

AGENDA

JOINT MEDICAL AND PROFESSIONAL AFFAIRS AND INFORMATION TECHNOLOGY COMMITTEES

Date: April 12th, 2021
Time: 9:00 AM
Location: VIRTUAL MEETING

BOARD OF DIRECTORS

CALL TO ORDER

DR. CALAMIA

ADOPTION OF MINUTES – (M&PA) February 8TH, 2021 – (Information Technology) February 8, 2021

CHIEF MEDICAL OFFICER REPORT

DR. ALLEN

CHIEF NURSE EXECUTIVE REPORT

DR. CINEAS

METROPLUS HEALTH PLAN

DR. SHAH

CHIEF INFORMATION OFFICER REPORT

DR. MENDEZ

ACTION ITEMS:

Authorizing New York City Health and Hospitals Corporation (the “**System**”) to sign a three-year best interest renewal contract with Change Healthcare Inc (the “**Vendor**”) for an enterprise-wide radiology diagnostic management solution with two one-year options to renew the contract exercisable only by the System and with the total cost of the contract over its full potential five-year term of \$15,875,046.00 with a 10% contingency of \$1,587,505.00 for a total expense not to exceed \$17,462,551.00.

MR. SHI

Vendex: Pending
EEO: Approved

Authorizing New York City Health and Hospitals Corporation (the “**System**”) to amend six agreements for neighborhood canvassing as part of the System’s response to the COVID-19 pandemic with: AM Trace LLC; Full Contact Communications LLC; Mosaic Sales Solutions; ReServe; Connective Strategies Associates, Inc.; and Janoon, Inc. (the “**Vendors**”) previously signed under emergency authority to increase the total spending authority from \$20M to \$60M.

DR. LONG

Vendex: Approved
EEO: Pending

INFORMATION ITEM

1) Dentistry Update

DR. BADNER

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

Virtual - Medical and Professional Affairs Committee - February 8, 2021

As Reported by Dr. Vincent Calamia

Committee Members Present- José Pagán, Dr. Vincent Calamia, Sally Hernandez-Piñero, Dr. Mitchell Katz

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 9:02 AM. On motion the Committee voted to adopt the minutes of the November 5th, 2020 Medical and Professional Affairs committee.

CHIEF MEDICAL OFFICER REPORT

Machelle Allen MD, SVP/System Chief Medical Officer was included in the materials as reference, she highlighted the following:

BEHAVIORAL HEALTH

The behavioral health services at the facilities are seeing an increased in psychological issues due to COVID, isolation, stress, loss among ourselves, as well as our patients. The System is providing therapy both in-person and virtually via video and telephone. There is an increase in services to children and adolescents in our public schools, who are experiencing psychological issues related to COVID. There is also a crisis health response team for 911 behavioral health calls, with a goal to utilize a health center approach and decrease emergency room utilization. Note people who may be potentially violence or poses a danger will have a traditional EMS response.

The Bellevue Hospital Extended Stay Program, for those homeless individuals who need a longer hospitalization to achieve the stability and recovery necessary to live and participate in the community has been a very good success. To date, 73 percent of those engaged were engaged in housing process at discharge. 67 percent were housed or still engaged in the housing process after six months, and 50 percent achieved housing 6 months from discharge

The Office of Behavioral Health continues to provide ongoing support of substance abuse identification and treatment in EDs with their CATCH teams, overdose treatment in the EDs as well as expanding the buprenorphine prescription in the EDs primary care behavioral health.

SIMULATION CENTER

The simulation center is currently offering multiple courses, to meet the needs of our providers including Ventilation Simulator Train-the Trainers at each of the 11 acute sites. Maternal Mortality Reduction post-partum hemorrhage in each of the labor and delivery suites. We have developed 6-simulation mini-labs specifically, for the obstetrical service in each of our level one and one level two facilities. The Simulation Fellowship program continues to grow. Last year we had 30 applicants for

12 slots. There are simulations for central line insertion, cardiac arrest, pediatric courses, surgical sim and utilizing something call the cut suit. Unconscious bias training is embedded in all our simulation course. We are beginning a maternal substance use screening simulation, which also includes implicit bias training.

PALLIATIVE CARE

There has been an increased demand for palliative care services at Coney Island Hospital, secondary to the increase number of patients with COVID. A Russian speaking physician was identified who was able to provide palliative care needs at Coney Island Hospital. Another physician with palliative care experience is being credentialed to provide remote support. In addition, palliative care teams from the other acute care sites are also providing remote telehealth calls to the families of those Coney Island patients that need palliative care support.

NEPHROLOGY

We expanded our dialysis surge planning work group throughout the system. We had a multidisciplinary work group that was established, involving nursing facilities, intensivist, as well as nursing and IT. We hired two local nephrologists, who were deployed to Harlem and NCB.

CRITICAL CARE

- o Three facilities launched the CRRT program, which is another form of dialysis. The demand for these services quadrupled at Elmhurst, Kings County has replaced 45 hemodialysis machines, Jacobi have machines in reserve, Coney Island received five additional machines, as well as Lincoln. By February 15, 2021 all 11 acute sites will be capable of offering CRRT.

TESTING & TRACING

Currently, there are greater than 100,000 tests per day is being performed Citywide. There are greater than 4,000 contact races speaking greater than 40 languages, with a close to 90 percent successful contracts being traced and providing assistance to greater than 8,000 people with possible exposure to COVID.

Kenra Ford, Vice President Clinical Laboratory Department provided an update on the COVID-19 gene sequencing. Ms. Ford indicated that the goal is to ensure that the data is flowing to all of the parties. We did not uncover any variants of concerns from what was previously been identified in the city and the state.

The aim of the model is to test 10 percent of the positives, with a CT value of 31 or under. This represents New York City residents, and we believe that based on last week, the modeling is going to work well, and with the ramping up, they are ahead of schedule. With everything working well we should achieve the goal by the end of February.

SYSTEM CHIEF NURSE EXECUTIVE REPORT

Dr. Natalia Cineas, System Chief Nurse Executive reported to the committee, Office of Patient Centered Care Operational activities.

COVID19 Surge-Contingency Staffing

Over 700 nurses were deployed during the second wave to acute, post-acute and correctional locations is actively on-going to address increase need. During this time the System have also trained and employed vaccination nurses by collaborating with CUNY to employ 984 students. Additionally, over 551 RNs, LPNs and CNAs were deployed to four hotels to assist with the clinical needs in those facilities.

Over 9,000 nurses have completed the COVID-19 training module, over 90 percent of staff at our acute sites have been trained to provide continuous renal replacement therapy.

OPCC is the recipient of a five-year State Department community grant. This month we will re-launch the clinical program to foster professional development among nurses, 260,000 nurses completed the program last year. The nurse residency program is also being expanded.

In response to questions regarding the training of nurses and CNAs to staff the hotels, Dr. Cineas responded that the whole line of staff needs to be trained to provide the care, from the screening nurses to have a better understanding of the case to the staff providing the care at the hotel site.

A question regarding the nursing fellowship program coaching was posed - Dr. Cineas responded that acceptance to the program includes free coaching services. This is a partnership with universities for new nurse practitioners to partner with physicians to learn different specialties beyond primary care such as neurosurgery.

Dr. Cineas also clarified for committee that we have 984 vaccination nurses and that the partnership with CUNY has been a success.

MetroPlus Health Plan, Inc.

Talya Schwartz, MD, Executive Director, MetroPlus Health Plan report on the following:

Regulatory Highlights

There continue to be disenrollment for Medicaid Child Health Plus Essential Plan. Enrollment has been extended to the end of June. People who have premiums and are still sponsored by various government entities, also will not be dis-enrolled until further notice.

There is an expansion of the removed of PT, OT and ST (speech therapy) coverage limits into the essential plan. However, there are no limits in the Medicaid line of business, which is now the case for the essential plan also

NY State Budget Proposals: Budget proposals that have direct Plan impacts include extending Medicaid Global cap through FY 2023, eliminating Medicaid and MLTC quality pool funding, and eliminating \$20 Premium for EP (no payment required for up to 200% of Federal Poverty Level (FPL) effective June 1st, 2021). Additional direct impacts are the creation of the EP quality pool, requirement of registration and licensure for Pharmacy Benefit Managers (PBM), eliminating e-prescribing exceptions, increasing access to mental health and substance use disorder (SUD) treatment by allowing not-yet-licensed professionals to offer services (trainees and peers), and allowing pharmacists to order and administer lab tests and act as referring provider for diabetes management and training.

For telehealth, the budget proposes eliminating location requirements to the extent allowed by federal law, expansion of the types of covered providers, requiring coverage of virtual emergency room visits, establishing authority for interstate licensure, allowing designated unlicensed staff to deliver substance use disorder services via telehealth, creating reimbursement requirements, and requiring telehealth coverage in commercial insurance.

Other general healthcare budget proposals are to end "Prescriber Prevails", creating 340B reimbursement fund for providers impacted by pharmacy carve-out, reducing hospital Medicaid add-on and eliminate indigent care funding. The budget proposal also includes cuts to State funding for worker retention by 50%, creating medical respite program pilot, and innovations in Opioid treatment options.

COVID Impact

Testing: According to December claims data available, over 207,997 members were tested for COVID diagnostic and 120,334 members tested for COVID antibodies.

Vaccination & Monoclonal Antibodies: According to latest claims data available, MetroPlus received 179 claims billed with COVID vaccine administration and monoclonal antibodies.

Telehealth: In 2020, MetroPlus Health received over 330,000 (143K individual members) telemedicine medical claims and over 50,000 (7,000 individual members) telemedicine behavioral claims.

Membership

The data reflects a 20 percent growth in membership, with approximately 100,000 new members compared to early 2020.

Open Enrollment: QHP open enrollment was extended to the end of March while Gold Care and Medicare enrollment is closed with a 3.3 percent increase from end of year.

Clinical Update

2020 MCO Consumer Guide Performance: MetroPlus was awarded 5 Stars by the NYS DOH for measurement year (MY) 2019 Quality Performance. MetroPlus was one of two Plans rated 5 Stars in the NYC Region.

Behavioral Health Transition Update: The Plan continues to make progress to assume Behavioral Health operations with a go-live date of October 1, 2021 for all members, including those enrolled in the MetroPlus Health and Recovery Plan (HARP). The program design will emphasize the integration of behavioral health and physical health and work closely with H+H's BH Center of Excellence. The program design is approximately 90% complete. Staff recruitment is about 9% complete. A key work effort is to build a robust Behavioral Health provider network that will be ready to submit for State review in April 2021. The Plan's Contracting and Provider Maintenance departments are engaged in a significant effort which requires outreach, contracting, negotiation, credentialing, and fee schedule linkage to a target of 900 contracts and approximately 4,000 providers. To date, 915 contracts have been sent out and 306 contracts have been returned. A contract with CBC IPA is in process. This contract will provide 56 additional facilities to our network.

Financial Performance

MetroPlusHealth financial performance was strong in 2020 with a \$55.4 million net income as of November 30, 2020. Revenue was just short of \$3.25 billion, medical expenses were at \$2.76 billion and administrative expenses were just over \$280 million. In 2020, over \$214 million was generated through the VBP arrangement between the Plan and H+H. The Plan has moved to a quarterly risk surplus distribution as of early 2021.

Dr. Schwartz responded to questions regarding members ability to disenroll if they so chooses, despite the State in the affirmation, which the plan is experiencing at a level of about 1,000 per month. The plan is focus on working through the technical aspects of renewals. She also address questions regarding tele-visits increase rates offsetting in-person visits the trend of patient's preference. Telemedicine continues to play a dominant role in all visit pre-COVID.

In regards to Quality Pools - Dr. Schwartz inform the Committee that due to the State budget deficit there were cuts in the quality pools prior to COVID.

ACTION ITEMS:

Dr. Machelles Allen read the resolution:

Authorizing New York City Health and Hospitals Corporation (the "System" to sign a five-year contract with Surgical Solutions, LLC (the "Vendor") for technician support for laparoscopic and endoscopic procedures, scope management, reprocessing and consultative support with two one-year options to renew the contract exercisable only by the System and with the total cost of the contract over its full potential seven-year term not to exceed \$53,079,175.33 that includes a 5% contingency of \$2,527,579.78.

Chris Roker, Chief Growth Office-CEO Metropolitan Hospital and Joe Wilson, Senior Vice President Supply Chain presented to the committee the background and current state of Surgical Solutions engagement to provide laparoscopic and endoscopic procedure technical support to the system, an overview of the procurement process, the new cost structure, a breakdown of the evaluation committee and scoring, the MWBE engagement, vendor workforce diversity plan and evaluation.

The resolution was duly seconded, discussed and unanimously adopted by the Committee for consideration by the full board.

There being no further business, the meeting was adjourned 9:52 AM.

INFORMATION TECHNOLOGY COMMITTEE - February 8, 2021

AS REPORTED BY: Feniosky Peña-Mora

COMMITTEE MEMBERS PRESENT: Feniosky Peña-Mora, José A. Pagán, Barbara Lowe, Dr. Mitchell Katz, Scott French

Mr. Feniosky Peña-Mora, called the February 8th meeting of the Information Technology (IT) to order at 11:00 A.M.

Mr. Feniosky-Peña-Mora proposed a motion to adopt the minutes of the Information Technology Committee meeting held on September 10th.

Upon motion made and duly seconded the minutes of the September 10, 2020 Information Technology Committee meeting was unanimously approved.

Mr. Feniosky Peña-Mora turned the meeting over to Dr. Kim Mendez, Senior Vice President and Chief Information Officer to carry on the agenda, she was joined by Mr. Jeff Lutz, Chief Technology Officer, Dr. Michael Bouton, Chief Medical Information Officer, and Mr. Sean Koenig, Chief Application Officer.

Dr. Bouton presented on the progress of the Epic My Chart activation rates. My Chart is the Epic patient portal where patients can view their health information, including doctor's notes, test results, etc. The current activation has exceeded the current system stretch goal. This success has been influenced by Covid testing, Covid vaccination, and facility level patient engagement. Dr. Bouton highlighted the varying range of activation rates (Cumberland being 75% and Harlem Hospital being 38%) is related to the outpatient only population at the primary care sites.

Ms. Lowe asked for Dr. Bouton to clarify on if the numbers for Cumberland and Harlem represent the level of enrollment for those facilities. Dr. Bouton elaborated that the My Chart activation numbers represent the volume of patients that have been seen at our facilities over the past 12 months that have activated their My Chart account.

Dr. Bouton continued his presentation to address biomedical device integration and how this will support and save time for clinical staff. He highlighted that biomedical devices will provide updates through a central location which will then integrate with our Epic electronic medical record where the nurse can acknowledge/approve. Previously the patient information from devices, such a vital sign machines, were manually collected and now will transition to be electronically collected. The goal is by the end of 2021 that 70% of the identified devices will be integrated. Dr. Bouton referred to the PowerPoint graph outlining the devices.

Ms. Lowe ask if the dialysis machines can integrate clinical value into Epic, Dr. Bouton confirmed.

The presentation transitioned to Mr. Lutz who highlighted updates and next steps on transitioning to two new data centers. Ms. Lowe asked about what type of security measures are being taken. Mr. Lutz stated data centers will not come online unless they are connected to internal network. All data servers are physically locked and all NYC H + H data is maintained on our secure network. Mr. Lutz provided a timeline for the data centers three-year migration plan. He also reminded everyone that our current Sungard agreement ends in October 2022; however, our goal is to complete the migration to the two new data centers by August 2022.

Mr. Pena-Mora asked that if there is an issue moving off Sungard by October 2022 can we renew month to month. Mr. Lutz assured that we can do a month to month and that there has been open communication with Sungard.

Mr. Lutz also presented on key infrastructure updates. He highlighted the migration to Cisco AnyConnect / DUO for VPN remote access, which is much secure and easier access. He highlighted the MetroPlus IT server move to Jacobi Data Center which provides a better environment, and helps to save money on our future move. The Contact Center improvements were outlined with a focus on the new features for reporting and improved Epic integration. Jeff also spoke about the Secure Print system-wide program which drives down the number of printers across the enterprise, saves time if one printer is currently busy, allows the user to tap their badge on another printer and print their documents. Mr. Lutz concluded with highlighting the completed migration to LightTower/Crown Castle Network which increases our bandwidth.

Dr. Mendez continued the IT updates with a review of key EITS COVID initiatives. She highlighted that recent work is focused on system COVID-19 vaccination program with two of the T2 testing sites transitioning to become 24-hour vaccination hubs. Dr. Mendez also highlighted the increasing volume of telehealth visits. Additionally, from March - December 2020, ServiceNow received 826 COVID demands/requests, this IT request system was created to help manage and prioritize the various IT projects and alignment of resources.

Kim continued her presentation by highlighting that the Enterprise Service Desk (ESD) has expanded their scope of services and seen an accompanying increase in phone calls and emails. The ESD also supports patient with activating and navigating MyChart. They also provide support services to of Test & Trace team "on the ground".

Dr. Mendez provided an update on the ESD satisfaction survey that was conducted in June 2018 with a 94% satisfaction rate, since then EITS transitioned to ServiceNow and a new satisfaction survey will be implemented in the future.

Dr. Mendez presented an overview of two new EITS continuous quality improvement projects including the quarterly updates of IT application ecosystems, both at the facility and enterprise level, and the use of Service Now for viewing and planning projects, business as usual (BAU) maintenance, application upgrades, etc. in a single tracking system. Kim concluded her update with the news that the Go Live for the Web Time Entry was completed in Q42020 and the system has transitioned away from paper timesheets. She additionally highlighted the successful NYC H + H Nursing Informatics System Advisory (NISA) group's virtual conference on December 16, 2020.

There being no additional business the meeting was adjourned at 11:45.

Chief Medical Officer Report

Medical & Professional Affairs Committee
April 12, 2021



Maternal Medical Home



Maternal Medical Home (MMH)

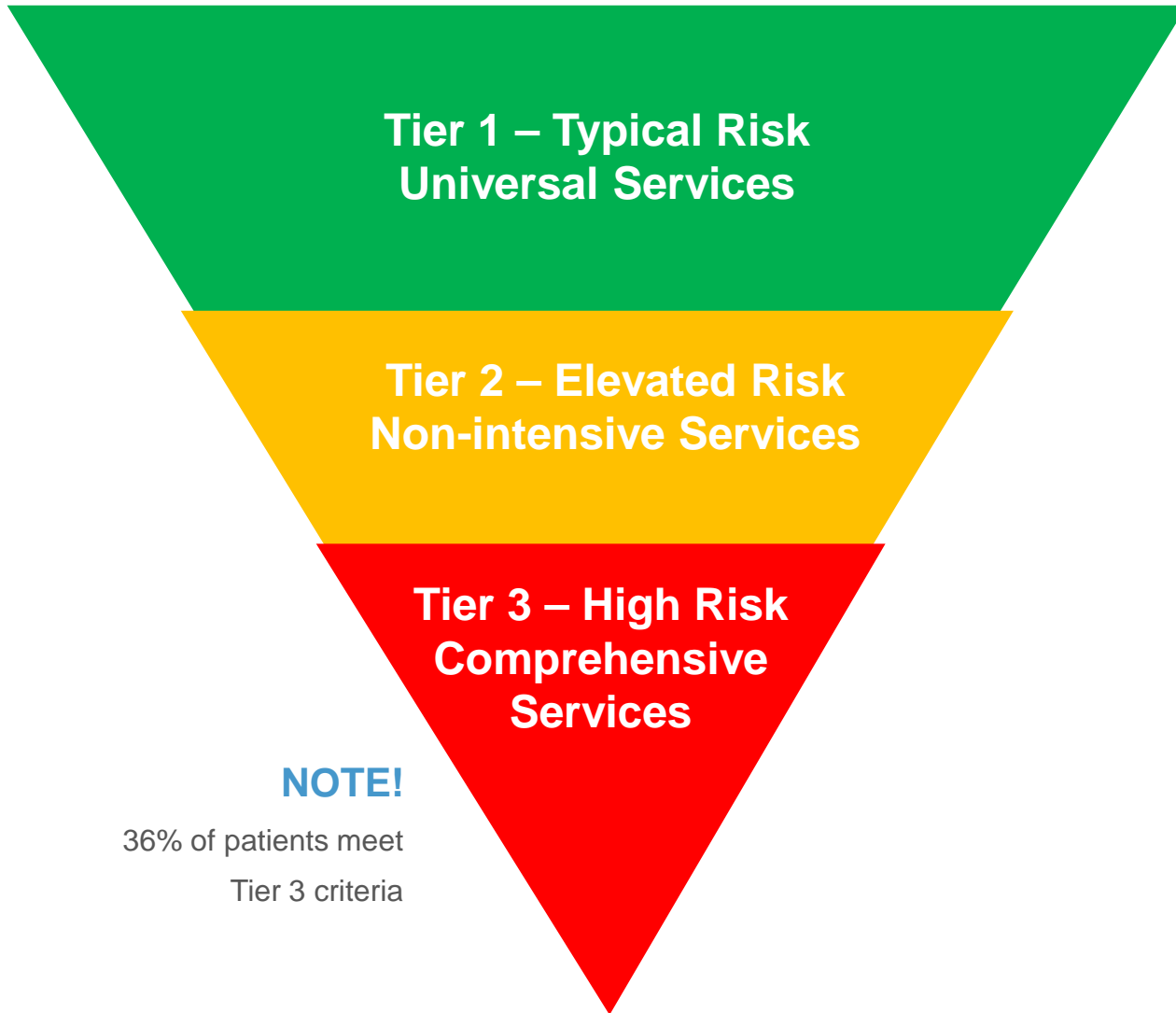
based on Patient Centered Medical Home model, designed to track patients over time, be more patient-centered and coordinate multiple services and supports to provide proactive care

Socio-Ecological Model

- Providing health education and encouraging self-efficacy
- Building trusting and lasting relationships between patients and MMH team, and between facilities and community-based organizations (CBOs)
- Standardizing obstetric screening and assessment across the NYC Health + Hospitals system

Sociocultural Environmental Model

- Connecting patients with needed resources and services
- Encouraging and facilitating patient autonomy in their prenatal care and birthing experiences



Criteria

Patients meet Tier 3 criteria when they need extra support in managing 2 or more of the following indicators:

Medical

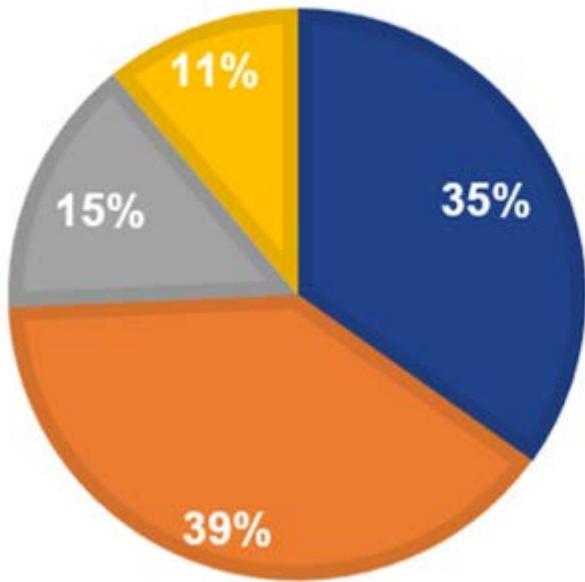
- Diabetes/gestational diabetes
- Hypertension/gestational hypertension
- Previous complicated pregnancies and/or multiple miscarriages
- Covid-19
- Hyperthyroidism/hypothyroidism
- HIV and or multiple positive STDs

Psychosocial

- Depression, anxiety, or other behavioral health concerns
- Excessive stress
- Little to no social support (locally or abroad)
- Domestic violence/Intimate Partner Violence/Family Violence
- Substance use
- Financial/housing

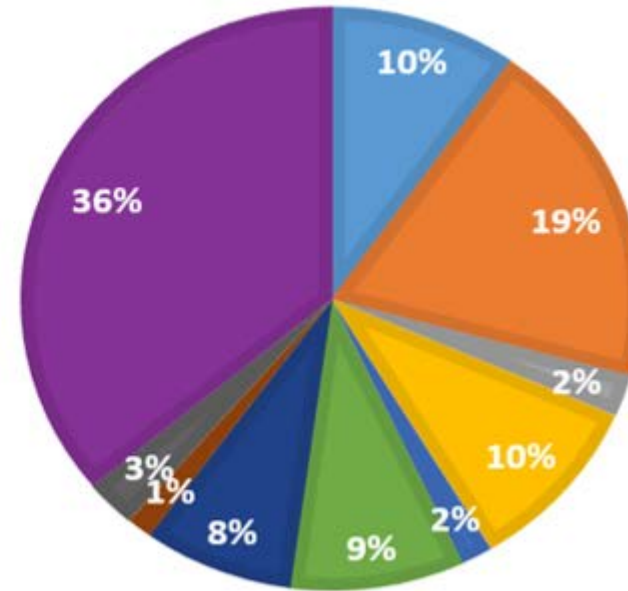
Total referrals placed in 2020 = 2797

Medical Support Referrals



■ Nutrition ■ Dental ■ Community Care ■ Family Planning*

Psychosocial Support Referrals



■ Mental Health ■ Social Work ■ Financial Counseling ■ Legal
 ■ Smoking Cessation ■ Housing ■ SNAP ■ Substance Use
 ■ Transport Services ■ WIC

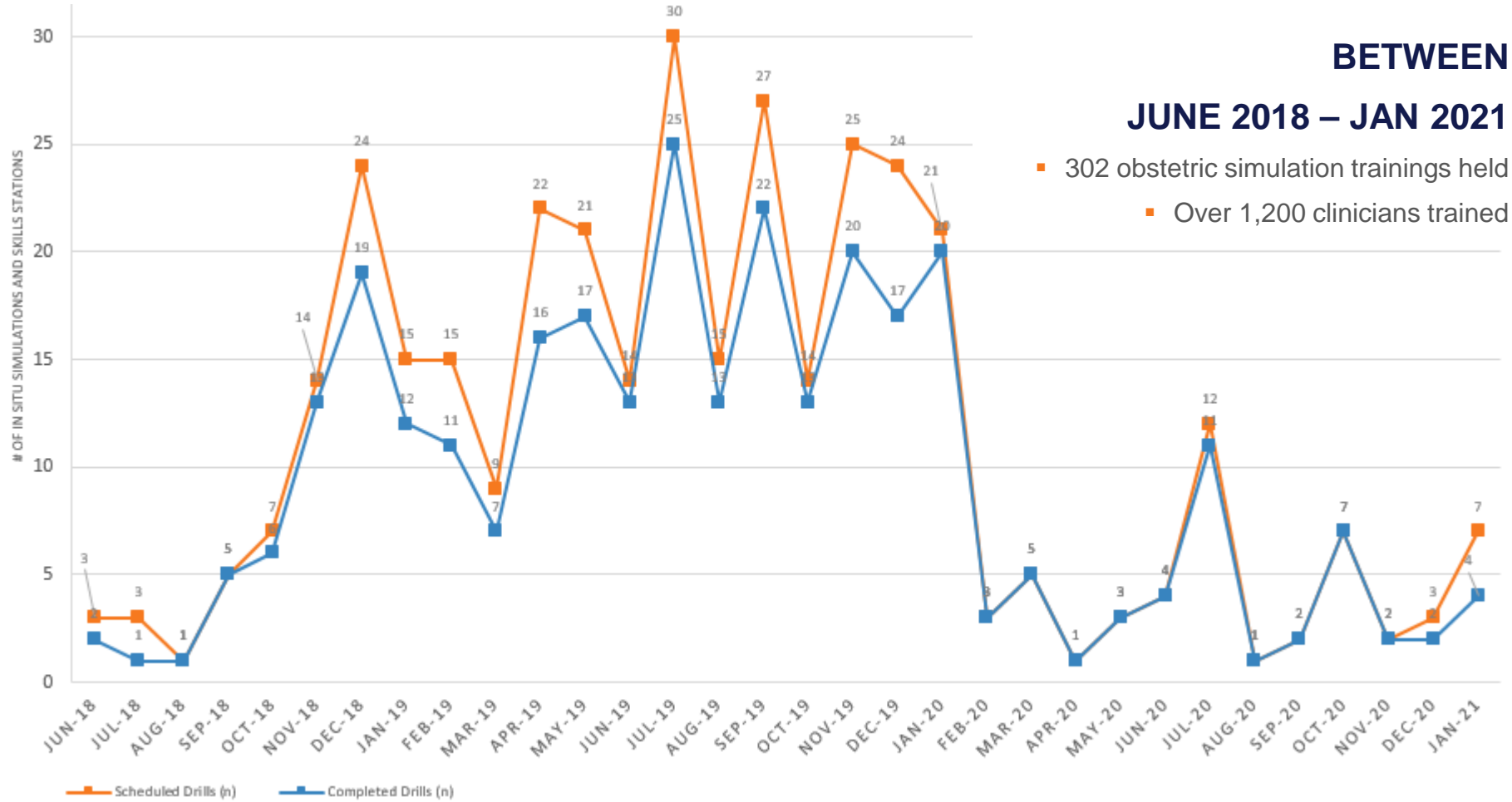


To improve teamwork and clinical skills

Simulation Labs



Scheduled Obstetric Simulation Events



Simulation Program – 2019

- Three rapidly deteriorating mothers entered our facilities
- Due to simulation training, teams reacted immediately
- All three mothers returned home a few days later with healthy babies



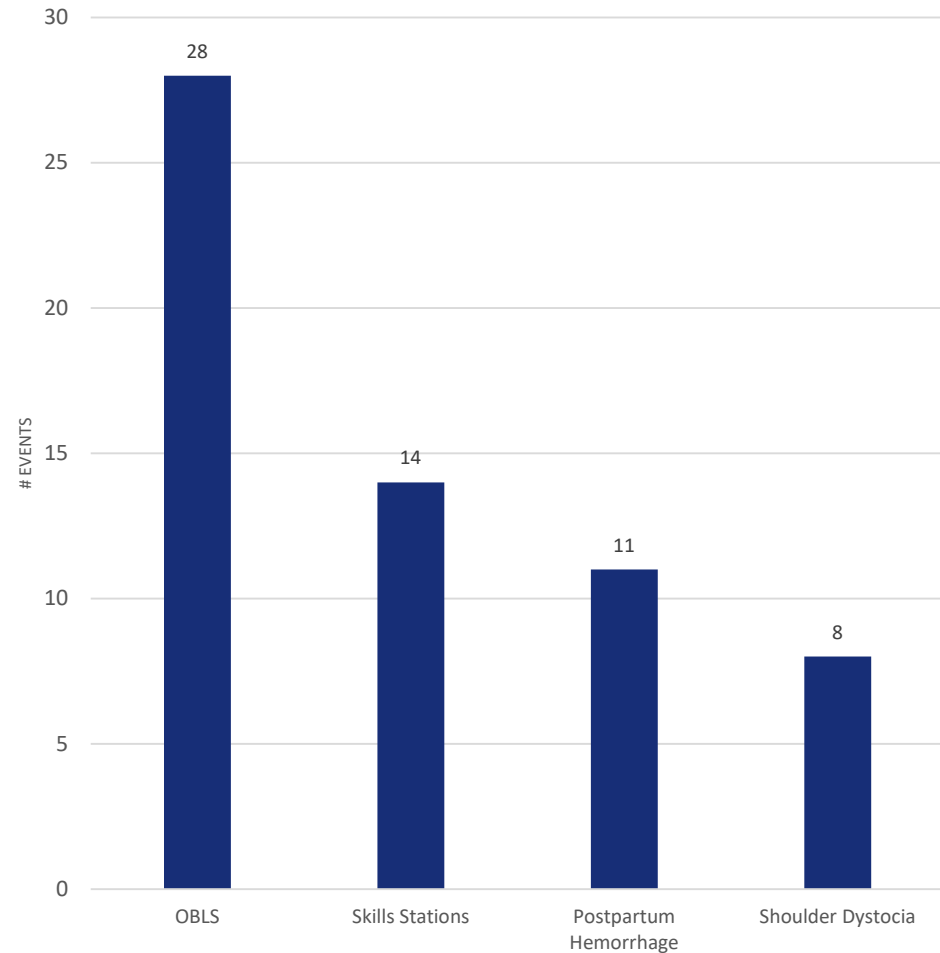
Simulation Program – 2020

- Training continued around
 - Obstetric life support
 - Postpartum hemorrhage
 - Shoulder dystocia
- Skills stations on various clinical skills

Simulation Program – 2021

- Continued trainings with focus on
 - Postpartum hemorrhage
 - Eclampsia

Completed In Situ Simulations (2020)



Critical Care





Background:

- POCUS is currently standard of care in the ICU/ED
- Uniformly using POCUS
- Uniformly **Not** meeting CMS standards needed to bill for this service
 - Study type specified
 - Specific elements and ICD-10 codes documented
 - Retention of images in EMR
- Uniformly **Not** performing robust Quality Assurance / Performance Improvement in ICUs

Goal:

- Create a process of performing an exam, documenting results, dropping a charge for billing which is **practical and simple**
 - Improve patient care
 - Substantially increase revenue
 - Improve QAPI
 - **Business plan for QPATHe**
 - **Approved!**

CHIEF MEDICAL OFFICER REPORT
Medical & Professional Affairs Committee
April 12th, 2021

2020 Accomplishments

COVID-19 Variant Workgroup

H+H has established a variant of concern SARS CoV-2 surveillance workgroup. Positive COVID-19 samples are further gene sequenced from admitted patients. A multidisciplinary workgroup reviews weekly.

RADIOLOGY

- Enabled remote reading coverage during COVID-19, by installing PACS workstations for 30% of H+H Radiologists
- Deployed portable x-Ray modalities at all H+H facilities, addressing urgent need during COVID-19
- Established Radiology Services at Billie Jean King (BJK) during COVID-19
- Coordinated enterprise-wide Radiology Re-Opening effort after the peak of COVID-19
- Minimized aging study issues by resolving technology and workflow issues
- Insourced Radiology Concierge Service as H+H's in-house capability
- Insourced Radiology Business Intelligence, leveraging H+H's Tableau platform
- Implemented Radimetrics system for automatic radiation dose tracking and report
- Completed protocol design and workflow development for CT Contrast Standardization
- Supported the consolidation of Radiographer Title Series for better Technologist retention

SIMULATION

- transformed simulation course delivery to a virtual platform
- **completed the Maternal Health Quality Improvement Network train-the-trainer program for developing and conducting insitu simulation in obstetric departments. There were 14 participating NYC hospitals. 8 in our hospital system and 6 external facilities**
- conducted "proning" simulations for COVID 19 care.
- received funding (\$1.2M) from FEMA to purchase ventilator simulators.
- installed 11 ventilator simulators, one in each acute facility, adjacent to or colocated with the ICU
- selected physicians and respiratory therapists in each facility as trainers
- developed 6 training videos as just-in-time learning modules, in collaboration with patient safety
- published 4 manuscripts in peer reviewed journals
- graduated 10 Fellows from the 2020 Simulation Fellowship program
- 12 new simulation fellows commenced in July 2020.
- became the first simulation center accredited by the International Society for Simulation in Healthcare for our simulation fellowship program
- progressed an agreement with CUNY school of medicine for CUNY to use the simulation center for training and the simulation center faculty to become CUNY faculty with library access and academic appointments
- established a bias and diversity committee to infuse bias awareness in all simulation courses.
- commenced development of the maternal Substance Use Disorder (SUD) train-the-trainer
- Developed and distributed the learning materials for the hemorrhage simulation roll out
- **Completed the 6 Simulation obstetric mini-labs and distributed accompanying policies.**
- Built an electronic data base
- Delivered Central Venous Line insertion, Advanced Airway and Code Team courses.

M&PA

Special Programs

Covid-19-specific activities

- Managed central office volunteer pool April 2020 deploying central office staff to various Covid-19 response efforts
- Spiro Wave bridge ventilator: Managed relationship with company, advised/managed process on way forward, wrote summary report
- Battelle N95 respirator sterilization: Managed relationship with company, advised/managed process on way forward, wrote summary report
- MobileHealth: Managed relationship with company and managed N95 respirator fit testing for acute care hospitals and Gotham sites across the system; MobileHealth fit tested thousands of NYC Health + Hospitals employees and agency providers
- Covid-19 Vaccine Program: Led NYC Health + Hospital site registration efforts for acute care hospitals and Gotham sites in collaboration with NYC DOH, which allowed sites to order vaccines
- Ad hoc tracking/project management activities throughout Covid-19 response and recovery including, but not limited to
 - Increasing hospital bed capacity
 - Palliative care (e.g. iPad procurement)
 - Service consolidation activities
 - Covid-19 patient follow up discussions
 - Resuming surgeries
 - Tele ICU

Women's health

- Development of Options Services Dashboard for reporting and quality assurance (internal and external) purposes (on hold due to Covid-19)
- Development of plan for training Advanced Care Practitioners for options service delivery
- Collaborate, on behalf of NYC Health + Hospitals, on various policy items with NYACLU and NIRH including
 - Options services access in NYC
 - Understanding new laws around abortion
 - Patient navigator role to support patients in need of logistical, financial, psychosocial, etc. support
- Increase access to options and contraceptive services at NYC Health + Hospitals
- Co-lead the Reproductive Health Working Group ensuring collaboration and system standardization on ongoing initiatives
- Update Gyn & Ob website
- Restructure internal referral process for abortion and miscarriage management services across the system
- Reducing SMM and mortality
 - Maternal Medical Home Initiative
 - Build tracking document for NYC Health + Hospitals activities under the mayor's initiative to reduce severe SMM and mortality
 - Build SMM Dashboard in Tableau for reporting and quality assurance
 - Advise simulation team on an ongoing basis on data visualization and external reporting
- SART Program

- Program restructure and standardization
- Ad hoc tracking/project management activities
- Providing central office project management support and guidance to programs including
 - Baby friendly designation
 - Safe Sleep Program
 - WIC
 - Other Projects
- Integration of dental prevention services into peds clinics (new project)
- Regionalization of peds services (new project, information gathering currently)

Clinical Service Lines

Behavioral Health

- Created and operated the Staff Emotional Support Hotline during COVID. 174 calls in 2020.
- Partnered with Office of Quality to provide support services for staff and others during COVID first wave and continue to date.
- Established new and additional resources and pathways for residents and other staff to get psychiatric help in times of crisis.
- Rapidly implemented telehealth services for adult/child mental health, and substance use clinics, serving over 250k patients
 - Published two academic articles in [Health Affairs](#) and [Psychiatric Services](#)
- Provided over 10K ED Leads interventions
 - [Completed an academic evaluation highlighting efficacy of the program](#)
- Provided 6,000 CATCH SUD consults
 - Launched “CATCH-Lite” at Jacobi Hospital
 - Launched Learning Collaborative for CATCH and CATCH-lite teams to discuss challenges and patient cases
- Launched CATCH/ED leads fast-track to Outpatient SUD programs at 3 facilities
- Established virtual workflows at 11 facilities for CATCH/ED Leads consults
- Participated in GNYHA’s ED MAT Collaborative, launched H+H ED MAT Champion workgroup
- Awarded \$2m in grant funding from OASAS for PRIDE center social workers and an Addiction Single Point of Access
- Created 15 reports from the 300x300 initiative
- Launched development of the B-HEARD (EMS) program
- Created Virtual Buprenorphine Clinic at Bellevue to help get OUD patients on MAT during COVID
- Launched 4 Ancillary Withdrawal Services at Jacobi, Kings, Woodhull, Coney (Closed all inpatient detox units)
- Helped create Methadone Delivery Service with DOHMH and OASAS
- Naloxone kits given to all HP, 5000 naloxone kits given to patients
- ECHO: Delivered 18 sessions of the Vulnerable Populations ECHO, a multidisciplinary intersectional learning platform for staff focusing on Covid, Stigma, Racism, LGBTQ, Homelessness.
- Rolled out e-consult for over half of BH programs across the system.
- Launched Pathways to Care (ThriveNYC & DOE) creating rapid access into our child/adolescent clinics. Started 2 clinics and 26 schools in areas hardest hit by COVID.
- Launched 3-2-1IMPACT at Bellevue, Gouverneur and Queens
- Continue to operate Inpatient, Emergency, Outpatient, and Outreach programs.
- Continue operation so Family Justice Center programs and Family Court programs.
- Successful operation of the Bellevue Homeless Extended Care unit
- Continued successful operation of the Kings Intellectual, Developmental Disabilities unit.

Nephrology Service Line

- Establishment of SharePoint site for shared policies, equipment inventories, communications
- Built capacity to address stress on dialysis resources during first pandemic surge, spring 2020
- Created a more comprehensive plan to ensure adequacy of resources to address second surge
 - Added temporary nursing and physician staff
 - Deployed additional hemodialysis equipment to various facilities
 - Collaborated with Critical Care to launch 4 CRRT programs at hospitals without existing programs
 - Upgraded existing CRRT equipment
 - Promoted training of critical care and floor nursing staff at all acute care facilities to maximize number of competent CRRT staff and establish backup peritoneal dialysis capability if needed
 - Launched acute peritoneal dialysis programs at two facilities
 - Created data management tools to track dialysis utilization
 - Collaborated with Supply Chain to build inventory of solutions, filters, catheters
 - Collaborated with Antimicrobial Stewardship Council to adopt uniform pharmacist guidance for CRRT
 - Enhanced availability of plumbing connections at 11 facilities
- Launched Epic Dialysis Module to enhance documentation at 4 outpatient facilities
- Launched project for automated integration of hemodialysis machine data into Epic
- Collaborated with analysts and infection preventionists to build automated data collection workflow for NHSN Covid dialysis module data submission
- Incorporated Post-acute care renal services into service line
- Initiated project to standardize catheter lock solutions for dialysis with Nursing Council
- Relying on a continuous communications strategy, developed a strong group identity for the service line

Critical Care Service Line

ICU Service Line Business Plans Created & Approved

- Early mobility – additional FTE for physical therapists, coordinator
- QPATH: ICU/ED Point of Care Ultrasound Electronic Infrastructure Acquisition.

ICU Service Line Covid Related Initiatives

- ICU level loading – initial workflow in spring (partnered with central office)
- LTACH/ICU Transfers – streamlined/dramatically increased ICU to Carter transfers (partnered with Margolis)
- Tele-ICU-Consults within HH
 - a. Established workflow/infrastructure
- Tiered staffing for Crisis
 - a. Assisted with design of staffing for ICU Expansion
- Crisis ICU expansion into operating rooms/ventilators
 - a. Partnered with peri-op service line

CRRT Expansion (Continuous Renal Replacement Therapy)

- a. **Trained** 80% of ICU attendings.
- b. **Streamlined** EMR
- c. **New programs** at Woodhall, Coney, Queens, Elmhurst & streamlined supplies (partnered with dialysis workgroup and Wagner for expansions)

ICU Service Line Non-Covid-Related

- ICU Council: Integrated ICUs across the network to function in concert: solidified council with regular meetings and coordination

- ICU Dashboards: Coordinated with DNA team to design and validate dashboards that included critical care patients and resources
- DOP: Created New ICU Delineation of Privileges
- EEG Access - Expanded Ceribell
 - a. Established Cloud & EMR infrastructure
 - b. In process of establishing workflow
- Data Reports: Optimized ICU Dwell time by creating reports
- Supply Chain Cohesion/ICU Cohesion
 - a. ICU related validation of new equipment in critical care areas including CRRT, ventilators, procedural devices, central lines, ultrasounds, etc.

Pediatric Service Line

- Integrated Behavioral Health implemented at 3 sites in Women’s Health and Peds. Care begun pre-natally is continued after infant is born, coordinated across departments. Billing is now happening with revenue continuing to increase.
- Risk tiering and screening implemented at 3 sites – over 9000 patient contacts in the last 18 months
- Patient engagement and connection to community services using CHW (supported by SW) active at 3 sites. Care coordination begun in WH is seamlessly continued in Pediatrics
- Evidence based parenting programs – Healthy Steps and Video Interaction Project implemented at 3 sites
- EPIC build for program completed, improving care coordination across Women’s Health, Pediatrics and Behavioral Health. Many of the elements of this build were rolled out system-wide
- System change, transforming the model of Pediatric Primary Care, including support provided for new Healthy Steps programs at non-program sites (Jacobi, NCB and Elmhurst). In addition, working in close collaboration with Foster Family Care program for unified model of care for pre-natal and children under 5 yr involved with ACS
- New Referral mechanisms for NYCDOH Early Intervention and for ACS prevention that foster a collaborative approach to children we care for that touch those agencies

Numbers for the first 4 bullets on patient contacts and billing revenue will be ready next week.

Digital Credentialing

- Bylaws/Credentialing P&P/Delineation of Privileges standardization
- Implementation of system wide electronic credentialing system (MDStaff), with e-Signature enabled – (+5,000) applications sent out
- Alignment of reappointment cycles – medical staff performing services across the system now only need to fill out one application at each appointment period

Research Administration

- \$ 7 million in research funds
- More than 150 COVID research projects implemented since March 2020
- Established a process with Office of Legal Affairs for executing contracts for multi site trials for timely implementation

System Chief Nurse Executive Report Medical & Professional Affairs Committee

Nursing Finance

Deployed over 1, 694 of RN Staff for Covid-19 Wave 2

Culture of Safety

Systems Corporate Nursing Education

- Pronation: developed systems wide protocol; EPIC Optimization stage
- CRRT: trained >90% of all acute CC facilities; Elmhurst to start on Feb. 15th; annual competency for all CC RN's; **Magnet moment**: nurses from other CRRT-trained facilities assisted RN's from zero-utilization facilities
- Cross-training program (non-MS-MS; MS-CC): >90 Med Surg Critical Care, Ambulatory to Critical Care Nurses Training
- AHA/RQI initiative: Covid restricting of ACLS/BLS presents opportunity for ROI (\$2M savings);
- Vaccination program on boarded 134 Vaccine Nurses, 734 CUNY Nurses to support vaccination: developed educational program, systems collaboration with educational module

5 Community Grants Awarded to NYC Health & Hospitals

- Boyce, P., **Cineas, N and Paguirigan, M.** (2021). *Hosting an educational event for men and/or women about the need for colorectal cancer screening.* Health Research, Inc. (HRI) and the New York State Department of Health (NYSDOH) Comprehensive Cancer Control Program Community Intervention Grant.
- Boyce, P., **Cineas, N and Paguirigan, M.** (2021). *Creating personal story videos or public service announcements (PSA's) to be shared on social media sites.* Health Research, Inc. (HRI) and the New York State Department of Health (NYSDOH) Comprehensive Cancer Control Program Community Intervention Grant.
- Boyce, P., **Cineas, N and Paguirigan, M.** (2021). *Hosting an educational event for healthcare professionals (e.g., dentists, nurses, medical providers, dental hygienists, etc.) to promote the HPV vaccine as cancer prevention and increase the number of adolescents and young adults who receive the HPV vaccine.* Health Research, Inc. (HRI) and the New York State Department of Health (NYSDOH) Comprehensive Cancer Control Program Community Intervention Grant.
- Boyce, P., **Cineas, N and Paguirigan, M.** (2021). *Hosting an educational event for health educators, patient navigators, cancer patients, and caregivers about available cancer treatment options and how to advocate for the best care possible, especially for hard-to-reach populations and communities of color.* Health Research, Inc. (HRI) and the

New York State Department of Health (NYSDOH) Comprehensive Cancer Control Program Community Intervention Grant.

- Boyce, P., **Cineas, N and Paguirigan, M.** (2021). *Host an educational event for primary care providers (e.g., general medicine physicians, geriatricians, gynecologists, physician assistants, nurse practitioners, nurses) who have patients who are cancer survivors about how to better understand and care for survivors in the primary care setting, especially among hard-to-reach populations and communities of color.* Health Research, Inc. (HRI) and the New York State Department of Health (NYSDOH) Comprehensive Cancer Control Program Community Intervention Grant.

2021 Podium Presentation

Paguirigan, M., Cineas, N. (2021): "Implementing a Fast-Track Onboarding and Orientation Program During a Public Health Crisis Applying Organizational Framework and Public Health Nursing Competencies." *Accepted for podium presentation for the 2021 Annual Convention of the ANPD (Association of Nursing Professional Development).*

System Safe Patient Handling and Mobility Initiative (SPHM)

SPH Program Infrastructure

- Reconvened Facility SPH Committees systemwide (Jan - Feb 2021)
 - 11 Acute Care Facilities
 - 6 Post Acute Care Facilities
 - Gotham Health
 - Correctional Health
- Developed and implemented SPH Program Standard Work for Facility Committees
- Coordinated NYC H+H 1st Virtual Systemwide SPHM Awareness Event

SPH Program Assessment

- Convened Safe Patient Handling / Council of Nurse Educators (SPH/CONE) Workgroup to review the literature to inform development of evidence-based:
 - Patient Mobility Assessment Guidelines,
 - SPH Policy, and
 - SPH Education Program
- Developed SPH Subject Matter Experts (SME) Program
- Developed SPH Subject Matter Experts (SME) Standard Work

Pronation Therapy – EPIC Optimization

- Developed evidence-based critical steps to prone therapy to support EPIC optimization
- Created EPIC workflow documentation

SPH Education

- Redesigned SPH System Nursing Orientation Education Program
- Developed evidence-based Bedside Mobility Assessment Tool (BMAT) Guideline

SPH Equipment

- Implemented framework to track SPH equipment orders/needs systemwide to identify commonalities

Wellness Initiative

- Identified targeted evidence-based strategies to improve Nursing engagement and outcomes in wellness initiatives **(Mar 2021)**

Just Culture

- Performed Just Culture education for Nursing Leadership during Leadership Retreats at
 - Harlem
 - Correctional Health
 - Community Care
- Trained 200 Nurse Residents on evidence-based Just Culture principles and strategies **(Mar 2021)**

Quality/Outcomes

Nursing Clinical Ladder Program

- The program opened on February 1st and will close March 31st at 11:59pm
- Total Applicants: 2062
- 46 Coaching and Informational sessions were held for all interested applicants systemwide. These sessions held described the purpose of the program, requirements and a question/answer session was held.
- Systemwide Clinical Ladder Townhall was held on March 23rd.

Care Experience

Care Experience

UPDATE as of 4/1/2021

- ICARE Module launched on 3/31/2021
- CETF have developed a system implementation plan for Meaningful Rounding. Local Implementation Plans have been developed/submitted. Expected launch in the first quarter of 2021.
- Professional Shared Governance (PSG) completed 2 systemwide report outs (March 17 system report also served as annual retreat) and 3 hospital wide report outs. 186 councils have been organized with charters and consistently meeting on a regular basis on all sites.
- Twice daily Coaching Calls for PSG frequently asked questions continuing every Mondays to Fridays. 270+ calls have been conducted.

RN Residency Program

UPDATE as of 4/1/2021

- Cohorts 1,2,3, 4, 5 have graduated as of this report. Current active cohorts (6,7,8,9,10,11, 12, 13) are continuing monthly seminars for all new hires who are new graduates for all 11 hospitals.

- In 2021, full expansion of the Residency Program to Gotham, Community Care, Post-Acute and Correctional beginning in cohort 12 and onwards.
- Retention rates as of this report for RNs enrolled in program consistently at >91% compared to pre implementation retention rate of 46+% systemwide.

NP Fellowship

UPDATE as of 4/1/2021

- A partnership in a Learning Collaborative was secured in September 2020 with the Weitzman Institute's National Nurse Practitioner Residency and Fellowship Training Consortium (NNPRFTC) to help us with free coaching as part of a grant funded workforce development program on building this program at NYCH+H consistent with NNPRFTC Accreditation Standards. The Weitzman Institute is the research and education arm of Community Health Care, Inc of Connecticut (CHCI), home of the first residency training program for Nurse Practitioners led by thought leaders from the Yale University School of Nursing in New Haven, CT. The NPRFTC is the national accreditation body for Nurse Practitioner residency and fellowship programs. The collaborative is set to start in January 2021.
- Accepted to the collaborative on March 6, 2021.
- Participated in first Learning Session on April 1, 2021.

Certification Event

On March 29, 2021, The Office of Patient Centered Care held an ANCC Certification Presentation with guest speaker Marianne Horahan, MBA, MPH, RN, NEA-BC, CPHQ, CAE-Director of Certification Services at the American Nurses Credentialing Center (ANCC). The virtual event had over 275 nurses in attendance and was an opportunity for nurses to learn more about the value of certification, how certification ties to Nursing Excellence, resources available to them and strategies and resources available to promote and sustain certifications at the system level.

Virtual Nursing Education Fair

On April 12, 2021 the Office of Patient Centered Care will be holding a Virtual Nursing Education Fair. This event is in partnership with the City University of New York (CUNY), the New York State Nurses Association (NYSNA) and HR/Workforce Development. The two hour event, held from 1pm-3pm, will commence with a 1 hour panel discussion featuring Dr. Natalia Cineas, SVP and System Chief Nurse Executive, Dean Patricia Boyce of CUNY and Ms. Judith Cutchin of NYSNA. The panel discussion will review opportunities for NYC Health + Hospital Nurses to advance their education. The panel will also review the current BSN in 10 law and funding opportunities available to our nurses. The second hour will feature virtual information booths for the seven nursing academic programs at CUNY, with faculty on hand to provide information and answer questions from staff.

**MetroPlusHealth Report to the
Medical & Professional Affairs Committee
Monday, April 12th, 2021
Dr. Talya Schwartz, President & CEO**

Regulatory Highlights

Disenrollment moratorium for Medicaid, Child Health Plus (CHP), and Essential Plan (EP) continue through June 2021. Thus, for enrollees with April 2021 recertification dates have been extended through April 2022. Medicaid disenrollment for people with Third Party Health Insurance (TPHI) resumed February 28th, 2021 and plans have begun receiving disenrollment files from NYS. Open enrollment has been extended through December 31st, 2021.

Cost-sharing bans for COVID-19 testing and all telemedicine were extended to April 4th, 2021. The cost-sharing ban for immunizations is extended through April 6th, 2021. The cost-sharing ban on mental health services for essential workers has been extended to April 26th, 2021.

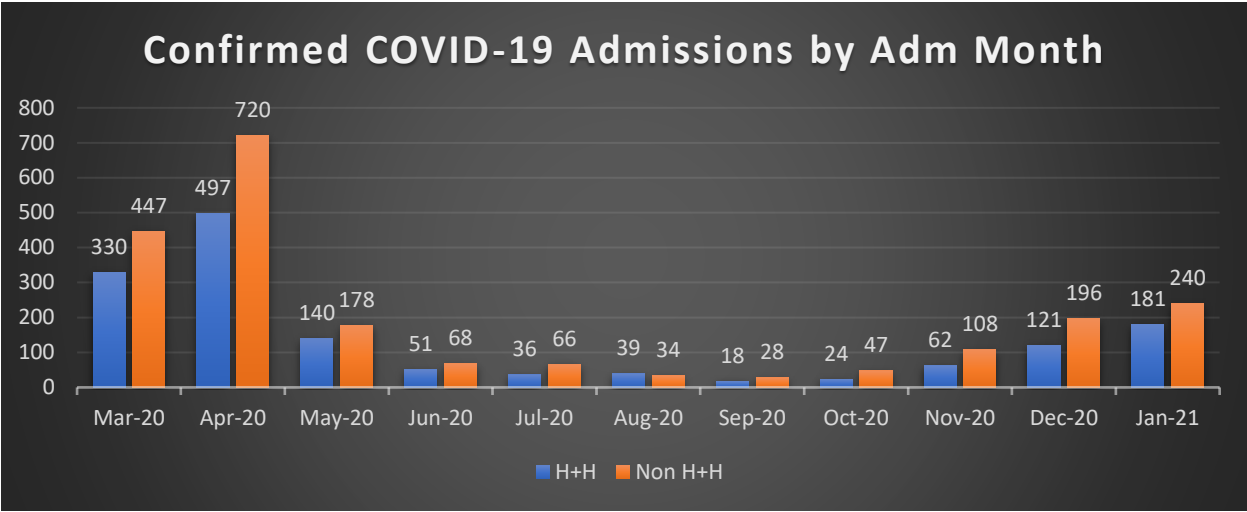
The Federal American Rescue Plan Act created the following changes for health insurance and NYS is currently in the process of implementing these items for the NYS Exchange. These changes will increase the number of people who can afford health insurance coverage:

- Available tax credits for individuals getting their health insurance through the NYS Exchange products (Qualified Health Plans) has been extended to people earning up to 400% of the Federal Poverty Level, beginning April 2021 through December 2022.
- Total premiums paid will be limited to 8.5% of household income through 2022.
- Individuals who had been enrolled in a QHP but are now receiving unemployment can qualify for cost-sharing support.

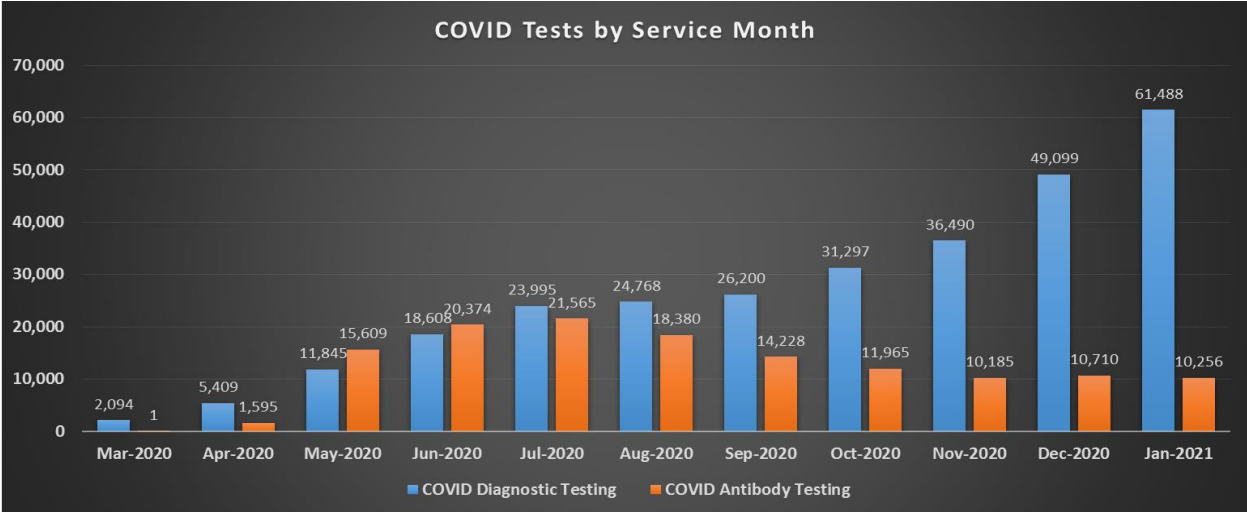
NYS Department of Financial Services will begin requiring health insurers to report data on the diversity of their Board of Directors and Executive staff.

COVID-19 Impact

Hospitalizations: There have been 3,692 admissions of confirmed COVID-19 (admissions are underestimated based on under-reported diagnoses codes). Based on claims data, the peak of COVID-19 admissions occurred in April 2020, then decreased mid-May through September. Admissions increased from October 2020 through January 2021 but at lower levels than in April.



Testing: According to January claims data available, over 290,293 members were tested for COVID-19 diagnostic and 134,868 members tested for COVID-19 antibodies.



Vaccination & Monoclonal Antibodies: According to latest claims data available, MetroPlusHealth received 1,613 claims billed with COVID-19 vaccine administration and 39 claims billed for Monoclonal antibodies.

Distinct Member Count		
Labeler	Type	Total
Moderna	COVID-19 Vaccines	1,074
Pfizer	COVID-19 Vaccines	539
Eli Lilly	COVID-19 Monoclonal Antibodies	38
Regeneron	COVID-19 Monoclonal Antibodies	1
Grand Total		1,652

COVID Vaccine Text Message Campaign

To ensure equity in vaccine distribution MetroPlusHealth undertook an effort to ensure that its senior members had access to accurate COVID-19 information and vaccines. Due to COVID-19 vaccine availability issues as of February 1st, 2021, the Plan focused on members age 65+ from all lines of business and identified 8,690 members. To bridge the information gap, we focused on five key needs: improving COVID-19 vaccine knowledge, resources to make a COVID-19 vaccine appointment, access to resources to manage their stress and anxiety, access to urgent medical care and lastly to let them know that MetroPlusHealth was there for them if they had other needs by calling our Customer Service team.

Almost 10% of the members texted responded to our communication, proving again that text campaigns are an effective way to reach large numbers of members at one time. Of the respondents, 72% needed help with 1 or more items. Information about the COVID-19 vaccine was the most common need, followed by vaccine locations and speaking to someone about the vaccine.

MetroPlusHealth launched the second phase of its COVID-19 vaccine texting campaign to adult members ages 18-64 years of age aligning with identified prioritized COVID-19 vaccine groups.

Special Investigative Unit (SIU)

The Special Investigations Unit is responsible for performing targeted provider fraud investigations; evaluating and validating information alleging fraud, waste, and abuse (FWA); identifying suspicious billing patterns and trends through data analysis and claims examination; and conducting/resolving any ensuing investigations. Its goals are to mitigate and report suspected FWA to regulatory agencies and recover funds for the Plan. Since 2019, the SIU has obtained settlement agreements and achieved cost savings of over \$2.5M. The SIU works closely with many MetroPlus departments to obtain and analyze additional billing and utilization data and the SIU will, where necessary, make recommendations for coding changes, modifications or the implementation of limitations.

Many resources are used to identify possible instances and patterns of FWA: data mining using proprietary software, referrals from MetroPlus' staff, and member tips and complaints. Targeted data mining is also used when a possible vulnerability has been identified, such as modifier misuse or spikes in utilization. The criteria for elevating detected outlying providers to case review status includes peer to peer comparisons, severity of the aberration(s) discovered, financial exposure, and current and future Plan risk. The SIU focuses on a variety of cases, including providers who have unexplained monthly billing spikes and laboratory, pathology, durable medical equipment (DME) spend disproportionate to services rendered and not aligned with providers' scope of practice. The SIU facilitates implementation of Plan changes and refers cases to the Office of Medicaid Inspector General (OMIG) under certain circumstances. Although the primary focus of the SIU is overutilization of services inconsistent with the medical needs of impacted members, the Plan also examines underutilization of services to ensure that providers,

in particular providers paid under a capitation arrangement, are ensuring that their attributed members are in receipt of appropriate services including preventive care.

Community Engagement

MetroPlusHealth, in partnership with NYC Health + Hospitals|Elmhurst, executed a 3-day free food distribution event to honor Lunar New Year, the year of Ox. Elected officials along with a team of volunteers from MetroPlusHealth and Elmhurst Hospital handed out over 1,500 bags filled with traditional non-perishable food donated by the Plan.



The event was an opportunity to demonstrate MetroPlusHealth/H+H support to a community experiencing food insecurity, racism, and violence. Educating the community about the offerings of MetroPlusHealth and Elmhurst Hospital was an additional benefit. Through this collaboration MetroPlusHealth and Elmhurst Hospital were able to showcase the facility's operational recovery from the early days of the pandemic, encouraging patients to feel comfortable seeking care in their community hospital. Currently, MetroPlusHealth is identifying additional opportunities across New York City where the Plan can bring comfort and support to communities like those served by this event at Elmhurst, in Queens.

MetroPlusHealth App launch

In a series of member interviews that were conducted in 2020 to understand member needs, one request that most members had was for a MetroPlusHealth app. Our members can now have access to their MetroPlusHealth member information right at their fingertips with the MetroPlusHealth app. This app was built in conjunction with HealthX and provides most of the functionality of the Plan's member portal. Here members can access their member ID card, personal account info and select or change their PCP right on their phone. Available in both Google and the iOS app store. An important step in helping MetroPlusHealth customers access their information more efficiently, this app will continue the Plan's focus on improving the customer experience.

Employee Mentorship Program

MetroPlusHealth is now offering development opportunity for both senior leaders and top performers within the organization. The purpose of MetroPlusHealth's Mentorship Program is to retain talent, increase employee satisfaction and allow high performers the chance to meet and

develop professional relationships with the senior leaders of the organization. The program allows employees an opportunity to take control of their personal and professional development. The current cohort consists of 24 leaders and 31 mentees, selected via application process. Based on their areas of interests, mentor-mentee pairs were selected in Fall 2020 and the first round of the program will be completed in Spring 2021. Plans are under way for cohort #2 scheduled to launch in June 2021 since there is high level of satisfaction of the program in the first round.

Enterprise Information Technology Update

April 12, 2021 Committee Update

Kim Mendez, Senior Vice President- Corporate Chief Information Officer

Agenda

- Introductions
- 2021 EITS Goals & Dashboard Metrics
- EITS & Covid-19
- HIT Prioritized Projects
- EITS Continuous Quality Improvement- highlighted items
- Q & A

Aligning NYC H + H Information Technology Goals

- **Data Management (Quality & Outcomes)**
 - Improve Data Analytics
 - EMPI
 - Legacy IT Systems/Data strategy
- **Infrastructure Enhancement (Financial Sustainability)**
 - **Data Center migration**
 - Telecommunication – improve experience & tracking
- **Accelerated Digital Transformation (Quality & Outcomes/ Access to Care)**
 - Virtual Care Capacity
 - Telehealth
 - Enhanced Patient Monitoring
 - **Biomed device integration**
- **H2O Effective Use (Care Experience)**
 - **MyChart Utilization** (Launching MyChart Beside)
 - Telehealth Patient Visits
 - Implementation of Epic Dialysis, Bones, BH, Epic Monitor modules
- **CQI (Quality & Outcomes)**
 - IT Ecosystems / Landscape Diagrams- Qtrly Updates
 - Mock Downtime & BCA validation
 - Leverage Service Now for single platform for Project Planning and Timelines (e.g. BAU, Upgrades, New Projects)
 - Annual Application Access Certification : Identity IQ Compliance Module



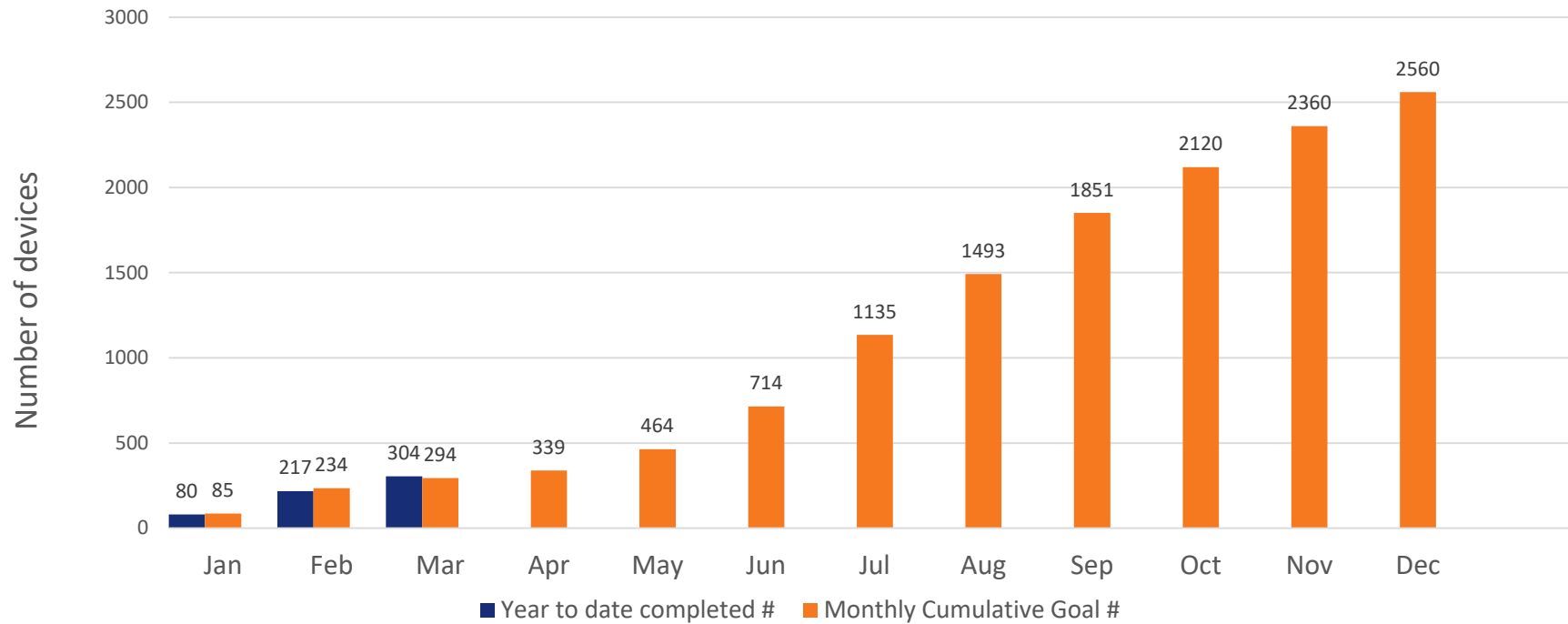
QUALITY & OUTCOMES: Biomed Integration Goals for 2021

Integration of strategic biomedical devices so that our nurses, doctors and ancillary staff are acting on the most up to date clinical information and are limiting non value added work. Our staff will be freed from data entry and able to spend more time on clinical care. CY2021 Goal: Transition from 47 % integrated to 70 % integrated by year end 2021 which will target 2,560 devices

Device Type	Total Count	Integrated Devices	Non-Integrated Devices	Year End 2020 %	Year End 2021 %	Devices to be integrated in 2021
Anesthesia Machine	177	169	8	95%	100%	8
Capnography Device	448	0	448	0%	58%	260
Cardiac Monitor	3,118	2,075	1,043	67%	75%	265
Dialysis Machine	257	19	238	7%	95%	225
ECG Machine	652	652	0	100%	100%	0
Fetal Monitor	246	246	0	100%	100%	0
Vital Signs Monitors	3,888	541	3,347	14%	50%	1400
Telemetry	545	341	204	63%	95%	177
Ventilator	1,392	955	437	69%	85%	225
Total:	10,723	4,998	5,725	47%	70%	2,560

Biomed Integration Progress Tracking

Biomed Device Integration
2021 Tracking

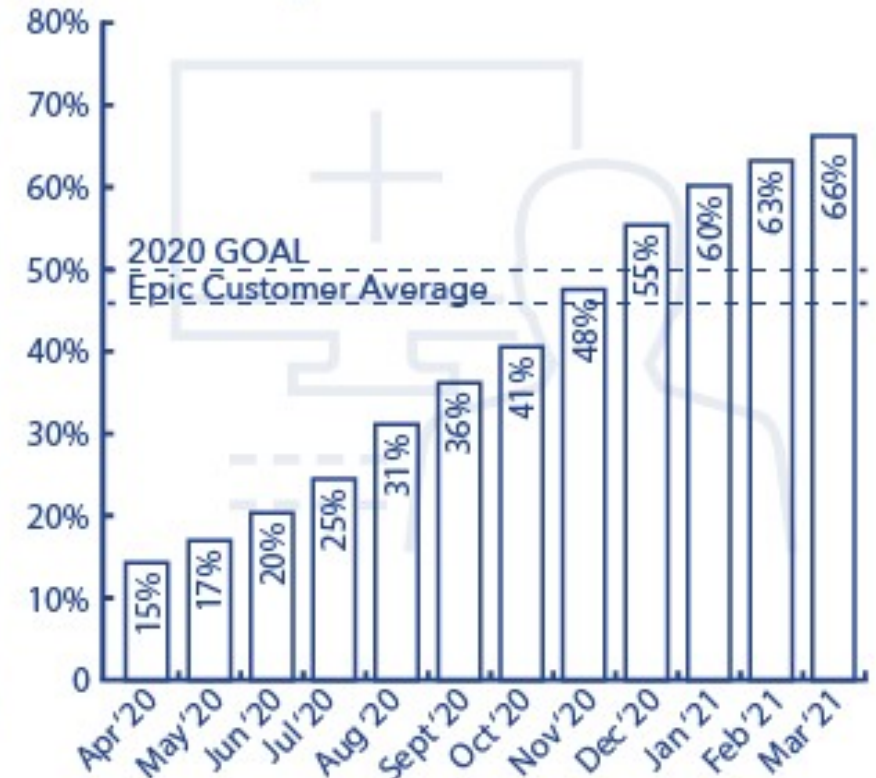


Care Experience

MyChart ACTIVATION RATES

ENY.....	83%
Cumberland.....	80%
Coney.....	77%
Metropolitan.....	75%
Sydenham.....	73%
Lincoln.....	69%
Elmhurst.....	68%
Bellevue.....	63%
Queens.....	63%
Belvis.....	62%
Gouverneur....	62%
Kings.....	62%
Morrisania.....	61%
Jacobi/NCB.....	56%
Woodhull.....	51%
Harlem.....	48%

Enterprise Activation Rates



Displays the percentage of patients seen in the last 12 months that are MyChart active. Data is current as of the last day of the previous month. (March 2020 to March 2021)

FINANCIAL SUSTAINABILITY: Data Center Migration Update

- Legend:**
- Complete
 - On Schedule
 - Caution
 - Off Schedule
 - Not Started

Overall Timeline Status	Completion Dates	Status
Data Center 1 Migration (Sungard -> QTS)	August 2022	●
Data Center 2 Migration (Jacobi -> CyrusOne)	March 2023	●

CY 2021: 1 st Quarter Milestones ●	CY 2021: 1 st Quarter Accomplishments
Complete QTS Agreement (Data Center) ●	QTS and Presidio Agreements Complete
Complete CyrusOne Agreement (Data Center) ●	EITS / Presidio Kick-Off Meeting
Complete Presidio Agreement (Systems Integrator) ●	Discovery Tools installed
Kick-off Project ●	Draft of Project Plan completed

CY 2021: 2 nd Quarter Milestones ●
Complete Discovery and Interview Sessions
Order Circuits for Internet and Wide Area Network
Complete Core Infrastructure Buildout Design and Installation Plan

EITS COVID- 19 Updates

- **Daily DnA support** – census, level loading, covid +, point of entry, trending
- **Surge Space-** 15B at NCB & Supplemental Staff Training
- **Covid Test & Trace** support ongoing
- **Covid Vaccination-** Technology infrastructure build-out, Epic vaccination build for three brands for ambulatory & Inpatient , NPSO, Allergic Reaction Protocols, leverage MyChart , self-scheduling/screening/ dynamic updates, registration & regulatory required documentation, CIR, billing , DnA reporting, etc.
- **Covid Centers of Excellence** – HIT Prioritized
- **Temporary reassignment of volunteer EITS Staff** to support priority pandemic needs

Enterprise IT Services Staff Volunteered to Take on Temporary New Roles During the Pandemic

- Dozens of EITS staff members volunteered to be temporarily re-assigned to different roles across our health system, supporting local efforts during this unprecedented pandemic.

Two members of the EITS/H₂O (Epic) team, Pharmacist Zhanna Michael (left) and Neal DeLuna, RN (right), supporting vaccination efforts at NYC Health + Hospitals/Elmhurst



HIT Prioritized Projects: 2021

- MD Staffing- Credentialing- **completed January 2021**
- NCB – Jacobi Merger- **completed February 2021**

- User Access Review Program
- 340B – Split Billing
- COVID-19 Centers of Excellence
- H2O/Epic Behavioral Health module
- Cerner Lab Upgrade
- Capital Restructuring Financing Program (CRFP)
- COVID 19 Decedent Management in Epic- **added March 2021**
- Bio-Medical Device Integration- **added March 2021**

MD Staff

Project Manager: Shakira Stewart

MD Staff

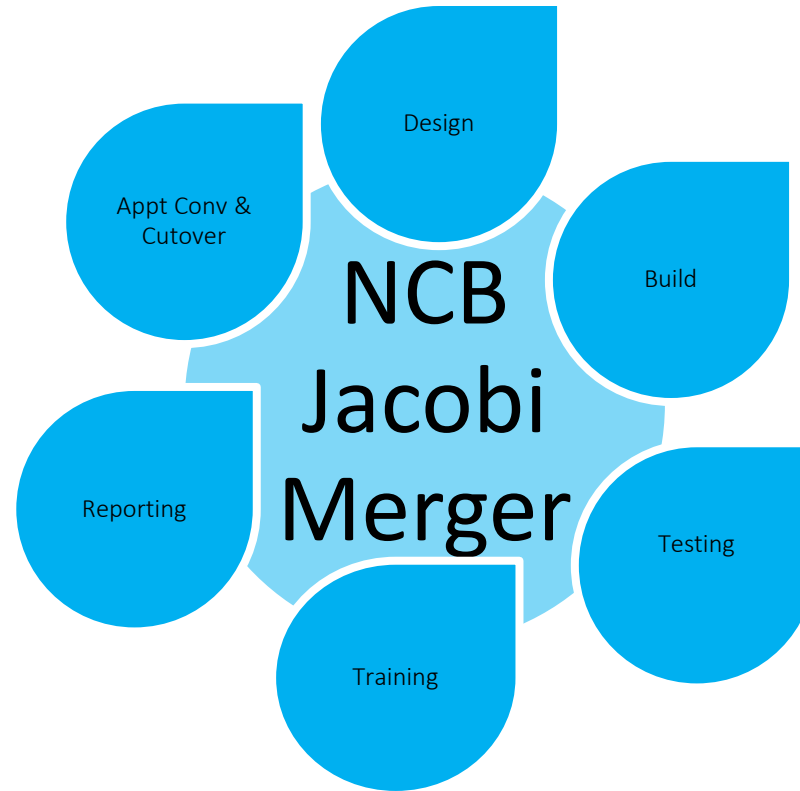
Summary

MD Staff is a cloud based credentialing platform that replaced IntelliCred on 1/25/2021. It facilitates streamlined credentialing of providers.

MD Staff Credentialing System was successfully implemented on January 25, 2021.

- Users were provided with 3 days of virtual command center support from January 25 – 27, 2021.
- During the support period, 7 incidents were opened and resolved with vendor support.

Executive Summary NCB-Jacobi Merger Overview



Achieved
Go Live,
Saturday,
02/27/2021

Prioritized Project: User Access Reviews

User Access Review Program

- To ensure risk mitigation best practice related to the access to clinical and non-clinical applications, NYC Health + Hospitals has committed to implementing an annual access re-certification process utilizing SailPoint IdentityIQ
- Currently the User Governance module has been installed and will be implemented in the following phases:
 - **Phase1 completed on 3/1/2021:** Started processing Central Office supplemental staff and volunteers
 - **Phase 2:** HRSS Privileged Users- Go-Live 06/30/2021
 - Kick Off on 02/23/2021 – **Complete**
 - 3/4/2021 - Identified HR privileged security role to be reviewed annually
 - **Phase 3:** PeopleSoft ERP- Go-Live TBD; target to complete by end of 2021
 - **Phase 4:** Epic/H2O Privileged Users- Go-Live TBD; target to complete by end of 2021

Project Status

Facility	Phase I	Phase II	Projected Go-Live
Queens	Completed	Completed	December 2020
Elmhurst	Completed	Completed	December 2020
Bellevue	Completed	Completed	December 2020
Woodhull	Completed	Completed	February 2021
Coney Island	Go-Live	Go-Live	March 2021 (end of month)
Metropolitan	Unit Testing In progress	Pending Phase I Completion	May 2021
Harlem			June 2021
Lincoln			June 2021
Kings County			June 2021
Jacobi	TBD	TBD	TBD*
North Central Bronx	TBD	TBD	TBD*

Live Sites (Bellevue, Queens, Elmhurst):

- Software maintains 340B program compliance
- Identifies site workflow improvements
- Continuous maintenance to ensure program success

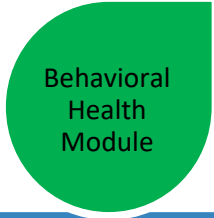
Top Initiative: Gotham COVID Centers of Excellence

Executive Status

Workstream	Tremont (Bronx)	Roosevelt (Queens)	Broadway (Brooklyn)
H2O Revenue Cycle Build	●	●	●
H2O Clinical Build	●	●	●
Ancillary Clinical Systems & Integration	●	●	●
Procurement	●	●	●
Testing Site	●	N/A	N/A
Device Deployment	●	●	●
TDR	●	●	●
Infrastructure & Networking	●	●	●
Testing	●	●	●
Training and User Access	●	●	●
Readiness & Activation	●	●	●

- Roosevelt Clinic in Queens successfully live as of 3/3/2021
- Device Deployment and TDR (Technical Dress Rehearsal) is in progress for Brooklyn
 - Brooklyn site opening TBD pending NYS DOH Approvals
- Working with Gotham for additional services go-live timeline and staff on-boarding
- Application build testing in progress for additional clinical services for future go-lives

Behavioral Health Module



Summary

The Behavioral Health module is designed to help care providers support patients with mental health and substance use diagnoses through clinical documentation, treatment planning, and tracking for patients across the continuum of care.

The scheduled go live is on track for 5/15/2021.

Accomplishments

- Identified project champions and governance
- Conducted an integrated demo of established workflows for Epic
- Completed foundation system content migration
- Validation sessions completed
- Build wave 1-3 completed
- Training curriculum buckets 1-3 completed
- Engaged operations at facilities
- Updated test scripts

UPCOMING MILESTONES	End Date	Status	Comment
Workgroup sessions	3/19/21	On Track	
Identify Super Users	3/19/21	On Track	
Lesson plan build & test	3/26/21	On Track	
Super User training	4/9/21	On Track	Super User training runs from 4/5/21 through 4/9/2021
Readiness sessions	4/30/21	On Track	
End User training	5/15/21	On Track	End User training runs from 4/12/21 through 5/15/2021

Top Initiative: Cerner Lab 2018 Upgrade

INITIATION & PLANNING:

- CMIO Review & HIT Prioritization completed (*June – August 2019*)
- Cerner contract approved & signed (*December 2019*)
- Project Management & High-Level Kick-Offs completed (*May 2020*)

PHASE 1: Upgrade to Version .36 of current 2015 Cerner Millennium LIS code set (*August 2020*)

- Version 2015.01.36 moved to Production on August 22, 2020

HARDWARE CHANGES: Movement off Windows Server 2008 (*Sept. 2020 – Jan. 2021*)

- Final technology upgrades completed Jan. 26, 2021

PHASE 2: Upgrade to 2018 Cerner Millennium LIS Code Set

- Main & internal kick-offs events completed (*January 2021*)
- Solution Assessment Sessions & Test Script Development completed (*February 2021*)
- Cerner Regression Testing completed (*March 2021*)
- Issue Prioritization Calls & H+H Integrated Testing in progress & on track
- Go-live scheduled to align with Epic 2021 Q2 Upgrade on May 15, 2021

Top Initiative: Capital Restructuring Financing Program (CRFP)

Population Health IT

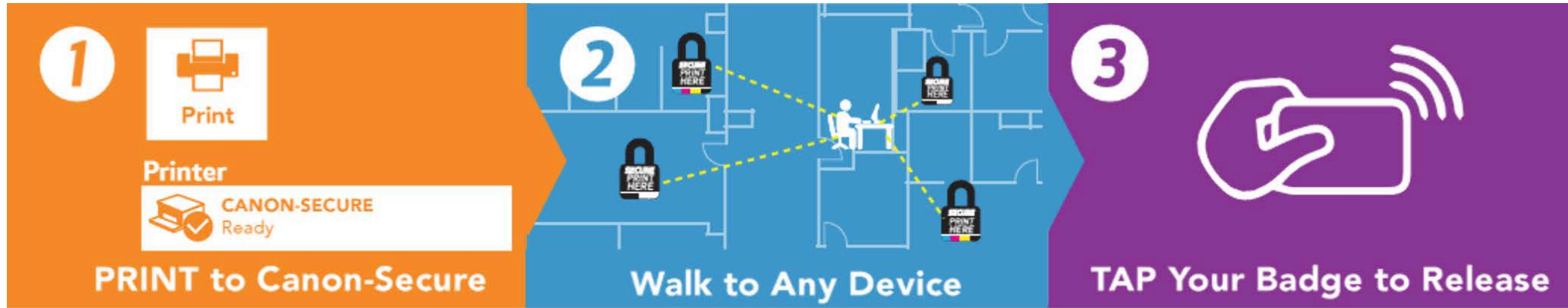
- Performance Management & Analytics (PMA)
- Clinical Records Locator Service (CRLS)
- Health Information Exchange (HIE)

Digital Healthcare Network

- Imaging
- Telehealth

Contact Center

- Cisco Call Center Enterprise



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H2O/Epic Application Learning's *Thrive* Program Kick-Off The Joint Commission (TJC) Prep Course

Thrive Program: Learning program for current end-users focused on optimizing the use of the H2O (Epic EHR)

The Joint Commission (TJC) Prep Course is the first course offering as part of Epic *Thrive* Program

■ Prep Course Format and Content

- Train the trainer in H2O/Epic navigation,
- Covers regulatory “hot topics” and frequently surveyed information
- Includes hands-on Epic playground practice
- Proficiency Checklists provided; assist in self-navigation
- Knowledge check via proficiency checklist and a Jeopardy styled game

NYC HEALTH + HOSPITALS
Training Tip

Application Learning's TJC Prep Course
"The Journey to Confidence"


The Joint Commission Prep Course

Application Learning is enthusiastic to host this learning opportunity for NYCH+H facility leadership to become more at ease with the Joint Commission Survey process.

The full day will hold instructor led system navigation simulating the tracer methodology, 1:1 practice with Q & A, combined with take-home supplemental training resources that will allow the end-user to be more at ease with how to navigate the H2O application to respond to a surveyor's tracer methodology inquiries.

Target Audience:
Facility Leadership
Nurse Educators
Quality Staff
Nurse Managers
Department Leads
Section Chairs
Appointed Survey Escorts

Get to Know:
TJC hot topics!
Tracer Methodology
H2O / Epic
Efficient Navigation
Resource Materials
Gain confidence
Keep Calm to Carry On



The sessions will be hosted at Metropolitan Hospital, Application Learning's Training Center, Behavioral Health Building 3rd Floor (Take the E Elevator)

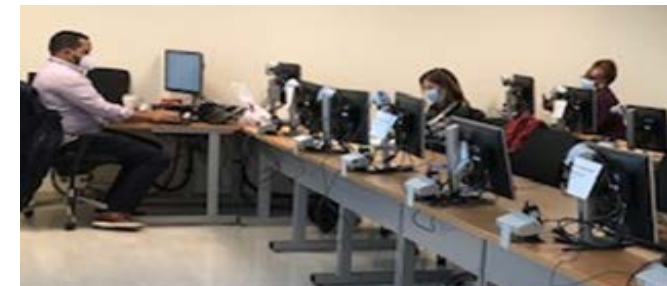
Tuesday March 16, 2021 10 am to 3 pm
&
Tuesday March 23, 2021 10 am to 3 pm

Preferred registration for those facilities scheduled for a TJC Survey in the coming months. Registration is limited.

In-person attendance preferred, Webex hosting available.
Both have limited registration.
COVID restrictions maintained.

Application Learning's **TJC** Prep Course
"The Journey to Confidence"


- Pilot & Training Sessions scheduled
 - March 10, 16 & 23, 2021
 - Priority seating given to sites scheduled for a survey (CIH, KCH & Lincoln)
 - Over 150 facility end-users; trainers, attended
- Feedback has been very positive



Thank You!

RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the “**System**”) to sign a three-year best interest renewal contract with Change Healthcare Inc (the “**Vendor**”) for an enterprise-wide radiology diagnostic management solution with two one-year options to renew the contract exercisable only by the System and with the total cost of the contract over its full potential five-year term of \$15,875,046.00 with a 10% contingency of \$1,587,505.00 for a total expense not to exceed \$17,462,551.00.

WHEREAS, the System benefits from having a Vendor provide technical maintenance and support in the System’s radiology diagnostic operations; and

WHEREAS, in 2016 the System contracted with the Vendor to implement an enterprise solution for PACS, Dose Management, Dictation, Workflow Intelligence, and Practice Management Solutions with a five-year term to expire July 22, 2021;

WHEREAS, under OP 100-5, the System can renew an agreement where it is in the System’s best interest provided it receives the approval of the Contract Review Committee; and

WHEREAS, the System has made a significant investment in implementing the multiple platforms provided under the Vendor’s existing agreement over the past five years, and switching to another service would involve abandoning such investment to a cost prohibitive and operationally undesirable extent; and

WHEREAS, the Senior Assistant Vice President for Radiology will manage the proposed contract.

NOW THEREFOR, BE IT RESOLVED, that New York City Health and Hospitals Corporation be and it hereby is authorized to sign a three-year best interest renewal contract with Change Healthcare Inc for PACS, Dose Management, Dictation, Workflow Intelligence, and Practice Management Solutions with two one-year options to renew the contract exercisable only by the System and with the total cost of the contract over its full potential five-year term of \$15,875,046.00 with a 10% contingency of \$1,587,505.00 for a total expense not to exceed \$17,462,551.00.

**EXECUTIVE SUMMARY
AWARD OF CONTRACT TO
CHANGE HEALTHCARE INC FOR
ENTERPRISE WIDE RADIOLOGY DIAGNOSTIC MANAGEMENT SOLUTION**

- BACK-** In February 2016, the Board of Directors approved a contract between NYC Health + Hospitals and McKesson Technologies Inc., now known as Change Health Care (“CHC”). CHC implemented a standard enterprise-wide radiology diagnostic management solution to drive patient outcome, quality of care, and efficiency improvements by establishing radiology network connectivity across the entire NYC Health + Hospitals system, enabling a cross-facility radiology imaging sharing protocol, optimizing radiology practice management, and generating transparent performance metrics in such a way that services, quality and productivity are improved. CHC also provided an enterprise diagnostic viewer that consolidated eleven siloes of diagnostics viewers (“PACS”) into an enterprise diagnostic viewer standard across all the facilities, eliminating independent separate and/or end of life systems. This consolidation enhanced and simplified radiology cross-facilities interpretation of images and image management workflows and reduced the need for complex connections between multiple systems. This standardization furthered enhanced quality and delivery of care, supported enterprise clinical standards, best practices, improvement of the timeliness of interpretation and greatly decreased abnormal and critical result reporting processes. Additionally, the single platform allowed innovative new techniques for breast cancer screening leveraging 3D mammography images of the breast (formally known as digital breast tomosynthesis) and orthopedic digital pre-operative planning and templating software as two examples.
- PROCURE
MENT:** Proposed renew is on the basis of its being in the System’s best interest. The best interest case was presented to the Contract Review Committee which approved of the renewal.
- TERMS:** The Vendor will provide software maintenance and technical support for the term of the agreement. The Vendor will also provide integration support for future product enhancements. The annual fee of \$3,699,694 for the first year includes upgrade and maintenance, and then changes to \$3,043,838 in years two through five. There is no price increase to the maintenance cost.
- FUNDING:** All expenses are OTPS and will be paid from operating funds.
- MWBE:** The Vendor is self-performing through employees for 90% of the work under this agreement. The Vendor has committed the remaining 10% (\$1.6MM) to MWBE vendors. Vendor will recruit 100% of the professional services via MWBEs representing \$328,000 over 5 years (based on the annual rate). The Vendor will use Atria Consulting, a New York State certified woman owned business.



To: Colicia Hercules
Chief of Staff, Office of the Chair

From: Keith Tallbe Tallbe, Keith
Senior Counsel
Office of Legal Affairs

Digitally signed by
Tallbe, Keith
Date: 2021.03.31
08:24:11 -04'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: Change Healthcare, Inc.

Date: March 31, 2021

The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

Vendor Responsibility
Pending

EEO
Approved

MWBE
10% Utilization Plan

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.

**Change Healthcare (formerly McKesson)
Application for Best Interest Contract Renewal
Radiology Transformation Program**

**Joint Medical & Professional
and Information Technology
Affairs April 12, 2021**

**Michael Ambrosino, MD – Co-Chair of Radiology Directors
Council, Chairman – Bellevue Radiology**

David Shi – Sr. AVP Radiology – Central Office

Alfred Garofalo, DPM – Sr. AVP EITS – Central Office

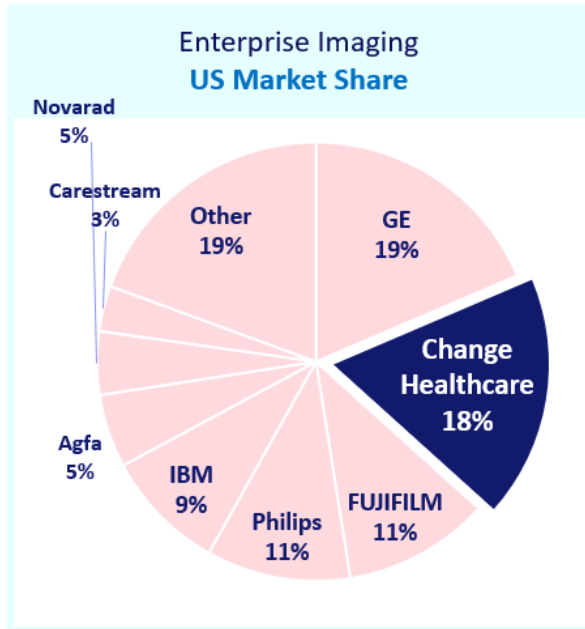
Background/ Current State

- In 2016, NYC Health + Hospitals entered into an agreement with Change Healthcare Inc (CHC) (previously McKesson Technologies Inc.) for a fully integrated Radiology Picture Archiving and Communication System (PACS) with a Practice Management Solution. The agreement was Board approved with a not to exceed amount of \$23,353,125.94.
- The scope of the agreement includes license, software maintenance, implementation of PACS, Vendor Neutral Archiving solutions (Dose Management, Dictation, Workflow Intelligence), and Practice Management Solution (Business Analytics, Concierge Service).
- NYC Health + Hospitals generally performs 1.5M Radiology cases annually.
- The PACS system has been implemented at all Acute Care, Gotham, and Carter.
- The current contract expires July 22, 2021.
- Total current spend against the agreement is \$22,001,210.00.
- We are requesting to renew the agreement for 3 years with 2 one year options.

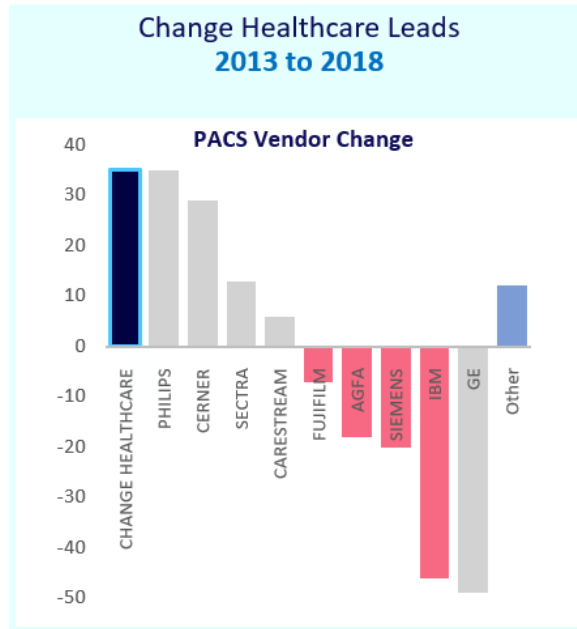
Best Interest Renewal

- Under the System's procurement operating procedure, OP 100-05, where it is in the System's best interest and where supported by a cost-benefit analysis the System may renew a contract rather than re-procure.
- The Vendor's solution is providing substantial benefits through its software and services, and continues to perform well.
- There is a lack of opportunity in the market were the System to switch vendors.
 - Solution: CHC is the top provider of enterprise imaging solutions to large healthcare systems
 - Price:
 - The price for the services has not increased on a per unit basis since being competitively procured five years ago
 - Market analysis shows no price savings to be gained based on industry pricing benchmarks
- There would be significant costs and lost time were the System to switch vendors.
 - Switching Vendors would require deinstalling and reinstalling an alternate solution. The current solution is working very well, and changing the platform would set back the goals being delivered by this solution several years, creating costs for the system in time and training of EITS and clinical staff.
- Given the above, the cost-benefit analysis supports renewing the contract rather than re-procuring and we are seeking approval to renew the agreement as a best interest renewal under OP 100-05.

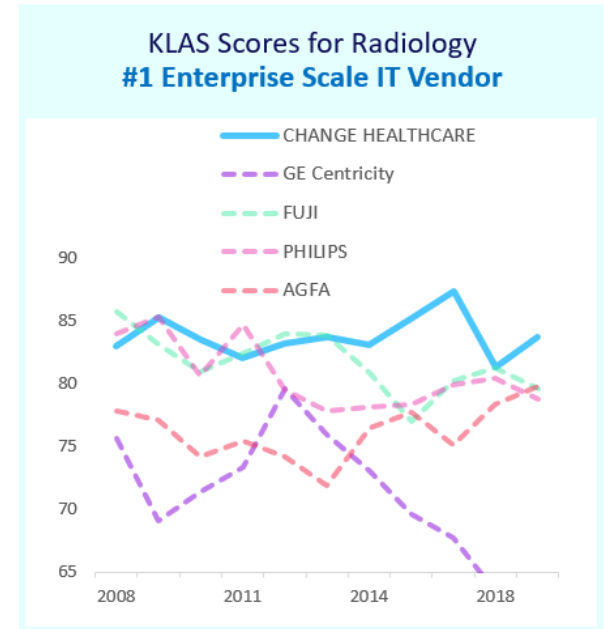
NYC HEALTH+ HOSPITALS Market Landscape



Source: PACS Share (Definitive Healthcare), 2019



Source: HIMSS Analytics, 2013 - 2018



Source: KLAS, 2008 - 2019













Northwell Health and Montefiore also utilize the Change Healthcare platform.

Accomplishments Over Five Years

Radiology

Transformation Vision

“A system where any image can be read at any site within NYC Health + Hospitals using a single platform and generating transparent performance metrics, in such a way that service quality and efficiency are improved.”

	PRIOR	CURRENT
EMR		
Result Communication	DID NOT EXIST	 Radiology Concierge Service
Business Intelligence	DID NOT EXIST	
Radiation Dose Management	DID NOT EXIST	
Dictation	 	
Vendor Neutral Archive	DID NOT EXIST	
Enterprise Worklist	DID NOT EXIST	
PACS		

Transformation Progression

Year 1- 5 (Initial Contract Term)

Year 6-10 (Renewal Term)

Enterprise EMR Integration - Complete

Voice (PowerScribe 360) Dictation - Complete

(PACS) Integration - Complete

Clinical Viewer For Providers - Complete

Radiology Worklist Intelligence For Radiologist - Complete

Radiology Business Intelligence/Analytics - Complete

Concierge Service by CHC → Conversion to NYCHH - Complete

Business Intelligence by CHC → Conversion to NYCHH - Complete

Enterprise Image Repository → VNA Integration (Radiology) - Ongoing Migration

Enterprise system upgrades

NYCH+H Technical Support Training and Knowledge Transfer

ChangeHealth Enhancements

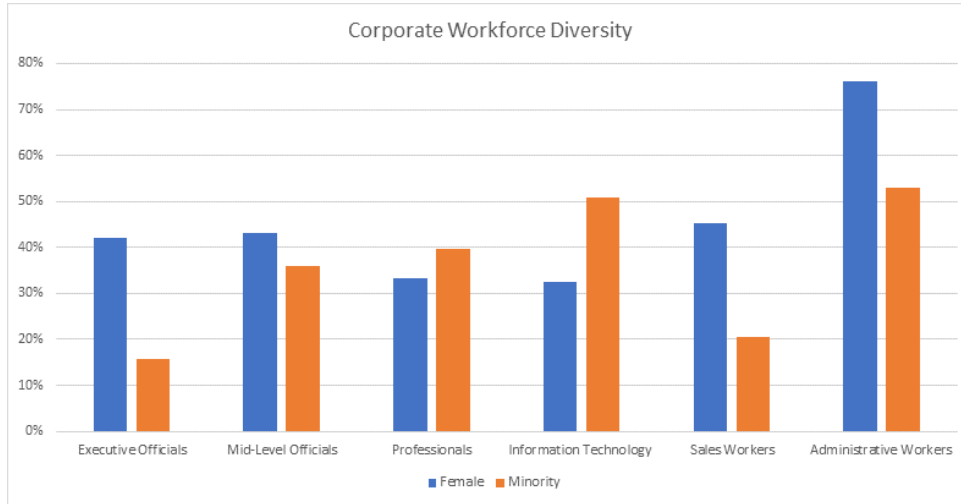
- DynaCad Cancer Screening Integration (Breast/Lung)
- EMR - VNA Integration (Cardiology, Dental, Gastroenterology, Ophthalmology, Ultrasound)
- Advanced Voice and Collaboration Tools
- Advanced Clinical Viewer for Providers
- Advanced Artificial Intelligence (AI) with Clinical Algorithms to align with relevant priors identified and displayed

NYC
HEALTH+
HOSPITALS **MWBE Plan**

	Spend	MWBE	Percent
Renewal Total Contract Spend	\$ 15,875,046		
Self Performed Products and Services (Core Software & Maintenance)	\$ 14,235,046	\$ -	
Program Management (eligible to be sub-contracted)	\$ 1,640,000	\$ 1,640,000	10% of contract value, 100% of MWBE sub- contracting opportunity

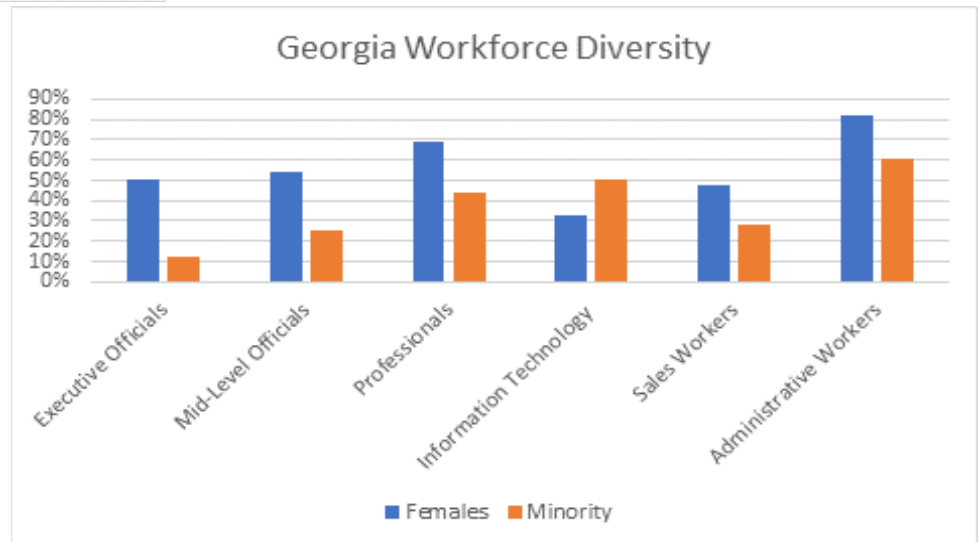
- **Renewal Agreement (Years 6-10):** Under the proposed renewal agreement, of the \$15.8M, \$14.2M is software/license and maintenance cost. All provided by or self-performed by Change Healthcare. Change Healthcare will commit the remaining opportunity (\$1.64M), representing **Program Management**, to its MWBE partner, Atria Consulting LLC, a NYS certified WBE.
- **Original Agreement (Years 1-5):** Change Healthcare had a 10% MWBE utilization plan. This 10% was met by subcontracting the **Concierge Services** through Atria Consulting.
- In 2020, NYC Health + Hospitals directly contracted for **Concierge Services** with Atria Consulting. Over the next 5 years NYC Health + Hospitals will spend \$4M with this MWBE partner.

Workforce Diversity



Corporate: 2,592 employees. 59% of employees work remotely distributed across 41 states.

Georgia: 443 workers. Only one underrepresentation by 12% for Females in IT.



Vendor Performance Evaluation

**Department of Supply Chain
Vendor Performance Evaluation
Change Healthcare**

DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extend applicable?	Yes
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	Yes
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	Yes
Did the vendor pay its suppliers and subcontractors, if any, promptly?	N/A
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	Yes
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work	Yes
Did the vendor adequately staff the contract?	Ongoing Improvement
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	Yes
Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assisting the agency in addressing complaints from the community during the construction as applicable?	N/A
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	N/A
Performance and Overall Quality Rating Satisfactory	Good

Continuous Improvement Process

- After program implementation, NYC Health + Hospitals realized a need for additional ongoing technical support from the vendor. Under the proposed agreement, Change Healthcare will provide a dedicated support team.
- The governance and oversight of the continuous improvement process is the responsibility of the Radiology Directors Council (RDC).
- Change Healthcare attends the RDC meetings, and provides a monthly status report.
- As needed, the RDC will engage other departments such as EITS, Finance, and Supply Chain to help address the issues.
- The RDC implements the solution, and communicates the resolution at the facility level.

Joint M&PA and IT Approval Request

- M&PA and EITS are seeking approval to enter into a best interest renewal for the agreement with Change Healthcare for system license maintenance, program management, and technology support.
- Proposed renewal term is three years with two one-year renewal options at the sole discretion of NYC Health + Hospitals. This contract allows for termination for convenience.
- Cost will remain at the same rate from the previous contract.
- Proposed term of the agreement is 7/23/2021 through 7/22/2026.

- Renewal agreement cost: \$15,875,046.00
- 10% contingency: \$ 1,587,505.00
- Proposed total renewal agreement cost: \$17,462,551.00

RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the “**System**”) to amend six agreements for neighborhood canvassing as part of the System’s response to the COVID-19 pandemic with: AM Trace LLC; Full Contact Communications LLC; Mosaic Sales Solutions; ReServe; Connective Strategies Associates, Inc.; and Janoon, Inc. (the “**Vendors**”) previously signed under emergency authority to increase the total spending authority from \$20M to \$60M.

WHEREAS, the City of New York (the “City”) assigned the System a lead role in the City’s response to the COVID-19 pandemic which the System’s Test + Trace Corps has assumed; and

WHEREAS, an important part of the Test + Trace program has been focusing on City neighborhoods with COVID-19 outbreaks by having canvassers in the neighborhoods to knock on doors and otherwise engage with the residents to spread critical public health messages about the virus; and

WHEREAS, eventually the canvassing program expanded to include following up with people who arrive at City airports and train stations from out of State to ensure that quarantine rules were being followed and also to disseminating information about COVID-19 vaccines; and

WHEREAS, from March, 2020 through February, 2021 the System operated under its President’s Declarations of Emergency permitting contracts to be signed without complying with every Operating Procedure 100-5 process and without the specific contract approval of the System’s Board of Directors; and

WHEREAS, the System in August, 2020, in response to an urgent imperative, signed six-week agreements with Full Contact Communications LLC and Connective Strategies Associates, Inc. for canvassing work;

WHEREAS, the System in September and again in November 2020 engaged in due diligence investigations of available firms available to immediately engage in the canvassing work and on the basis of those investigations then extended the agreements for six-eight-week terms; and

WHEREAS, while the canvassing work continued, the System issued an RFP in December 2020, for canvassing firms and, under the supervision of a Contract Review Committee, selected the Vendors and issued contracts to the Vendors for approximately 6 months for a total of up to \$20M under the authority of the Emergency Declaration;

WHEREAS, the canvassing work continues to expand with a heavier emphasis on vaccine education and scheduling and it is necessary to increase the budget to \$60M; and

WHEREAS, with no Presidential Emergency Declaration for procurement in effect, the approval of the System’s Board is sought to authorize the increase in funding for the Vendor agreement.

NOW THEREFOR, BE IT RESOLVED, that New York City Health and Hospitals Corporation be and it hereby is authorized to amend six agreements for neighborhood canvassing as part of the System’s response to the COVID-19 pandemic with: AM Trace LLC; Full Contact Communications LLC; Mosaic Sales Solutions; ReServe; Connective Strategies Associates, Inc.; and Janoon, Inc. previously signed under emergency authority to increase the total spending authority from \$20M to \$60M

EXECUTIVE SUMMARY
AMEND SIX AGREEMENTS FOR NEIGHBORHOOD CANVASSING
INCREASE NTE FROM \$20M - \$40M

BACK-GROUND: City of New York (the “City”) assigned to the System a lead role in the City’s response to the COVID-19 pandemic which the System’s Test + Trace Corps has assumed. An important part of the Test + Trace program has been focusing on City neighborhoods with COVID-19 outbreaks by having canvassers in the neighborhoods knock on doors and otherwise engage with the residents to spread public health messages about the virus. The canvassing program expanded to include following up with people who arrive at City airports and train stations from out of State to ensure that quarantine rules were being followed and to also disseminating information about COVID-19 vaccines. Now the canvassing program is adding a major focus on vaccine education and scheduling and it is necessary to increase the budget for the six Vendors from \$20M to \$60M.

PROCUREMENT: from March, 2020 through February, 2021 the System operated under its President’s Declaration of Emergency permitting contracts to be signed without complying with all provisions of Operating Procedure 100-5. However, while during the most intense period of the epidemic, the System could not follow all of its normal procurement rules, the System attempted to build back in as much procurement process as the time pressures of the times allowed. Accordingly, while the System started with 6-week contracts with Full Contact Communications LLC and Connective Strategies Associates, Inc. based on due diligence investigations but without CRC review, as soon as time permitted and once it was apparent that the work would continue for months, it conducted a full RFP for canvassing services and complied with all the rules of the Contract Review Committee. That RFP resulted in contracts with the 6 Vendors. Now that it is apparent that the work of the Vendors will expand to focus more on vaccine education and scheduling it is necessary to increase the funding for the 6 Vendors from \$20M to \$60M. With the end of the Emergency Declaration and with the time to do so, the System seeks the Board’s authority for the increase in funding.

TERMS: None of the Vendors is promised any work. Instead, as assignments are given out, the System can choose among the 6 Vendors based on capacity, ties to the particular neighborhood where the work is focused and price. The Vendors offer the following pricing structures:

Proposer	Cost per canvasser per 8-hour day (unless otherwise noted)
AM LLC	\$232.32
Full Contact	\$318 (6hr)- \$420.00 (8hr)
Mosaic	\$281-\$464 Depending on length of assignment
ReServe	\$285.36
Connective Strategies Associates	\$375-\$420 depending on number of staff deployed
Janoon	\$299.00

MWBE: Connective Strategies and Janoon are MWBE. AM Trace LLC, ReServe and Full Contact, each submitted 30% WMBE utilization plans. Mosaic Sales Solutions is entirely self-performing with salaried employees and so received a waiver.

FUNDING: CDC or FEMA.



To: Colicia Hercules
Chief of Staff, Office of the Chair

From: Keith Tallbe Talbe, Keith
Senior Counsel
Office of Legal Affairs

Digitally signed by Tallbe,
Keith
Date: 2021.04.06
06:42:09 -04'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: AM LLC

Date: April 6, 2021

The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

Vendor Responsibility
Approved

EEO
Pending

MWBE
30% Utilization Plan

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.



To: Colicia Hercules
Chief of Staff, Office of the Chair

From: Keith Tallbe **Tallbe, Keith**
Senior Counsel
Office of Legal Affairs

Digitally signed by Tallbe,
Keith
Date: 2021.04.06
06:43:31 -04'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: Full Contact LLC

Date: April 6, 2021

The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

Vendor Responsibility
Pending

EEO
Pending

MWBE
30% Utilization Plan

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.



To: Colicia Hercules
Chief of Staff, Office of the Chair

From: Keith Tallbe Tallbe, Keith
Senior Counsel
Office of Legal Affairs

Re: Vendor responsibility, EEO and MWBE status

Vendor: Mosaic Sales Solutions US Operating Co. LLC

Date: April 6, 2021

Digitally signed by Tallbe, Keith
Date: 2021.04.06
06:46:01 -04'00'

The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

<u>Vendor Responsibility</u>	<u>EEO</u>	<u>MWBE</u>
Approved	Pending	Full Waiver

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.



To: Colicia Hercules
Chief of Staff, Office of the Chair

From: Keith Tallbe Tallbe, Keith
Senior Counsel
Office of Legal Affairs

Digitally signed by Tallbe,
Keith
Date: 2021.04.06
09:24:28 -04'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: ReServe Elder Service Inc.

Date: April 6, 2021

The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

Vendor Responsibility
Approved

EEO
Pending

MWBE
30% Utilization Plan

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.



To: Colicia Hercules
Chief of Staff, Office of the Chair

From: Keith Tallbe **Tallbe, Keith** Digitally signed by Tallbe,
Senior Counsel Keith
Office of Legal Affairs Date: 2021.04.06
08:51:13 -04'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: Connective Strategies Associates

Date: April 6, 2021

The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

Vendor Responsibility
Approved

EEO
Pending

MWBE
NYS Dual Certified

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.



To: Colicia Hercules
Chief of Staff, Office of the Chair

From: Keith Tallbe Tallbe, Keith
Senior Counsel
Office of Legal Affairs

Digitally signed by Tallbe,
Keith
Date: 2021.04.06
06:53:55 -04'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: Janoon Inc.

Date: April 6, 2021

The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

Vendor Responsibility
Approved

EEO
Pending

MWBE
NYC MBE

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.

Joint M&PA and IT Committee Presentation Request to Increase NTE for Test & Trace Canvassing Firms

Contracted firms:

- 1) AM Trace LLC
- 2) Full Contact Communications
- 3) Mosaic Sales Solutions
- 4) ReServe, a Member of the FedCap Group
- 5) Connective Strategies Associates Inc.
- 6) Janoon Inc.

4/12/2021

**Dr. Ted Long, Executive Director, T2
Jonathan Viguers, Director, Campaign, T2**

Background / Current State

- Test + Trace (T2) is meeting the COVID-19 epidemic in many ways, one of which is extensive community outreach to educate the public about ways to stay safe from the virus, what to do if a person is infected or comes into contact with an infected person, and how incoming travelers are to comply with NY State guidance.
- This work currently involves community engagement activities aimed at disseminating public health messages about COVID-19, as well as direct scheduling of vaccine appointments.
- An RFP and CRC approval process was conducted to solicit vendors to expand the capacity of COVID-19 outreach and meet the speed, scale, cost, and reliability standards required for this work
- 6 firms are now contracted with an NTE of \$20M

Approval Request

- Given the growing need for vaccine-related outreach and appointment scheduling, T2 seeks to increase the NTE for the canvass firms currently contracted to conduct outreach in New York City neighborhoods
- Canvassers are currently playing a pivotal role in facilitating access to vaccines in TRIE neighborhoods* and areas with low vaccination rates. Current funding will run out at the end of April 2021.
- We are seeking approval to increase the NTE from **\$20M** to **\$60M** across AM LLC, Full Contact, Mosaic, ReServe, Connective Strategies, and Janoon to provide staffing for COVID-19 community outreach related to vaccines and general public health messaging regarding the pandemic.
- Current number of canvass shifts: 460 daily (250 vaccine, 210 testing)
- Projected number of canvass shifts: 1060 daily (700 vaccine, 360 testing)

*Neighborhoods designated by the Taskforce on Racial Inclusion and Equity with significant racial and economic health disparities

Funding Considerations

- All Test and Trace Corps and Vaccine canvassing work is included in the H+H/OMB MOU
 - Test and Trace Corps canvassing is CDC ELC Eligible
 - Vaccine canvassing is anticipated to be FEMA Eligible
- OMB has fully reimbursed H+H canvassing work to date and will do so moving forward
 - H+H has paid \$4M for canvassing conducted in February and OMB is currently transferring funds accordingly
- H+H has committed \$14M for canvassing work from February through the end of April within the current \$20M of approved funding
- NTE increase will cover expanded canvassing work through the end of September 2021

Program Details

- Canvassers are deployed to areas with low vaccination rates and high positivity rates as well as specific locations surrounding testing and vaccination sites with low utilization rates
 - T2 canvass team work closely with the Vaccine Command Center to set aside protected appointments for areas with low vaccination rates/TRIE neighborhoods
 - Without canvasser assistance, many people may have difficulty navigating the vaccine finder website and hotline
 - Canvassers not only educate New Yorkers on how they can access testing and vaccination resources, they also schedule appointments where New Yorkers live, work, eat, shop, and pray

- Canvass performance metrics to date:
 - 547k New Yorkers have committed to get tested in surveys administered by canvassers
 - 50k New Yorkers have scheduled vaccine appointments
 - Over 7 million masks distributed
- The firms regularly provide data on the metrics above as well as total number of shifts deployed and number of conversations

- Cultural competency
 - Canvassing firms hire directly from the impacted area so that neighbors can connect each other to resources. Many of the firms have connected with local CBOs for hiring referrals
 - Canvassing firms are also given language requirements in order to ensure canvassers can communicate with as many New Yorkers as possible
 - T2 also regularly partner with local elected officials, CBOs, FBOs, tenant associations, BIDs and other community stakeholders

Overview of Procurement

- RFP was posted in City Record and content was approved by the CRC
- 16 Firms responded. Six were selected.
- NYC Health + Hospitals has entered into contract with AM LLC, Full Contact, Mosaic, ReServe, Connective Strategies, and Janoon to provide staffing for Covid-19 community outreach and traveler communication across the 5 boroughs
- Current NTE: \$20M
- Requested Increased NTE: \$60M

TERMS

Proposer	Cost per canvasser per 8 hour day (unless otherwise noted)
AM LLC	\$232.32
Full Contact	\$318 (6hr)- \$420.00 (8hr)
Mosaic	\$281-\$464 depending number of consecutive weeks T2 can commit to deploying staff
ReServe	\$285.36
Connective Strategies Associates	\$375-\$420 depending on number of staff deployed
Janoon	\$299.00

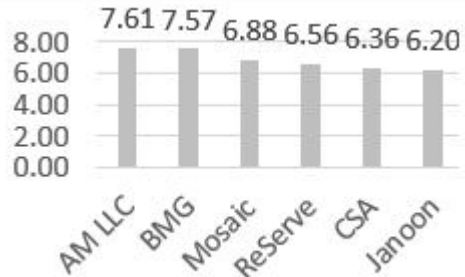
Criteria for distribution of work across firms

- Geographic footprint
- Language skills
- Capacity
- Ability to scale

Projection of Vaccine Shifts per day										
Active Days in Month	15	28	31	30	31	30	31	31	30	
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Total
AM LLC	-	-	50	120	200	200	200	200	200	1,170
BMG	-	150	200	300	340	340	340	340	340	2,350
Mosaic	-	-	-	-	-	-	-	-	-	-
ReServe	-	-	-	50	160	160	160	160	160	850
Connective Strategies	-	-	-	-	-	-	-	-	-	-
Janoon	-	-	-	-	-	-	-	-	-	-
Total	-	150	250	470	700	700	700	700	700	4,370

Projection of Testing Shifts per day										
Active Days in Month	15	28	31	30	31	30	31	31	30	
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Total
AM LLC	-	-	-	-	-	-	-	-	-	-
BMG	-	200	100	60	60	60	60	60	60	660
Mosaic	-	-	60	100	200	200	200	200	200	1,160
ReServe	-	-	-	-	-	-	-	-	-	-
Connective Strategies	-	75	50	-	50	50	50	50	50	375
Janoon	-	-	-	-	50	50	50	50	50	250
Total	-	275	210	160	360	360	360	360	360	2,445

Recap of Procurement Process



MWBE status

- Janoon Inc. (NYC and NYS) : **Current MWBE**
- Connective Strategies Associates Inc. (NYS) **Current MWBE**
- AM LLC - Committed to 30%. Identified Donia, LLC and Kings Against Violence Initiatives as the subcontractors
- Mosaic Sales Solutions – Waiver approved: 54% of employees, including field staff, are self-identified people of color; 56% are female-identified. Firm leadership is 65% female-identified. Mosaic performs all canvass work in-house and is utilizing its diverse staffing
- ReServe - Committed to 30%. Identified Alpha Business Solutions as the subcontractor
- Full Contact (previously known as BMG) – Committed to 30%. Identified Morris Alsop, Sykes Global Communications and Meridian Strategies as the subcontractors

- **Evaluation Committee:**
 - Deputy Director, Campaign
 - Chief Operating Officer
 - Assistant Director of Finance
 - Senior Director, Travel Advisory
 - Grant Analyst
 - Director, Campaign

- **Evaluation Criteria**
 - 25% Cost
 - 25% Relevant Experience
 - 15% Ability to Scale
 - 15% Data management
 - 10% Community/language expertise
 - 10% MWBE

Joint M&PA and IT Committee Request to Increase NTE for Test & Trace Canvassing Firms

Authorizing New York City Health and Hospitals Corporation (the “System”) to amend six agreements for neighborhood canvassing as part of the System’s response to the COVID-19 pandemic with: AM Trace LLC; Full Contact Communications LLC; Mosaic Sales Solutions; ReServe; Connective Strategies Associates, Inc.; and Janoon, Inc. (the “Vendors”) previously signed under emergency authority to increase the total spending authority from \$20M to \$60M.

ORAL Good for Life™ HEALTH

Medical and Professional Affairs Committee

April 12, 2021

Victor Badner, MD

Chief of Dental Services, Jacobi

System Chief of Oral Health Clinical Service Line

General Description of Clinical Spaces and Equipment at H+H for Dentistry

- 18 facilities (survey responses from 16)
- All acute care facilities and most Gotham including 3 Centers of Excellence sites)
- Over 200 operatories and just under 20 ambulatory surgery areas in our clinics plus Operating Room block time for dento-alveolar and major surgical cases including pathology, trauma and reconstruction in Oral Surgery, Pediatric Dentistry and General Dentistry for those with IDD
- 15/18 have panoramic radiography capability, 5 with Head and Neck Cone beam computed tomography (CBCT)
- Some cutting edge equipment: 5 lasers, 2 microscopes, 7 intraoral scanners
- Some report that their space is excellent, new and something they are proud of while others report frustration with space and need to renovate and improve.
Wide variation in physical state among the clinics

Dental Clinic Visit Data

- Approximately 290-310,000 visits/yr for opd dental clinics (FY'16/'19)
- Covid '19 led to sharp reduction in clinical activity as programs were closed approximately 4 months in 'FY 20. Volume returning but still 15% below previous volume due to increased infection prevention requirements
- Approximately 55% of the visits are General Dentistry and
35% are equally split between Pediatric and OMFS
- 3,750 sedations/General Anesthetics and 1,000 admissions/yr. in clinic and OR
- Dentistry/OMFS provides coverage for Maxillofacial trauma
with ED, ENT and Plastics

Clinic Hours and Staff

- All ambulatory clinics are open at least 40 hours five days per week
- Six of 16 have some availability to provide services on Saturday
- One (Woodhull) is open Sunday 1/mth.
- Five currently have evening hours
- Just under 100 FTE attendings (300 total attendings): approx. 50 General practitioners, 13 Pediatric and 20 Oral Maxillofacial Surgeon (OMFS) specialists
 - Part-time specialists in other areas including endodontists, periodontists, prosthodontists, orthodontists, dental anesthesiologists
- Over 200 Dental Residents: GPR (11/16), OMFS (9/16), Pediatric (5/16), Dental Anesthesia (1), DPH(1), Craniofacial-Orthodontic fellowship (1)
- Over 220 Ancillary support staff employees including 20 Dental Hygienists and 120 dental assistants

Highlights, Issues and Quality Improvement Initiatives

Multiple Varied Departmental Collaborations:

Pediatrics, Medicine, Women's Health, Surgery, Anesthesia

Multiple Facility Collaborations

Inter-professional Education - HEEN(O)T

Dentrix/EPIC: Wisdom – Transition in 2021

Dental Revenue Cycle Integration

Sterilization/Infection Control Centralized

PI- Fluoride, Sealants and Dental Opioid Prescription Reduction

Initiatives/Grants to Improve Oral health of Patients at H+H

Two sites have imbedded dental providers in Pediatric clinics (anticipated to grow to more sites by end of FY)

One site has imbedded evaluation of Pregnant women in the Women's Health Center

Grants: HRSA, NIH and WITH Foundation:

To improve access to care for:

HIV infected pts.;

Those with developmental disabilities;

Pediatric patients;

Pregnant women and

Those with medical conditions- diabetics

To educate providers to reduce Opioid prescribing in the dental setting

Publications: Multiple varied Journals:

Demonstrating the relationship of oral health to general health

Methods to reduce non-traumatic dental visits to Emergency Depts.

To utilize Oral health Personnel during times of crisis (COVID-19)

Accredited Craniofacial Center- at Jacobi Medical (treat cleft lip and palate)