

AGENDA

**MEDICAL AND PROFESSIONAL AFFAIRS
COMMITTEE**

Date: September 13th, 2017
Time: 10:00 AM
Location: 125 Worth Street, Rm. 532

BOARD OF DIRECTORS

CALL TO ORDER

DR. CALAMIA

ADOPTION OF MINUTES
June 13th, 2017

CHIEF MEDICAL OFFICER REPORT

DR. ALLEN

CHIEF NURSE EXECUTIVE REPORT

DR. MENDEZ

METROPLUS HEALTH PLAN

DR. SAPERSTEIN

INFORMATION ITEM:

I) Behavioral Health Update

DR. BARRON

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

MINUTES

MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE

Meeting Date: June 13th, 2017

BOARD OF DIRECTORS

ATTENDEES

COMMITTEE MEMBERS

Gordon Campbell, Chairman
Vincent Calamia, MD, Committee Chair
Stanley Brezenoff, Interim President
Josephine Bolus, RN
Barbara Lowe, RN

HHC CENTRAL OFFICE STAFF:

Paul Albertson, Senior Vice President, Operation
Machelle Allen, MD, SVP, Chief Medical Officer, Medical & Professional Affairs
Charles Barron, Director of Psychiatry, Office of Behavioral Health
Janette Baxter, Senior Director, Risk Management
Jennifer Bender, Director, Communication & Marketing
Eytan, Behiri, MD, Chief Medical Information Officer
Andrea Cohen, Deputy Chief Transformation Officer, Office of Transformation
Victor Cohen, Assistant Vice President, Pharmacy
Leticia Currin, Director, Medical & Professional Affairs
Kenra Ford, Assistant Vice President Clinical Lab Operations/M&PA
Anna Flattau, Chief Medical Officer, OneCity Health
Juliet Gaengan, Senior Director, Quality Management
Lora Giacomoni, Assistant Vice President, Quality & Patient Safety
Howard Goldberg, Director, Supply Chain
Terry Hamilton, Assistant Vice President, Corporate Planning
Colicia Hercules, Chief of Staff to the Board Chair
Bridgett Ingraham, Assistant Vice President, Governmental Relations & Community
Imah Jones, Senior Director, Research
Barbara Keller, Deputy Counsel, Legal Affairs
Patricia Lockhart, Secretary to the Corporation
Ana Marengo, Senior Vice President, Communication and Marketing
John Maese, Office of Healthcare Improvement
Kim Mendez, EdD, ANP, RN, System Chief Nursing Executive
Ann Ormsby, Senior Director, Communication & Marketing
Joseph Reyes, Senior Director, Medical & Professional Affairs
Salvatore Russo, Senior Vice President & General Counsel, Legal Affairs
Danielle Sestito, Senior Director, Supply Chain
Ashley Smith, Assistant Director, Correctional Health Services
Diane E. Toppin, Senior Director Medical and Professional Affairs
Joachim Wilson, Assistant Vice President, Supply Chain
Ross Wilson, MD, Senior Vice President/Chief Transformation Officer, Office of Transformation
Patsy Yang, Senior Vice President, Correctional Health Services

FACILITY STAFF:

Arnold Saperstein, MD Executive Director, MetroPlus Health Plan

OTHERS PRESENT:

Jui Agrawal, OMB
Justine DeGeorge, Office of State Comptroller
Joni Watson, State, Office of State Comptroller

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

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 2:40 PM. The minutes of the May 18th, 2017 Medical & Professional Affairs Committee meeting were adopted.

CHIEF MEDICAL OFFICER REPORT

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

Pharmacy

NYC H+H M&PA Office of Pharmacy Services Antimicrobial Stewardship Initiative assures optimal antimicrobial therapy prescribing and reduces antimicrobial resistance rates: The office of Pharmacy services is leading an enterprise wide antimicrobial stewardship performance improvement project to assure compliance with the CDC core elements for antimicrobial stewardship.

NYC H+H M&PA's Office of Pharmacy Services assures Judicious Opioid Prescribing as per HealingNYC Initiatives: The office of Pharmacy services continues to support the Office of Behavioral Health's 4 pronged opioid response. These include 1. Judicious prescribing, 2. Expanding treatment, 3. Standardizing ED Response, and 4. Overdose Prevention. The office of pharmacy services is assisting in the planning and designing of reporting metrics and strategies to achieve Judicious Prescribing.

NYC H+H M&PA Office of Pharmacy Services continues to assure EPIC systems functionality meets regulatory, safety and efficiency requirements: Enterprise approval of mandatory requirements for providers to associate indications with Antimicrobial medication orders for improved patient safety and effective antimicrobial usage; Approval of Reject & Reorder functionality in Epic to be used by pharmacists to support nursing and providers for on-time drug delivery with use of correct dispensable medication product; Resolution of Oxytocin order set enterprise wide to support nursing and providers; Resolution of QR code and pharmacy label issues to resolve label and scanning functionality concerns at Elmhurst hospital to support providers and nursing; Initiated ED starter pack dispensing discussion with the three facilities and pharmacy council to standardize a workflow in ED to support providers; The committee evaluated and scored proposals for Patient Assistance Programs from McKesson, Cardinal, and Amerisource for consideration.

Medical Staff Affairs / Centralized Credentialing

The department is working on multiple tracks to implement standardized delineation of privilege (DOPs) forms throughout the enterprise. We continue to work with the facilities and clinical councils on the standardized DOPs, and are currently revising some DOPs based on the feedback we have received from the facilities. We have conducted on site user acceptance training of our pilot to improve our web-based credentialing application. The feedback has been positive. We are expanding our pilot in size and scope to include four sites to test the ability of our software to credential and cross credential our radiologists in multiple locations. We are working with our IT colleagues to improve the database accuracy and workflow.

Occupational Health Services

We are working with our colleagues in Human Resources to improve the employee experience and develop a central onboarding process for new NYC H+H employees. This process involves developing a staffing and policy model that will be a standard across the system. We are standardizing our forms and coordinating with multiple departments to create “a one stop” professional experience for new personnel. We are working on a number of new policies and updating old ones to be current in today’s work environment. We are working with Emergency Management and Infection control to standardizing FIT testing throughout the enterprise in terms of equipment and process.

Delivery System Reform Incentive Payment (DSRIP) Program

Phase II Contracts

The OneCity Health Executive Committee approved \$85 million in total payments that partners are eligible to receive in their next contracts, which is an increase over the 55M allocation in the previous contracts. The new contracts, which OneCity Health has named Phase II Comprehensive Schedules B since they began April 1, 2017 and run through December 31, 2017 - no longer aligning with the DSRIP Year (April 1, 2017 – March 31, 2018) - are more targeted to partners’ services to help OneCity Health achieve New York State-defined outcomes, such as a reduction in preventable Emergency Room visits. Over 90 percent of OneCity Health partners have signed their Phase II Comprehensive Schedules B.

Chief Nurse Executive

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

During 2 Q 2017, the Office of Patient Centered Care (OPCC) continued to work on CNO Council goals: Finalized and launched a system-wide Nursing Philosophy and Culture of Care; Foster nursing alignment and collaboration on the integration of care and system strategic imperatives; Cultivate a system-wide plan and monitoring framework for Nursing Service fiscal contribution, financial structure and accountability, safe, efficient and effective use of human resources inclusive of standardizing and centralizing were appropriate, and; Integration of Information Services to support regulatory requirements, caregiver shared communication, and promotion of excellence in integrated care delivery and outcomes.

CNO Dashboard

CNO Council is in the development stage of CNO Monthly Dashboard to monitor and set expectations for continual performance improvement. Proposed key indicators will include: Quality (NDNQI), Patient Experience, Staff Engagement, and Operational.

System Nurse Practice Council -Monthly meetings with NYSNA have continued with excellent attendance and participation. In May 2017, the NYC Health + Hospitals System Nursing Philosophy and Care Model was finalized. This was the result of a successful collaboration with NYSNA. The care model is aligned with Jean Watson’s Theory of Caring with key Culture Care tenets from Madeleine Leininger’s Transcultural Nursing Theory. This blended approach envelopes our System mission and embraces patient centric and humanistic approaches to care and cultural responsiveness. The Philosophy was announced system-wide during Nurses Week 2017. The System Nurse Practice Council next steps include scheduling an educational retreat to develop a system Nursing Shared Governance framework. Tentative date for summer collaborative workshop on Shared Governance is August 1, 2017. Upcoming June meeting will also focus on retention & recognition programs such as the national DAISY Award program.

NICHE (Nurses Improving Care for Healthsystem Elders)

In June 2017, Bellevue Hospital Center with partner with NYU to pilot a new NICHE Geriatric Profile Assessment tool that will then roll-out nationally to designate facilities.

Social Work

OPCC is working with Social Work and developing a taskforce with John Cancel (Behavioral Health) to launch an enhanced Domestic Violence Screening tool across the System. Additional work has been underway with One City Health to obtain Social Workers access to a web-based portal maintained by the Mayor's Office of Operations that aggregates real time client information from five city agencies. This access could assist with social aspects of care /service, discharge planning, etc.

Domestic Violence Initiative: Support expansion and enhancement of forensic nurse examination programs. The City will expand forensic nurse examiner programs in two high-need NYC Health + Hospitals facilities to develop curriculum for domestic violence forensic examinations, provide trauma-informed care for victims of sexual assault and domestic violence, collect forensic evidence to aid prosecution of offenders, and offer connection to additional victim services.

Infection Prevention

Interim System Infection Preventionist, Mary Fornek- Consultant, continues system-wide high level gap analysis with a focus on areas of vulnerability. Three key areas of focus in April/May include: Antimicrobial Stewardship regulatory compliance in partnership with Pharmacy; HAI –CAUTI, CLABSI, (point prevalence study to begin at acute and post-acute areas in April/May 2017); Support for facilities undergoing Joint Commission Survey.

Nursing Education/Professional Development focus:

Developing standardize Clinical Guideline for prevention, assessment and treatment of pressure injuries across the system. Creation of a system-wide standardized new nurse orientation, inclusive of standardized content, orchestration of scheduling of courses to minimize duplicity and partnering with Workforce Development to synchronize nursing orientations at all levels: System, Facility, Department of Nursing. Goal is to regionally pilot a system new nurse orientation over the summer and then launch across the entire system in fall 2017.

Continuing Professional Education

Medical Continuing Education Survey for recertification was completed on May 17, 2017. Awaiting final results. Facilitated by a grant, DC 37 is offering a half-day Safe Patient Handling workshop on June 2, 2017. Across the system, front line staff will be participating in this learning experience to support both patient and staff safety.

Safe Patient Handling

System-wide SPH policy & procedure to guide local operations is in the last few steps of review. Once complete, communication action plan will be put into place to ensure consistent knowledge and understanding of this new regulation and processes. Final inventory of current equipment and will be updated in June 2017. Next steps will include the development of a front line staff pilot/demonstration fair with selected vendors. Standardizing equipment purchase is goal and will be managed through procurement department. SPH Shared Drive is near completion. This e- resource will allow easy access to shared resources e.g. guidelines, meetings & minutes at all facilities, etc.

Care Management Service – Task Force

June 1, 2017 Care Management Service Task Force kick-off scheduled. Concept is to understand and review future state care models, seek key stakeholder advisement, and align with System strategic goals. Fostering a data driven, targeted resource allocation and program matching framework, the yield will be an integrated Care Management Service that facilitates optimal patient care across our care transitions.

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

MetroPlus Health Plan, Inc.

Arnold Saperstein, MD, reported to the committee on the total plan enrollment as of May 1, 2017 was 499,597.

Breakdown of plan enrollment by line of business is as follows:

Medicaid	372,694
Child Health Plus	15,988
MetroPlus Gold	8,085
Partnership in Care (HIV/SNP)	4,281
Medicare	8,364
MLTC	1,539
QHP	8,490
SHOP	942
FIDA	178
HARP	9,531
Essential Plan	67,544
GOLDCARE	1,961

The membership has dropped again to just under 500,000 members and is likely due to the impact of federal-level health care policy developments. With significant uncertainty about the ACA/AHCA, applications for the Essential Plan in particular leveled off in 2017. To address this issue, MetroPlus moved more staff from the facilities where volume was low and has begun seeking new partnerships in the community. For the first half of May, our applications increased by 5.8% compared with the first half of May last year. Another factor at play is immigration policy. Following the very public national debate on this matter, H+H facilities reported a decline in facility traffic by approximately 15%. Our major enrollment source has traditionally been those coming to facilities for services and their families. Thus, as overall traffic goes down, MetroPlus applications would consequently suffer. In fact, total applications submitted in April declined by 12%, paralleling the 15% decline in patient volume.

ACTION ITEM:

Patsy Yang, Senior Vice President, Correctional Health Services, presented to the committee the following resolution.

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute an agreement with Education and Assistance Corporation ("EAC") to provide transitional case management services under the Community Re-entry Assistance Network program ("CRAN") over a five-year term, inclusive of two one-year renewal options, for a total not-to-exceed cost of \$28,639,875.

Approved for consideration by the full board.

Paul Albertson, Vice President Supply Chain Operations, presented to the committee the following resolution.

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute an agreement with McKesson Pharmacy Optimization ("McKesson") to provide a Patient Assistance Program to the 11 acute care hospitals in the System over a 3 year term with 2 one- year extensions at the sole option of the System for a 15% recovery fee which, based on an estimated cost avoidance of \$42,500,000, will yield an estimated total compensation to McKesson which shall not exceed \$6,375,000; provided, the President shall have the authority to increase the payment to McKesson to equal 15% of any additional costs that are avoided in excess of the estimated \$42,500,000.

Approved for consideration by the full board

There being no further business, the meeting was adjourned 3:50 PM.

CHIEF MEDICAL OFFICER REPORT
Medical & Professional Affairs Committee
September 13th, 2017

Behavioral Health

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

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

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

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

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

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

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

Delivery System Reform Incentive Payment (DSRIP) Program

OneCity Health is continuing with efforts to enhance access to primary care for patients, and the range of services available to them.

- All 32 NYC Health + Hospitals primary care clinics that applied for PCMH status have now successfully achieved 2014 Level 3 certification, which is the highest level of recognition conferred by the National Committee for Quality Assurance (NCQA).

In July, OneCity Health hosted the latest Patient-Centered Medical Home (PCMH) Learning Collaborative, providing strategies to improve communication and coordination between providers, and implement systems to better share information. This learning session was a part of OneCity Health's efforts to assist 54 sites in the OneCity Health network toward achieving PCMH recognition, which drives transformation in patient care and improves coordination throughout its developing integrated delivery system.

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

Care management programs continue to expand across the OneCity Health network.

- Transition Management Teams (TMTs) continue to provide 30 days of supportive care management for patients at high risk of readmission across eight medicine and three behavioral health inpatient units, located across eight NYC Health + Hospitals facilities.

To date, 1554 referrals have been made to the program, and 896 patients have graduated (completed all 30 days).

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

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

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

Pharmacy

Antimicrobial Stewardship Initiative assures optimal antimicrobial therapy prescribing and reduces antimicrobial resistance rates:

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

Assures Judicious Opioid Prescribing as per HealingNYC Initiatives: The office of Pharmacy is supporting the Office of Behavioral Health 4 – pronged opioid response as part of the Healing NYC Initiative. These include 1. Judicious prescribing, 2. Expanding treatment, 3.

Standardizing ED Response, and 4. Overdose Prevention. The office of Pharmacy services is assisting in the planning and designing of reporting metrics and strategies to achieve Judicious Prescribing.

The collaboration thus far has resulted in development of process metrics, and quantitative metrics for the future development of a judicious prescribing of opioids dashboard for NYC H+H.

Planning and design of expanded naloxone distribution program: the office of Pharmacy services is developing and implementing a process for a hospital pharmacy's to serve as a central node of distribution throughout the facilities to clinics, the ED and other appropriate locations to facilitate the screening, distribution, counseling and reporting of Naloxone kits to eligible patients. This collaboration is hoped to reduce the morbidity/mortality associated with the current national opioid epidemic.

- 10 acute sites and 5 DT&Cs are now OOPP enabling them to distribute naloxone kits
- Naloxone kits are being distributed through the Lincoln ED; A policy and procedure has been written
- Further work is being performed to establish work flows for other appropriate sites

Assuring EPIC systems functionality meets regulatory, safety and efficiency requirements.

Supporting supply chain and McKesson's progress toward implementation of a Patient Assistance Program.

Continuing progress toward a Standardized Formulary.

Accreditation and Regulatory Services

I. Unannounced Mock Surveys

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

2. Patient Safety Culture Survey

The Patient Safety Culture Survey was conducted at all NYC Health + Hospital facilities in July. The culture survey is a Joint Commission leadership standard requiring ‘leaders create and maintain a culture of safety and quality throughout the hospital’, using valid and reliable tools.

Survey questions, based on the Agency for Healthcare Research and Quality (AHRQ) survey tool, are designed to assess an organization’s culture of safety through feedback from staff and enables leadership to learn about staff perceptions of patient safety in their facility. Results of the feedback from the survey can be used to:

- Identify areas of strength and opportunities for improvement and/or re-evaluation
- Benchmark improvements and measure/track organizational changes over time
- Raise staff awareness about real and potential patient safety issues
- Identify strengths and areas for patient safety culture improvement

Staff at all NYC H+H facilities (hospitals, post-acute care, diagnostic and treatment centers, and home health care), were eligible to take the survey. Preliminary results show that of 35,500 plus eligible staff, over 20,800 completed the survey, representing a 58% response rate.

Value Based Purchasing and Quality Improvement

In order to transform NYC Health + Hospitals into a high performing health system, care will be standardized based upon evidenced based best practices in order to optimize quality and lower costs. Additionally, these activities will support the transition to value based payment models. NYC H+H is participating in a value based purchasing quality improvement program sponsored by DOH in which provides incentive payments to support financially fragile safety net hospitals. This five year program was launched in April 2015 with a goal of improving quality and financial stability. After diligent review of the DOH menu of metrics, H+H has selected:

- Catheter Associated Urinary Tract Infection Rate
- Catheter Associated Blood Stream Infection Rate
- 3-hour Sepsis Bundle
- Hospital Acquired Pressure Ulcer Prevalence Rate
- Follow-up after Hospitalization for Mental Illness
- Diabetes (Hemoglobin A1c) control

System-wide improvement efforts will be developed for each of these initiatives.

System Chief Nurse Executive Report Medical & Professional Affairs Committee Summer 2017

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

CNO Council Goals

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

System Nurse Practice Council (SNPC)

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

Nursing Professional Development

- Continuing Professional Education
 - **NYC Health + Hospitals received Accreditation with Commendation for six years for the CME Program.**
 - An automation solution for tracking and support CMEs, CEUs, etc. is under review to streamline processes and gain efficiency in workflow.
- IPFCC (Institute of Patient & Family Centered Care)
 - IPFCC Session on Leadership has been accepted for 8th Annual International Conference on Patient and Family Centered Care
 - Bellevue is submitting an abstract for session on LGBTQ PFAC for 8th Annual International Conference on Patient and Family Centered Care.
 - IPFCC “Better Together” – Family as Care Partners Grant
 - IPFCC “*Better Together*” facility website review/update completed
 - PFAC’s in New York Survey Grant: New York Public Interest Research Group
 - 73% participation from NYC H+H facilities

- Wound Care Team – Is focusing on HAPU metric through their work on developing standard work for HAPU prevention and Wound Care management. Goal is 4Q17 roll-out.
- NYSNA /NYC Health + Hospitals partnership to provide Mental Health Certification training for RNs across the system. To date 49 nurses have completed the training in 2017. Goal is to have a two to three additional training dates by end of 2017.
- Development of system-wide standard core nursing orientation for new hires continues. Curriculum development, competencies, and location logistics are under development with a goal of IQ18 roll-out for three pilot hospitals. All acute care sites contributed input to support high quality content, streamlining resources, and ensuring training opportunities can be accessed across the system. Additionally, there is collaboration with HR/Workforce Development to simplify system/general new employee training requirements and avoid duplicative training for nurses. IT solutions for some core mandates are being explored.

Social Work Council

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

Care Management

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

Patient Experience

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

Safe Patient Handling (SPH)

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

OPCC Operations

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

Live On NY

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

Nursing Informatics/ Quality/ Infection Prevention

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

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

Recent Achievements

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

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

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SHOP	865
FIDA	187
HARP	10,279
Essential Plan	66,995
GOLDCARE	1,982

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

Grand Openings

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

Retention

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

While the disenrollment rate for Medicaid has been declining, the rate for the Essential Plan (EP) continues to be a concern. That rate for July 2017 was 8.71% and 8.15% if transfers are excluded. This is more than double the Medicaid rate. While some of the higher rate is people who are not paying their premium, most is from those who do not owe a premium. To help reduce the disenrollment rate, we have been increasing our outreach to MetroPlus members. Working with Lincoln Hospital, we recently hosted an EP member event where EP members from Lincoln were invited to attend presentations about

our programs and services. Our rewards vendor, Finity, also helped enroll people in the program and explain the various benefits. As part of our overall outreach efforts, we will continue hosting additional member events in cooperation with other facilities.

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

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

Community Outreach

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

Finity

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

State Policy

Pharmacy update: "the state will help defray the cost of purchasing naloxone at pharmacies by contributing up to \$40 toward the co-pay, the governor's office announced recently. People with health insurance that covers prescription drugs will be eligible for state aid to buy naloxone, a nasal spray that can reverse the effects of heroin and opioid overdose, beginning on Wednesday. The program is funded through the state's Opioid Overdose Prevention Program. Insurers may limit the monthly amount of naloxone that a person can receive. The program does not cover uninsured patients, although they may be able to obtain the drug through other programs." (Politico)

Federal Policy

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



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

		Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17
Total Members	Prior Month	504,997	505,212	508,620	505,280	504,831	503,888	503,848
	New Member	25,482	27,333	21,311	24,307	23,326	20,999	18,076
	Voluntary Disenroll	1,978	1,580	1,650	1,627	1,529	1,470	1,524
	Involuntary Disenroll	23,289	22,345	23,001	23,129	22,740	19,569	21,470
	Adjusted	-4	25	109	170	580	3,095	0
	Net Change	215	3,408	-3,340	-449	-943	-40	-4,918
	Current Month	505,212	508,620	505,280	504,831	503,888	503,848	498,930
Medicaid	Prior Month	378,943	376,451	377,650	375,643	375,271	375,028	375,023
	New Member	14,499	16,809	13,425	15,413	14,951	13,531	12,175
	Voluntary Disenroll	802	724	630	864	699	668	759
	Involuntary Disenroll	16,189	14,886	14,802	14,921	14,495	12,868	14,969
	Adjusted	-14	9	89	138	474	1,343	0
	Net Change	-2,492	1,199	-2,007	-372	-243	-5	-3,553
	Current Month	376,451	377,650	375,643	375,271	375,028	375,023	371,470
Essential Plan	Prior Month	69,401	70,763	72,306	70,928	70,030	68,707	68,618
	New Member	7,127	7,712	5,560	5,909	5,571	5,278	3,549
	Voluntary Disenroll	7	1	1	2	3	1	1
	Involuntary Disenroll	5,758	6,168	6,937	6,805	6,891	5,366	5,171
	Adjusted	11	12	9	15	24	1,457	0
	Net Change	1,362	1,543	-1,378	-898	-1,323	-89	-1,623
	Current Month	70,763	72,306	70,928	70,030	68,707	68,618	66,995
Child Health Plus	Prior Month	15,095	15,398	15,778	15,766	16,074	16,213	16,382
	New Member	1,288	1,335	1,088	1,232	1,151	1,075	999
	Voluntary Disenroll	754	746	937	723	765	680	664
	Involuntary Disenroll	231	209	163	201	247	226	455
	Adjusted	0	3	5	21	52	232	0
	Net Change	303	380	-12	308	139	169	-120
	Current Month	15,398	15,778	15,766	16,074	16,213	16,382	16,262



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

		Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17
HHC	Prior Month	8,035	7,975	8,122	8,248	8,414	8,702	8,755
	New Member	309	187	202	229	350	235	36
	Voluntary Disenroll	206	0	0	0	0	0	0
	Involuntary Disenroll	163	40	76	63	62	182	82
	Adjusted	-3	-3	-2	-8	45	150	0
	Net Change	-60	147	126	166	288	53	-46
	Current Month	7,975	8,122	8,248	8,414	8,702	8,755	8,709
SNP	Prior Month	4,387	4,409	4,391	4,356	4,312	4,283	4,238
	New Member	124	133	96	100	89	82	90
	Voluntary Disenroll	29	20	39	20	25	30	22
	Involuntary Disenroll	73	131	92	124	93	97	124
	Adjusted	0	4	6	8	8	12	0
	Net Change	22	-18	-35	-44	-29	-45	-56
	Current Month	4,409	4,391	4,356	4,312	4,283	4,238	4,182
Medicare	Prior Month	8,429	8,449	8,426	8,411	8,356	8,294	8,295
	New Member	251	219	249	225	239	289	232
	Voluntary Disenroll	155	70	15	16	13	12	10
	Involuntary Disenroll	76	172	249	264	288	276	259
	Adjusted	0	0	0	-1	-1	-2	0
	Net Change	20	-23	-15	-55	-62	1	-37
	Current Month	8,449	8,426	8,411	8,356	8,294	8,295	8,258
Managed Long Term Care	Prior Month	1,401	1,427	1,456	1,500	1,524	1,586	1,612
	New Member	77	78	97	80	105	77	80
	Voluntary Disenroll	14	12	23	0	21	20	20
	Involuntary Disenroll	37	37	30	56	22	31	24
	Adjusted	-1	-2	-2	-5	-8	-53	0
	Net Change	26	29	44	24	62	26	36
	Current Month	1,427	1,456	1,500	1,524	1,586	1,612	1,648



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

		Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17
QHP	Prior Month	7,757	8,213	8,542	8,433	8,271	8,152	8,090
	New Member	899	740	283	262	270	201	162
	Voluntary Disenroll	0	2	0	0	0	0	0
	Involuntary Disenroll	443	409	392	424	389	263	159
	Adjusted	2	2	4	2	-14	-24	0
	Net Change	456	329	-109	-162	-119	-62	3
	Current Month	8,213	8,542	8,433	8,271	8,152	8,090	8,093
SHOP	Prior Month	976	948	926	915	910	894	872
	New Member	24	31	31	21	21	13	16
	Voluntary Disenroll	1	5	3	1	0	1	0
	Involuntary Disenroll	51	48	39	25	37	34	23
	Adjusted	0	0	0	0	0	0	0
	Net Change	-28	-22	-11	-5	-16	-22	-7
	Current Month	948	926	915	910	894	872	865
FIDA	Prior Month	167	168	174	172	177	184	188
	New Member	7	10	6	6	10	9	2
	Voluntary Disenroll	0	0	2	0	0	2	1
	Involuntary Disenroll	6	4	6	1	3	3	2
	Adjusted	0	0	0	0	0	0	0
	Net Change	1	6	-2	5	7	4	-1
	Current Month	168	174	172	177	184	188	187
HARP	Prior Month	8,480	9,110	8,924	8,995	9,531	9,853	9,800
	New Member	852	28	238	748	527	182	720
	Voluntary Disenroll	0	0	0	1	3	56	47
	Involuntary Disenroll	222	214	167	211	202	179	194
	Adjusted	0	0	0	0	0	0	0
	Net Change	630	-186	71	536	322	-53	479
	Current Month	9,110	8,924	8,995	9,531	9,853	9,800	10,279



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

		Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17
GOLDCARE I	Prior Month	1,024	1,018	1,046	1,051	1,111	1,138	1,135
	New Member	17	41	24	72	32	24	13
	Voluntary Disenroll	3	0	0	0	0	0	0
	Involuntary Disenroll	20	13	19	12	5	27	5
	Adjusted	0	0	0	0	0	-13	0
	Net Change	-6	28	5	60	27	-3	8
	Current Month	1,018	1,046	1,051	1,111	1,138	1,135	1,143
GOLDCARE II	Prior Month	902	883	879	862	850	854	840
	New Member	8	10	12	10	10	3	2
	Voluntary Disenroll	7	0	0	0	0	0	0
	Involuntary Disenroll	20	14	29	22	6	17	3
	Adjusted	1	0	0	0	0	-7	0
	Net Change	-19	-4	-17	-12	4	-14	-1
	Current Month	883	879	862	850	854	840	839



NYC HEALTH + HOSPITALS

BOARD OF DIRECTORS MEDICAL & PROFESSIONAL AFFAIRS COMMITTEE

BEHAVIORAL HEALTH UPDATE September 13, 2017

Office of Behavioral Health



Overview: building connections

Challenges	Service Innovations	Impacts
<ul style="list-style-type: none"> ▪ Care for <i>chronic</i> behavioral health issues is structured according to an <i>acute</i> care model, with heavy reliance on inpatient and emergency services ▪ With low rates of successful linkage to ongoing community-sited care ▪ Leads to high rates of repeat service utilization (e.g. 17% 30-day readmit to H+H after psych discharge) 	<ul style="list-style-type: none"> ▪ Community connections and community collaborative driven care models <ul style="list-style-type: none"> ▪ Care management models (including peer supports) that link NYC H+H clinic and community based care and social service agencies ▪ Levels of care tiered by acuity that have seamless connections between them <ul style="list-style-type: none"> ▪ Behavioral health care transition teams ▪ Intensive Outpatient Treatment ▪ More behavioral health capacity across all services <ul style="list-style-type: none"> ▪ Expanded screening and care for additional behavioral health issues, including substance use (with medication assisted treatment), anxiety and psychosis ▪ Crisis stabilization services <ul style="list-style-type: none"> ▪ Urgent care and ambulatory stabilization services with built in care navigation resources 	<ul style="list-style-type: none"> ▪ Improved long-term health outcomes for behavioral health populations ▪ Reduction in lengths of stay and readmissions to inpatient care ▪ Reductions in high utilization of emergency departments among behavioral health populations ▪ Expansion of access to behavioral health care to additional community members

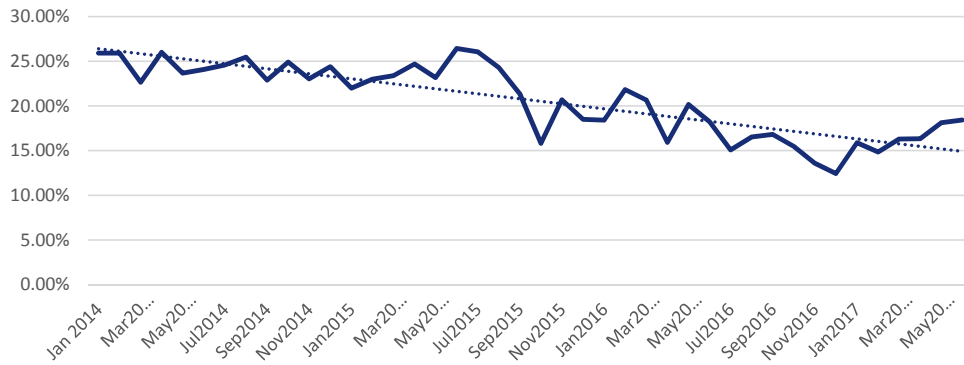
Focus on Inpatient

- Evidence based care models
 - Trauma Informed Care
 - Patient engagement strategies with nurses, BHA's and activity therapists
- Length of stay and readmission reduction
 - LOS Initiative Time frame: Q 2 and Q3 FY 2018
 - Expected Outcomes: System wide ALOS reduced from over 17 to ≤ 14 Days
 - Readmission Initiative timeframe: Q4 FY 2018 and Q1 FY 2019
 - Expected Outcomes: Reductions in system wide 30-day all cause readmission rate
- Patient Safety
 - Ligature risk
 - CMS mandates that all psychiatric units need to be suicide-risk free
- Violence Reduction
 - Debriefing PI project
 - Ongoing monitoring of aggression and violence in acute care areas

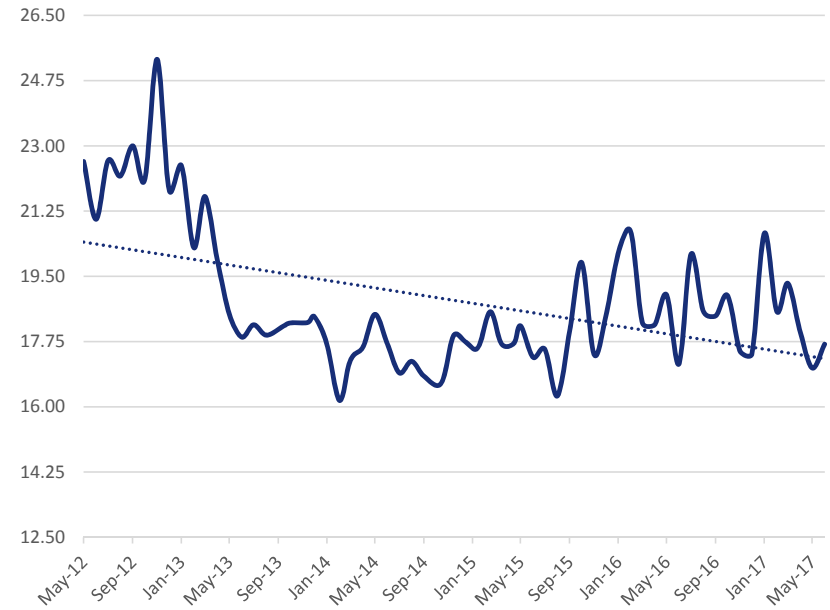


Readmission Rates and ALOS in Inpatient Behavioral Health settings

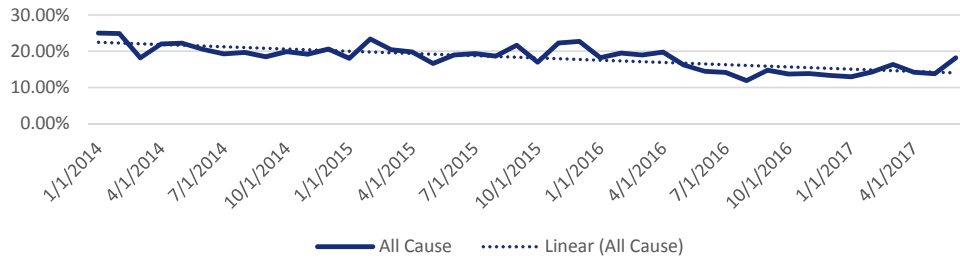
System-wide Adult PSY IP All Cause 30 day Readmission Rates
January 2014 - June 2017



System-Wide Adult ALOS
May 2012 - June 2017



System-wide DET All Cause 30 day Readmission Rates
January 2014 - June 2017



— All Cause Linear (All Cause)

Focus on Outpatient



- High acuity outpatient services
 - OMH licensed *Intensive Outpatient Programs*
 - Day Treatment and Partial Hospitalization
- Integration of Mental Health, Substance Use Disorder and Primary Care in specialty care clinics
 - Pilot project with OneCity Health at 5 NYC H+H sites
 - DOH *Integrated Outpatient Licenses* will enable broader adoption of integration care models
- Behavioral Health Capacity in Primary Care
 - Depression collaborative care management at all sites
 - Substance use collaborative care management at 4 sites and scaling
 - Expanding behavioral therapeutic skills to treat additional issues, such as anxiety, psychosis and chronic pain
- Non-clinical supportive services
 - Certified peer supports in emergency departments and in outpatient settings for care navigation
 - SDOH initiative to expand availability of Medicaid reimbursable “Home and Community Based Services” across system

- Maternal depression screening and care
 - All acute care and Gotham sites screening in prenatal and post partum clinics
 - Screening rates have improved over duration of initiative and are close to 100%
 - Sites working to improve screening yield

- Family Justice Centers
 - Providing onsite mental health services to victims of intimate partner violence
 - Currently operational in the Bronx and Queens
 - Brooklyn, Manhattan and Staten Island will be operational by end of October, 2017

- Mental health service core
 - Currently 40 MHSC participants are working in primary care and behavioral health clinics across system

- Mental health first aid training
 - NYC H+H staff have been trained as trainers in mental health first aid and 91 individuals have been trained. Seven classes are scheduled for September and October



HealingNYC

- **Judicious Opioid Prescribing**
 - New opioid dashboard
 - Opioid prescriber stewardship
- **Increasing Medication Assisted Treatment**
 - Increased providers prescribing buprenorphine
 - Buprenorphine in all adult medicine outpatient clinics
 - Greater connections to care in opioid treatment programs
- **Standardizing ED response**
 - Engagement, connection to care and medication stabilization for non-fatal opioid overdose
 - Routine screening for risky opioid use
- **Overdose Prevention**
 - All facilities are certified Opioid Overdose Prevention Programs
 - Prescribing *naloxone* and overdose prevention training to patients and community members
- **Consult for Addiction Treatment and Care in Hospitals (CATCH) Teams**
 - Devoted addiction consult service with ongoing peer support piloting at Bellevue, Coney Island, Lincoln and Metropolitan with plans to scale elsewhere
 - Will connect patients to ongoing care, reduce utilization, increase wellness and decrease opioid overdose death

