

AGENDA

**MEDICAL AND PROFESSIONAL AFFAIRS
COMMITTEE**

Date: November 8, 2017
Time: 9:00 AM
Location: 125 Worth Street, Rm. 532

BOARD OF DIRECTORS

CALL TO ORDER

DR. CALAMIA

ADOPTION OF MINUTES

September 13th, 2017

CHIEF MEDICAL OFFICER REPORT

DR. ALLEN

CHIEF NURSE EXECUTIVE REPORT

DR. MENDEZ

METROPLUS HEALTH PLAN

DR. SAPERSTEIN

INFORMATION ITEM:

I) Value Based Payment Quality Improvement Program

MS. GIACOMONI

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

MINUTES

MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE

Meeting Date: September 13th, 2017

BOARD OF DIRECTORS

ATTENDEES

COMMITTEE MEMBERS

Gordon Campbell, Chairman
Vincent Calamia, MD, Committee Chair
Stanley Brezenoff, Interim President
Barbara Lowe, RN
Helen Arteaga Landaverde

HHC CENTRAL OFFICE STAFF:

Machelle Allen, MD, SVP, Chief Medical Officer, Medical & Professional Affairs
Charles Barron, Deputy Chief Medical Officer, Office of Behavioral Health
Janette Baxter, Senior Director, Risk Management
Frithjof Bergmann, Assistant Vice President, Office of Behavioral Health
Victor Cohen, Assistant Vice President, Pharmacy
Leticia Currin, Director, Medical & Professional Affairs
Lora Giacomoni, Assistant Vice President, Quality & Patient Safety
Elizabeth Guzman, Assistant Vice President, Finance
Colicia Hercules, Chief of Staff to the Board Chair
Bridgett Ingraham, Assistant Vice President, Governmental Relations & Community
Imah Jones, Senior Director, Research
Michael Keil, Assistant Vice President, Enterprise Information Technology Service
JoAnn Liburd, Assistant Vice President, Accreditation
Patricia Lockhart, Secretary to the Corporation
Ana Marengo, Senior Vice President, Communication and Marketing
Maureen McClusky, Senior Vice President, Post-Acute Care
Kim Mendez, EdD, ANP, RN, System Chief Nursing Executive
Ann Ormsby, Senior Director, Communication & Marketing
Chalice Pina, Director, Internal Audits
Joseph Reyes, Senior Director, Medical & Professional Affairs
Chelsea-Lyn Rudder, Director, Marketing & Communication
Salvatore Russo, Senior Vice President & General Counsel, Legal Affairs
Diane E. Toppin, Senior Director Medical and Professional Affairs
Jay Weinman, Corporate Comptroller, Finance
Ross Wilson, MD, Senior Vice President/Chief Transformation Officer, Office of Transformation

FACILITY STAFF:

Arnold Saperstein, MD Executive Director, MetroPlus Health Plan
Khoi Luong, Chief Medical Officer, Coler

OTHERS PRESENT:

Justine DeGeorge, Office of State Comptroller
Moirá Dolan, AD, DC37
Melinda Elias, Analyst, Internal Budget Office
Joni Watson, State, Office of State Comptroller

**MEDICAL AND PROFESSIONAL AFFAIRS
COMMITTEE
September 13th, 2017**

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 10:08 AM. The minutes of the June 13th, 2017 Medical & Professional Affairs Committee meeting were adopted.

CHIEF MEDICAL OFFICER REPORT

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

Behavioral Health

The Office of Behavioral Health (OBH) is working on a system-wide clinical service plan for Behavioral Health services. The focus is on development of more ambulatory care services in collaboration with community partners and a reduction in acute care utilization. The goal is to meet the needs of the communities with increased access to the mental health services which have been proven to be most effective.

Maternal Depression Screening: Currently as part of NYC Thrive, all 11 acute care facilities have formal screening protocols for maternal depression. Screening rates for these sites average: prenatal rate is 94.2% and postpartum screening rate is 96.5%; rate of positive screen for prenatal is 7.7% and postpartum is 4.6%. Referral rate for those screening positive for evaluation for possible treatment for prenatal 79% and postpartum is 68.5%. Others are monitored within Maternal Health. We are developing systems and metrics to measure outcome of those referred for treatment.

OBH is actively working on substance use issues in our system specifically in conjunction with Healing NYC – focused programs that address the current opioid crisis in NYC. As part of that program, NYC H+H behavioral health initiatives include: judicious prescribing practices in emergency departments; increasing access to buprenorphine in primary care and emergency departments; increased distribution of naloxone kits to reduce fatal overdose; and establishment of addiction consultation team.

The Family Justice Center sites provide co-located mental health services at the domestic violence centers. Two of the sites – Queens and The Bronx – are open to clinical services. The Manhattan, Brooklyn, and Staten Island sites are recruiting staff and hope to open early in the fall.

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

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

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

Delivery System Reform Incentive Payment (DSRIP) Program

OneCity Health is continuing with efforts to enhance access to primary care for patients, and the range of services available to them. All 32 NYC Health + Hospitals primary care clinics that applied for PCMH status have now successfully achieved 2014 Level 3 certification, which is the highest level of recognition conferred by the National Committee for Quality Assurance (NCQA). In July, OneCity Health hosted the latest Patient-Centered Medical Home (PCMH) Learning Collaborative, providing strategies to improve communication and coordination between providers, and implement systems to better share information. This learning session was a part of OneCity Health's efforts to assist 54 sites in the OneCity Health network toward achieving PCMH recognition, which drives transformation in patient care and improves coordination throughout its developing integrated delivery system.

Sixteen NYC Health + Hospital facilities and six community partners are currently generating referrals from the primary care setting to OneCity Health partners with community health workers (CHWs). Since January 2017, OneCity Health partners have referred over 860 patients to Community Health Workers (CHWs), who have completed 529 home assessments.

Care management programs continue to expand across the OneCity Health network. Transition Management Teams (TMTs) continue to provide 30 days of supportive care management for patients at high risk of readmission across eight medicine and three behavioral health inpatient units, located across eight NYC Health + Hospitals facilities. To date, 1554 referrals have been made to the program, and 896 patients have graduated (completed all 30 days).

The Health Home At-Risk program continues at 11 NYC Health + Hospitals facilities and two community partner primary care practices. In this program, primary care practitioners make referrals to care coordinators provided by OneCity Health's Health Home lead agencies.

OneCity Health continues to work with community-based organization (CBO) partners to prepare them for value-based payments and improving health outcomes. Throughout July, OneCity Health hosted a series of listening sessions in order to hear from CBO partners about their knowledge and understanding of the changing health care landscape. In addition, OneCity Health selected Community Service Society of New York as a technical assistance partner for CBO capacity building. Support will include providing social service partners with a variety of organizational and educational assistance.

Finally, in late June, NEJM Catalyst published an article by Jeremy P. Ziring, AB, Kathleen S. Tatem, MPH, Remle Newton-Dame, MPH, Jesse Singer, DO, MPH, and Dave Chokshi, MD, all of OneCity Health. Titled "Coverage Expansion and Delivery System Reform in the Safety Net: Two Sides of the Same Coin," the authors describe how maintaining—and optimally, growing—the insured population is crucial both to take care of those who are still uninsured, and for the system's transformation efforts. For example, they discuss how expanding access to high-quality primary care, with integrated behavioral health services, is a linchpin of delivery system improvement.

Pharmacy

Antimicrobial Stewardship Initiative assures optimal antimicrobial therapy prescribing and reduces antimicrobial resistance rates: Misuse and overuse of antimicrobials is an enterprise initiative as patients infected with antimicrobial-resistant organisms are more likely to have longer, more expensive hospital stays with higher morbidity rates. The NYC Health + Hospitals system selected ASP as the first quarter system wide performance improvement project with an aim to further establish Antimicrobial Stewardship Programs (ASP) to reduce adverse events associated with antibiotic use to optimize the treatment of infections. Each site completed an ASP self-assessment based upon the CDC core elements of performance, identifying what is going well as well as challenges and next steps. The project has now matured and remains an on-going system wide committee to share best practices across the system.

Assures Judicious Opioid Prescribing as per HealingNYC Initiatives: The office of Pharmacy is supporting the Office of Behavioral Health 4 – pronged opioid response as part of the Healing NYC Initiative. These include 1. Judicious

prescribing, 2. Expanding treatment, 3. Standardizing ED Response, and 4. Overdose Prevention. The office of Pharmacy services is assisting in the planning and designing of reporting metrics and strategies to achieve Judicious Prescribing. The collaboration thus far has resulted in development of process metrics, and quantitative metrics for the future development of a judicious prescribing of opioids dashboard for NYC H+H.

Planning and design of expanded naloxone distribution program: the office of Pharmacy services is developing and implementing a process for a hospital pharmacy's to serve as a central node of distribution throughout the facilities to clinics, the ED and other appropriate locations to facilitate the screening, distribution, counseling and reporting of Naloxone kits to eligible patients. This collaboration is hoped to reduce the morbidity/mortality associated with the current national opioid epidemic. 10 acute sites and 5 DT&Cs are now OOPP enabling them to distribute naloxone kits; Naloxone kits are being distributed through the Lincoln ED; a policy and procedure has been written; further work is being performed to establish work flows for other appropriate sites.

Accreditation and Regulatory Services

Unannounced Mock Surveys

The Office of Accreditation and Regulatory Services, as part of its ongoing practice and preparation to ensure continuous survey readiness at system facilities, conducted unannounced mock Joint Commission surveys at Carter and Coler facilities, who were surveyed by TJC earlier this year. Additionally, mock surveys were recently conducted at three of the facilities scheduled to be surveyed survey in 2018 – Coney Island, Kings County and Lincoln hospitals. SeaView's mock survey is being scheduled. The surveys provide a 'snapshot' of the state of readiness, are designed to identify opportunities for improvement in real time, address issues, provide opportunities for education and identify issues which may be system-related. A report on each facility's findings is in progress.

Patient Safety Culture Survey

The Patient Safety Culture Survey was conducted at all NYC Health + Hospital facilities in July. The culture survey is a Joint Commission leadership standard requiring 'leaders create and maintain a culture of safety and quality throughout the hospital', using valid and reliable tools. Survey questions, based on the Agency for Healthcare Research and Quality (AHRQ) survey tool, are designed to assess an organization's culture of safety through feedback from staff and enables leadership to learn about staff perceptions of patient safety in their facility. Results of the feedback from the survey can be used to: Identify areas of strength and opportunities for improvement and/or re-evaluation; Benchmark improvements and measure/track organizational changes over time; Raise staff awareness about real and potential patient safety issues; Identify strengths and areas for patient safety culture improvement. Staff at all NYC H+H facilities (hospitals, post-acute care, diagnostic and treatment centers, and home health care), were eligible to take the survey. Preliminary results show that of 35,500 plus eligible staff, over 20,800 completed the survey, representing a 58% response rate.

Value Based Purchasing and Quality Improvement

In order to transform NYC Health + Hospitals into a high performing health system, care will be standardized based upon evidenced based best practices in order to optimize quality and lower costs. Additionally, these activities will support the transition to value based payment models. NYC H+H is participating in a value based purchasing quality improvement program sponsored by DOH in which provides incentive payments to support financially fragile safety net hospitals. This five year program was launched in April 2015 with a goal of improving quality and financial stability. After diligent review of the DOH menu of metrics, H+H has selected: Catheter Associated Urinary Tract Infection Rate; Catheter Associated Blood Stream Infection Rate; 3-hour Sepsis Bundle; Hospital Acquired Pressure Ulcer Prevalence Rate; Follow-up after Hospitalization for Mental Illness; Diabetes (Hemoglobin A1c) control. System-wide improvement efforts will be developed for each of these initiatives.

Chief Nurse Executive

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

During the months of June, July and August, the Office of Patient Centered Care (OPCC) continued work focused on Nursing and system-wide strategic goals. The following report will highlight the work and achievements over the past three month period.

CNO Council Goals: Operationalize Nursing Philosophy and Culture of Care; foster nursing alignment and collaboration on the integration of care and system strategic imperatives; cultivate a system-wide plan and monitoring framework for Nursing Service fiscal contribution; financial structure and accountability; safe, efficient and effective use of human resources inclusive of standardizing and centralizing were appropriate; monitor and set expectations for continual performance improvement with regard to quality and safety outcomes; patient experience and staff engagement/development and, Integration of Information Services to support regulatory requirements; caregiver shared communication, and promotion of excellence in integrated care delivery and outcomes.

System Nurse Practice Council (SNPC)

In partnership with NYSNA, monthly SNPC meetings have focused on embracing our system Nursing Mission, Vision and Values with concentration on Shared Governance as a framework for staff satisfaction, retention, quality outcomes and overall improved care experience. Based on the principles of partnership, equity, accountability and ownership, the SNPC has begun a journey to develop a framework for Nursing Shared Governance across the system. Goal is to finalize a system-wide Shared Governance framework by 4Q17 with a launch in 1Q18.

Nursing Professional Development

Continuing Professional Education: NYC Health + Hospitals received Accreditation with Commendation for six years for the CME Program. An automation solution for tracking and support CMEs, CEUs, etc. is under review to streamline processes and gain efficiency in workflow. IPFCC (Institute of Patient & Family Centered Care); IPFCC Session on Leadership has been accepted for 8th Annual International Conference on Patient and Family Centered Care. Bellevue is submitting an abstract for session on LGBTQ PFAC for 8th Annual International Conference on Patient and Family Centered Care. IPFCC "Better Together" – Family as Care Partners Grant; IPFCC "Better Together" facility website review/update completed; PFAC's in New York Survey Grant: New York Public Interest Research Group 73% participation from NYC H+H facilities. Wound Care Team Is focusing on HAPU metric through their work on developing standard work for HAPU prevention and Wound Care management. Goal is 4Q17 roll-out. NYSNA /NYC Health + Hospitals partnership to provide Mental Health Certification training for RNs across the system. To date 49 nurses have completed the training in 2017. Goal is to have a two to three additional training dates by end of 2017. Development of system-wide standard core nursing orientation for new hires continues. Curriculum development, competencies, and location logistics are under development with a goal of 1Q18 roll-out for three pilot hospitals. All acute care sites contributed input to support high quality content, streamlining resources, and ensuring training opportunities can be accessed across the system. Additionally, there is collaboration with HR/Workforce Development to simplify system/general new employee training requirements and avoid duplicative training for nurses. IT solutions for some core mandates are being explored.

Social Work Council

Newly developed Social Work Council will kick-off on August 30th, 2017 to provide Central Office guidance and support. Ms. Monefa Anderson, Sr. AVP will provide leadership and oversight. The role of Domestic Violence Coordinators and Social Work to provide enhanced Domestic Violence screening across the system for our patients is an early focus item for this group. In collaboration with OneCity Health/Social Work, a major DSRIP project is underway to transition to an e-referral system is underway. Training, kick-off and monitoring are key deliverables.

Care Management

In partnership with One City Health, the Care Management Task Force has been concentrating on the development of care management delivery service with an enterprise focus to connect patients to the right care setting. A review of current care management programs, functions and roles across all care delivery sites is being analyzed and mapped to yield a care management model that is integrated and operationalized into standard workflow that yields a return on investment.

Patient Experience

With a strategic goal of improving patient and family experience and engagement scores across all settings, the development of a charter, aim statement and project plans is being completed to include metrics and milestones over a 5 year plan. Key areas of focus include Ambulatory Care, Acute Care, Post-Acute Care and Metroplus. Metrics will be aligned with growth, value-based purchasing and national patient satisfaction benchmarks. To ensure integration of Patient Experience and Staff Engagement a Human Experience Council is being launched in partnership with Rosa Colon-Kolacko, Chief People Officer at NYC Health + Hospitals. Key to improving patient experience is improving staff engagement. The progress of the Patient Experience strategic goal initiatives will be monitored and supported by the Transformation Office.

Safe Patient Handling (SPH)

System-wide Policy and Procedure final draft is for Committee approval on 8/24/17. Defined purpose of SPH Committees and Roles; Steering Committee- decision making; Champion Committee- facilitating and communication/subject matter experts; Hospital SPH Committee; implement Steering committee program; Tracking process for “pushing, pulling, lifting, carrying” incidents has been developed; SPH equipment Inventory Fairs to formalize product standardization will be held at Kings, Elmhurst, McKinney and Lincoln in August 2017 on 8/21, 8/29 and 8/30. Union partners involved.

OPCC Operations

Developed and implemented standard work flow for hiring new agency staff. Goal in 2018 is to centralize agency staff procurement process. NYC Health + Hospitals Nurse Excellence Award Ceremony October 24, 2017 2pm-4pm Jacobi Conference Center. Blue Bin Super Mock events were held at Lincoln and Queens Hospitals in August. Nursing is a vital partner in this new Supply Chain standardization of supplies process. NYS Comptroller Office audit of Nursing Quality continues.

Live On NY

First Project ECHO Clinic for Organ Donation nationally was held on June 16th 2017. The facilities involved included Lincoln, Bellevue, Kings, and Elmhurst. Lincoln Hospital had first Donor after Cardiac Death (DCD) on May 22nd, 2017. First ever for hospital; creation of LiveOnNY curriculum into our system-wide nursing orientation program; creation of Kings County Hospital donor council; Organ Donor enrollment day is scheduled for October 4th 2017.

Nursing Informatics/ Quality/ Infection Prevention

CNO Quality & Operational Dashboards under develop for a 4Q2017 launch; Zynx Nursing Care Plans in development with EPIC users; Standard Work for CAUTI, CLABSI – Point Prevalence Studies are completed; CAUTI standardization of policies and products initiated; aligning with NYSPFP CAUTI initiatives; IP Site Visits – Elmhurst, Queens, Coney Island, Metropolitan, Kings County, Bellevue, NCB, McKinney and Coler completed. Revisits scheduled for McKinney and Coler; Special IP projects – Epic IP Module update available end of year; currently a project team is working with the 3 facilities to more fully develop the IP module; Collaborating with Emergency Management for standardization of PPE in

all Emergency Rooms; Level 1 and Level 2 PPE will be available along with algorithms for emerging pathogens and communicable diseases; standardization of N-95 respirators.

Recent Achievements

Coney Island Hospital was first hospital in NYC to receive “Gold” Safe Sleep Certification, the highest award of Cribs for Kids National Safe Sleep Hospital Certification Program (July 2017). Kings County Hospital received ACS Level I Trauma designation with no deficiencies. Queens Hospital was awarded a 2017 Gage Award for Innovation and Excellence from America’s Essential Hospitals for their Collaborative Care for Depression Program. Queens Hospital becomes first hospital in Queens to receive “Gold” Safe Sleep Certification, the highest award of Cribs for Kids National Safe Sleep Hospital Certification Program (August 2017). Metropolitan CNO Noreen Brennan, PhD, RN-C had two presentations at the 29th International Nursing Research Congress, hosted by Sigma Theta Tau International, the Honor Society of Nursing, July 27-31, 2017 in Dublin, Ireland. North Central Bronx received “Bronze” Safe Sleep Hospital award from Cribs for Kids National Safe Sleep Hospital Certification Program (August 2017). North Central Bronx was only hospital in the borough to receive the Patient Safety Excellence Award from the Agency for Healthcare Research & Quality (AHRQ). May 2017. Seaview was the proud recipient of the 2017 Intalere Healthcare Achievement Award. They submitted their project “Enhanced Interdisciplinary Palliative Care Services” in the Quality /Patient Care category. This is their third consecutive year to be given an award in this category. (May 2017)

MetroPlus Health Plan, Inc.
Report to the
H+H Medical and Professional Affairs Committee
September 13th, 2017

MetroPlus Health Plan, Inc.

MetroPlus Health Plan, Inc.

Arnold Saperstein, MD, reported to the committee on the total plan enrollment as of August 1, 2017, was 498,930. Breakdown of plan enrollment by line of business is as follows:

Medicaid	371,470
Child Health Plus	16,262
MetroPlus Gold	8,709
Partnership in Care (HIV/SNP)	4,182
Medicare	8,258
MLTC	1,648
QHP	8,093
SHOP	865
FIDA	187
HARP	10,279
Essential Plan	66,995
GOLDCARE	1,982

We are proud to report that MetroPlus received its highest score for this year’s 2016 Part C & D Data Validation. With a score of 100% for reported data this year, we came in higher than the industry average for similar organizations. MetroPlus made a 5% improvement overall from last year’s Part C measures and a 4% improvement overall from last year’s Part D measures. This score is significant because it reflects our commitment to improving and implementing effective procedures to develop, compile, evaluate, and report information to CMS in a timely manner per agency requirements.

Grand Openings

In the past several weeks, MetroPlus held a grand opening ceremony at each of its new Bronx community offices (University Avenue and East Tremont Avenue). These locations were selected because they were identified as key potential growth areas for MetroPlus. Members of the public along with community leaders and elected officials were in attendance. Our Bronx sites will be open seven days a week and staff will primarily focus on marketing. However, they will also help individuals renew their coverage and answer questions from current and prospective plan enrollees.

Retention

In addition to enrolling new members, we have continued to focus on retaining our existing members, which is captured in the disenrollment rate. The disenrollment rate or the number of people who leave the plan over the total membership in the plan for Medicaid has declined each month for the year. In fact, for July, it was a low 3.74% and of those transferring from Medicaid to another line of business within MetroPlus, the rate was 3.49%. The H+H facilities with the lowest Medicaid disenrollment rates were Metropolitan at 2.91%, Bellevue at 2.94%, and Harlem with 3.00%.

While the disenrollment rate for Medicaid has been declining, the rate for the Essential Plan (EP) continues to be a concern. That rate for July 2017 was 8.71% and 8.15% if transfers are excluded. This is more than double the Medicaid rate. While some of the higher rate is people who are not paying their premium, most is from those who do not owe a premium. To help reduce the disenrollment rate, we have been increasing our outreach to MetroPlus members. Working with Lincoln Hospital, we recently hosted an EP member event where EP members from Lincoln were invited to attend presentations about our programs and services. Our rewards vendor, Finity, also helped enroll people in the program and explain the various benefits. As part of our overall outreach efforts, we will continue hosting additional member events in cooperation with other facilities.

Another area of concern for us is the impact of a new state review on our overall membership. The state announced that it was conducting an audit of individuals throughout New York who enrolled during the Special Election Period due to loss of prior coverage. Individuals subject to the review will have to provide evidence that their prior coverage was terminated. If they are unable to produce proof of loss of prior coverage, their Plan membership will be terminated. There are 7,000 people statewide subject to this review.

However, the state has not yet shared any details of this review and we do not know how many of the 7,000 can be expected to be MetroPlus members. The state has not explained how someone can satisfy the prior coverage requirement and what happens if someone cannot be contacted. They have also not provided plans with any lists with which to conduct outreach.

Community Outreach

We continue to connect with our members in the greater community in various ways, including seven dental screening events where we were able to evaluate 531 of our Medicaid members. As of June 30, nearly 2,500 MetroPlus members have received a dental screening at a community event. We held a teen health session at Lincoln Hospital with 200 attendees where we provided a Zumba class, conducted 120 dental screenings, and completed six annual well visits. MetroPlus and Lincoln further collaborated on a Back-to-School Immunizations Health Event in August. We also recently held a diabetic eye screening at our Brooklyn Community Office and provided personalized gap reports to over 90 members.

Finity

We continue to expand our rewards program with our vendor, Finity. To date, nearly 11,000 MetroPlus members have registered for the program, over 13,500 individuals have contacted the vendor's call center, and nearly 650 members have redeemed their rewards.

State Policy

Pharmacy update: "the state will help defray the cost of purchasing naloxone at pharmacies by contributing up to \$40 toward the co-pay, the governor's office announced recently. People with health insurance that covers prescription drugs will be eligible for state aid to buy naloxone, a nasal spray that can reverse the effects of heroin and opioid

overdose, beginning on Wednesday. The program is funded through the state's Opioid Overdose Prevention Program. Insurers may limit the monthly amount of naloxone that a person can receive. The program does not cover uninsured patients, although they may be able to obtain the drug through other programs.” (Politico)

Federal Policy

While attempts to repeal-and-replace the Affordable Care Act (ACA) in the Senate have stalled and discussions have turned to stabilizing the markets, many insurers are still concerned that the Administration will refuse to enforce the ACA's individual mandate and/or stop paying cost-sharing reduction subsidies. Thus, they will likely request higher premium rates due to the uncertainty, citing the Administration's "hostile policy messages" as basis for the rate hikes. (NYT)

INFORMATION ITEM:

Charles Barron, MD, Deputy Chief Medical Officer, Behavioral Health and Luke Bergman, Assistant Vice President, Behavioral Health presented the committee an update on Behavioral Health. The overview was on challenges, service innovation and impacts. There was a discussion of the focus on inpatient, outpatient, readmission rates and ALOS in a behavioral health setting. He talked about ThriveNYC and HealingNYC.

There being no further business, the meeting was adjourned 11:10 AM.

CHIEF MEDICAL OFFICER REPORT
Medical & Professional Affairs Committee
November 8, 2017

Flu Campaign

The system flu campaign kicked off September 18, 2017 with a goal of improving on our enterprise-wide flu vaccination rate of 79% from last year's flu season. This year's flu program will require 100% employee participation requiring either flu vaccination or written declination from all staff members. Staff members may still decline for medical, religious or any personal reason but must indicate that reason in writing and acknowledge the mask requirement if they remain unvaccinated. We are also using information obtained from flu focus groups conducted throughout the summer at multiple facilities and best practices from our facilities whose vaccinated at a rate of 90% or greater last year, to inform and improve our communications regarding the benefits of flu vaccination. Through the Enterprise Pharmacy and Therapeutics Committee in collaboration with Supply Chain 230,000 doses of age appropriate vaccines were purchased to assure readiness for this year's influenza season.

Behavioral Health

The Office of Behavioral Health (OBH) is working on a system-wide **clinical service plan** for Behavioral Health services. The focus is on development of more ambulatory care services in collaboration with community partners. The goal is to meet the needs of the communities with increased access to mental health services.

Maternal Depression Screening: Currently as part of NYC Thrive, all acute care facilities have formal screening protocols for maternal depression. Processes are underway to extend the screening for maternal depression at the well-baby visits in pediatric clinics.

OBH is actively working on substance use issues in our system specifically in conjunction with **Healing NYC** – focused programs that address the current opioid crisis in NYC. As part of that program, NYC H+H behavioral health initiatives include: judicious prescribing practices in emergency departments; increasing access to buprenorphine in primary care and emergency departments; increased distribution of naloxone kits to reduce fatal overdose; and establishment of addiction consultation team.

The **Family Justice Center** sites provide co-located mental health services at the domestic violence centers. Four sites – Queens, Bronx, Manhattan and Brooklyn are open to clinical services. The Staten Island site will open later this month.

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

The Office of Behavioral Health continues to work on **integration of care**, meeting with each facility to determine steps and needs to achieve co-location and other integration strategies. In addition, the Collaborative Care model in primary care is being extended to maternal health sites and are in pilot stages in several Adolescent clinics.

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

Pharmacy

NYC H+H M&PA Office of Pharmacy Services Collaborates with Huron Consulting to develop and design a future state, road map and implementation time line for cost avoiding, revenue generating transformation of Pharmacy services. The office of Pharmacy services under the supervision of M&PA, supported a month long exploratory analysis of current state of Supply Chain services including the Pharmacy services for opportunities to enhance efficiencies across the system. During their assessment of H+H's \$1.4 billion OTPS spend, Huron identified significant cost savings opportunity in several key areas. The Office of Pharmacy Services is chairing the Clinical Pharmacy Implementation Team. To target key expense areas for savings. The key areas identified in the assessment were:

- Implementation of a central fill and specialty pharmacy services
- Respiratory drug selection and utilization
- Establish physician centric clinical pharmacy program to provide daily review of drug utilization
- Consolidate Infusion centers
- Insource outsourced compounding
- Implement dose rounding

The office of Pharmacy services, in collaboration with the Office of Quality, Risk, & Patient Safety, is leading an enterprise wide **Antimicrobial Stewardship Program (ASP)** performance improvement project to assure compliance with 37 CDC core elements for antimicrobial stewardship. A system wide multidisciplinary, collaborative monthly conference is held with the scope of removing barriers to optimal antimicrobial stewardship performance.

Update: Current successes, barriers, and ongoing improvements:

- Ability to run Days of therapy reports for all Quadramed sites is being developed
- Extension of Antimicrobial Stewardship to cover the Ambulatory Services has been initiated to comply with regulatory requirement and as an opportunity to reduce over use of antimicrobial agents.
- Gap analysis of current state of a standard antibiogram across all facilities was conducted.
- Standard definitions for expenditures avoided with pharmacy interventions have been provided.
- Facilities are performing the 48 hour time out documentation in the medical in compliance with regulatory requirements.
- Current Pharmacist resources to manage antimicrobial stewardships is in need of improvement There is a need for facilities to recruit and hire ID specialist Antimicrobial Stewardship Pharmacist to continue to perfect optimal performance in this area.
- Facility treatment recommendations for select diseases are being collated for commonality to evolve into one standard across the system where appropriate
- Facility approved participation in AHRQ sponsored antimicrobial stewardship webinar program
- Preparation for participation in NHSN registry is ongoing

System average compliance with the CDC core elements is 84% for the acute care facilities. Ambulatory and post-acute care sites are completing their CDC core elements; the post-acute care facilities are reporting a 74% compliance.

Additional key performance indicators reported include: percent of healthcare related interventions initiated by the ID Pharmacist associated with the antimicrobial stewardship and accepted, that optimize antimicrobial therapy and reduce the risk of resistance, and lastly

antimicrobial usage patterns of broad spectrum agents that can be related back to rates of resistance.

The NYC Health + Hospitals system aims to further establish the ASP to reduce adverse events associated with antibiotic use to optimize the treatment of infections. Misuse and overuse of antimicrobials is an enterprise initiative as patients infected with antimicrobial-resistant organisms are more likely to have longer, more expensive hospital stays with higher morbidity rates. Rates of resistance to antimicrobial agents continue to increase in hospitals across the United States due to exposure.

Antimicrobial stewardship is a collaborative multidisciplinary program that promotes the appropriate use of antimicrobials and improves patient outcomes, reduces microbial resistance, and decreases the spread of infections caused by multidrug-resistant organisms. With enhanced medication monitoring, improved IV to PO conversion, and implementation of Antimicrobial Stewardship Program concepts we will optimize clinical outcomes, minimize unintended consequences of antimicrobial use, and reduce health care costs while improving the quality and safety of care that our patients receive.

Other Ongoing Initiatives

- **Judicious Opioid Prescribing**
- **Expanded Naloxone Distribution**
- **Epic order sets**
- **Patient Assistance Program (with Supply Chain)**
- **Standardized Formulary**
- **USP 797 and 800 standards compliance for compounding IV admixtures**

**System Chief Nurse Executive Report
Medical & Professional Affairs Committee
November 8, 2017**

The following report will highlight the work and achievements during the month of September 2017. Work continues to focus on both system transformation strategic goals as well as Nursing and Office of Patient Centered Care high priority initiatives.

CNO Council Goals

- Operationalize Nursing Philosophy and Culture of Care,
- Foster nursing alignment and collaboration on the integration of care and system strategic imperatives,
- Cultivate a system-wide plan and monitoring framework for Nursing Service fiscal contribution, financial structure and accountability , safe, efficient and effective use of human resources inclusive of standardizing and centralizing were appropriate,
- Monitor and set expectations for continual performance improvement with regard to quality and safety outcomes, patient experience and staff engagement/development and;
- Integration of Information Services to support regulatory requirements, caregiver shared communication, and promotion of excellence in integrated care delivery and outcomes.

System Nurse Practice Council (SNPC)

Following the successful launch of our system-wide Nursing Philosophy and Care Model in May this year, the System Nurse Practice Council has been on a journey to continue to foster a healthy work environment and envelope front line caregivers in decision making. On **November 1, 2017**, a *Shared Governance Retreat* will be held with a focus on first steps of developing a system-wide Shared Governance structure. Several of our system hospitals have established Shared Governance Councils which we will draw on through shared experiences as well as providing a formal overview of shared governance principles, provide tools and other resources to support each facilities next steps.

Nursing Professional Development

- Ongoing NYSNA /NYC Health + Hospitals partnership to provide Mental Health Certification training for RNs across the system. To date 49 nurses have completed the training in 2017. Two additional training dates have been schedule in 2017.
- Development of System-wide nurse orientation program continues. Areas underway include Post Acute Care, Acute Care, and onboarding agency staff.
- NP Retention & Recruitment Program proposal under development.
- **NICHE** (Nurses Improving Care for Healthsystem Elders)
NICHE All-Day LEARNING SESSION – to take place at Jacobi Conference Center on **November 14, 2017** (no cost to H+H and its attendees). NYU/NICHE Tristate event with CEUs provided.
- **NIPCOA**
 - New enrollment date for ambulatory care nurses on the online training platform is October 16th through the NYU – Hartford Institute for Geriatric Nursing.

Domestic Violence Initiative

- In partnership with M & PA SART lead, working with Liz Dank at OCDV on the development of DV forensic screening curriculum which will be in alignment with sexual assault forensic evidence collection. At the beginning stages of this initiative.
- Partnering with OCDV, DOH and CBOs on developing an all-day Grand Rounds DV/IPV and healthcare workshop for MDs/NPs/PA and community advocates.

Social Work Council

- The role of Domestic Violence Coordinators and Social Work to provide enhanced Domestic Violence screening across the system for our patients is an early focus item for this group.
- Ongoing collaboration with One City Health/Social Work regarding DSRIP project focused on selection, training and roll-out of new POW WOW e-referral system.
- First Social Work Council meeting was well received and staff were engaged. Co-chairs have been established and September meeting featured Jeanne Dzurenko from One City Health to discuss system Care Management strategies and garner social work input/comments. Monthly meetings have been scheduled.

Care Management

- Focus have been on investigation of EBP system-wide approach to inpatient discharge planning functions and actions. AHRQ IDEAL discharge planning process has been reviewed by system CNOs with favorable response. Elmhurst Hospital has completed script for discharge planning Go-live and reconciled with IDEAL best practice process. Launch is planned for 10/2/17.
- Participating as new partner with One City Health as operational metric owner for ED Care Triage for At-Risk Populations and Care Transition intervention – core elements of discharge summary. Three metrics have established deadline of December 8, 2017.
- Review of Care Management standard curriculum for competency & orientation is underway.

Workforce Management

- a. Support FTE Management transformation work to develop system-wide productivity models system-wide for both variable & fixed cost centers.
- b. Acute Care Service Line overview of standard staffing guidelines and efficient resource utilization with Nash and ANSOS software systems to support workload analysis and effectiveness. Work sessions at each site are underway with CNO & nursing leadership staff to review current data entry and reporting activity to foster accurate input and appropriate utilization for staffing decisions.
- c. Temporary Staffing/Urgent Staffing Standardization Program underway. Successfully organized 4 sites for central procurement initiative (Coney, Bellevue, Lincoln and Queens Hospital). Working with Central Office HR,

Regulatory and Deputy CMO to ensure practice for agency staff is consistent with NYC H + H staff. Agency PO practice reviewed and standard work under development with A/P leadership.

Patient Experience

With a strategic goal of improving patient and family experience and engagement scores across all settings, the development of a charter, aim statement and project plans is complete and signed-off. Charter includes metrics (target & stretch) and milestones over a 5 year plan. Metrics have been established and are aligned with growth, value-based purchasing and national patient satisfaction benchmarks. To ensure integration of Patient Experience and Staff Engagement a Human Experience Council was launched in September 2017. This executive steering committee will provide guidance and input on strategic project initiatives. Monthly PXO Council meeting held and take-a-away recommendations will focus on system-wide Patient Experience framework, Service Behaviors and Rounding.

Safe Patient Handling (SPH)

- Approved Policy from steering was presented to champions on 9/7/17. Will be working with education when inventory evaluation is completed on 9/15/17.
- Redefined purpose of Committees and Roles: presented to champions on 9/7/17
 - Steering Committee- decision making
 - Champion Committee- facilitating and communication/subject matter experts
 - Hospital SPH Committee- implement Steering committee program
- HR developed monthly report to track “pushing, pulling, lifting, carrying” incidents from SH 900 reporting process. Received first report shared with SPH Committees.
- Inventory Fairs in August to decide final products for standardization: Kings, Elmhurst, Mc Kinney and Lincoln were locations. Dates were 8/21, 8/29 and 8/30. 300 employees attended and filled out evaluation forms. Last product fair is 9/25 at Bellevue. Once done, evaluation forms will be reviewed and recommendations made on standardization.
- Coordinating development of SPH shared drive and SPH email for system-wide communication and resource sharing.
- Discussed SPH training sessions with NYSNA (for nurse educators)
 - Determine frequency of training, curriculum and session dates
 - To attend an upcoming GNYHA SPH training course to support curriculum development.

OPCC Operations

- **NYC Health + Hospitals Nurse Excellence Award Ceremony**
October 24, 2017 2pm-4pm Jacobi Conference Center
- *Blue Bin* Super Mock events were held at Lincoln and Queens Hospitals in August. Nursing is a vital partner in this new Supply Chain standardization of supplies process.
- NYS Comptroller Office audit of Nursing Quality continues. Preliminary report is being reviewed for accuracy & validation. Next steps to include system-wide standard P & P plan of correction.

Live On NY

- Organ Donor Enrollment Day October 4th will be celebrated at all 11 acute care facilities.
- ECHO Project – 4th monthly ECHO Clinic scheduled for October 13th 2017 with Lincoln Hospital as presenting facility.
- EMR Access for OPO LiveOnNY Staff – work to finalize a process map for OPO Epic and Quadramed access is underway.

Nursing Informatics/ Quality/ Infection Prevention

- CNO Quality & Operational Dashboards under develop for a 4Q2017 launch.
- EPIC
 - Nursing representation present at optimization efforts of our Epic product by participating in design workgroups for ambulatory, order sets, sepsis documentation and charging.
 - Training development action plan underway for upcoming EPIC upgrade. Significant changes.
 - Zynx Nursing Care Plans in development with EPIC users.
- Quality Transformation initiatives and associated charters are underway for CAUTI, CLABSI, Pressure Injury prevention.
- Special IP projects – Epic IP Module update available end of year; currently a project team is working with the 3 facilities to more fully develop the IP module.
- Collaborating with Emergency Management for standardization of PPE in all Emergency Rooms. Level 1 and Level 2 PPE will be available along with algorithms for emerging pathogens and communicable diseases; standardization of N-95 respirators.

Recent Achievements

- NYC Health + Hospitals / Elmhurst received TJC Advanced Hip & Knee Certification on 9/19/2017.
- NYC Health + Hospitals / Metropolitan is Accredited as Diabetes Center of Excellence.
- NYC Health + Hospitals/ Metropolitan received Baby Friendly designation in August 2017.
- NYC Health + Hospitals/ North Central Bronx received Safe Sleep designation in September 2017.
- Becker's Hospital Review "60+ Hospital and Health System CNOs to Know 2017" acknowledged Patricia Ruiz, CNO CIH and Kim Mendez, SVP/System CNE of NYC Health + Hospitals.

MetroPlus Health Plan, Inc.
Report to the
Medical and Professional Affairs Committee
November 8, 2017

Total plan enrollment as of October 1, 2017, was 500,119. Breakdown of plan enrollment by line of business is as follows:

Medicaid	370,737
Child Health Plus	16,157
MetroPlus Gold	9,186
Partnership in Care (HIV/SNP)	4,243
Medicare	8,183
MLTC	1,715
QHP	7,812
SHOP	864
FIDA	190
HARP	10,439
Essential Plan	68,645
GOLDCARE	1,948

Finity Rewards Program

Our Finity Rewards Program (Finity) is now fully implemented and off to a strong start. As aforementioned, Finity is a loyalty program that rewards members who take healthy actions with points. Those points can then be redeemed for prizes. Examples of actions that we have incentivized through the program include new member visits to their PCP, a well-baby or well-child checkup for one's child, a colon cancer or breast cancer screening or a HbA1c test for diabetes. The program is designed to both encourage healthy behavior and help retain members. Many of the measures coincide with our state and CMS quality indicators.

We began implementing the program in January with initial outreach material and through the year have made additional features of the program available such as enrolling on our web site, receiving rewards points, and, most recently, being able to redeem those points for prizes. Our members have shown great interest in the program. The rewards program website has had almost 400,000 visits with 57% of those visits coming from a mobile device and 35% from a desktop. The average time a visitor spends on the site from a phone is nearly 8 minutes during which they viewed over 9.5 pages and from a desktop viewing was over 13 minutes and across 22 pages. Our rewards program call center has received over 20,000 calls with an average call time of over 11 minutes and nearly 15,000 people have registered for the program.

To date, nearly 200,000 or about 35% of eligible MetroPlus members have done an activity that has earned at least one reward. We only recently began the redemption process and nearly 1,200 people have redeemed with the top items including an art set and a basketball. Based on a recent survey, **about 95% of our members report they are satisfied with the program and even more importantly, 96% report the program led them to make healthier choices.**

We will continue to work to expand the rewards program in the months ahead. We have already sent out to every MetroPlus member information about the program and we are now sending out reward alerts to those who have earned points. We are also including the rewards program in our member retention events held at facilities throughout the city. We also have filmed testimonials with 15 individuals

who participated in the program and received rewards. We are currently editing the media and will soon be sharing them on our website and on all social media platforms.

The program has shown great promise. As we further explain the benefits of the rewards program to our members, we anticipate even more will join and take advantage of the healthy choices Finity encourages.

Day Care Workers

Last year, we began providing health coverage to employees of the city-funded day care program throughout the city. For this, we created two new plans: (1) Gold Care I, which featured a network of community based PCPs, H+H PCPs, and the H+H hospitals; (2) Gold Care II which also features community based PCPs, H+H PCPs, and H+H hospitals but also includes additional hospitals. Gold Care open enrollment for 2018 began on September 25 and ended on October 6. Coverage for this open enrollment period begins on December 1. Materials have been sent to all current members and been provided to the day care centers. MetroPlus also attended a health care event sponsored by the union on September 23 and will be attending union meetings to answer questions from members during the open enrollment period. Currently there are 1,119 people enrolled in Gold Care I and 829 in Gold Care II.

Gold Open Enrollment

Open enrollment for our city employee plan, MetroPlus Gold, began on October 2, and ran through October 31. We have already been advertising and conducting events outside major city offices and will continue to advertise on radio, on the subway, in print, and with electronic advertising through the open enrollment period. We also are attending several in-person health fairs offered at city agencies, unions, H+H facilities, and CUNY schools. In fact, we have already presented at Jacobi, Bellevue, Elmhurst, Correctional Health, Borough of Manhattan Community College, Kingsborough Community Colleges, and the CUNY School of Professional Studies. Gold enrollment has grown from 3,800 in December of 2015 (before all city employees were made eligible) to just over 9,100 today.

Open Enrollment (ACA Products)

During the fall open enrollment period, which started on November 1, 2017, and runs through January 31, 2018, we will be closely coordinating advertising with the city's Get Covered initiative. This effort will help amplify our message both that people should enroll in health insurance and that MetroPlus offers great plans for all New Yorkers. We plan to include the Get Covered logo in some of our advertising materials and Get Covered will do the same with the MetroPlus logo for cross-promotional marketing.

Disenrollment

In addition to attracting more people to enroll in MetroPlus, we are determined to reduce the numbers of people who disenroll or leave MetroPlus. The Finity program I mentioned earlier is one major strategy to reduce disenrollment rates. We have also completed additional texting and outreach to let people know the outstanding services we offer. The disenrollment rate for August was 3.56%, which is the second lowest month in 2017, and significantly below the 2016 average of 4.14%. H+H facilities with the lowest rates are Metropolitan, Bellevue and Harlem.

Member Care: Integrated Case Management

We would also like to briefly touch upon our work in integrated case management. Since the beginning of the year, our case managers have completed over 2,500 home visits with members. We also recently implemented a case management taskforce, consisting of registered nurses and social workers, which will target the top 100 members with the highest utilization rates and costs as well as individuals with high out-of-network services to ensure patient-centered, cost-effective care. As part of our continuing efforts to address the underlying social determinants of health, we plan to hire a housing specialist to address

the significant health burden within the homeless population as well. We are continuing our collaboration with HRA to identify effective paths to serve our highest-need members and will be joining forces with a clinical team out of Lincoln Hospital to reduce re-admission rates.



MetroPlus Health Plan
Membership Summary by LOB Last 7 Months
October-2017

		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
Total Members	Prior Month	508,485	505,163	504,742	504,017	504,572	503,509	503,316
	New Member	21,345	24,347	23,498	21,618	21,174	20,869	18,578
	Voluntary Disenroll	1,658	1,628	1,519	1,477	1,624	1,486	1,356
	Involuntary Disenroll	23,009	23,140	22,704	19,586	20,613	19,576	20,419
	Adjusted	-218	-272	-267	-274	34	3,345	0
	Net Change	-3,322	-421	-725	555	-1,063	-193	-3,197
	Current Month	505,163	504,742	504,017	504,572	503,509	503,316	500,119
Medicaid	Prior Month	377,701	375,728	375,405	375,297	375,810	373,864	372,896
	New Member	13,444	15,444	15,059	13,994	13,105	13,141	12,467
	Voluntary Disenroll	630	864	699	668	771	631	553
	Involuntary Disenroll	14,787	14,903	14,468	12,813	14,280	13,478	14,073
	Adjusted	45	32	68	115	438	2,025	0
	Net Change	-1,973	-323	-108	513	-1,946	-968	-2,159
	Current Month	375,728	375,405	375,297	375,810	373,864	372,896	370,737
Essential Plan	Prior Month	72,336	70,974	70,087	68,814	68,813	69,368	69,924
	New Member	5,577	5,911	5,593	5,310	5,387	5,331	3,735
	Voluntary Disenroll	1	2	3	1	1	1	1
	Involuntary Disenroll	6,938	6,796	6,863	5,310	4,831	4,774	5,013
	Adjusted	1	-3	-2	1	6	1,599	0
	Net Change	-1,362	-887	-1,273	-1	555	556	-1,279
	Current Month	70,974	70,087	68,814	68,813	69,368	69,924	68,645
Child Health Plus	Prior Month	15,537	15,500	15,775	15,915	16,066	16,040	16,130
	New Member	1,083	1,224	1,154	1,081	1,099	1,223	1,274
	Voluntary Disenroll	939	719	748	678	680	634	686
	Involuntary Disenroll	181	230	266	252	445	499	561
	Adjusted	-262	-300	-327	-379	-411	-321	0
	Net Change	-37	275	140	151	-26	90	27
	Current Month	15,500	15,775	15,915	16,066	16,040	16,130	16,157



MetroPlus Health Plan
Membership Summary by LOB Last 7 Months
October-2017

		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
HHC	Prior Month	8,127	8,253	8,430	8,751	8,917	9,041	9,234
	New Member	203	243	384	340	227	275	47
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	77	66	63	174	103	82	95
	Adjusted	3	3	1	3	21	66	0
	Net Change	126	177	321	166	124	193	-48
	Current Month	8,253	8,430	8,751	8,917	9,041	9,234	9,186
SNP	Prior Month	4,400	4,365	4,323	4,297	4,251	4,211	4,183
	New Member	96	100	89	81	98	83	162
	Voluntary Disenroll	39	20	25	30	24	27	9
	Involuntary Disenroll	92	122	90	97	114	84	93
	Adjusted	-3	-3	-3	-7	-2	1	0
	Net Change	-35	-42	-26	-46	-40	-28	60
	Current Month	4,365	4,323	4,297	4,251	4,211	4,183	4,243
Medicare	Prior Month	8,426	8,412	8,354	8,291	8,291	8,252	8,206
	New Member	250	224	239	288	231	262	246
	Voluntary Disenroll	21	21	20	20	79	128	34
	Involuntary Disenroll	243	261	282	268	191	180	235
	Adjusted	0	-2	-2	-2	-2	-2	0
	Net Change	-14	-58	-63	0	-39	-46	-23
	Current Month	8,412	8,354	8,291	8,291	8,252	8,206	8,183
Managed Long Term Care	Prior Month	1,456	1,499	1,522	1,580	1,603	1,627	1,666
	New Member	97	81	105	77	78	65	82
	Voluntary Disenroll	23	0	21	20	20	10	17
	Involuntary Disenroll	31	58	26	34	34	16	16
	Adjusted	0	1	-1	-2	-5	-5	0
	Net Change	43	23	58	23	24	39	49
	Current Month	1,499	1,522	1,580	1,603	1,627	1,666	1,715



MetroPlus Health Plan
Membership Summary by LOB Last 7 Months
October-2017

		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
QHP	Prior Month	8,549	8,435	8,267	8,153	7,995	7,819	7,781
	New Member	285	263	274	214	193	170	158
	Voluntary Disenroll	0	0	0	0	0	0	1
	Involuntary Disenroll	399	431	388	372	369	208	126
	Adjusted	0	0	0	-2	-13	-17	0
	Net Change	-114	-168	-114	-158	-176	-38	31
	Current Month	8,435	8,267	8,153	7,995	7,819	7,781	7,812
SHOP	Prior Month	930	919	911	896	874	871	849
	New Member	31	21	21	15	22	10	33
	Voluntary Disenroll	3	1	0	1	0	1	0
	Involuntary Disenroll	39	28	36	36	25	31	18
	Adjusted	0	0	0	0	0	0	0
	Net Change	-11	-8	-15	-22	-3	-22	15
	Current Month	919	911	896	874	871	849	864
FIDA	Prior Month	174	172	177	184	188	187	193
	New Member	6	6	10	9	2	9	6
	Voluntary Disenroll	2	0	0	2	1	0	4
	Involuntary Disenroll	6	1	3	3	2	3	5
	Adjusted	0	0	0	0	0	0	0
	Net Change	-2	5	7	4	-1	6	-3
	Current Month	172	177	184	188	187	193	190
HARP	Prior Month	8,924	8,994	9,529	9,846	9,790	10,268	10,302
	New Member	237	748	527	182	716	272	344
	Voluntary Disenroll	0	1	3	57	48	54	51
	Involuntary Disenroll	167	212	207	181	190	184	156
	Adjusted	0	0	0	0	0	0	0
	Net Change	70	535	317	-56	478	34	137
	Current Month	8,994	9,529	9,846	9,790	10,268	10,302	10,439



MetroPlus Health Plan
Membership Summary by LOB Last 7 Months
October-2017

		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
GOLDCARE I	Prior Month	1,046	1,051	1,112	1,138	1,134	1,130	1,124
	New Member	24	72	32	24	14	23	17
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	19	11	6	28	18	29	22
	Adjusted	-1	0	-1	-1	2	-1	0
	Net Change	5	61	26	-4	-4	-6	-5
	Current Month	1,051	1,112	1,138	1,134	1,130	1,124	1,119
GOLDCARE II	Prior Month	879	861	850	855	840	831	828
	New Member	12	10	11	3	2	5	7
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	30	21	6	18	11	8	6
	Adjusted	-1	0	0	0	0	0	0
	Net Change	-18	-11	5	-15	-9	-3	1
	Current Month	861	850	855	840	831	828	829

Medical & Professional Affairs

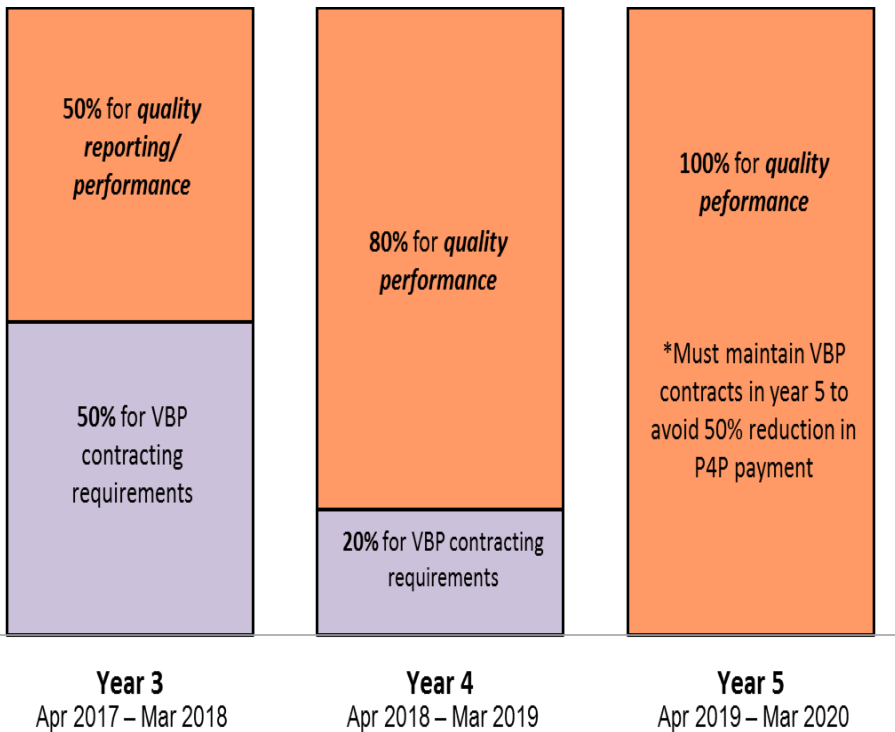
QUALITY

November 8, 2017

VBP QIP

- Provides incentive payments to support financially fragile safety net hospitals
- Revenue is earned through:
 - VBP contracting
 - Performance on six quality metrics.
- Collaboration between DOH, Managed Care Organizations (MCO), safety net hospitals, and PPS
- Goal – improve quality and financial stability
- Payment earned by achieving benchmarks

Increasing Weight on Performance



■ P4P
■ P4R

Performance on quality measures assessed over 12-month periods

Hospitals must **maintain** or **improve** performance on a **rolling quarterly** basis

Each performance period becomes baseline for next quarter's performance period (3 quarters of overlap)

# Measures achieved	% of quarterly P4P \$ earned
0	0%
1	25%
2	50%
3	75%
4+	100%



H+H Measures

- Catheter Associated Urinary Tract Infection Rate
- Catheter Associated Blood Stream Infection Rate
- 3-Hour Sepsis Bundle
- Hospital Acquired Pressure Ulcer Prevalence Rate
- Follow up After Hospitalization for Mental Illness within 30 days of discharge
- Diabetes (Hemoglobin A1c) Control-less than 8



Collaborative Council

Current State Deliverables

- FBCC
 - Doctor's Council representative
 - 2 hour doctor
 - Quality support person
- SWCC
 - DC Leadership
 - CO- CMO, Quality, PI
- Realignment with Transformation Plan and VBPQIP
- Site visits to support FBCC
- Standardization of PI templates with key stakeholders
- On-going education

Electronic Event Reporting

Date/Time of Occurrence	Facility		
7/24/2017 4:27:00 PM	Coney Island		
Status	MRN	DOB	Gender
Patient	9873343	07/24/2017	Male
Preparer's Last Name	Preparer's First Name	Preparer's Title	
five	advantage	SW	
Area where the Event Occurred		Department	
dsdsadasads		Anesthesia	
Event Type	Witnessed?	Unwitnessed Notes	
Fall	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Findings	Actions Taken		
fdtsdtd	dtdsfdtd		
Reviewer Notes			
jklklv j ghjhk hlkklj jkklkljk			

2017 - NYC Health + Hospitals

- Single point of data entry and collection
- Ability to create trend reports at the facility and system level



Justice Center Division of Prevention & Quality Improvement

- 2 day notice of intent to conduct an onsite visit
- Purpose to review the crisis management programs
- Content
 - Policy on restraints/crisis intervention
 - Crisis management program description
 - Intent to tour facility after which specific documentation would be requested
 - Restraint documentation
 - Training Records
 - Treatment Plans/crisis management plans



Performance Improvement

- Systemized approach to performance improvement across the enterprise
- Framework & Support
- Service-Line Alignment
- Culture Change
- Antimicrobial Stewardship
- Sepsis
- Violence Reduction

