.9% compared to last year. Visits at Gotham are down by 6.3% continuing the trend for the last several years. Post-acute care days are up by 2.7%

Cash Receipts & Disbursements Report

Ms. Michline Farag reported that Global Full Time Equivalents (GFTE), in the past year and thru January 2017, have been reduced by 2,151. 879 of which were in Fiscal Year 17 going from 47,881 in June 2016 to 47,002 in January 2017. In January alone, Health + Hospitals decreased by 300 Global FTEs. Facilities have been working diligently on bringing down utilization of temps and hourlies, and have also implemented procedures to control overtime while minimizing impact on clinical services. The downward trend continues with February H+H payroll going down by an additional 183 FTEs, and the overtime spend is below budget. Mr. Rosen noted that it looked like Health + Hospitals would make its attrition target, and noted that it was, in part, due to the efforts of the Vacancy Control Board which Mr. Covino sits on, and that the work was not easy.

Ms. Farag reported that, for this Fiscal Year through January, receipts were \$117 million less than budgeted and disbursements were \$7.9 million higher than budgeted. Fiscal year-to-date receipts are lower than last fiscal year by \$58.6 million mainly due to the timing of a Fiscal Year 2017 City Payment of \$214 million which was received in Fiscal Year 2016 offset by Disproportionate Share Hospital/Upper Payment Limit (DHS/UPL) payments that are \$101 million higher in Fiscal Year 2017 and other pools received in Fiscal Year 2017 that are \$49 million higher than Fiscal Year 2016.

For patient revenue, receipts are higher this year because of a larger Managed Care risk pool distribution received in Fiscal Year 2017. That amount is partially offset by this year having one less week through January in Fee-For-Service payments. For disbursements, Health + Hospitals is \$396 million lower this fiscal year, of which \$309 million of that is a payment made to the City in Fiscal Year 2016 for Fiscal Year 2014. Mr. Rosen noted that even with the \$309 million taken out, Health + Hospitals is still doing better.

For Fiscal Year 2017 receipts and disbursements against budget, broken down by different payers and expense categories, receipts are \$117 million lower than budgeted. The yield to date January numbers reflect a system increase in A/R days. Health + Hospitals has been implementing multiple initiatives to improve revenue collection by reducing days in A/R, and improving the revenue cycle, which should help revenues in Fiscal Year 2017. Many of these efforts started in the late fall, and the February numbers already reflect a slight improvement. Health + Hospitals expects to close the year as planned. On the disbursements side, Health + Hospitals overall is close to budgeted levels and are expected to get better as the Global FTE reductions annualize on the PS dollars.

Information Item

Payor Mix Reports (Inpatient, Adult and Pediatrics – 2nd Quarter)

Ms. Krista Olson reported that this is a second quarter report for July through December. In Inpatient, Medicaid is down slightly in total in addition to a shift from Fee-For-Service to Managed Care. Medicare Plans and Commercial are up slightly. Uninsured is up by nearly a percentage point compared with last year, although the gap is not as great as shown in the first quarter. This is being further examined. Ms. Olson reported that several of the facilities are also experiencing significant drops in inpatient applications. Revenue Management is conducting a survey to better understand the causes of the decline as well as developing strategies to counteract this trend. For Outpatient Adults, there is a slight drop in Medicaid, which is offset by improvements in Medicare Managed Care and Commercial. The percent of uninsured decreased, potentially tied to the enrollment efforts underway both internally and city-wide. For Outpatient Pediatrics, there is an improvement on the commercial side, with a large increase in Child Health Plus (CHP) enrollments. Outpatient Pediatrics has had a similar decline in the uninsured and similar efforts on enrollment. The reporting was concluded.

Governance Committee – February 23, 2017

As reported by Mr. Gordon Campbell

Committee Members - B. Rosen, H. Arteaga Landaverde

Action Item

❖ *To consider nominees to the following corporate officer level positions:*

- ***Machelle Allen, MD as the Senior Vice President / Chief Medical Officer (CMO)***

Dr. Allen has been serving as acting CMO since June 2016. Her performance and clinical leadership in the division of Medical and Professional Affairs as well as her contributing participation and staffing of the Medical & Professional Affairs and Quality Assurance Committees of the Board has been steadfast and a major asset to our mission / vision. She has established strong working relationships with facility chief medical officers, chiefs of service and other members of our medical staff which underscores her capabilities to lead in this position.

- ***William Foley as the Senior Vice President for Hospitals***

Mr. Foley had previously served as the CEO for Jacobi Medical Center and in late February 2017, he agreed to serve in the role as acting Senior Vice President for this service line due to a vacancy in this position. He is capable of fulfilling this role having served in the position of CEO in several different healthcare institutions across the country before coming to NYC Health + Hospitals and our current system CEOs would benefit greatly from his wealth of experience and accomplishments.

- ***Yvette Villanueva as the Vice President for Human Resources***

Ms. Villanueva has been executing the responsibilities for the day-to-day operations in the area of Human Resources in the position of senior assistant vice president since December 2015. She has demonstrated her skill and commitment to the system commendably by transitioning Human Resources to a shared services model, the introduction of workforce planning initiatives and expanded employee self-service capacity. Ms. Villanueva brings a wealth of diverse H+H workforce experience to this position having served as Senior Associate Executive Director at Lincoln, Harlem and Woodhull. NYC Health + Hospitals would be well served by Ms. Villanueva's elevation to the corporate officer position in this area.

After further discussion by the Committee regarding each nominee's work experience, qualifications, and demonstrated abilities, the committee was prepared to vote on the motion.

Mr. Rosen called for the Committee's vote on the appointment recommendations, which was approved for consideration by the full Board.

Information Technology Committee – March 16, 2017**As reported by Ms. Emily Youssouf**

Committee Members Present: Emily Youssouf, Josephine Bolus, RN, Stanley Brezenoff, Gordon Campbell, Jennifer Yeaw (representing Steven Banks in a voting capacity)

Chief Information Officer Report

Sal Guido presented the Chief Information Officer Report. He informed the committee that EITS would be presenting two (2) action items for the Committee's consideration: the purchase of hardware, software and services for the OneCity Health Patient Engagement and Contact Center and a contract amendment to a current McKesson Technologies agreement regarding radiology consolidation. He also stated that there would be an information item on Business Continuity that was requested at last month's IT Committee meeting. He then gave the committee brief updates on the EMR GO (electronic medical record), Radiology Integration, Enterprise Resource Planning (Project Evolve), and PeopleSoft Human Capital Management (HCM) and Enterprise Learning Management (ELM) upgrade.

Action Items:*OneCity Health Patient Engagement and Contact Center*

Mr. Guido read the resolution requesting monies for the OneCity Health Patient Engagement and Contact Center. Kaushal Challa (Senior Assistant Vice President, Office of the President) explained that the center will be a "one-stop shopping" experience for a wide range of medical services with a focus on outpatient and primary care, including scheduling appointments, follow-ups, and access to a nurse hotline. Four centers will be staffed 24/7, will have multi-site scheduling by borough (Staten Island covered by Brooklyn), and much better language support. It will use the same call center agents currently answering calls.

Mr. Guido said it is part of our consolidation efforts, since there used to be 11 call centers. This new center will help handle calls from our DSRIP partners and their 2 million potential patients. Ms. Youssouf said the Committee would like an update at the next meeting as to the overall plan and strategy for the contact center. Mr. Guido agreed.

Approved for consideration by the full Board.

Radiology Integration and Practice Management Contract with McKesson Technologies Incorporated

Mr. Guido read the resolution asking for monies to execute a contract amendment with McKesson for the Radiology Integration program.

Dr. Alfred Garofalo, Senior Assistant Vice President, Enterprise Information Technology Services, explained how this technology will allow us to better share radiographic studies. Images would be sent to radiologists and returned to the requesting physicians more quickly. Radiology specialists would be sent images automatically as well. A standardized way of doing things would be instituted which would benefit both clinicians and patients, cutting down on waiting time and eliminating unnecessary screenings.

Dr. Mabelle Allen, Senior Vice President and Chief Medical Officer, Office of HealthCare Improvement, said the work with McKesson is two parts. The first part is technology, to be able to use their viewing platform, etc. The other is workflow portion, which is changing the way radiologists do their jobs. The work is a collaboration among many clinical and administrative groups, working for the best outcomes for patients, while increasing efficiency and productivity.

Dr. Garofalo said this upgrade will save \$10 million over three years while bringing cutting edge technology.

Approved for consideration by the full Board.

Information Item:*Business Continuity*

Mr. Guido informed the committee that this item was in response to a request from the last meeting where there was a presentation about Business Continuity (BC). The Committee asked for the information to be presented as it relates to the Blood Bank.

Glenn Manjorin, Director, Business Continuity, Enterprise Information Technology Services, described the IT process of Disaster Recovery (DR) for the Blood Bank. He spoke about planning and the use of Sustainable Planner as a repository for all downtime procedures. He said this has been implemented at NYC Health + Hospitals/Coney Island and will be done in the future at NYC Health + Hospitals/Queens and NYC Health + Hospitals/Elmhurst.

Kenra Ford, Assistant Vice President, Clinical Laboratory Operations, Office of HealthCare Improvement, spoke about Blood Bank downtime procedures from a business and clinical point of view. She spoke about how her team tests for scenarios such as certain software goes down and they have to use paper until the systems return online.

Ms. Youssof asked when everything will be centralized in Sustainable Planner. Mr. Guido said we are putting it into place piece by piece, with priority given to the most vital platforms.

Strategic Planning Committee – March 16, 2017**As reported by Mr. Gordon Campbell**

Committee Members Present - Gordon Campbell, Stanley Brezenoff

Other Board Members Present - Josephine Bolus, RN, Jennifer Yeaw representing HRA Commissioner Steven Banks (in a voting capacity)

Mr. Campbell, on behalf of Mr. Stanley Brezenoff and the Board of Directors, thanked Mr. Antonio Martin for his dedicated 34 years of service at NYC H+H.

Informational Items:**Intergovernmental Affairs Update - John Jurenko, Vice President, Government, Community Relations, and Planning
Presentation: Federal and State Budget Legislative Update**

A presentation was made to show the impact of the ACA repeal on New York City. The repeal would impact coverage for 1.6 million NYC residents and ~200,000 H+H patients would be affected.

The overall financial impact shows over \$500 million in Medicaid cuts, \$481 billion loss over 10 years in Medicare, and \$289 million in FFY18 and \$462 million in FFY24 on the DSH site.

The introduction of “The American Health Care Act” (AHCA) proposal by the House Republicans includes reduction of enhanced Medicaid rate from 90% to 50%, elimination of funding for Basic Health Plan, DSH cuts for MA expansion states for FFY 2018 & 2019. The Congressional Budget Office (CBO) estimates show that 14 million people would lose coverage in 2018, this number will increase to 21 million by 2020 and then 24 million by 2026; in 2026, there will be 52 million uninsured patients compared to 28 million today. The AHCA will cut \$880 billion in Medicaid spending over 10 years and reduce Federal deficit by \$332 billion. Mr. Jurenko informed the Board that H+H is working with the New York Delegation in the U. S. Senate and House, coordinating with State and Federal Hospital Associations (AEH, AHA, GNYHA & HANYS), coordinating activities with Mayor’s Office, and participating in ongoing collaboration with Union Partners.

Also, proposed New York State executive budget provisions for SFY 2017-18 have no funding for Safety Net reimbursement and no changes were made for the ACA due to uncertainties; \$500 million was included for capital funds and the language changes were proposed on the Medicaid site to redirect funding if necessary. H+H has meetings with the members of the NYS Senate and Assembly; 100+ members participated in the Community Advisory Board Lobby Day in Albany; and nearly every

H+H facility has Legislative Forums. The H+H coordinates with Mayor's Office, collaborates with Union Partners, and coordinates with State Hospital Associations.

**Intergovernmental Affairs Update - John Jurenko, Vice President, Government, Community Relations, and Planning
Kicy Kwamina Motley, Director, Community Affairs, and Corporate Planning**

Presentation: Community Resource Exchange (CRE)

Community Conversation Results that included Demographics chart by age group, gender, borough, race, type of coverage, and participants count receiving care from H+H were shared. Overall the results were positive.

A key priority area of focus is to increase availability of appointments for patients. This will be addressed by the consolidated system-wide H+H Call Center that will give our patients the ability of "one stop shopping" - if there is no availability of appointment time at one facility, patients can find out what options are available at other facilities. Ambulatory Care team is focusing on this issue and looking into possible addition of evening and weekend hours in different communities.

Service priorities chart shows that Mental Health and Nutrition services are the most important to the community while smoking cessation is the least important; and Priorities for Future chart shows that our community would like to see more of the provider continuity and weekend hours in the future.

System Scorecard

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

Presentation: System Scorecard, CY2016, Q4

The CY2016, Q4 System Scorecard was shared. The Access to Appointments area shows that it is trending towards set target. A lot of work is being done around this area to address the capacity we have in Primary Care to be able to recruit more Primary Care clinicians and increase the number of appointments. DSRIP is on track operationally and funding is being received. CLABSISIR shows a minor deterioration due to a few infections that were reported and but the H+H target is still very challenging, being well below national average.

Patient Revenue as proportion expense area has declined. Three different items that caused the decline were identified: increase in Accounts Receivable (AR) days were noted and being aggressively rectified; Revenue Cycle initiative started to produce results and will significantly improve the numbers; management of attrition and reduction of head-counts will also reduce the expenditure. The CFO, Mr. Anantharam stated that the Q3 of 2017 should show the improvement. With regards to the implementation of Enterprise Resource Planning (ERP) Program discussed at the IT Committee meeting. The Cost Accounting module will tell how effective we are in certain areas of spending.

Mr. Campbell also asked that in the future all off target areas/indicators in "red" be explained with written details.

Post-Acute Care Services Metrics:

Ms. Maureen McClusky, Senior Vice President, Post-Acute Care Services presented an overview of Post-Acute performance metrics that were developed in August of 2016. There four categories of metrics.

- Patient Experience and it includes two metrics: Nursing Home Satisfaction and Long-term Acute Care Hospital (LTACH) satisfaction;
- Clinical metrics and it includes Rate of all-cause hospitalizations for all patients/residents, 30-day re-hospitalization rate, pain management, and pressure ulcers.
- Financial metrics and it includes 1:1 utilization, Clinical escort utilization, and Occupancy rate
- Internal Market Share metrics, includes Admission rates and Traumatic Brain Injury Utilization at Seaview.

Additional metrics in 2017 include long-term care residents who have Depressive Symptoms, Pharmacy costs, CMI score, blended RUGs score, time for MetroPlus authorization, and Global FTE Budget.

Ambulatory Care Services Metrics:

Mr. Steven Bussey, Chief, Ambulatory Care Services, presented an overview of Ambulatory Care performance metrics. Patient experience adult cycle times have improved by 10-15% and Press Ganey scores are inching up. Ambulatory Care team is rolling out major standardizations across clinic flow, scheduling and care team staffing. At Gotham, the hypertension and diabetes control are forming well. The appointment access somewhat plateaued and needs more work on the Primary Care workforce

to improve access. Similar to Post-Acute Care, Ambulatory Care has metrics such as Workforce engagement, Health outcome metrics, Access metrics, Panel and continuity metrics, Patient engagement metrics, and series of additional measures that are reported to the Board and/or HRSA/FQHC.

The Board Chair asked the Finance team to work with the Ambulatory Care and Post-Acute Care teams to consider financial perspective in their metrics.

Staff Engagement Improvements

Christopher Mastromano, Interim CEO - NYC Health + Hospitals|Jacobi

Jacobi has made significant improvements in their staff engagement— moving from having the lowest score of H+H hospitals in 2015 to the highest score in 2016. Employee engagement metrics are being used to drive staff engagement to move in the right direction. When the Jacobi staff was asked what matters to them the most, three components were reported: communication, respect and recognition, and camaraderie. Taking this input under consideration, the management team started to communicate with the staff through Town Hall meetings, newsletter, Jacobi calendar, week-at-a-glance, flat screens, and social media. The staff is acknowledged in many different ways. The Jacobi staff engagement approach was shared with other facilities through the JCOGG group.

Update on Transformation

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

Two important areas of work driven out of the Office of Transformation were highlighted: improvements in Supply Chain Services and Revenue Cycle.

Mr. Paul Albertson, VP/Operations, presented a brief overview of the work of Supply Chain Services. In October 2013, the Supply Chain was centralized into a single entity and their goals are to standardize goods, services, and equipment, improve quality, and save money. The target is to save \$122 million by 2020. In 2016, savings of ~\$40 million were achieved and the goal for 2017 is \$63.5 million. The Supply Chain Services FY17 value actions include six categories: business/office, lab, med-surg, peri-operative, pharmacy/340B, and radiology. The Inventory Management module (part of ERP) will be rolling out in FY18. Other important pieces such as collaboration with Northwell/Labs, standardization of supplies, re-negotiation of contracts, standardization of pharmacy formulary, and contracts with retail pharmacies.

Mr. P.V. Anantharam presented a brief summary of Revenue Cycle FY17 initiatives. The Financial office has focused on three critical aspects of Revenue Cycle: patient registration and insurance collection, improved clinical diagnosis documentation, and improved billing and collecting of all services provided at H+H. The Revenue Cycle initiatives include improvement of diagnosis code capture: secondary diagnosis coding and DRG improvement; coding optimization: inpatient coding backlog and outpatient coding optimization; cash acceleration and coverage discovery; and denial management: medically necessary denials and admin denials. Mr. Anantharam concluded his presentation stating that they are on target and will not only meet but will try to exceed the set goals.

SUBSIDIARY REPORT

MetroPlus Health Plan, Inc. – March 7, 2017

As reported by Mr. Bernard Rosen

Chairperson's Remarks

Mr. Rosen acknowledged and welcomed Ms. Nella Lewis as a new Board Member. Ms. Lewis has replaced Ms. Margo Bishop on the Board of Director's Committee.

Executive Director's Remarks

Dr. Arnold Saperstein mentioned that the total Plan enrollment as of February 1, 2017 was 498,641. Regarding the membership summary, Dr. Saperstein stated that the Plan grew 3% percent in 2015 and 15% in 2016. The beginning months of 2017 was not good due to loss of 9,000 Qualified Health Plan members in January and a loss of 5,000 Medicaid members in February.

The State completed a document check on Medicaid members and a large number of members that couldn't produce proper documentation became ineligible; therefore, causing the loss of 5,000 Medicaid members. Mr. Dan Still asked if this document check was a recertification or if it was an unusual check completed by the State. Dr. Saperstein responded by stating that this document audit was a usual check that was not based on recertification. Mr. Steven Bussey asked what is different about what the State did than what the Plan should do for its process. Dr. Saperstein mentioned that for the New York State of Health (NYSOH), the Plan collects the documentation and submits it to the NYSOH where they verify the information by Social Security numbers and through the IRS and other databases. Everything should be checked at the time of enrollment. Dr. Saperstein asked Ms. Raven Solon, MetroPlus' Privacy Officer if she knew more regarding this situation. Ms. Solon mentioned that for example, one of the sweeps that the State decided to do was to find out whether or not individuals had third party health insurance. At the time of the initial check, eligibility was around 12 months. There would have been no documentation for third party health insurance. But, when the State went back to check the information as a part of the sweep, there was a number of people that the State believed has documentation and indicated that these individuals had insurance; henceforth, violating their Medicaid eligibility. Mr. Steven Bussey asked if the State was denying payments. Ms. Solon responded that the individuals have been actively disenrolled from the Maximus site and disenrolled from the Plan.

Dr. Saperstein mentioned for the open enrollment period that ended on January 31, a total of 57,158 applications were submitted by marketing representatives, which was over a 12% based on last year's totals. Elmhurst Hospital and Woodhull Hospital were the top two locations that submitted the highest number of applications. With the closing of open enrollment, MetroPlus could have done very well but most of the members are actually Medicaid enrollees rather than QHP enrollees. The Trump Administration released its first Affordable Care Act proposal. Dr. Saperstein mentioned that the proposal will shorten the open enrollment period. The New York City government, Human Res Administration and the City Department of Health sent a letter to the Federal government expressing concerns that enough time isn't granted for the open enrollment period. The Plan's population requires additional time to ask questions and to be comfortable when signing up for healthcare. By having a shortened open enrollment period, the Plan's demographic will impacted more than any other plan. The Administration is also being overly strict with the special enrollment period verification procedures. This could deter the healthy from enrolling more than restricting those who wait until getting sick to enroll.

As a part of the transformation efforts, Dr. Saperstein informed the Board that the Boston Consulting Group completed an analysis and identified a cluster of zip codes where there was a lot of enrollment potential. MetroPlus has hired new supervisors to those areas and have shifted the marketing staff to focus on those areas as well as scouting for pop-up space. Two new spaces have been identified, one in Sunset Park which is run by the Asian Americans for Equality organization and the other is at the Sky View Center Mall in Flushing.

As MetroPlus' marketing staff continues to look for new ways to reach uninsured individuals, Dr. Saperstein highlighted a few recent initiatives. MetroPlus in cooperation with Metropolitan Hospital have worked closely with developing a relationship with the mosque located in Manhattan on 96th Street. Marketing staff is present at the mosque on Fridays for the large attendance and to speak to those interested individuals after the prayer service. MetroPlus has also begun an initiative with the Transit Workers Union to target uninsured bike messengers. An enrollment event was held in a tent at Union Square to provide enrollment services. There was a total of 44 messengers that were enrolled into MetroPlus Health Plan.

Dr. Saperstein provided an update regarding the recently conducted disenrollment survey as to why do members leave the plan. The surveying company was able to interview over 1200 individuals that had recently left MetroPlus in an attempt to find out the main reason as to why they left. Based on the responses, 50% of the people who no longer were with the Plan had a change in circumstance which no longer made them eligible for insurance. The major reasons for change consisted of a change in employment status, a move, or a change in family composition. The next highest number was individuals that complained about the Plan's cost.

Medical Director's Report

Dr. Talya Schwartz, MetroPlus' Chief Medical Officer, reported that in regards to Quality Management, the Plan was in the midst of the Healthcare Effective Data and Information Set 2017 supplemental data: collection, review, compilation and submission being completed for auditing. The audit was for a period of two days, and was completed prior to the Board meeting. The Plan passed the audit with flying colors.

In a previous meeting, Dr. Schwartz mentioned the need for the Plan to form its own internal quality unit. The Internal Quality Unit has been formed and is now fully functional. The Medicaid contract has been reviewed to ensure that the Plan is compliant with the Medicaid requirements in preparation for any upcoming audit. One minor issue have been identified and it is in the process of being resolved. Being that medical management has been focused on Medicare timeliness, it was decided that an internal audit should be conducted. A notification was received from Centers for Medicare and Medicaid Services (CMS) that the Plan will be audited on Medicare timeliness. Due to the internal audit conducted, all reports are ready to share with CMS. Dr. Schwartz mentioned that the Plan is continuously working with One City, NYC Health + Hospital's Finance and Emblem Health to finalize the Value Based Payment Quality Improvement Program (VBP QIP). Dr. Saperstein mentioned that Health First was supposed to be a part of this initiative but Health First did not want to sign a contract with NYC Health + Hospital to complete the VBP QIP.

Dr. Schwartz provided an update regarding coding validation. The Plan is doing high dollar pre-payment DRG validation internally. For 2017 year-to-date savings is \$770K due to additional lines of business being added. High dollar post payment DRG validation performed by the Plan's vendor had a net savings for 2016 of \$777K with and return on investment of 3:1. A new coding unit was formed to address coding efforts plan wide such as DRG validation, non-users, improved accuracy in benefit configuration, appropriate risk capturing and adjustments for Medicare and Exchange population.

Dr. Schwartz stated that in the area of case management, over 500 home visits were completed in January 2017 with an 86% visit completion rate. For restricted recipients, the use of identification logic revised an increasing number of members from 600 to over 1000 members, members restricted to one provider and one pharmacy. A collaborative effort with Quality Management is in process to improve medication compliance in the Medicare population, triple weighted STAR measures, through conversion to 90 day medication fills and home delivery service, as well as medication synchronization. Dr. Schwartz stated that outreach to non-users is on-going.

Dr. Schwartz stated that the Managed Long Term Care membership continues to increase consistently with current membership hovering over 1500 members. The transition of UAS assessments in-house is slower than expected due to recruiting challenges, but has proven cost-effective, 30% less costly than vendors with superior quality.

Initial results of the End-the-Epidemic grant show a successful implementation and outcome in a challenging population not engaged in care. Viral load suppression at 32% of targeted members and no viral load ever or greater than one year dropped from 71% to 41%.

Dr. Schwartz reported that there was a decreased number of Hepatitis C (Hep C) users from 2015 to 2016 by 307 members in the Medicaid line of business. Hep C pharmacy spend decreased by over \$30M with a treatment completion rate of 94%. Medicaid 90 day fill expanded as of January 2017 to include anti-depressants and statins, in addition to asthma and anti-hypertension medications which were launched August of 2016, to boost compliance. The Plan saw a significant increase per member in pharmacy cost for the Exchange population since the beginning of 2017. Membership decreased by approximately 50% due to a mandated rate increase. Remaining members are sicker with very high utilization of anti-retroviral medications, an almost 51% increase, driving pharmacy per member per month close to \$200.

A Dental Benefit Manager Request for Proposals (RFP) was released and responses were received from three prospective vendors, including the incumbent, HealthPlex. Last year MetroPlus spent over \$50 million on dental services for its members. A requirement of the RFP is that the selected vendor agrees to contract with NYC Health + Hospital dental clinics. A final selection will be made in the next two to three months.

A provider survey was recently completed. A total of 3533 attempts with a 16% completion rate. There were improvement from last year, in which the number of providers who stated they were loyal to the Plan went up from 54.3% to 57.4% and the providers who stated they were indifferent went from 44.2% in 2015 to 42.2% in 2016.

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

Stanley Brezenoff
NYC Health + Hospitals
Interim President and Chief Executive Officer
Report to the Board Of Directors
March 23, 2017

Affordable Care Act Repeal Legislation

The U.S. House of Representatives is scheduled to vote today on the *American Health Care Act* (AHCA), legislation introduced by the Republican leadership to repeal and replace the Affordable Care Act (ACA). Medicaid expansion states like New York would experience significant negative impact under this proposal, which reduces the enhanced Medicaid rate from 90 percent to 50 percent, and reduces funding for the Basic Health Plan. Disproportionate Share reductions for expansion states for FF 2018 and 2019 will mean an estimated negative impact to New York State of \$1 billion. The bill eliminates the tax penalty on the individual and employer mandate.

Congressional “Coverage Caucus” members oppose AHCA for its draconian reductions in Medicaid spending (\$800 billion over ten years) and projections that it will make comprehensive health insurance coverage unaffordable for lower income and older individuals, while “Freedom Caucus” members are highly critical of AHCA for not going far enough to roll back the ACA. Our analysis, based on State estimates, indicates that repeal would risk the coverage of upwards of 200,000 NYC Health + Hospitals patients. According to the Congressional Budget Office, under the House Republican leadership’s proposal, 14 million would lose coverage in 2018 with 24 million people losing coverage by 2026.

While our health system has been working diligently to overcome financial challenges and is on track to achieve targeted goals and savings this fiscal year, the federal government is threatening our stability. There’s no question that repealing the Affordable Care Act will compound our financial challenges and unacceptably jeopardize our ability to provide quality health care for the people who need it most. We are coordinating advocacy efforts against ACA repeal with members of the New York Congressional delegation, the Mayor’s Office, our union partners, and state and federal hospital associations including America’s Essential Hospitals, the American Hospital Association, Greater New York Hospital Association and Hospital Association of New York State.

State Budget

Response to changing Federal health care policy

The Governor’s budget proposal (released in January) doesn’t include language to address the financial impact resulting from ACA repeal, but it does empower the Governor to redirect an unspecified amount of Medicaid funding in the event of federal policy changes. Last week the State Senate and Assembly passed individual budget resolutions rejecting special powers for the Governor to redirect Medicaid funds.

Safety Net and Capital Funding

In a veto message last year the Governor suggested that the budget process, rather than legislation, is more appropriate for increasing safety net reimbursement for systems treating a high proportion of Medicaid patients and the uninsured. However, his FY 2018 budget recommendation is silent on the issue. The Assembly’s budget resolution supports increased safety net funding (by \$25 million in FY 2018, growing to \$100 million in FY 2019), the Senate’s budget resolution does not. The Governor’s budget proposal includes \$500 million for health system capital funding, \$50 million of which is set aside for Montefiore Health System. The Senate’s budget resolution calls for \$800 million in capital funding, while the Assembly’s resolution calls for \$700 million.

Other Provisions:

The Governor’s budget proposes curtailing funds for nursing home bedholds, when a patient has moved temporarily for medical treatment to an acute care facility. Neither the Senate nor the Assembly are supportive of change to current law governing bedholds. The budget resolutions of both houses reject the Governor’s proposals to cut emergency department funding, and to retroactively penalize hospitals for unnecessary emergency room visits. NYC Health + Hospitals worked with legislative allies, advocates and labor partners to push back against these proposals. As with the pending federal legislation mentioned above, NYC Health + Hospitals is actively coordinating with allies in Albany to effectuate legislation and administrative policy that is more favorable to our health system.

Commission on Health Care for our Neighborhoods Briefs Released

The “Blue Ribbon” Commission on Health Care for our Neighborhoods has released three issue briefs addressing the imperative that NYC Health + Hospitals transform in order to continue carrying out our mission while also achieving long term sustainability. The briefs are titled (1) Reenvisioning Clinical Infrastructure, (2) Building Clinical Partnerships and (3) Sustaining the Safety Net. These findings will help guide our development of consensus about meeting current fiscal challenges, transforming into a high-performing health system and reimagining how we will deliver high-quality health care, with limited resources. The issue briefs will be posted on www.nychealthandhospitals.org.

NYC Health + Hospitals/Bellevue Accredited by the Joint Commission

Last week the Joint Commission completed its triennial survey of NYC Health + Hospitals/Bellevue, and has accredited the hospital for the next three years. Over the course of 4 days Bellevue underwent an extremely thorough and rigorous survey process by a team of 8 surveyors, while simultaneously dealing with the effects of a blizzard that shut down much of the city. Consistent with the Joint Commission’s focus this year, the surveyors conducted countless tracers on inpatient units and ambulatory care clinics, and reviewed many processes, including infection control, radiology, medication management, performance improvement, contracts and the facility structure and environment. Surveyors recommended certain Bellevue best practices for submission to the Joint Commission database library, including the Rehab Discharge Planning and the Clinical Alarm process that is included in patient assessment.

Congratulations to William Hicks, CEO, Nate Link, MD, Chief Medical Officer, Michael Rawlings, COO, Kim Mendez, RN, CNO, Marcia Peters, Sr. Associate Executive Director, Clinical Management, and the staff of NYC Health + Hospitals/Bellevue, on a successful survey. Grateful thanks to Board Member Barbara Lowe, RN, for representing the Board and participating in the Leadership Session of the survey.

Healthy Women = Healthy Communities Digital Campaign Launched

At a time that women’s rights to health care are being threatened, our health system has come forward to remind New York women of every age that we’re there for them. Women are the majority of caregivers in this country and the health care decision makers for their families. They take the lead role in choosing a family doctor, selecting a health plan, scheduling check-ups and making sure their loved ones are safe and healthy. Earlier this month we launched a digital marketing campaign that has driven increased traffic to our women’s health webpage, helping us make more New Yorkers aware of the comprehensive range of affordable women’s health services that we offer.

One of the campaign’s main features involved asking key stakeholders and social media influencers to share our message with their followers on Facebook and Twitter. Special thanks to our Board members Deputy Mayor Palacio, Commissioner Bassett, and Commissioner Banks for their support. The campaign continues throughout the month and we encourage everyone to participate. Please take a look at this brief slideshow highlighting some of the people who supported the effort.

NYC Health + Hospitals joins City-wide Effort to Reduce Opioid Deaths

In response to an epidemic of opioid overdose which claimed more than 1,000 lives in New York City last year, the City has launched HealingNYC, a comprehensive effort to reduce opioid overdose deaths by 35 percent over the next 5 years. The City will invest \$38 million annually in order to:

- Transform NYC Health + Hospitals’ substance use care models to become a system of excellence in addressing harmful opioid use.
- Create new mental health clinics in high-need schools that account for a disproportionate share of suspensions and mental health issues, which can be precursors for substance misuse.
- Distribute 100,000 naloxone kits to health care providers, first responders and shelter providers so they have access to the tools they need to save lives.
- Make new investments in the Office of the Chief Medical Examiner and the NYPD to increase testing and information sharing necessary to better understanding the local drug environment, and by creating new Overdose Response Squads that target dealers, modeled on existing NYPD efforts in Staten Island.

NYC Health + Hospitals/Jacobi Enrolls Hundreds in IDNYC

As a result of NYC Health + Hospitals/Jacobi's three-week on-site collaboration with IDNYC, 630 Bronx residents now possess a new IDNYC card—a government-issued identification card that is available to all City residents age 14 and older, without regard to Immigration status. An initiative of the de Blasio administration, IDNYC is the largest municipal identification card program in the nation. It enables residents to access City services, grants admission to City buildings, and can be presented as proof of identification for interacting with the police. IDNYC is also an accepted form of identification for opening a banking account at select financial institutions.

Successful NYC Health + Hospitals/Coney Island EMR Implementation

Last month NYC Health + Hospitals successfully implemented Epic, a state of the art Electronic Medical Record system at NYC Health + Hospitals/Coney Island. Epic has also been fully adopted at NYC Health + Hospitals/Queens, NYC Health + Hospitals/Elmhurst, the health system's home care operations, and 20 community-based health centers in Queens in April 2016. Ultimately, it will unify 40,000 users across the public health care delivery system in more than 70 patient care sites. The new EMR seamlessly connects Coney Island, a 371 bed hospital in Southern Brooklyn with emergency room, and robust primary and specialty outpatient services into a unified electronic information system that helps physicians to provide safe, high-quality, efficient care and allows patients to easily access their medical records via a secure patient portal. More than 2,000 health care providers at Coney Island have been trained to use the new technology.

NYC Health + Hospitals/Coler Receives Highest Skilled Nursing Facility Rating from Centers for Medicare and Medicaid Services

NYC Health + Hospitals/Coler has received a "five-stars" from the federal Centers for Medicare and Medicaid Services (CMS)—its highest rating, reflecting "much above average quality." The new rating makes Coler the fourth of our system's skilled nursing facilities to earn CMS's highest ranking, and further cements our public health system's reputation for offering post-acute care that is among the best in the city, and the country.

In the component measures that combine to provide the overall score, Coler maintained its perfect five-star rating in the coveted "Quality" category, which scores information on 11 different physical and clinical measures for nursing home residents, including information about nursing homes' use of antipsychotic medications in both long-stay and short-stay residents. Congratulations to CEO Robert Hughes, and the entire Coler team.

NYC Health + Hospitals Hosts Panel Discussions across City to Address Health Care Rights for Immigrants

NYC Health + Hospitals, in partnership with the Mayor's Office of Immigrant Affairs, New York Immigration Coalition, and New York Legal Assistance Group is hosting four public "Immigrant Health Care Rights" panel discussions in March. These events are designed to reassure immigrant communities that it is safe to seek care, and let them know of our unwavering commitment to provide services to all New Yorkers, regardless of immigration status. The forums will help offer information and resources, and address a variety of important health care topics affecting immigrants, such as health care rights, access to care, and privacy concerns regarding immigration status.

In community engagement forums held in December, 2016 to inform the design and goals of health system transformation, participants provided feedback about ways NYC Health + Hospitals can improve services across the city, and raised areas of concern related to their health care. Questions about paying medical bills, the availability of health insurance for immigrant populations, Emergency Medicaid, financial support via New York State's Financial Assistance Law, and access to primary and specialty care, were frequently raised and led to the development of more focused forums on immigrant health care rights being held this month.

Hypertension Emphasis Results in More Patients with Controlled Blood Pressure in 2016

A greater focus on care management is one of the strategies laid out in "One New York," the report issued in April 2016 outlining New York City's plan to transform NYC Health + Hospitals. Important to care management is improving our patients' blood pressure control, which reduces their risk for stroke, heart attack, kidney damage, vision loss, erectile dysfunction, and memory loss.

Earlier this month we announced that over 72,000 patients receiving care for high blood pressure within our system now have their blood pressure under control, an increase of 2,200 patients over the course of just one year. The percentage of NYC Health + Hospitals' patients (ages 18 to 75) being treated for hypertension whose blood pressure was under control

(i.e., 140/90 or lower) between January 2016 and January 2017, improved from 62.5 percent to 65.8 percent. Nationally, 54 percent of people with high blood pressure have their condition under control, according to the [Centers for Disease Control and Prevention](#).

Colorectal Cancer Awareness Month

Also this month, NYC Health + Hospitals launched a campaign to raise awareness of colorectal cancer, which is the second-leading cause of cancer deaths in New York City, killing approximately 1,400 New Yorkers each year, despite the fact that 90 percent of colorectal cancers are curable when caught early. The campaign is designed to let the public, staff, and especially New Yorkers aged 50-75, know about the importance of colon (or colorectal) cancer screenings. And about the fact that NYC Health + Hospitals makes screening a routine—and affordable—part of preventive health care.

OneCity Health Update

OneCity Health is excited about the initiation and expansion of a number of programs and transformation efforts as the third year of DSRIP begins on April 1.

To support partners implementing care management programs, including Health Home At-Risk (primary care setting), Care Transitions (inpatient setting) and ED Care Triage (Emergency Department), OneCity Health continues to train care management staff on critical skills needed to properly care for high-needs patients, including documenting care plans and motivational interviewing. To date, we've trained over 77 individuals from NYC Health + Hospitals/Home Care, BoomHealth!, Harlem United, Village Care, Arch Care, Bridging Access to Care, Federation of Organizations, Selfhelp and Community Healthcare Network. We are also continuing to expand our efforts in these care management initiatives.

OneCity has begun piloting a Health Home At-Risk initiative in six NYC Health + Hospital/ Gotham sites and four community partner primary care practices (Community Healthcare Network, SUNY Downstate Medical Center, Center for Comprehensive Health Practice and Brightpoint Health). Through this intervention, primary care practitioners can make referrals to care coordinators provided by OneCity Health's Health Home lead agencies, which are NYC Health + Hospitals, Community Healthcare Network and Community Care Management Partners. Six additional NYC Health + Hospital facilities (Belvis, Bellevue, Cumberland, East New York, Gouverneur and Morrisania) will soon begin to generate referrals as well.

Transition Management Teams (TMTs) continue to provide 30 days of supportive care management for patients at high risk of readmission at NYC Health + Hospitals/Bellevue and NYC Health + Hospitals/Kings County. To date, 850 patients have been referred to the program and 463 patients have completed all 30 days. Three of our community partners – VillageCare, ArchCare, and New York City Department for the Aging– are expected to provide an additional eight TMTs across medicine and behavioral health inpatient units in NYC Health + Hospital facilities in May.

As part of OneCity Health's clinical asthma program, community health workers (CHWs) from our community partners have completed over 100 home assessments. Seven NYC Health + Hospital facilities and two of our community partners (Urban Health Plan and Gentle Touch Medical) are generating referrals to our partners with CHWs. The CHWs – from VillageCare, CABS Home Attendants Service, St. Mary's Healthcare System for Children, Asian Community Care Management, Make the Road New York, a.i.r NYC and NYC Health + Hospitals – complete an asthma assessment, reinforce recommendations from the clinical team, and conduct home visits to evaluate the environment for asthma "triggers."

Thirty eight of our community partners continue to conduct outreach to, and engage with, uninsured New Yorkers through Project 11. To date, they have connected approximately 2,500 people to primary care and approximately 3,200 individuals to insurance.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the “NYC Health + Hospitals”) to execute an agreement with Cardinal Health 200, Inc. (“Cardinal”) to provide medical and surgical distribution services as requested by the NYC Health + Hospitals over a three-year term for a total not-to-exceed amount of \$369,722,040.

WHEREAS, the NYC Health + Hospitals entered into a contract with Cardinal dated August 1, 2008 following an RFP process and pursuant to authorization given by the NYC Health + Hospitals’s Board of Directors to provide medical and surgical supply distribution services; and

WHEREAS, the current Cardinal agreement will expire July 31, 2017 and the estimated \$25,836,724 required to fund the contract through that date is already part of the FY 17 budget; and

WHEREAS, the NYC Health + Hospitals wishes to enter into a new agreement with Cardinal for its distribution services; and

WHEREAS, the NYC Health + Hospitals is currently engaged in a large and complex project to develop and roll- out an Enterprise Resource Planning program, referred to as “Project EVOLVE,” pursuant to the NYC Health + Hospitals’ Board of Directors’ resolution adopted December 17, 2015 authorizing a contract with Mythics, Inc. with the goal of updating and integrating the NYC Health + Hospitals’s financial, procurement and human resources management applications ; and

WHEREAS, although there is time before the expiration of the Cardinal contract to conduct a new RFP, it has been determined that changing distributors in the midst of Project EVOLVE will cause delays, complications and additional cost in Project EVOLVE which conclusion has been validated by the NYC Health + Hospitals’ implementation consultant for the project, Deloitte Touche Tohmatsu Limited; and

WHEREAS, a Request to Initiate a Sole Source Contract Negotiation was approved by the CRC on the basis set forth above; and

WHEREAS, the NYC Health + Hospitals will benefit from multiple negotiated cost savings relative to the current contract including an upfront retention discount in the amount of \$2.15M, a cost plus reduction on national branded products to 1.1% from 2.85% (a recurring \$1.5M per year based on \$88M in national branded sales); and

WHEREAS, the NYC Health + Hospitals will start to realize the above savings even prior to the expiration of the current contract on July 31, 2017; and

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

NOW THEREFORE, BE IT:

RESOLVED, that the New York City Health and Hospitals Corporation be and hereby is authorized to execute an agreement with Cardinal Health 200, Inc. to provide medical and surgical distribution services as requested by the NYC Health + Hospitals over a three-year term for a total not-to-exceed amount of \$369,722,040.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to negotiate and execute a contract amendment with McKesson Technologies Inc. (“McKesson”) to obtain the licenses, services, training and maintenance required to implement a consolidated diagnostic viewer in conjunction with the Radiology Integration and Practice Management Services Agreement made with McKesson in February 2016 (the “Agreement”) for a period two years (the remaining Initial Term of the Agreement) with two, one-year options to renew, exercisable solely by NYC Health + Hospitals, in an additional amount of \$6,668,270.94 (includes a 10% contingency of \$606,206.45) for a total increased contract amount not to exceed \$23,353,125.94.

WHEREAS, under the Agreement McKesson is to provide radiology integration and practice management services for a period of three years with two, one-year options to renew, exercisable solely by NYC Health + Hospitals, in an amount not to exceed \$16,684,855; and

WHEREAS, the Agreement included an option for NYC Health + Hospitals to license McKesson Radiology Software including third-party software and related services to include implementation, training and maintenance for a consolidated diagnostic viewer platform; and

WHEREAS, NYC Health + Hospitals determined that it is in the best interests of the System to exercise the option and implement an enterprise-wide diagnostic viewer, thereby increasing the total amount of the Agreement to \$23,353,125.94; and

WHEREAS, the proposal meets all of NYC Health + Hospitals’ technological and regulatory security requirements, and uptime performance expectations; and

WHEREAS, responsibility for monitoring the contract shall be under the Senior Vice President/Chief Medical Officer and Senior Vice President/Chief Information Officer.

NOW, THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation be and hereby is authorized to negotiate and execute a contract amendment with McKesson Technologies Inc. (“McKesson”) to obtain the licenses, services, training and maintenance required to implement a consolidated diagnostic viewer in conjunction with the Radiology Integration and Practice Management Services Agreement made with McKesson in February 2016 (the “Agreement”) for a period two years (the remaining Initial Term of the Agreement) with two, one-year options to renew, exercisable solely by NYC Health + Hospitals, in an additional amount of \$6,668,270.94 (includes a 10% contingency of \$606,206.45) for a total increased contract amount not to exceed \$23,353,125.94.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute contracts for the purchase of hardware, software, and services from various vendors on an on-going basis via Third Party Contract(s) in an amount not to exceed \$10,000,000 for a one year period.

WHEREAS, NYC Health + Hospitals was awarded a New York State capital grant through the Delivery System Reform Incentive Program (“DSRIP”), in the amount of \$19.4 million for the construction and outfitting of OneCity Health Patient Engagement and Contact Center (the “Contact Center”); and

WHEREAS, of the \$19.4 million grant, \$10 million was earmarked by New York State to design, install and deploy the technology infrastructure required to support the Contact Center; and

WHEREAS, contractors able to provide the needed goods and services to the System via Third Party Contract(s) made available through the Federal General Services Administration, the New York State Office of General Services and through various group purchasing organizations (“Third Party Contracts”); and

WHEREAS, the Corporation will solicit proposals from these contractors, both manufacturers and authorized resellers, on an on-going basis via Third Party Contract(s); and

WHEREAS, Third Party Contracts offer discounted pricing compared to the market price for such equipment, and having been awarded by bid and requests for proposals, no further competitive process is required to procure the needed goods and services; and

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

NOW, THEREFORE, be it:

RESOLVED, THAT THE NYC Health + Hospitals be and hereby is authorized to purchase hardware, software, and services from various vendors on an on-going basis via Third Party Contract(s) in an amount not to exceed \$10,000,000 for a one year period.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a five- year, revocable, no fee license agreement with the City of New York acting by and through the Mayor’s Office of Immigrant Affairs (“MOIA”) for full-time, non-exclusive use and occupancy of spaces each less than approximately 500 sq. ft. to be designated (the “Licensed Spaces”) at NYC Health + Hospitals/Lincoln, NYC Health + Hospitals/Elmhurst, NYC Health + Hospitals/Dr Susan Smith McKinney, NYC Health + Hospitals/Sea View and NYC Health + Hospitals/Gouverneur (the “Facilities”) to provide *pro bono* legal and related services to patients and members of the community focused primarily on efforts to identify eligible immigrants, and facilitate their enrollment with health insurers, including Medicaid as well as assisting them with other legal matters related to immigration.

WHEREAS, MOIA is focused on protecting the interests of immigrant residents of the City of New York including helping such immigrants to access health care; and

WHEREAS, NYC Health + Hospitals has, with the authorization of its Board Directors, entered into successive license agreements with the New York Legal Assistance Group, a not-for-profit provider of legal services to, among others, hospital patients in immigration, domestic relations, child support and custody, and benefit entitlements matters (“NYLAG”) to enable NYLAG to offer its *pro bono* legal services to NYC Health + Hospitals’ patients at its facilities including NYC Health + Hospitals/Lincoln, NYC Health + Hospitals/Elmhurst but not including NYC Health + Hospitals/Gouverneur, NYC Health + Hospitals/Dr Susan Smith McKinney and NYC Health + Hospitals/Sea View; and

WHEREAS, MOIA wishes to contract with legal service providers and other professionals to provide further *pro bono* legal and related services to patients of NYC Health + Hospitals and to the general immigrant community and has initially done so with NYLAG; and

WHEREAS, under the proposed license agreement, MOIA will use the Licensed Spaces to provide *pro bono* legal services through its contracted provider(s) which shall initially be NYLAG; and

WHEREAS, NYLAG services pursuant to its license agreement with NYC Health + Hospitals will continue to be provided but will be expanded under its agreement with MOIA; and

WHEREAS, any costs to prepare the Licensed Spaces for their intended use or to operate the MOIA program shall be paid by MOIA; and

WHEREAS, the administration of the proposed license agreement shall be the responsibility of the executive directors of the hospitals where they are located.

NOW, THEREFORE, be it

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized to execute a five- year, revocable, no fee license agreement with the City of New York acting by and through the Mayor’s Office of Immigrant Affairs for full-time, non-exclusive use and occupancy of the spaces each less than approximately 500 sq. ft. to be designated at NYC Health + Hospitals/Lincoln, NYC Health + Hospitals/Elmhurst, NYC Health + Hospitals/Dr Susan Smith McKinney, NYC Health + Hospitals/Sea View and NYC Health + Hospitals/Gouverneur to provide *pro bono* legal and related services to patients and members of the community focused primarily on efforts to identify eligible immigrants, and facilitate their enrollment with health insurers, including Medicaid as well as assisting them with other legal matters related to immigration.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a requirements contract with Rashel Construction Corporation (the Contractor) in the amount of \$10,000,000 to provide construction services for General Construction Work on an as-needed basis at various facilities throughout NYC Health + Hospitals.

WHEREAS, the facilities of the Corporation may require construction services for General Construction Work; and

WHEREAS, the Corporation has determined that the needs of the Networks for these services can be best met by utilizing outside firms, on an as-needed basis through a requirements contract; and

WHEREAS, the Corporation's Operating Procedure No. 100-5 requires approval by the Board of Directors of competitively bid contracts having a bid price greater than \$3,000,000; and

WHEREAS, bids were publicly opened on January 26, 2017 and the Corporation has determined that the Contractor is the lowest responsible bidder for this contract; and

WHEREAS, the Contractor has met all, legal, business and technical requirements and is qualified to perform the services as required in the contract documents; and

WHEREAS, the overall responsibility for the contracts shall be under the purview of the Vice President, Facilities Development.

NOW, THEREFORE, be it

RESOLVED that the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") be and hereby is authorized to execute a contract with Rashel Construction Corporation (the Contractor) to provide construction services for General Construction Work on an as-needed basis at various facilities throughout NYC Health + Hospitals. The contract shall be for a term of two (2) years, for a cumulative amount not to exceed \$10,000,000 for the services provided by this contractor.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a requirements contract with Volmar Construction, Inc. (the Contractor) in the amount of \$10,000,000 to provide construction services for General Construction Work on an as-needed basis at various facilities throughout NYC Health + Hospitals.

WHEREAS, the facilities of the Corporation may require construction services for General Construction Work; and

WHEREAS, the Corporation has determined that the needs of the Networks for these services can be best met by utilizing outside firms, on an as-needed basis through a requirements contract; and

WHEREAS, the Corporations Operating Procedure No. 100-5 requires approval by the Board of Directors of competitively bid contracts having a bid price greater than \$3,000,000; and

WHEREAS, bids were publicly opened on January 27, 2017 and the Corporation has determined that the Contractor is the lowest responsible bidder for this contract; and

WHEREAS, the Contractor has met all, legal, business and technical requirements and is qualified to perform the services as required in the contract documents; and

WHEREAS, the overall responsibility for the contracts shall be under the purview of the Vice President, Facilities Development.

NOW, THEREFORE, be it

RESOLVED that the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") be and hereby is authorized to execute a contract with Volmar Construction, Inc. (the Contractor) to provide construction services for General Construction Work on an as-needed basis at various facilities throughout NYC Health + Hospitals. The contract shall be for a term of two (2) years, for a cumulative amount not to exceed \$10,000,000 for the services provided by this contractor.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a requirements contract with Jemco Electrical Contractors (the Contractor) in the amount of \$10,000,000 to provide construction services for General Construction Work on an as-needed basis at various facilities throughout NYC Health + Hospitals.

WHEREAS, the facilities of the Corporation may require construction services for General Construction Work; and

WHEREAS, the Corporation has determined that the needs of the Networks for these services can be best met by utilizing outside firms, on an as-needed basis through a requirements contract; and

WHEREAS, the Corporations Operating Procedure No. 100-5 requires approval by the Board of Directors of competitively bid contracts having a bid price greater than \$3,000,000; and

WHEREAS, bids were publicly opened on January 30, 2017 and the Corporation has determined that the Contractor is the lowest responsible bidder for this contract; and

WHEREAS, the Contractor has met all, legal, business and technical requirements and is qualified to perform the services as required in the contract documents.

WHEREAS, the overall responsibility for the contracts shall be under the purview of the Vice President, Facilities Development.

NOW, THEREFORE, be it

RESOLVED that the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") be and hereby is authorized to execute a contract with Jemco Electrical Contractors (the Contractor) to provide construction services for General Construction Work on an as-needed basis at various facilities throughout NYC Health + Hospitals. The contract shall be for a term of two (2) years, for a cumulative amount not to exceed \$10,000,000 for the services provided by this contractor.

NYC HEALTH + HOSPITALS

A meeting of the Board of Directors Executive Committee was held in Room 532 at 125 Worth Street, New York, New York 10013 on the 31st day of March 2017 at 12:08 P.M. pursuant to a notice which was sent to all of the Directors of NYC Health + Hospitals and which was provided to the public by the Secretary. The following Directors were present in person:

Mr. Gordon J. Campbell
Mr. Stanley Brezenoff
Dr. Mary T. Bassett
Dr. Gary S. Belkin
Dr. Jo Ivey Boufford
Barbara A. Lowe, R.N.
Mr. Mark Page
Mr. Bernard Rosen

Also present in a voting capacity were Jennifer Yeaw, representing HRA Commissioner Steven Banks. Mr. Gordon Campbell chaired the meeting. Mr. Salvatore Russo, General Counsel, kept the minutes thereof.

CHAIRPERSON'S REPORT

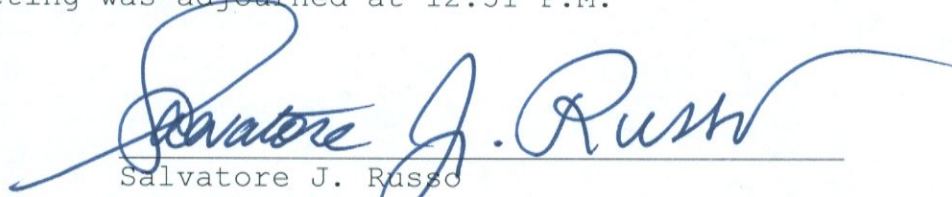
Mr. Campbell thanked the Board members who attended the meeting.

Mr. Campbell received the Board's approval to convene an Executive Session to discuss matters of quality assurance at NYC Health + Hospitals/Coney Island, potential litigation and personnel.

EXECUTIVE SESSION

The Board convened in Executive Session. When it reconvened in open session, Mr. Campbell reported that the Committee discussed matters of quality assurance, potential litigation and personnel.

Thereupon, there being no further business before the Board, the meeting was adjourned at 12:51 P.M.

A handwritten signature in blue ink, reading "Salvatore J. Russo", written over a horizontal line. The signature is stylized and cursive.

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