

AGENDA

MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE

Meeting Date: October 11, 2016

Time: 10:00 AM

Location: 125 Worth Street, Room 532

BOARD OF DIRECTORS

CALL TO ORDER

DR. CALAMIA

ADOPTION OF MINUTES

June 9th 2016

CHIEF MEDICAL OFFICER REPORT

DR. ALLEN

METROPLUS HEALTH PLAN

DR. SAPERSTEIN

ACTION ITEM:

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute an agreement with The Advisory Board to provide subscriptions and memberships to research databases, leadership and fellowship trainings, talent development, and technology tools for revenue optimization for a term of five years, for an amount not-to-exceed \$5,680,997 including a 2% contingency.

**MR. MARTIN/
MS. WEINSTEIN**

INFORMATION ITEM:

1) The Simulation Center

MS. WALKER

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

MINUTES

MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE

Meeting Date: June 9, 2016

BOARD OF DIRECTORS

ATTENDEES

COMMITTEE MEMBERS

Vincent Calamia, MD, Committee Chair
Lilliam Barrios-Paoli, PhD, Chair of the Board
Barbara Lowe, RN
Ram Raju, MD President
Hillary Kunins, MD (representing Dr. Gary Belkin in a voting capacity)

OTHER BOARD MEMBERS PRESENT

Helen Landaverde

HHC CENTRAL OFFICE STAFF:

Sharon Abbott, Assistant Director, Corporate Planning
Paul Albertson, Senior Vice President, Operation
Machelle Allen, MD, Deputy Chief Medical Officer, Office of Health Care Improvement
Chalice Averett, Director, Office of Internal Audit
Janette Baxter, Senior Director, Risk Management
Rosalind Barrow, Deputy Director, Labor Relation
Eytan, Behiri, MD, Chief Medical Information Officer
Angelo Belfiore, Assistant Director, Office of Emergency Management
Jennifer Bender, Assistant Director, Communication and Marketing
Alice Berkowitz, Assistant Director, Finance
Charles Borden, Senior Assistant Vice President, Quality
Steven Bussey, Chief for Ambulatory Care
Nicholas Cagliuso, Sr., Assistant Vice President, Office of Emergency Management
Eunice Casey, Director, HIV Services
Victor Cohen, Assistant Vice President, Corporate Pharmacy
Nelson Conde, Senior Director, Affiliation
Kenra Ford, Assistant Vice President Clinical Lab Operations/M&PA
Juliet Gaengan, Senior Director, Quality
Richard Gannotta, Senior Vice President
Sal Guido, Acting Chief Information Officer, Enterprise Information Technology System
Terry Hamilton, Assistant Vice President, HIV Services
Colicia Hercules, Chief of Staff to the Board Chair
Lauren Johnston, RN, Senior Assistant Vice President, Patient Center Care
Michael Keil, Assistant Vice President, Enterprise Information Technology System
Syrá Madad, Director, Office of Emergency Management
Patricia Lockhart, Secretary to the Corporation
Andreea Mera, Special Assistant, MetroPlus Health Plan
Ana Marengo, Senior Vice President, Communications & Marketing
Ann Ormsby, Senior Director, Communication and Marketing
Margaret Ramirez, Communication and marketing
Salvatore Russo, Senior Vice President & General Counsel, Legal Affairs
Maritza Salamone-Gleason, Assistant Vice President, Enterprise Information Technology System
Jesse Singer, Senior Director, Medical and Professional Affairs

Minutes of June 9, 2016

Medical and Professional Affairs Committee

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David Shi, Senior Director, Medical and Professional Affairs

Nicholas Stine, Chief Medical Officer, Accountable Care Organization

Madeline Tavarez, Director, Office of Emergency Management

Diane E. Toppin, Senior Director Medical and Professional Affairs

Elizabeth Udeji, Director, Quality

Katie Walker, Assistant Vice President, IMSAL

Ross Wilson, MD, Senior Vice President/Corporate Chief Medical Officer, Medical& Professional Affairs

FACILITY STAFF:

Ernest Baptiste, Chief Executive Officer, Kings County Hospital

Darren Collinting, Associate Executive Director, Coney Island Hospital

Duncan Huie, Associate Executive Director, Coney Island Hospital

Paul Pandolfini, Chief Financial Officer, Seaview Hospital

Arnold Saperstein, MD Executive Director, MetroPlus Health Plan

Anthony Saul, Assistant Vice President, Kings County Hospital

Talya Schwartz, Chief Medical Officer, MetroPlus

Wehbeh Webbeh, MD Chief Medical Officer, Coney Island Hospital

OTHERS PRESENT:

Larry Garvey, Cerner

Scott Hill, Account Executive, Quadramed

David N. Hoffman, Compliance Officer, PAGNY

Joni Watson, OSDC

Shaylee Wheeler, OMB

**MEDICAL AND PROFESSIONAL AFFAIRS
COMMITTEE
Thursday, June 9, 2016**

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 3:15 PM. The minutes of the May 12, 2016 Medical & Professional Affairs Committee meeting were adopted.

CHIEF MEDICAL OFFICER REPORT

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

Zika

As the knowledge about Zika, its risks and its transmission, are increasingly appreciated, our system-wide preparations are being stepped up. We are guided from CDC and DOHMH as to the science, screening and testing. Our initial focus was on Zika risks in pregnancy, but is now spreading to our Emergency departments and other points of entry, such as primary care. As knowledge of person to person transmission through sexual contact from male to female, then advice and testing is changing with new knowledge. Given that travel related Zika infection is much more likely than local mosquito borne disease, then our focus on travel screening and travel advice has increased. We continue to work very closely with DOHMH on the testing of patients and hopefully working toward simplified electronic access to testing and test results. As of June 3 we have tested 146 patients, with 4 positive tests.

New communication materials and strengthened travel screening are being rolled out across all of our facilities.

Patient Centered Care

- Nurse Recognition Week was a rousing success at the facilities, many outstanding staff honored and all thanked for their service. Lauren Johnston was present at many of the programs, delivering quick remarks of thanks and keynote speeches as requested. Reminder: Nursing Excellence event will take place in the fall.
- For the first time, NYSNA and H+H produced banners bearing both logos celebrating the event that were displayed in each facility. Banners are designed to be reused annually

Staff Safety:

- I. Completed
 - a. PESH Review for 2015 (SH-900 Log, SH-900.1 Summary and SH-900.2 forms) to ensure compliance
 - b. Workplace Violence (WV) risk assessment walkthrough of Correctional Health Services' facilities
 - c. WV risk assessment walkthrough of Coney Island's Ida G. Clinic
 - d. WV risk assessment walkthrough of 199 Water Street (DRISP)
 - e. Review of 2015 WV Logs and 2829s for all facilities
 - f. 2015 AER (authorized employee representative, aka Union) Review of Coney Island, Jacobi and NCB on 5/13/16
 - g. Comparative analysis of WV data between 2014 and 2015

2. Justin Yu appointed as the new Director of Safe Patient Handling, actively networking with the facilities and Unions to design and implement a program following the legislative mandates from NYS

LiveOnNY Liaison program

NYC Health + Hospitals is partnering with LiveOnNY and will be implementing

- education and outreach programs designed for physician and nurse engagement with an advocacy for donation and transplant
- responsibility for regular recruitment and renewal of participants and ongoing evaluation of program's success
- work with LiveOnNY leadership to grow, develop and improve the program to function as an additional vital portal for donor designation decisions.
- work jointly in improving the process, communication, and education between LiveOnNY and NYC Health + Hospitals.
- inform our staff and inform the people we serve of the positives of organ and tissue donation.
- Through donation recipients and donors live on and our goal as a NYC Health + Hospital is to serve our communities and help make NY number one in lives saved through donation.

Office of Ambulatory Care Transformation (OACT)

Collaborative Care for Depression

- The work of our collaborative care teams was featured in a case study published in the New England Journal of Medicine's Catalyst site: <http://catalyst.nejm.org/collaborative-care-depression-safety-net-health-system/>
- Over the last several months, sites have been working to develop standardized workflows for retroactive and current Collaborative Care billing. As of May, all 17 facilities had billed Medicaid for Collaborative Care services.

Patient-Centered Medical Home (PCMH) Recognition:

- NYC Health + Hospitals/Gotham Health application for PCMH Recognition was evaluated by NCQA and achieved 40.62 points out of 43.50 possible points. The outcome ensures that all NYC Health + Hospitals/Gotham Health sites have a strong foundation for their forthcoming site-specific applications.
- NYC Health + Hospitals/Gouverneur application for PCMH Recognition was submitted on May 20th, 2016. NYC Health + Hospitals/NorthCentralBronx, NYC Health + Hospitals/Elmhurst, NYC Health + Hospitals/Woodhull, NYC Health + Hospitals/Coney Island are the next sites to apply, in July 2016.

High-Risk Patients

- OACT is helping lead an effort to identify and take better care of our high-risk patients: those with complex needs who are most likely to visit emergency departments and be hospitalized.
- The OACT Data Core applied a risk-scoring algorithm (modified from ACO) to Medicaid FFS patients seen in 2014 (N=123,598), and examined their utilization in 2015.

- o >75% of the patients predicted to be high risk had a behavioral health diagnosis (substance use or a major psychiatric diagnosis).
- Data Integration for Population Health
- The offices of Ambulatory Care Transformation, Population Health, and ACO have launched a coordinated effort to produce comprehensive population health management tools for our primary care teams.
- o M&PA currently produces several discrete population health management tools aligned with specific programs, and sites report challenges using the existing data tools to proactively manage complex patients.
- o The joint effort within M&PA to address these needs began at the May Ambulatory Care Leadership Council Meeting, and three main focus areas have been identified: (i) Pre-visit Planning 2.0, (ii) Comprehensive Outreach Lists, and (iii) Provider Panel Management.

Pharmacy

As part of the transition to Epic and coordinated through Division of Medical & Professional Affairs, Queens and Elmhurst formularies are now composed of 43% of the same medications, which equates to 1720 of 4000 medications are standard across the two facilities. Moving forward prescribing data from Quadramed will provide the starting point for standardization for the remaining facilities. To prepare for the next Go Live in December, formulary and procurement standardization drug class reviews will be conducted.

Simplifi 797

Achieving compliance with new USP 797 and 800 standards is the subject of significant efforts. Part of that effort is implementation of software Simplifi 797 for Bellevue and Kings County Medical Center. This software application upgrade will actively establish updated policies and procedures, continuing education, and quality management reports that is centrally monitored and locally implemented. Included in Phase 2 Simplifi 797 GO Live will be implementation of the software at the remaining facilities. This upgrade in software application, along with other strategic initiatives pertaining to IV admixture units, such as upgrades in environmental controls and physical plants, will enable the NYC H+H system to fill any gaps that may exist with the new USP 797 and 800 standards.

CVS and H+H partnership

To improve adherence to medications CVS and H+H have entered into an agreement that will provide reports of CVS intervention data including (New script Outreach, First Fill Counseling, Adherence Outreach, Refill Reminder) that is provided to NYC H+H patients. During the first quarter CVS has conducted 29,078 interventions to NYC H+H patients. Additionally CVS has provided 3,043 pharmacy advisor interventions for numerous chronic conditions including (diabetes, hypertension, depression, etc.). This report is the first step of an innovative partnership toward improving outpatient medication management at NYC H+H.

Delivery System Reform Incentive Payment (DSRIP) Program

OneCity Health continues to progress with clinical project implementation and development of a final funds flow model to be used through March, 2017.

Funds Flow

The OneCity Health Executive Committee approved the parameters of the payment model through March 31, 2017 for implementation efforts in seven transformation programs, which include: Cardiovascular Disease Management, Care Transitions Intervention, ED Care Triage for At-Risk Populations, HIV Access and Retention, Integrated Delivery System, Integration of Palliative Care into the PCMH Model, and Integration of Primary Care and Behavioral Health Services. These programs will be captured in a comprehensive schedule that incorporates the funds flow model, which partners can expect in early July, 2016. All funds flow methodology will be shared with the OneCity Health network as part of the commitment to transparency and in keeping with DSRIP requirements.

The comprehensive schedule will also include partner performance metrics through March 31, 2017. OneCity Health shared initial metrics with partners in May, and accepted partner input through an 'open comment' period.

Clinical Project Implementation

For Care Transitions planning, which focuses upon hospital readmissions reduction by providing a supportive transition to the community for appropriate patients, Transition Managers are now receiving patient referrals at two NYC Health + Hospitals facilities. Eight Transition Managers have been hired, and will begin seeing patients at three more facilities soon.

For Project II, both OneCity Health community partners and NYC Health + Hospital facilities are continuing to engage patients with the Patient Activation Measure (PAM®) surveys. OneCity Health remains cautiously optimistic about meeting all commitments made to the Department of Health for the June 30th deadline, which is the end of the first quarter of DSRIP Demonstration Year Two. In addition, OneCity Health is forming a workgroup to better understand how patients engage with primary care, as part of a larger Project II effort to develop a process to link uninsured New Yorkers and low- and non-utilizers of Medicaid to primary care and social services.

For palliative care integration into the PCMH, OneCity Health continues its work to provide simple advance care planning at 12 NYC Health + Hospitals neighborhood health centers and acute care facilities. OneCity Health remains cautiously optimistic about meeting all commitments made to the Department of Health for the June 30 deadline.

ED Care Triage implementation planning continues at four NYC Health + Hospitals facilities, which begins the effort to connect patients with primary care from the Emergency Department. Health Home At-Risk planning also continues at three NYC Health + Hospitals sites, in which the objective is to extend care management services equivalent to the New York State Health Home program.

The asthma home-based self-management work also continues at both select NYC Health + Hospital and community partner sites.

DSRIP Workforce Training

OneCity Health is on track to meet its June 30th deadline for completion of analyses required by the NYS DOH in order to design and execute a training roadmap to support the workforce of NYC Health + Hospitals and OneCity Health partner organizations in transformation. The roadmap will reflect the hiring, training and potential redeployment requirements to meet estimated workforce needs in year 2020 and will reflect the results of a baseline workforce survey (current state) and projections of workforce demand made through microsimulation modeling.

The Committee may recall that for these workforce requirements, OneCity Health formed a consortium with three other NYC Performing Provider Systems – those led by St. Barnabas, NYU/Lutheran and Maimonides – and contracted with consultant firm BDO in order to complete the analyses with reliable methodology on a short timeline.

Importantly, our labor partners from NYC Health + Hospitals, SUNY Downstate and other partner organizations have been engaged in these efforts since inception. The OneCity Health Workforce Subcommittee, comprising labor partners and governance committee members from our Stakeholders Committee, will meet on June 16th for a presentation from BDO and a review and discussion of current state and draft future state results.

METROPLUS HEALTH PLAN, INC.

Arnold Saperstein, MD Executive Director, MetroPlus Health Plan Inc. Presented to the Committee the total plan enrollment as of May 1, 2016 was 499,948. Breakdown of plan enrollment by line of business is as follows:

Medicaid	386,923
Child Health Plus	14,107
MetroPlus Gold	4,854
Partnership in Care (HIV/SNP)	4,528
Medicare	8,430
MLTC	1,125
QHP	20,369
SHOP	992
FIDA	186
HARP	8,061
Essential Plan	50,373

MetroPlus membership in the Essential Plan has increased by 66% in the last three months. Of the EP members, 57% are new, and 43% are transfers from Medicaid and QHP.

To enhance growth opportunities, we continue to concentrate our efforts on member satisfaction and thereby recruitment and retention. We are deploying several text messaging and email campaigns focusing on member engagement, including preventive health measures, lifestyle changes, as well as recertification reminders for our Medicaid population. We redesigned the entire retention program including the IVR system, member communication (texting and email programs).

MetroPlus has been working closely with H+H Central Office on identifying the most effective PCP auto-assignment logic for our members to ensure better access to care. In addition to the provider's location in relation to the member's, we will incorporate quality metrics into the logic to ensure our members (H+H patients) receive the highest quality care.

For HEDIS 2016 over 16,000 medical records were reviewed as part of the hybrid medical record review process. Supplemental data collection yielded over 8,000 hits and this year we expanded data collection to include file feeds from the facilities. Additionally, we were able to include Quest Lab data and developed a process with our provider offices to correct erroneous claims that caused incorrect member identification. We were notified that the hybrid project passed audit review and was approved to submit to NCQA and NYS DOH. We are completing our final administrative measure project (claims refresh) and will submit our final project on June 1st. Details on Star HEDIS measures include

the following: one measure has exceeded last year's five Star threshold and five measures surpassed the four Star threshold. The remaining three measures have exceeded the three Star threshold. For Medicaid, over 40% of the

measures reached the prior year's 90th percentile QARR rate and 25% passed the 50th percentile QARR rate. We anticipate outcomes to be similar to last year's performance.

To ensure that the State meets the goal of 80-90% of managed care spending be associated with Value Based Purchasing (VBP) arrangements by 2020, MCOs will receive a rate decrease, or penalty, for not contracting a minimum threshold of VBP arrangements. The penalty will be assessed on the previous State Fiscal Years' (SFY) VBP contracts. The parameters for the minimum number of VBP Level 1 and 2 arrangements will increase each year to reflect the requirement to move larger portions of the MCO's contracted dollars into VBP contracts. MetroPlus is working with the State Department of Health to categorize the full incentive program we have with Health + Hospitals so we can meet these requirements. We currently have a full financial risk arrangement with H + H and we work collaboratively to perform Care Management, Utilization Management, and Quality Management for our populations. MetroPlus is currently working with the State to accept this contract as meeting criteria. In addition, we are planning value based relationships with other large systems that are in our network so that we can meet the requirement by the deadline.

ACTION ITEM:

Dr. Ross Wilson, Senior Vice President/Chief Medical Officer and Mr. Antonio Martin Executive Vice President/Chief Operating Officer presented to the committee the following resolution:

Authorizing NYC Health + Hospitals ("System") to negotiate and execute a Physician Services Agreement with the State University of New York/ Health Science Center at Brooklyn ("SUNY/HSCB") for the provision of General Care and Behavioral Health Services at NYC Health + Hospitals/ Kings County ("KCHC") and NYC Health + Hospitals/ Coney Island ("CIH") for a period of four years, commencing July 1, 2016 and terminating on June 30, 2020, for an amount not to exceed \$86,659,516;

Approved for consideration of the full board

INFORMATION ITEMS:

Nicholas Stine, MD, Chief Medical Officer, Accountable Care Organization presented to the committee on Comprehensive Care for Joint Replacement(CJR).

He gave an overview of the Comprehensive Care for Joint Replacement program. The Key metrics to measure progress against bundled payment; NYC Health + Hospitals baseline case distribution, baseline state; hospital performance baseline and key consideration.

There being no further business, the meeting was adjourned 4:05 PM.

CHIEF MEDICAL OFFICER REPORT

Medical & Professional Affairs Committee

October 11th, 2016

Zika

The System-wide Zika Town Hall Webinar conducted 8/12/2016 discussed NYC Health + Hospitals overall preparedness and response to Zika. This included an overview of the Zika virus, advice to at-risk populations including pregnant females, what a Zika diagnosis means, and what NYC Health + Hospitals is currently doing in response to the ongoing threat of Zika. Frequently asked question related to Zika were addressed and a Zika-specific email was announced for all future Zika questions and concerns. Over 700 employees across NYC Health + Hospitals participated in this webinar. In addition there were 350 visits to the H+H Zika website related to the webinar. From January 1, 2016 through August 31, 2016 NYCH+H has tested 1439 pregnant women none of whom had Zika infected newborns.

ACO

- In late August, Medicare released 2015 national performance results for Accountable Care Organizations (ACOs) in the Medicare Shared Savings Program. Each year, around one-quarter of ACOs in the country are able to successfully meet cost and quality performance targets to generate a shared savings earned incentive payment. For the third consecutive year, the NYC Health + Hospitals ACO was among this top tier of high-performing ACOs in the country.

The performance data reveal that 2015 was the ACO's strongest year yet. Through reducing rates of avoidable ED visits and hospitalizations among our most vulnerable patients, we reduced costs by \$13 million. Meanwhile, our quality score improved substantially from 76% to 94%. Our percentage cost reduction and quality improvement results were both #1 in New York State, and the ACO's overall performance was among the top 5% nationally.

- The ACO was recognized as a 2016 Gage Award Remarkable Project by America's Essential Hospitals at their annual national meeting in Boston. Abstract from conference promotional materials is pasted below.
- In partnership with colleagues in Finance and Operations, the ACO hosted a kickoff event to launch efforts to improve care for episodes of major joint replacement under the Medicare Comprehensive Care for Joint Replacement (CJR) program. Under this new value-based payment model, NYC Health + Hospitals facilities are accountable for

costs and quality across the continuum of care for a 90-day episode after surgery. At the kickoff event, stakeholders from clinical, financial, and operations leadership got together to review program components and initiate strategic planning efforts, which continue under the direction of designated CJR Leads at each hospital.

- On July 25th, CMS proposed a new suite of cardiac and orthopedic episodes to be added to joint replacements in 2017 under Medicare's mandatory bundled payment program. Under the proposed rule, the number of DRGs subject to mandatory bundled payment under Medicare Fee-for-Service will increase from 2 to 20. This announcement reaffirms the CMS commitment to have 50% of Medicare payments tied to quality or value through alternative payment models by 2018, starting with ACOs and increasingly via (DRG + 90days) episode bundled payments.

America's Essential Hospitals 2016 Gage Award Remarkable Project

NYC Health + Hospitals

HHC ACO Saves Medicare Dollars, Improves Quality

Team lead: Ross Wilson, MD, Chief Executive Officer

Team members: N. Stine, M. Cunningham, S. Cirilo, J. Haven, J. Turi

Project Description:

Health care delivery and payment models are undergoing radical redesign efforts focusing on the provision of high-quality, lower-cost care. Over the next few years, a significant portion of Medicare and Medicaid payments will become tied to value, and health systems that care for the vulnerable will be particularly pressed to demonstrate success in this new payment landscape, as subsidies for care of uninsured individuals are reduced.

To that end, NYC Health + Hospitals joined other physicians groups in 2013 to form a subsidiary nonprofit accountable care organization (ACO) that participates in the Medicare Shared Savings Program (MSSP). An analysis of Medicare claims data indicated that the greatest opportunity for the NYC Health + Hospitals ACO to improve the health of its target population was to reduce emergency department (ED) visits and inpatient admissions.

The ACO was among the top-performing ACOs in the nation in 2013 and 2014, demonstrating that better connecting patients to robust primary care and supporting care coordination can significantly reduce ED visits and inpatient admissions. HHC ACO had an overall quality score in the 76th percentile and was among just 15 percent of MSSP ACOs to generate savings in both 2013 and 2014, saving Medicare \$7.2 million and \$7.1 million, respectively.

Office of Population Health

Patient Flow in Primary Care

- In collaboration with the Breakthrough office, the Office of Population Health has been working with adult primary care practices at Kings County and Morrisania to improve in-clinic patient flow.
- Methods and improvement strategies were codified in a playbook that lays the groundwork for enterprise-wide efforts on primary care patient flow during the Board QA Committee's Q3 Performance Improvement project starting in July.

Patient-Centered Medical Home (PCMH) Recognition

- NYC Health + Hospitals/North Central Bronx, NYC Health + Hospitals/Elmhurst, NYC Health + Hospitals/Coney Island, and NYC Health + Hospitals/Woodhull all received high scores on their corporate PCMH applications to NCQA, positioning them to receive Level 3 recognition after site-specific applications are submitted in the coming months.
- In total, we are pursuing NCQA recognition for 56 of our primary care sites, to demonstrate our ability to deliver superior care; receive increased reimbursement rates from payers; and meet our transformation requirements under DSRIP.

Data Core

- OPH is developing and optimizing a risk scoring algorithm to understand and predict high utilization in the Emergency Department and Inpatient settings for all patients at H+H independent of payer.

Collaborative Care

- A new version of the Depression Registry launched on July 28. This updated version simplifies and makes for more efficient workflows for facilities and provides better data access for our central office staff. All facilities are using CIP for patients in the Depression Collaborative, and most facilities are beginning to use it for hypertension patients in the RN Treat 2 Target program. Central office staff will provide summary reports to facilities to inform performance improvement efforts.

- H+H facilities received HIV awards for \$1.4M in FY 16. For FY 17, to date, Harlem has received a grant to focus on PREP.
- The 2nd quarter Board performance improvement project, with a focus on BP management for hypertension patients, has completed, and facilities presented their data to present to the QA Board in September and October. Among 17 facilities, 13 saw improvement and 9 reached the target of 5% improvement relative to baseline. Four sites saw decreased BP control, including both EPIC sites and one site with a data issue. Key elements of successful projects included expanding the RN Treat 2 Target program, training on BP measurement, and transparent sharing of monthly provider-level performance metrics.
- Dr. Susan Kansagra presented on H+H's approach to addressing social resource needs at America's Essential Hospitals' Vital Conference in June. In the last 6 months, over 10,000 families were screened for social resource needs thru the Health Leads program. Twenty percent of patients screened positive for a resource need, e.g. food, job training, baby supplies, and were referred to the program for assistance in accessing community-based and governmental resources.
- Jennifer Fuld, PhD started as Clinical Translational Science Institute Director and is developing a research priorities agenda for the organization to grow our research partnerships.

Behavioral Health

The Office of Behavioral Health with Ambulatory Care, Women's Health and Pediatrics is implementing a process to screen for depression in pregnant women from prenatal through the postpartum aspects of delivery as part of NYC Thrive. Pilots are focused at Gouverneur, Kings County, Woodhull, and Coney Island. As of May 2016, the prenatal screening rate in Maternal Health is 95%, pre-natal positive rate is 7%, and referral rate is 60%. For Post-partum screening the rate is 98%, positive screen rate is 6.5%, and the referral rate is 82%. Individuals who screen positive are further evaluated by a social worker and if indicated, they are referred for behavioral health treatment.

The Office of Behavioral Health is coordinating a work group related to the management of violence, involving the Councils of Emergency Medicine and Psychiatry. The plan focuses on identification, reporting and data collection. Standard work for all facilities involve risk assessment and engagement of patients. OBH has initiated a "real-time" tracking mechanism to capture all staff injuries related to patient care in Behavioral Health in collaboration with the Safety Office and Risk Management.

OBH is working with each facility related to workforce development. Current strategies include: changing the model of inpatient care using physician extenders; development of use of

tele-psychiatry (pilot at Harlem Hospital focused on child psychiatry consultation), and streamlining the onboarding process for clinical staff.

OBH continues to work on the following: Establishment of on-site assessment and short-term treatment in the Family Justice Centers providing increased mental health services to victims of domestic violence. There will be one in each borough for a total of five sites. NYC Health + Hospitals will provide screening, assessment and short-term mental health services at these sites. The five sites are currently recruiting with two sites (Kings and Queens) possibly ready for operation by November 2016.

OBH in collaboration with the Interim Chief Medical Officer has developed standard credential and privileges for the entire system for psychiatrists, psychologists, and psychiatric nurse practitioners. These are being distributed to the facility credentials committees for approval and implementation.

NYC Health & Hospitals Behavioral Health is collaborating with Ambulatory Care in increasing access to all mental health ambulatory care centers. Focus has been on decreasing wait time until first and follow-up appointments. Significant results have been achieved by most facilities with average TNAA (Third Next Available Appointment) of 5 days with continued efforts to decrease to 3 days or lower.

In addition NYCH+H has collaborated with the NYDOHMH Hunter College NYThrive collaborative program with placing 21 early career social workers in 15 primary care practices and 8 psychologists or social workers in 4 of our behavioral health sites.

Pharmacy

Formulary Standardization:

The System's Pharmacy and Therapeutics Formulary Committee formulary standardization is moving forward. In addition to the initial threshold of 43% of formulary standardization achieved for EPIC Queens and Elmhurst which equates to 1720 of 4000 medication line items; a 33% formulary standardization has been achieved across 11 facilities equating to 1200 line items of 3900 medication line item. Of note the average large medical center has no less than 3500 medication line items. This threshold achieved is based on both purchasing and dispensing data points, and what is on the facilities actual formulary list. Along with the ongoing drug class reviews work being done by subject matter experts from various councils formulary standardization is moving forward at a healthy pace. Additionally 400 records of intravenous admixtures have been standardized amongst 4 facilities (Queens, Elmhurst, Jacobi, and NCBH). The off shoot of the IV admixture standardization has been a standardization of workflow and facilitation of resolved EPIC related tickets.

Teen Health

The YouthHealth website launched on April 28th with 130 staff members, city agencies and community based organizations in attendance at the launch event. The website contains information on youth health clinics throughout H+H with the goal of increasing adolescent awareness of health services and engaging them in care.

On July 18th the social media component of the YouthHealth Campaign was launched. Using Facebook, Instagram and other social media platforms we will promote NYC H+H's primary care, reproductive health, and behavioral health services to NYC adolescents. As of August 10th the website (NYCYouthHealth.org) has received 14,572 unique hits.

Delivery System Reform Incentive Payment (DSRIP) Program

OneCity Health continues to progress with clinical project implementation, network development and distribution of funds with a model to be used through March, 2017.

Funds Flow and Network Development

OneCity Health has allocated \$55M for DSRIP project implementation through March 31, 2017 for transformation efforts in care management, primary care and behavioral health integration, and chronic disease improvement. Since issuing contracts (called Schedules B) in July, partners have executed 149 (of 182) agreements. OneCity Health has added eight (8) Medicaid billing organizations to its partner network under permission granted to all Performing Provider Systems (PPSs) as part of a New York State Department of Health-required DSRIP Program Mid-Point Assessment. These organizations provide primary care, behavioral health, care management, and other services and will further strengthen the care continuum for the New Yorkers under care. OneCity Health is in active review of the quality and breadth of social services offered across each of its four hubs and may add these non-Medicaid billing organizations to the partnership at any time.

Clinical Project Implementation

To support the building of a high quality primary care network, the OneCity Health team is supporting Patient Centered Medical Home (PCMH) certification for over 80 community primary care partners; the first of two cohorts of primary care organizations are working with technical assistance to achieve PCMH requirements. NYC Health + Hospitals facilities will achieve certification via in-house efforts, as was successfully done in the past.

Five NYC Health + Hospitals sites and five community partner behavioral health and primary care sites have been selected as pilots for intensive support in implementing co-located services for primary care and behavioral health and will begin site-level diagnostics and implementation planning.

At two NYC Health + Hospitals facilities, transition management teams continue to provide 30 days of supportive care management for patients at high risk of readmission. Since piloting, the teams have supported 248 patients with 29 readmissions within the group.

OneCity Health, in conjunction with three other Performing Provider Systems, Community Care of Brooklyn, Bronx Health Access and Bronx Partners for Healthy Communities, launched the 100 Schools Project in September to address mental health disorders in adolescents, beginning with 10 schools across Brooklyn and the Bronx. The PPSs are funding and overseeing the project, while the Jewish Board of Family and Children's Services is coordinating the initiative and will teach schools how to connect students who have emotional, behavioral and substance-abuse challenges with top-tier local mental health providers while enabling the students to remain in school.

Workforce Seminar

In September, OneCity Health held an educational session with nineteen (19) members from its OneCity Health Workforce Committee and observers regarding clinical interventions and their associated training requirements. This session was a part of OneCity Health's required workforce planning and broader efforts to engage labor partners through committee meetings and additional venues.

Community Engagement

OneCity Health was selected to present at a Greater New York Hospital Association symposium in November to discuss successfully partnering with community-based organizations in outreach and engagement of uninsured New Yorkers to connect them with insurance and primary care. NYC Health + Hospitals and 35 community-based organizations are collaborating in the effort.

PATIENT CENTER CARE

Nurse Excellence Award Ceremony

October 25, 2016

2 to 4 PM

NYU Kimmell Center

Rosenthal Pavilion

MetroPlus Health Plan, Inc.
Report to the
H+H Medical and Professional Affairs Committee
October 11, 2016

Total plan enrollment as of September 1, 2016 was 500,420. Breakdown of plan enrollment by line of business is as follows:

Medicaid	378,395
Child Health Plus	14,018
MetroPlus Gold	5,342
Partnership in Care (HIV/SNP)	4,420
Medicare	8,484
MLTC	1,273
QHP	18,823
SHOP	1,002
FIDA	169
HARP	8,135
Essential Plan	60,359

On September 27, 2016, the Daycare Workers of Union local 1707 approved a new contract. Under the agreement, MetroPlus' Gold Care will be the health plan offered to New York City resident employees. The workers involved are not city employees but are employed by over a hundred not-for-profit agencies throughout the city. These employees were previously offered coverage under an Emblem plan but the premium contribution was high and only approximately half the employees enrolled. Gold Care with monthly member premiums as low as \$15 offers two coverage options. Gold Care I provides a range of community physicians and the Health + Hospitals network for hospital based care (except on Staten Island). Gold Care II has higher premium contribution but offers a wider range of community physicians, retains the Health + Hospitals as its base network but also includes other hospitals. Enrollment will begin in mid-October and coverage on December 1, 2016. We will be working closely with all H+H facilities to ensure members receive prompt access to care and high quality services.

I have previously mentioned our work with ZocDoc which began about a month ago. Under our partnership, MetroPlus members searching our provider directory will see a "Book Now" button next to the name of any ZocDoc enrolled physician. By clicking on the button they are taken to ZocDoc's site where they can immediately book an appointment. To date, about 500 individuals have gone from MetroPlus' web page to ZocDoc's and about 50 have booked appointments. We will continue to promote this relationship in the months ahead.

The MetroPlus board recently authorized negotiation of a contract with General Dynamics for fraud waste and abuse services. While MetroPlus has previously had a data mining contract this is the first time we will have a contract to review our data for potentially fraudulent claims and attempt to recover from providers who are billing fraudulently. As we grow and expand the

network, it becomes even more critical that we closely monitor our providers. Furthermore, the State has been mandating greater recovery efforts by plans. We will be working closely with our H+H partners and the new vendor to identify errors and work to quickly correct them.

As you know, fall is open enrollment for many of the products we offer and we have begun our efforts to enroll individuals. The open enrollment period for City employees begins on October 11, 2016 and we are in a promotional campaign for MetroPlus Gold. The MetroPlus Gold is has grown by nearly 50% since last year and is now over 5,200 members. This year, because of changes made by other plans, Gold is the only plan to have no employee premium and no co-pays for a wide range of in network services. We are also offering a gym membership benefit for the first time. In advance of open enrollment we have attended open houses at agencies and employers such as several CUNY schools, the Department of Education, NYCERS and a number of community boards. We are also attending events at Health + Hospitals facilities and will be participating at multiple agency events in the weeks ahead.

With the opening of public schools we have increased our relationships with schools throughout the city. In many schools we have been able to develop a relationship with the parent coordinators. The parent coordinator invites us to parent association events at the beginning of the year, when they are most heavily attended, and also makes referrals of parents they come in contact with who are uninsured. We hope in the course of the year to expand this model throughout the city.

On October 6, 2016, in collaboration with Elmhurst Hospital, we are hosting a Latin-American health summit. This event, part of Elmhurst's annual Hispanic Heritage Month celebrations, will focus on health challenges faced by Latino immigrants and their families and explore ways to improve access to healthcare in those communities. Elmhurst physicians will deliver presentations concerning Women's Health, Children's Health, and information regarding the Zika virus. MetroPlus representatives will also be on hand to discuss accessing health insurance plans and medical coverage.

I also wanted to highlight an enrollment effort we are making at the city's airports. We started working at the airports with the food vendor "Flying Foods" that provides meals for airport employees and have more recently built relationships with JetBlue and Chef Gourmet over time. We are allowed to market in their cafeteria while their employees have lunch. At this time we have two reps who are on site during their Open Enrollment Period in November and by appointment or specified days during the rest of the year. When a new employee is hired, the HR department contacts us and we conduct a presentation. Over the last several months we have been able to enroll over 400 airport employees.

Our Medicare STAR rating increased to 3.5 stars and we are working diligently to increase it further for next year. Our new P4P, which indicates for each provider their earning potential with improved quality scores, was launched the end of July and was well received. We expect this revised incentive to support our efforts in improving our QARR scores. Each facility now has a dedicated MetroPlus quality navigator who operates out of the facility and is responsible for addressing all the gaps in care associated with members attributed to the facility.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute an agreement with the Advisory Board to provide subscriptions and memberships to research databases, leadership and fellowship trainings, talent development, and technology tools for revenue optimization for a term of five years, for an amount not-to-exceed \$5,680,997 including a 2% contingency.

WHEREAS, The Advisory Board Company currently provides to the System multiple research memberships, leadership and fellowship trainings, talent development, technology tools and access to national executive and provider councils under a number of disparate agreements with the System, some of which have expired; and

WHEREAS, The Advisory Board Company is the only source of vetted, best practices-based research with a full suite of services and membership programs including, among others, proprietary hospital data and analytics, benchmarks, step-by-step toolkits, on-site education and training, on-demand consultative services, national meetings, webinars, and access to a dedicated team of research experts; and

WHEREAS, The Advisory Board’s Revenue Optimization Compass (ROC) is a web-based analytics platform used at all of the System’s acute-care facilities to identify their greatest documentation, coding, and compliance opportunities, challenges and vulnerabilities; and

WHEREAS, Abandoning ROC and moving to a new revenue optimization tool will halt in-progress revenue generating projects; and

WHEREAS, The Advisory Board Company is the only organization that can provide the aforementioned comprehensive systems and tools to the System and that has the current and historical knowledge of the System and its affiliated health care providers; and

WHEREAS, The Advisory Board Company has fully met all services expectations and deliverables under various agreements, all of which will now be combined into one master agreement; and

WHEREAS, the overall responsibility for the monitoring of this contract will be under the direction of the Executive Vice President for Operations.

NOW THEREFORE, BE IT:

RESOLVED, that the New York City Health and Hospitals Corporation be and hereby is authorized to execute a contract with The Advisory Board Company to provide subscriptions and memberships to research databases, leadership and fellowship trainings, talent development, and technology tools for revenue optimization for a term of five years, for an amount not-to-exceed \$5,680,997 including a 2% contingency.

EXECUTIVE SUMMARY

Advisory Board Master Services Agreement

The Advisory Board Company currently provides NYC Health + Hospitals with multiple subscription/memberships to research databases, leadership and fellowship trainings, technology tools (the Revenue Optimization Compass and APR DRG groupers) and access to national councils. These services are currently covered under disparate letters of agreements with different divisions with the Advisory Board Company. These agreements are not coterminus (see chart below for contract start and end dates) and have multiple sponsors at different Central Office departments:

Health Care Advisory Board	Kathleen Whyte, Senior Director	Strategic Planning and Intergovernmental Affairs	4/18/2012	12/30/2016	\$178,500
Nursing Executing Center	Lauren Johnston, VP	Medical and Professional Affairs	8/4/2010	6/29/2016	\$118,300
Health Care IT Advisor	Sal Guido, SVP	EITS	4/28/2014	9/29/2017	\$56,000
Service Line Strategy Advisor	Roslyn Weinstein, VP	Corporate Operations and Office of Facilities Development	11/2/2015	6/30/2021	\$147,000
Revenue Optimization Compass	Laura Free, AVP	Finance	5/30/2013	6/27/2016	\$215,649
Leader Development and Frontline Impact	Ivelesse Mendez-Justinano, AVP	HR and Workforce Development	6/27/2013	1/31/2016	\$96,500
Advisory Board Fellowship	Ivelesse Mendez-Justinano, AVP	HR and Workforce Development	9/29/2014	9/29/2016	<u>\$140,113</u>
					\$952,062

There is an administrative need for combining all of these disparate agreements into one master agreement with a single termination date under the management of one Central Office department – Supply Chain Services.

The Advisory Board Company is the only source of vetted, best practices-based research with a full suite of services and membership programs including, among others, proprietary hospital data and analytics, benchmarks, step-by-step toolkits, on-site education and training, on-demand consultative services, national meetings, webinars, and access to a dedicated team of research experts for all NYC Health + Hospitals employees in an unlimited quantity as a unified engagement. Because of this specialized experience, the Advisory Board Company has knowledge of challenges and priorities unique to health care leaders. Advisory Board representatives routinely liaise, via in-person visits and phone appointments, with key executives at these institutions in order to best serve their specific needs.

The Advisory Board's Revenue Optimization Compass (ROC) tool is a web-based analytics platform that NYC Health + Hospitals is using to identify its greatest documentation, coding, and compliance opportunities and vulnerabilities – and get a clear picture of the revenue impact. ROC is implemented and active at all NYC Health + Hospitals' acute-care hospitals. Abandoning ROC and moving to a new tool will halt in-progress revenue generating projects.

ROC is unique - it is the only product that allows comparisons of NYC Health + Hospitals MS-DRG coded claims to a cohort of similarly situated hospitals. This unique ROC perspective is employed in a number of projects to improve both physician documentation and Health Information Management coding.

Furthermore, continuity of curriculum and training for different cohorts of Fellows and Leaders is all being developed to achieve the Dr. Raju's 2020 vision. NYC Health + Hospitals have already trained one cohort each of the leaders. This is the budget for the five year term of the agreement:

Year 1	Year 2	Year 3	Year 4	Year 5	Term Total
\$995,649	\$1,059,648	\$1,180,841	\$1,101,650	\$1,227,738	\$5,565,526 + 2% Contingency = \$5,680,997

CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

Contract Title: Advisory Board Master Services Agreement
Project Title & Number: Advisory Board Master Services Agreement
Project Location: System wide
Requesting Dept.: Supply Chain Services

Successful Respondent: The Advisory Board Company

Contract Amount: \$5,565,526 + 2% contingency = \$5,680,997

Contract Term: ~~Seeking CRC Approval to Initiate a Sole Source Procurement~~ for these services with the Advisory Board Company for a period of 5 years.

Number of Respondents: Sole Source
(If Sole Source, explain in Background section)

Range of Proposals: \$ _____ to \$ _____

Minority Business Enterprise Invited: Not Applicable due to Sole Source

Funding Source: Operating Budget

Method of Payment: Invoiced for services
Other: explain _____

EEO Analysis: Yes

Compliance with HHC's McBride Principles? Yes

Vendex Clearance Yes

(Required for contracts in the amount of \$100,000 or more awarded pursuant to an RFP, NA or as a Sole Source, or \$100,000 or more if awarded pursuant to an RFB.)

CONTRACT FACT SHEET(continued)

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

The Advisory Board Company currently provides multiple research memberships, leadership and fellowship trainings, technology tools (revenue optimization compass) and national councils to NYC Health +Hospitals. These services are covered under disparate letters of agreements with different divisions with the Advisory Board Company. These agreements are not co-terminus and have multiple sponsors for each of the agreements.

The Advisory Board Company is the leading source of vetted, best practices-based research with a full suite of services and membership programs including, among others, proprietary hospital data and analytics, benchmarks, step-by-step toolkits, on-site education and training, on-demand consultative services, national meetings, webinars, and access to a Dedicated Team of research experts for all NYC H+H employees in an unlimited quantity as a unified engagement. Because of this specialized experience, the Advisory Board Company has knowledge of challenges and priorities unique to health care leaders. Advisory Board representatives routinely liaise, via in-person visits and phone appointments, with key executives at these institutions in order to best serve their specific needs. The Advisory Board Company is the only organization that can provide the aforementioned comprehensive services to NYC Health +Hospitals combined with the current and historical knowledge of health care providers.

The Advisory Board's Revenue Optimization Compass (ROC) is a web-based analytics platform that NYC H+H is using to identify their greatest documentation, coding, and compliance opportunities and vulnerabilities – and get a clear picture of the revenue impact. ROC is implemented and active at all acute hospitals. Abandoning ROC and moving to a new tool will halt in-progress revenue generating projects.

ROC is unique, it is the only product that allows comparisons of NYC Health + Hospitals MS-DRG coded claims to a cohort of similarly situated hospitals. This unique ROC perspective is employed in a number of projects to improve both physician documentation and Health Information Management coding.

Furthermore, continuity of curriculum and training for different cohorts of Fellows and Leaders is all being developed to achieve the Dr. Raju's 2020 vision. NYC Health + Hospitals have already trained one cohort each of the leaders.

CONTRACT FACT SHEET(continued)

Contract Review Committee

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

The application to enter into contract with the Advisory Board Company will be presented at the CRC on September 28, 2016.

Has the proposed contract's scope of work, timetable, budget, contract deliverables or accountable person changed since presentation to the CRC? If so, please indicate how the proposed contract differs since presentation to the CRC:

Not Applicable

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

The Advisory Board Company is the only source of vetted, best practices-based research with a full suite of services and membership programs.

Scope of work and timetable:

Seeking CRC Approval to Initiate a Sole Source Procurement for these services with the Advisory Board Company for a period of 5 years.

CONTRACT FACT SHEET (continued)

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

Program	2015 H+H Price	2016 H+H Price	MSA Proposed Price
Health Care Advisory Board	\$178,500	\$182,070	\$663,500
Nursing Executive Center	\$118,300	\$120,666	
Health Care IT Advisor	\$56,000	\$57,120	
Service Line Strategy Advisor	\$147,000	\$149,940	
Population Health Advisor		\$130,000	
Post-Acute Care Collaborative		\$128,000	
HR Advancement Center		\$118,000	
Cardiovascular Roundtable			
Oncology Roundtable			
Imaging Performance Partnership			
Market Innovation Center			
Pharmacy Executive Forum			
Physician Executive Council			
Medical Group Strategy Council			
Financial Leadership Council			
Philanthropy Leadership Council			
Leadership Development*	\$96,500	\$110,975	\$96,500
Fellowship Program** (starts in Year 2)	\$140,113	\$165,000	\$142,916
Revenue Optimization Compass	\$215,649	\$260,935	\$215,649
Revenue Optimization Compass APR DRG Grouper		\$47,035	\$20,000
Program Total	\$952,062	\$1,469,741	\$1,138,565

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

See above

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

The specialized nature of the Advisory Board's expertise is the result of research and practice from serving over 4,200 public sector and private sector health care organizations.

Will the contract produce artistic/creative/intellectual property? Who will own it? Will a copyright be obtained? Will it be marketable? Did the presence of such property and ownership thereof enter into contract price negotiations?

Not Applicable

HHC 590B (R July 2011)

CONTRACT FACT SHEET (continued)

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

Antonio Martin, Executive Vice President, COO

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

Received By E.E.O.: August 8, 2016
Date

Analysis Completed By E.E.O: August 11, 2016
Date

Keith Tallbe
Name

30846o

TO: David Larish
Supply Chain Services
Division of Materials Management

FROM: Keith Tallbe *KT*

DATE: August 11, 2016

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, The Advisory Board, has submitted to the Affirmative Action Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Corporate-wide

Contract Number: _____

Project: Master Agreement

Submitted by: Division of Materials Management

EEO STATUS:


1. Approved
2. Conditionally Approved with follow-up review and monitoring
3. Not approved
4. Conditionally approved subject to EEO Committee Review

COMMENTS:

KT:srf

MEMORANDUM

To: David Larish
Procurement Systems & Operations

From: Karen Rosen 
Assistant Director

Date: September 29, 2016

Subject: VENDEX Approval

For your information, on September 29, 2016 VENDEX approval was granted by the Office of Legal Affairs for the following company:

The Advisory Board

This approval is based upon prior VENDEX approval for the above-named company, which falls within 90 days of your current request.

cc: James Liptack, Esq.

Advisory Board Master Services Agreement Sole Source Procurement

**Antonio D. Martin, Corporate Chief Operations Officer
October 11, 2016**



Background

- The Advisory Board Company currently provides multiple research memberships, leadership and fellowship trainings, technology tools (revenue optimization compass) and national councils to NYC Health + Hospitals
- These services are covered under disparate letters of agreements with different divisions with the Advisory Board Company. These agreements are not co-terminus and have multiple sponsors for each of the agreements.

Program	Contract Owner	Department	Contract Start Date	Contract End Date	2015 Price Per Year
Health Care Advisory Board	Kathleen Whyte, Senior Director	Intergovernmental and Planning	4/18/2012	12/30/2016	\$178,500
Nursing Executing Center	Lauren Johnston, VP	Medical and Professional Affairs	8/4/2010	6/29/2016	\$118,300
Health Care IT Advisor	Sal Guido, SVP	EITS	4/28/2014	9/29/2017	\$56,000
Service Line Strategy Advisor	Roslyn Weinstein, VP	Corporate Operations and Office of Facilities Development	11/2/2015	6/30/2021	\$147,000
Revenue Optimization Compass	Robert Melican, Senior Director	Finance	5/30/2013	6/27/2016	\$215,649
Leader Development and Frontline Impact	Ivelesse Mendez-Justinano, AVP	HR and Workforce Development	6/27/2013	1/31/2016	\$96,500
Advisory Board Fellowship	Ivelesse Mendez-Justinano, AVP	HR and Workforce Development	9/29/2014	9/29/2016	\$140,113
				TOTAL	\$952,062



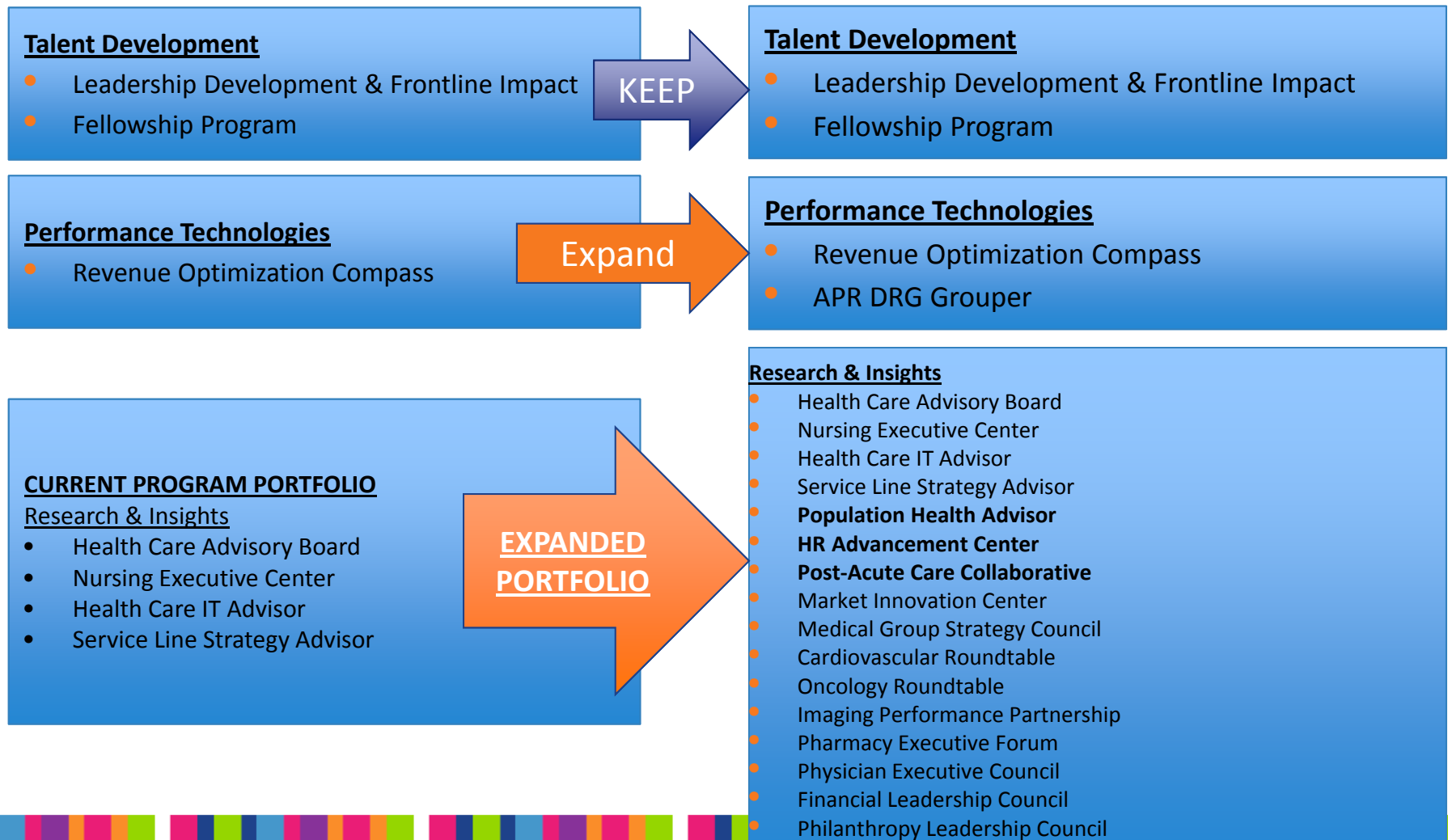
Review of Current Services

Program	Rating	Agreement Start Date	Rating Date	Contract Owner
Health Care Advisory Board	A	4/18/2012	Oct-16	Kathleen Whyte
Nurse Executive Council (NEC)	A	8/4/2010	Oct-16	Lauren Johnston
Healthcare IT Advisor (HCITA)	A	4/28/2014	Oct-16	Brenda Schultz / Marisa Salomone
Service Line Strategy Advisor (SLSA)	A	11/2/2015	Oct-16	Roslyn Weinstein
Revenue Optimization Compass	A	5/30/2013	Oct-16	Robert Melican
Leadership	A	6/27/2013	Oct-16	Ivelesse Mendez-Justinano
Fellowship	A	9/29/2014	Oct-16	Ivelesse Mendez-Justinano

Agreement start dates show current contracts only. Certain agreements may have start dates for older agreements that predate the current agreements.



Program Portfolio Expansion



Program Cost Comparison

Program	2015 H+H Price	2016 H+H Price	MSA Proposed Price
Health Care Advisory Board	\$178,500	\$182,070	\$663,500
Nursing Executive Center	\$118,300	\$120,666	
Health Care IT Advisor	\$56,000	\$57,120	
Service Line Strategy Advisor	\$147,000	\$149,940	
Population Health Advisor		\$130,000	
Post-Acute Care Collaborative		\$128,000	
HR Advancement Center		\$118,000	
Cardiovascular Roundtable			
Oncology Roundtable			
Imaging Performance Partnership			
Market Innovation Center			
Pharmacy Executive Forum			
Physician Executive Council			
Medical Group Strategy Council			
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Revenue Optimization Compass APR DRG Grouper		\$47,035	\$20,000
Program Total	\$952,062	\$1,469,741	\$1,138,565

* Every other year

**Every Year Starting in Year 2

\$1,093,741 w/o
new programs

New modules H+H already
intending to utilize.



Proposed Master Services Term

- The Advisory Board master services contract is a 5 year agreement
- Budget for the 5 year term:

Year 1	Year 2	Year 3	Year 4	Year 5	Term Total
\$995,649	\$1,059,648	*\$1,180,841	\$1,101,650	*\$1,227,738	\$5,565,526 +2% Contingency = \$5,680,997

*Year over year increase is at Consumer Price index. Difference between each year's price is shown as

Year 1 - ROC + Research and Insights + Leadership Development

Year 2 – ROC + Research and Insights + Fellowship Program

Year 3 – ROC + Research and Insights + Fellowship Program + Leadership Development

Year 4 – ROC + Research and Insights + Fellowship Program

Year 5 - ROC + Research and Insights + Fellowship Program + Leadership Development



Board Approval Request

- We are seeking Board Approval to Enter into a 5-Year Agreement with the Advisory Board Company for a NTE of \$5,565,526 + 2% contingency = \$5,680,997



The Simulation Center

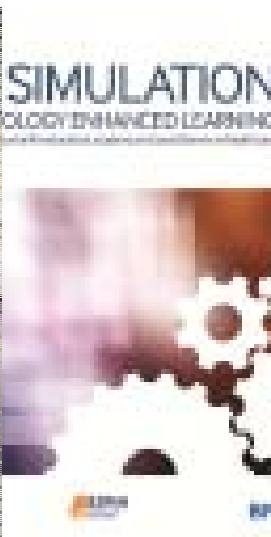
Coaching

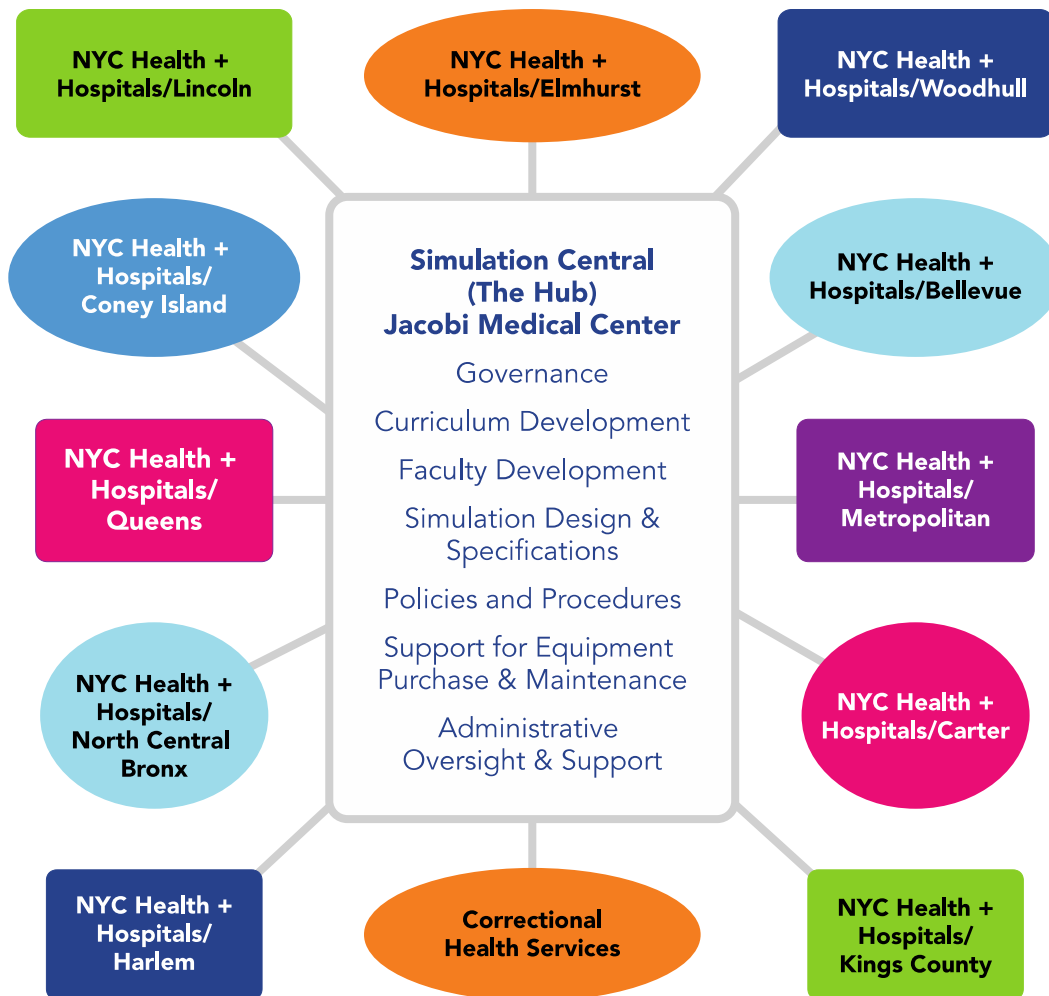
Scholarship

Practice

National Simulation

Teamwork & Communication





SNAPSHOT DATA - SIMULATION CENTER 2016

28 different course types

61 Unit-based simulation events in L&D and Emergency Rooms

38 Virtual Reality training sessions in Laparoscopy and Bronchoscopy

12 External vendor revenue generating sessions for Live on NY and Montefiore

1,327 course hours delivered

3,970 simulation encounters



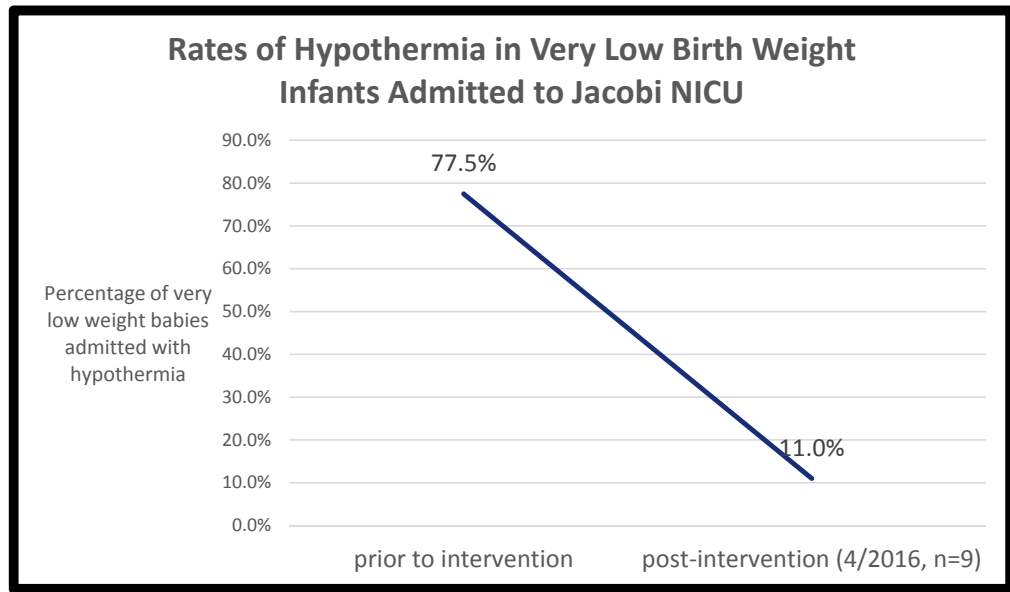
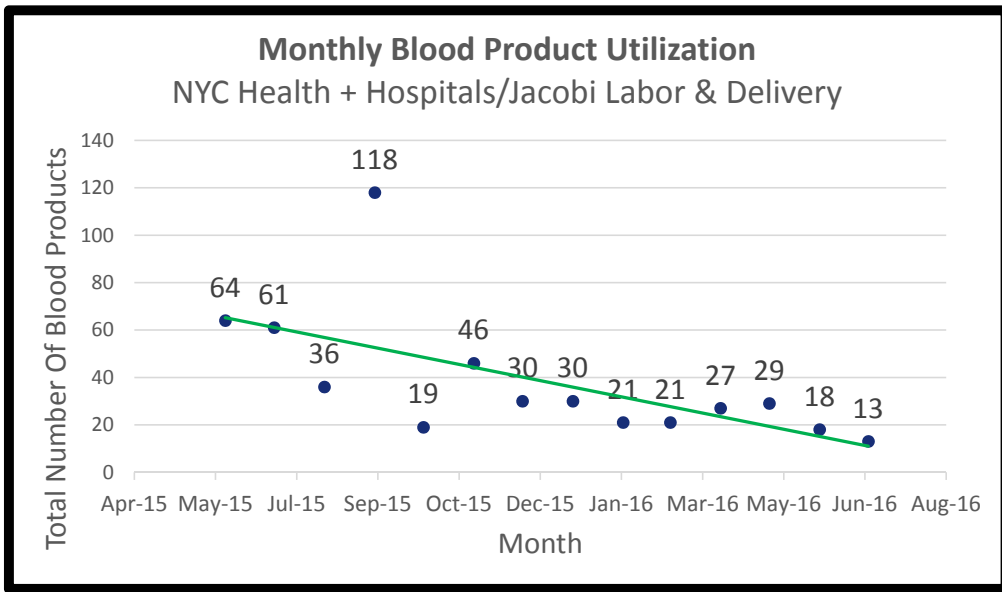


Please insert video

[NYC-Health-Hospitals-Jacobi-Unit-Based-Simulation.mp4](#)



Data from the Unit-based Simulation Program at Jacobi Medical Center Labor & Delivery Unit



↑
Program Initiation



NYC Health + Hospitals Simulation Center Strategic Plan Priorities 2017-2021

Devolved Simulation Center model & Accreditation of program

- Satellite, Unit-based simulation development. Building expert teams in selected units through regular practice with expert coaching
- Achieving international simulation program accreditation

Prioritize NYC Health + Hospitals system scorecard metrics

- Secret shopper + simulation center scenarios with expert debriefing to improve processes and staff behaviors

Establish rigorous Fellowship program & Simulation Scholarship

- Build expert simulation educators/technicians/administrators & publish five research papers per year.

