

AGENDA

MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE

Date: December 7, 2017
Time: 9:00 AM
Location: 125 Worth Street, Rm. 532

BOARD OF DIRECTORS

CALL TO ORDER

DR. CALAMIA

ADOPTION OF MINUTES

November 8th, 2017

CHIEF MEDICAL OFFICER REPORT

DR. ALLEN

CHIEF NURSE EXECUTIVE REPORT

DR. MENDEZ

METROPLUS HEALTH PLAN

DR. SAPERSTEIN

ACTION ITEM:

1) Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with PharmScript, LLC (PharmScript) to provide pharmacy services for the System's five post-acute care facilities (Carter, Coler, Gouverneur, McKinney, and Sea View) with an initial term of three years with two one-year options to renew solely exercisable by the System and with total amount over the combined five-year term not to exceed \$17,729,822 to pay PharmScript for patients with no insurance and for the performance of drug regimen reviews

MS. McCLUSKY/
DR. LUONG

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

MINUTES

MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE

Meeting Date: November 8th, 2017

BOARD OF DIRECTORS

ATTENDEES

COMMITTEE MEMBERS

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

HHC CENTRAL OFFICE STAFF:

Machelle Allen, MD, SVP, Chief Medical Officer, Medical & Professional Affairs
Paul Albertson, Vice President of, Supply Chain
Charles Barron, Deputy Chief Medical Officer, Office of Behavioral Health
Janette Baxter, Senior Director, Risk Management
Victor Cohen, Assistant Vice President, Pharmacy
Lora Giacomoni, Assistant Vice President, Quality & Patient Safety
Terry Hamilton, Assistant Vice President, Office of Population Health
Colicia Hercules, Chief of Staff to the Board Chair
Michael Keil, Assistant Vice President, Enterprise Information Technology Service
Andrew Kolbasovsky, Senior Assistant Vice President, OneCity Health
Patricia Lockhart, Secretary to the Corporation
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
Sarah Samis, Chief of Staff, President Office
Sean Studer, MD, Deputy Chief Medical Officer, Medical & Professional Affairs
Diane E. Toppin, Senior Director Medical and Professional Affairs
Ross Wilson, MD, Senior Vice President/Chief Transformation Officer, Office of Transformation

FACILITY STAFF:

Arnold Saperstein, MD Executive Director, MetroPlus Health Plan

OTHERS PRESENT:

Clifford Chen, OMB
Justine DeGeorge, Office of State Comptroller
Rajeeb Khatua, Consultant, EMR Clinical Information Systems
Raymond Santader, DC37

**MEDICAL AND PROFESSIONAL AFFAIRS
COMMITTEE
November 8th, 2017**

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 9:05 AM. The minutes of the September 13th, 2017 Medical & Professional Affairs Committee meeting were adopted.

CHIEF MEDICAL OFFICER REPORT

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

Flu Campaign

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

Behavioral Health

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

Maternal Depression Screening: Currently as part of NYC Thrive, all acute care facilities have formal screening protocols for maternal depression. Processes are underway to extend the screening for maternal depression at the well-baby visits in pediatric clinics. OBH is actively working on substance use issues in our system specifically in conjunction with **Healing NYC** – focused programs that address the current opioid crisis in NYC. As part of that program, NYC H+H Behavioral Health initiatives include: judicious prescribing practices in emergency departments; increasing access to buprenorphine in primary care and emergency departments; increased distribution of naloxone kits to reduce fatal overdose; and establishment of addiction consultation team.

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

Safety in the behavioral health areas is a key priority. Aggression and violence are significant issues in this area that result in both patient and staff injury. OBH is working with facilities to implement best practice programs that provide screening and identification for the potential for violence as well as clinical programming to reduce

aggression on the inpatient and emergency services. At the monthly Directors of Psychiatry Council meeting we continue to present best practice models to reduce episodes of violence and cases of staff or patient injury.

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

Pharmacy

NYC H+H M&PA Office of Pharmacy Services Collaborates with Huron Consulting to develop and design a future state, road map and implementation time line for cost avoiding, revenue generating transformation of Pharmacy services. The office of Pharmacy services under the supervision of M&PA, supported a month long exploratory analysis of current state of Supply Chain services including the Pharmacy services for opportunities to enhance efficiencies across the system. During their assessment of H+H's \$1.4 billion OTPS spend, Huron identified significant cost savings opportunity in several key areas. The Office of Pharmacy Services is chairing the Clinical Pharmacy Implementation Team. To target key expense areas for savings. The key areas identified in the assessment were: Implementation of a central fill and specialty pharmacy services, Respiratory drug selection and utilization, establish physician centric clinical pharmacy program to provide daily review of drug utilization, consolidate Infusion centers; insource outsourced compounding, implement dose rounding.

The office of Pharmacy services, in collaboration with the Office of Quality, Risk, & Patient Safety, is leading an enterprise wide **Antimicrobial Stewardship Program (ASP)** performance improvement project to assure compliance with 37 CDC core elements for antimicrobial stewardship. A system wide multidisciplinary, collaborative monthly conference is held with the scope of removing barriers to optimal antimicrobial stewardship performance. Current successes, barriers, and ongoing improvements: Ability to run Days of therapy reports for all Quadramed sites is being developed. Extension of Antimicrobial Stewardship to cover the Ambulatory Services has been initiated to comply with regulatory requirement and as an opportunity to reduce over use of antimicrobial agents. Gap analysis of current state of a standard antibiogram across all facilities was conducted. Standard definitions for expenditures avoided with pharmacy interventions have been provided. Facilities are performing the 48 hour time out documentation in the medical in compliance with regulatory requirements. Current Pharmacist resources to manage antimicrobial stewardships is in need of improvement. There is a need for facilities to recruit and hire ID specialist Antimicrobial Stewardship Pharmacist to continue to perfect optimal performance in this area. Facility treatment recommendations for select diseases are being collated for commonality to evolve into one standard across the system where appropriate. Facility approved participation in AHRQ sponsored antimicrobial stewardship webinar program, and preparation for participation in NHSN registry is ongoing.

System average compliance with the CDC core elements is 84% for the acute care facilities. Ambulatory and post-acute care sites are completing their CDC core elements; the post-acute care facilities are reporting a 74% compliance. Additional key performance indicators reported include: percent of healthcare related interventions initiated by the ID Pharmacist associated with the antimicrobial stewardship and accepted, that optimize antimicrobial

therapy and reduce the risk of resistance, and lastly antimicrobial usage patterns of broad spectrum agents that can be related back to rates of resistance.

The NYC Health + Hospitals system aims to further establish the ASP to reduce adverse events associated with antibiotic use to optimize the treatment of infections. Misuse and overuse of antimicrobials is an enterprise initiative as patients infected with antimicrobial-resistant organisms are more likely to have longer, more expensive hospital stays with higher morbidity rates. Rates of resistance to antimicrobial agents continue to increase in hospitals across the United States due to exposure. Other Ongoing Initiatives are; judicious opioid prescribing, expanded naloxone distribution, epic order sets, Patient Assistance Program (with Supply Chain), standardized Formulary and USP 797 and 800 standards compliance for compounding IV admixtures.

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

Chief Nurse Executive

Kim Mendez, Chief Nurse Executive, reported to the committee the work and achievements during the month of September 2017. Work continues to focus on both system transformation strategic goals as well as Nursing and Office of Patient Centered Care high priority initiatives.

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

System Nurse Practice Council (SNPC)

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

Nursing Professional Development

Ongoing NYSNA /NYC Health + Hospitals partnership to provide Mental Health Certification training for RNs across the system. To date 49 nurses have completed the training in 2017. Two additional training dates have been schedule in 2017. Development of System-wide nurse orientation program continues. Areas underway include Post Acute Care, Acute Care, and onboarding agency staff. NP Retention & Recruitment

Program proposal under development. **NICHE** (Nurses Improving Care for Healthsystem Elders) NICHE All-Day LEARNING SESSION – to take place at Jacobi Conference Center on **November 14, 2017** (no cost to H+H and its attendees). NYU/NICHE Tristate event with CEUs provided. **NIPCOA** - New enrollment date for ambulatory care nurses on the online training platform is October 16th through the NYU – Hartford Institute for Geriatric Nursing.

Domestic Violence Initiative

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

Social Work Council

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

Care Management

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

Workforce Management

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

Patient Experience

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

Safe Patient Handling (SPH)

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

OPCC Operations

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

Live On NY

Organ Donor Enrollment Day October 4th will be celebrated at all 11 acute care facilities. The ECHO Project – 4th monthly ECHO Clinic scheduled for October 13th 2017 with Lincoln Hospital as a presenting facility.

EMR Access for OPO LiveOnNY Staff – work to finalize a process map for OPO Epic and Quadramed access is underway.

Nursing Informatics/ Quality/ Infection Prevention

CNO Quality & Operational Dashboards under develop for a 4Q2017 launch.

EPIC

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

Recent Achievements

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

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

MetroPlus Health Plan, Inc.

Arnold Saperstein, MD, reported to the committee on the total plan enrollment as of October 1, 2017, was 500,119. Breakdown of plan enrollment by line of business is as follows:

Medicaid	370,737
Child Health Plus	16,157
MetroPlus Gold	9,186
Partnership in Care (HIV/SNP)	4,243
Medicare	8,183
MLTC	1,715
QHP	7,812

SHOP	864
FIDA	190
HARP	10,439
Essential Plan	68,645
GOLDCARE	1,948

Finity Rewards Program

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

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

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

We will continue to work to expand the rewards program in the months ahead. We have already sent out to every MetroPlus member information about the program and we are now sending out reward alerts to those who have earned points. We are also including the rewards program in our member retention events held at facilities throughout the city. We also have filmed testimonials with 15 individuals who participated in the program and received rewards. We are currently editing the media and will soon be sharing them on our website and on all social media platforms.

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

Day Care Workers

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

Gold Open Enrollment

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

Open Enrollment (ACA Products)

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

Disenrollment

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

Member Care: Integrated Case Management

We would also like to briefly touch upon our work in integrated case management. Since the beginning of the year, our case managers have completed over 2,500 home visits with members. We also recently implemented a case management taskforce, consisting of registered nurses and social workers, which will target the top 100 members with the highest utilization rates and costs as well as individuals with high out-of-network services to ensure patient-centered, cost-effective care. As part of our continuing efforts to address the underlying social determinants of health, we plan to hire a housing specialist to address the significant health burden within the homeless population as well. We are continuing our collaboration with HRA to identify effective paths to serve our highest-need members and will be joining forces with a clinical team out of Lincoln Hospital to reduce re-admission rates.

INFORMATION ITEM:

Lora Giacomoni, Assistant Vice President, Quality, Patient Safety and Risk Management, presented to the committee an update on value bundle pay; increasing weight on performance; H+H measures; collaborative council, and justice center division of prevention & quality improvement.

There being no further business, the meeting was adjourned 10:09 AM.

CHIEF MEDICAL OFFICER REPORT
Medical & Professional Affairs Committee
December 7th, 2017

Behavioral Health

Integration of Behavioral Health & Primary Care: OBH continues to work with Ambulatory Care and One City Health to expand the collaborative care program. Efforts are underway to expand to maternal health and pediatrics. In collaboration with One City Health, work has begun to implement co-located primary care in behavioral health in five sites: Bellevue, Elmhurst, Lincoln, Kings, and Cumberland. The collaborative care program has pilots underway to include substance abuse screens and treatment into primary care as well as inclusion of the prescription of buprenorphine as treatment for opioid abuse.

Maternal Depression Screening: Currently providing screening for depression and referral for treatment if positive screen in maternal health as well as primary care in all acute care facilities.

Currently screening in well-baby programs in Gouverneur and Bellevue and plan on spreading to all sites.

OBH is actively working on substance use issues, especially focused on the current opioid crisis - Healing NYC – focused programs that address the current opioid crisis in NYC. Intervention focused on the following: 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. All sites are now open: Manhattan, Brooklyn, Queens, Bronx and Staten Island.

OBH is working with all facilities to advance safety. Implementation of a program of debriefing after an incident or aggressive episode is focused to reduce violence and assault in the acute care areas. Also focus on the ensuring a safe environment for patients through a comprehensive risk assessment of ligature and other environmental safety concerns is being conducted system wide.

OBH also is working with the Office of Patient Centered Care of development of a Care Management model. In Behavioral Health, the inclusion of peers as part of the model has shown success and currently there are pilots in three facilities using peers to assist in care management.

OBH is also continues collaboration with DHS to explore ways to provide additional care and services to the homeless population. Since a significant number of discharges from the acute care facilities are homeless, there is a need to develop new treatment models and ways to engage patients into ongoing treatment.

Accreditation and Regulatory Services

Earlier this year, six (6) NYC H+H facilities underwent their triennial Joint Commission survey: Bellevue, Coney, Henry J. Carter, NCB, Queens and Woodhull. The surveys entailed a much more rigorous process than in previous years and included new changes for 2017. All six facilities were accredited.

2017 Survey Results Summary

- NO 'immediate threat to life'/immediate jeopardy citations

- Highest level citation received was related to environmental ligature risks
- Majority of citations were 'low limited' (harm could happen but rare), consistent with category of TJC citations nationwide. Examples of H+H citations: prohibited abbreviations, competency not validated, preventive maintenance not done, expired supplies, peeling paint, insufficient data collected
- Other areas of vulnerabilities: provision of care, medication management, life safety, environment of care, human resources, infection control, and record of care

In 2018, four (4) facilities - Coney, Kings, Lincoln and SeaView are up for survey. Additional areas of continued TJC focus include: ligature risks and mitigation strategies, high level disinfection and sterilization, infection prevention and control, medication management/safe opioid prescribing, reducing MDROs, staff competency, culture of safety, and striving to achieve Zero Harm.

Laboratory Services

The NYC Health + Hospitals clinical laboratories continues to focus on system standardization while further transforming current state operations to a Rapid Response Lab model. Current work in progress includes the redirecting of outpatient testing from Queens hospital to Northwell Core laboratory, with Elmhurst and Coney outpatient testing targeted to redirect by Dec. 2017.

Strengthening laboratory operations includes the systematic approach to replacement of existing laboratory equipment.

- Chemistry - we expect to complete our system implementation by June 2018
- Hematology - Kings County has recently implemented the new test system. We continue to be on track for Jacobi, and Bellevue by spring of 2018, targeting system completion by Jan. 2019.

Over the next 30 days, project kick-off planning will be completed, launching the initiation of Test and Patient Blood Management work.

Quality

Sepsis

Through the efforts of system wide quality & performance improvement activities, the Sepsis workgroup continues to make strides to standardize care around evidenced based -practice and sharing of internal best practices. This includes:

- Merging of EPIC, Quadramed, and clinical sepsis task force into one interdisciplinary entity to drive improvement with our clinical pathways and order sets.
- Standardizing use of whiteboards in the Emergency Department including content as it relates to sepsis alerts.
- IT alert/enhancements – time zero countdown, flag for elevated lactate levels, order sets
- Analysis of mortality at the site, system, state, national and international levels – including Sepsis Mortality Drill-Down per site: Identification location; how many cases that expired were initiated in the ED versus how many were Inpatient/ICU; Diagnostics (i.e. - comorbidities, presumed or official cause of death, etc.); Clinical trends and recurring fallouts
- Review of quality improvement tools relative to sepsis for consideration and adoption system-wide including

- Concurrent QA checklists
- Code sepsis
- Algorithms/Standard Work
- Huddles
- Sepsis committee/forum
- Dedicated resource/sepsis coordinator
- Education/training
- Point of care Testing

**System Chief Nurse Executive Report
Medical & Professional Affairs Committee
December 2017**

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

CNO Council Goals

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

System Nurse Practice Council (SNPC)

Following the successful launch of our system-wide Nursing Philosophy and Care Model in May this year, the System Nurse Practice Council has been on a journey to continue to foster a healthy work environment and envelope front line caregivers in decision making. On **November 1, 2017**, a *Shared Governance Retreat* was successfully held with a focus on first steps of developing a system-wide Shared Governance structure. The day embraced a collaborative approach with NYSNA to provide a formal overview of shared governance principles, provide tools and other resources to support each facilities next steps. Several NYC H+H facilities, who currently have successful *Shared Governance* structures, shared their experiences and journey. The day was well received. Next steps include additional support and training for facilities. A formal critique and follow-up agenda is scheduled for December 6, 2017.

OPCC Professional Development

- Continuing Education
 - Social Work Providership is up for recertification in February 2018.
 - Submission of application is due by January 18, 2018
 - Goal: 3 year recertification
- IPFCC (Institute for Patient and Family Centered Care)
 - Abstracts accepted for 8th International Conference on Patient and Family Centered Care
 - *Better Together* Partnering with Families: Families from Visitors to Care Partners in Large Health System – Role of Leadership
 - LGBTQ PFAC
 - Bellevue PFAC
 - Proposal for new partnership with IPFCC to focus on program designed to aid in the standardization of Patient Advisory Councils across the system. Includes:
 - IPFCC Consultant/Coach

- Access to Webinars and training Materials System Wide
 -
- Nursing Wound Care Team
 - Charter complete
 - Pressure Ulcer Assessment and Treatment Pathway complete
- NICHE (Nurses Improving Care for Healthsystem Elders)
 - NICHE All-Day Learning Session was held on **November 14th** at Jacobi Medical Center. 89 participants from NYC Health + Hospitals and an additional 20 participants from area NICHE designated hospitals.
 - Presentations by Queens Hospital (Exemplar designated hospital); Elmhurst (Progressive); Jacobi (Senior Friendly)
 - Dr. Catherine D’Amico and Dr. Mattia Gilmartin, NICHE Executive Directors, facilitated and presented an education session.
 - Participants received CEUs
 - Next steps include brainstorm on ways to continue to embed NICHE principles throughout the service line e.g. quarterly NICHE Coordinators meetings; Central Office lead Grand Rounds; Facility “gemba walks”
- NIPCOA (Nurses Improving Primary Care for Older Adults)
 - To begin enrolling ambulatory care nurses on the online training platform as of Sept. 25th – according to NYU – Hartford Institute for Geriatric Nursing the date the program will be up and available for enrollment and CEs. Email notifications developed and sent to nurse educators, CNOs, and other nurse leaders. Currently working with NYU to enroll online learners. 25 registered to date.
- System-wide standardization of core nursing orientation continues to be a focus for an initial phase I, IQ18 launch. Additional work is underway to learn from other NY health systems who have established centralized nursing education programs, nurse residency programs, etc. Leveraging IT and web based technology for workforce development is being aligned with Human Resource leaders.
- SART & Domestic Violence Initiative
 - Monefa Anderson (education) and Marlene Allison (operations) from NYC H+H are partnering with OCDV. Bi-weekly meetings with OCDV and IAFN have been established to discuss ongoing curriculum development. Reviewing current state of SART program operations; reviewed budget; developing funding proposal.
 - Both Ms. Anderson & Ms. Allison attended the IAFN International Conference from October 10-14th in Toronto; to inform work on development of SART/OCDV initiative; awaiting necessary approvals/paperwork processing.
 - Ms. Anderson held a meeting with Social Work leadership to discuss DV screening throughout H+H and the current role of Domestic Violence Coordinators and SW in the process; to provide programmatic overview and to see how screening can be enhanced across the system.

- On September 12th, 2017 an OCDV and H+H Domestic Violence Coordinator Meeting was held at the Mayor's office – DV Coordinators updated on upcoming work on DV screening and to provide screening tools/questionnaires they currently use. Follow-up meeting scheduled for December 14th
- Partnering with OCDV, DOH and CBOs on developing an all-day Grand Rounds DV/IPV and healthcare workshop for MDs/NPs/PA and community advocates. Planning meetings are being held weekly – with a conference date of December 8th, 2017.

Care Management

- Care Management has been transitioned to the Office of Patient Centered Care (OPCC) inclusive of three DSRIP process metrics. Work has been focused on the development of an outline of all care management projects, workflows, processes across the system as well as creating an inventory of current staffing, roles, and functions of all care management, social work, utilization review resources. The results will be mapped to future care management models at each facility to understand gaps and / or opportunity to realign resources.
- As operational metric owner for ED Care Triage for At-Risk Populations and Care Transition intervention – core elements of discharge summary. Three metrics were established with a submission deadline of December 8, 2017. These have been completed.
- Review of Care Management standard curriculum for competency & orientation is also underway.
- Finalizing a system-wide high risk stratification tool for the ED Care Transition team is a December 2017 priority. Alignment with Population Health predictive model is essential

Patient & Staff Experience

With a strategic goal of improving patient and family experience and engagement scores across all settings, the development of a charter, aim statement and project plans is complete and signed-off. Charter includes metrics (target & stretch) and milestones over a 5 year plan. Metrics have been established and are aligned with growth, value-based purchasing and national patient satisfaction benchmarks. To ensure integration of Patient Experience and Staff Engagement a Human Experience Council was launched in September 2017. This executive steering committee provides guidance and input on strategic project initiatives. Monthly PXO Council meetings have been established and held. Focus has been on researching and identifying a system-wide Patient Experience framework inclusive of Service Behaviors and Rounding. Next steps are to launch system projects using ICARE model for service behaviors and patient, staff, and leadership rounding guidelines & education. An additional area of opportunity is to review/inventory are patient and staff experience projects, programs, etc. Goal is to complete in 4Q17.

OPCC Operations

- a. Temporary /Agency Staffing Standardization Program continues. Successfully organized 4 sites for central procurement initiative (Coney, Bellevue, Lincoln and Queens Hospital).

Nursing Informatics/ Quality/ Infection Prevention

- EPIC
 - Nursing representation present at optimization efforts of our Epic product by participating in design workgroups for ambulatory, order sets, sepsis documentation and charging.

- Training development action plan underway for upcoming EPIC upgrade.
- Zynx Nursing Care Plans in development with EPIC users.

- Quality Transformation initiatives and associated charters are underway for CAUTI, CLABSI, Pressure Injury prevention and remain a focus.

Live On NY

- ECHO Project Update – Project Extended for 2018 4 site will continue to participate with possible additions of other sites.
- Creation of Kings County Donor Council – First meeting November 30th 2017

- October 4, 2017 Organ Donor Enrollment Day Results:

<u>NYC Health + Hospital Enrollment Day numbers 2016</u>		<u>NYC Health + Hospital Enrollment Day numbers 2017</u>	
NYC Health + Hospitals/Jacobi	14	NYC Health + Hospitals/Jacobi	15
NYC Health + Hospitals/Lincoln	23	NYC Health + Hospitals/Lincoln	40
NYC Health + Hospitals / North Central Bronx	23	NYC Health + Hospitals / North Central Bronx	5
NYC Health + Hospitals/Coney Island	18	NYC Health + Hospitals/Coney Island	20
NYC Health + Hospitals / Woodhull	24	NYC Health + Hospitals / Woodhull	9
NYC Health + Hospitals/Bellevue	17	NYC Health + Hospitals/Bellevue	21
NYC Health + Hospitals/Harlem	43	NYC Health + Hospitals/Harlem	40
NYC Health + Hospitals / Metropolitan	15	NYC Health + Hospitals / Metropolitan	66
NYC Health + Hospitals / Kings County	11	NYC Health + Hospitals / Kings County	6
NYC Health + Hospitals/Queens	24	NYC Health + Hospitals/Queens	6
NYC Health + Hospitals / Elmhurst	5	NYC Health + Hospitals / Elmhurst	5
NYC Health + Hospital/ Central Office	10	NYC Health + Hospitals / Central Office	18
Total	227	NYC Health + Hospitals/Carter	9
		Total	260
		*Note : Carter participated in 2017	

- Stats for Total number organs procured to date for FY 17 and comparison to FY 16

Total Number of Procured Organs/ Hospital as of November 16, 2017		
	FY 2016	FY 2017
Bellevue	27	7
Coney Island	13	4
Elmhurst	20	24
Harlem	2	12
Jacobi	36	30
Kings County	13	26
Lincoln	19	22
Metropolitan	0	1
North Central Bronx	3	0
Queens	0	0
Woodhull	0	17
Totals	133	143

Recent Achievements

Bellevue Hospital

- On November 22, 2017, NYC Health + Hospitals/Bellevue announced that it is one of only two hospitals recognized for excellence in six or more categories of heart and stroke care by the American Heart Association/American Stroke Association. This recognition earns NYC Health + Hospitals/Bellevue a prestigious position on U.S. News and World Report's list of America's Best Hospitals for outstanding care of heart and stroke patients.

The recognition was awarded for implementation of the AHA/ASA Get With The Guidelines(R) (GWTG) program, which establish metrics for high standards for care and patient outcomes. The hospital was recognized in six areas:

- * Gold Plus Achievement for GWTG: Heart Failure
- * Honor Roll for Target: Heart Failure(TM)
- * Gold Achievement for GWTG: Resuscitation

* Gold Plus Achievement for GWTG: Stroke

* Honor Roll - Elite Plus for Target: Stroke(TM)

* Silver Receiving Award for Mission: Lifeline(R) STEMI (short for ST-Elevation Myocardial Infarction, a serious type of heart attack)

Coney Island Hospital

- On November 22, 2017, NYC H+H/CIH announced they were recognized by the AHA/Get with the Guidelines for the following achievements:
 - * Gold Plus Achievement for GWTG: Stroke

Elmhurst

- On November 22, 2017, NYC H+H/Elmhurst announced they were recognized by the AHA/Get with the Guidelines for the following achievements:
 - * Gold Plus Achievement for GWTG: Heart Failure
 - * Honor Roll - Elite Plus for Target: Stroke (TM)

Gouverneur

- Miriam Rivera RN went to Puerto Rico on the NYSNA relief initiative from November 13-17 2017

Kings County Hospital

- Behavioral Health nursing staff presented at the annual OMH conference on November 15, 2017. Poster presentations included: Trauma-Informed Care and the Opioid Epidemic: Our Team Approach.
- The Skin Care Champions all-day seminar was held on October 27, 2017.
- *The Magnet Nexus* newsletter was published.
- Nurses Led “Learning to Manage Life with Diabetes” a learning session for people in our community at the Brooklyn Library, Crown Heights, November 28, 2017.
- On November 22, 2017, NYC H+H/Kings announced they were recognized by the AHA/Get with the Guidelines for the following achievements:
 - * Silver Achievement for GWTG: Heart Failure
 - * Gold Plus Achievement for GWTG: Stroke
 - * Honor Roll - Elite for Target: Stroke(TM)

Harlem

- On November 22, 2017, NYC H+H/Harlem announced they were recognized by the AHA/Get with the Guidelines for the following achievements:
 - * Gold Plus Achievement for GWTG: Stroke

Jacobi

- On November 22, 2017, NYC H+H/Jacobi announced they were recognized by the AHA/Get with the Guidelines for the following achievements:

*Gold Plus Achievement for GWTG: Stroke

* Honor Roll - Elite Plus for Target: Stroke(TM)

Lincoln

- Lincoln hospital achieved Joint Commission Certification in stroke this past month.
- On November 22, 2017, NYC H+H/Lincoln announced they were recognized by the AHA/Get with the Guidelines for the following achievements:
 - * Silver Plus Receiving for Mission: Lifeline(R) STEMI
 - * Honor Roll for Target: Stroke(TM)

Metropolitan

- Metropolitan's Colon SSI Reduction Initiative through the implementation of the Advanced Colon Bundle was featured at the CMS webinar on November 28, 2017.
- On November 22, 2017, NYC H+H/Metropolitan announced they were recognized by the AHA/Get with the Guidelines for the following achievements:
 - * Gold Plus Achievement for GWTG: Stroke

North Central Bronx

- On November 22, 2017, NYC H+H/NCB announced they were recognized by the AHA/Get with the Guidelines for the following achievements:
 - * Gold Plus Achievement for GWTG: Heart Failure
 - * Honor Roll - Elite Plus for Target: Stroke(TM)

Queens Hospital

- For the 2017 Quality Recognition Award Program, Queens received B for Leapfrog in the Fall
- The ACT 2 Program has been awarded a "Certificate of Excellence" by the ACT Institute/ Center for Practice Innovations for our staff having completed all required training.
- On November 21, 2017, NYC Health + Hospitals/Queens Hosted Maternal-Child Health Forum for Expectant Moms and Their Families. The focus was on Maternal-Child Health Cycle and Baby's First 1,000 Days

Woodhull

- Angela Edwards, CNO of Woodhull was honored at Woodhull Auxiliary Gala held at Russo on the Bay on November 11, 2017.
- On November 22, 2017, NYC H+H/Woodhull announced they were recognized by the AHA/Get with the Guidelines for the following achievements:
 - * Gold Plus Achievement for GWTG: Heart Failure
 - * Honor Roll for Target: Heart Failure(TM)

MetroPlus Health Plan, Inc.
Report to the
Medical and Professional Affairs Committee
December 7, 2017

Total plan enrollment as of November 1, 2017, was 501,190. Breakdown of plan enrollment by line of business is as follows:

Medicaid	370,869
Child Health Plus	16,464
MetroPlus Gold	9,406
Partnership in Care (HIV/SNP)	4,145
Medicare	8,190
MLTC	1,744
QHP	7,599
SHOP	850
FIDA	187
HARP	10,509
Essential Plan	69,295
GOLDCARE	1,932

Open Enrollment

The open enrollment period for the New York State marketplace began on November 1 and runs through the end of January. While individuals can enroll in our main products, Medicaid and Essential Plan throughout the year, this is the time for enrollment in the Qualified Health Plan (QHP). The increased attention open enrollment traditionally means that more people sign up for Medicaid and Essential Plan during this time period. This year, MetroPlus is offering at least one plan in the Silver Tier and one in the Gold Tier that is the lowest-priced plan. We are also offering one plan in the Bronze Tier and one Platinum plan, which is the second-lowest in price.

As of November 22, which constitutes the first few weeks of open enrollment, we have received 13,542 applications. This is a 5.5% increase from last year. Typically, we see a rush to sign up in mid-December so people can qualify for January 1 coverage and another rush towards the end of open enrollment through January. While we are pleased that applications have increased, we do face significant challenges on two fronts. First, the public debate over the status of the Affordable Care Act has led to substantial confusion in the marketplace as to whether coverage will continue and whether people will still receive subsidies. Second, immigration concerns have made people reluctant to provide documentation that is required to prove eligibility for coverage.

Community and Member Outreach

To address these issues head on, we have worked closely with the Mayor's Office of Immigrant Affairs and provided updated immigration information to our marketing representatives. We have also partnered with H+H facilities on immigration forums to better address immigration concerns with people in the community. In addition to these steps, we have expanded our presence overall to ensure we can enroll as many people as possible during open enrollment. Marketing staff is working seven days a week, including evening hours. Our retention team is calling individuals until 8:00 PM to assist with the renewal process. We also hosted several

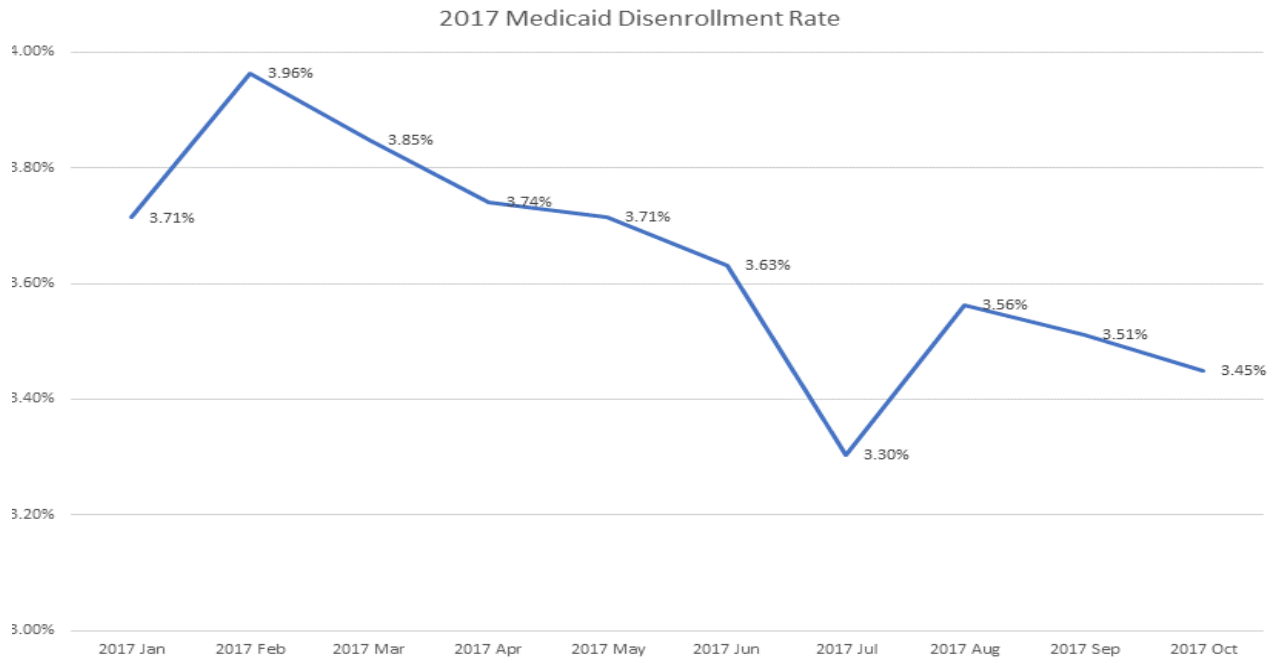
events around Thanksgiving (giving away 2,500 turkeys to members of the community) that generated 350 members. On Saturday, November 18, we held a disenrollment telethon where we brought representatives centrally to contact people who had recently disenrolled from MetroPlus. The energy and shared best practices from the group effort was very effective and approximately 200 appointments were made. We will be continuing and enhancing our Saturday telethon efforts going forward.

On December 2, we hosted the opening of our Staten Island community office in the Port Richmond area. The office will give us a key physical presence on Staten Island where we will host marketing events, provide customer service information, and conduct health screenings. We have been operating on Staten Island since the beginning of 2016 and currently have nearly 3,000 members.

While open enrollment for the New York State of Health Marketplace continues through the end of January, open enrollment for MetroPlus Gold ran from October 2 through the end of the month. Although results are pending as of this report, I would like to point out the positive trend with overall Gold enrollment. **In just the last six months, from July through December, our Gold enrollment climbed by over 7% to over 9,600.** This represents enrollment by people newly joining the city system and those who had a life event that qualified them to change their health plan.

Disenrollment Measures

Reducing our disenrollment rate (the number of people who leave MetroPlus for any reason divided by our enrolled population) continues to be a major focus. We are pleased to report key progress in this area. For Medicaid, this year's disenrollment rate peaked in February at 3.96%. Since then, it has come down steadily throughout the year and was at 3.45% in October. Last year's Medicaid disenrollment rate averaged 4.04% for the year and this year is averaging 3.63% for the year.



Finity Rewards Program

Progress continues successfully for our Finity project, which is designed to help address our disenrollment rates. Over 2,000 members have now redeemed their Finity points for rewards and over 19,000 individuals have registered for the program. The Finity website has had nearly 600,000 visits and their call center has received over 30,000 calls. We will continue to monitor and measure our milestones against our goals to ensure member satisfaction and enhance the overall customer experience.

Member Care

We would like to highlight several new and ongoing projects to improve the quality of member care at MetroPlus. Recently, we partnered with two Health Homes (Coordinated Behavioral Care and Coordinated Care Management Partners) and one large Case Management Agency (Village Care) as part of the Health Home Gap-In-Care Pilot Project. This project aims to close gaps by providing timely data exchanges (based on regular HEDIS gap runs) as well as training to Health Home and Case Management Agency staff on best practices. ‘

MetroPlus is also planning visits to various H+H Emergency Departments to discuss three key HEDIS/QARR measures: (1) Follow-up after Emergency Department Visit for Alcohol and Other Drug Dependence; (2) Follow-up after Emergency Department Visit for Mental Illness; and (3) Identification of Alcohol and Other Drug Services. On pharmacy matters, we have partnered with CVS to develop a custom-built report that will capture members who have been newly prescribed ADHD medication. Based on this report, we will reach out to those members to ensure that they schedule a follow-up visit, which meets the Follow Up Care for Children Prescribed ADHD Medications (ADD) measure. We are also exploring the option of working with the H+H At Home Program to have nurse practitioners conduct home visits for members with ADHD.



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

		May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Total Members	Prior Month	505,152	504,746	504,045	504,655	503,838	503,850	503,856
	New Member	24,352	23,522	21,655	21,253	21,252	20,907	18,223
	Voluntary Disenroll	1,758	1,663	1,624	1,704	1,550	1,502	1,678
	Involuntary Disenroll	23,000	22,560	19,421	20,366	19,690	19,399	19,211
	Adjusted	131	151	191	388	553	3,210	0
	Net Change	-406	-701	610	-817	12	6	-2,666
	Current Month	504,746	504,045	504,655	503,838	503,850	503,856	501,190
Medicaid	Prior Month	375,750	375,428	375,336	375,867	374,070	373,229	372,318
	New Member	15,447	15,073	14,014	13,139	13,367	13,069	12,634
	Voluntary Disenroll	864	699	668	770	631	571	761
	Involuntary Disenroll	14,905	14,466	12,815	14,166	13,577	13,409	13,322
	Adjusted	109	123	141	289	409	1,616	0
	Net Change	-322	-92	531	-1,797	-841	-911	-1,449
	Current Month	375,428	375,336	375,867	374,070	373,229	372,318	370,869
Essential Plan	Prior Month	70,974	70,095	68,826	68,840	69,409	70,008	70,591
	New Member	5,914	5,597	5,318	5,392	5,356	5,315	3,489
	Voluntary Disenroll	2	3	1	1	1	1	0
	Involuntary Disenroll	6,791	6,863	5,303	4,822	4,756	4,731	4,785
	Adjusted	3	4	8	7	8	1,385	0
	Net Change	-879	-1,269	14	569	599	583	-1,296
	Current Month	70,095	68,826	68,840	69,409	70,008	70,591	69,295
Child Health Plus	Prior Month	15,495	15,771	15,915	16,084	16,107	16,232	16,430
	New Member	1,224	1,157	1,088	1,126	1,236	1,370	1,161
	Voluntary Disenroll	716	747	675	670	628	670	643
	Involuntary Disenroll	232	266	244	433	483	502	484
	Adjusted	-4	0	18	67	102	273	0
	Net Change	276	144	169	23	125	198	34
	Current Month	15,771	15,915	16,084	16,107	16,232	16,430	16,464



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

		May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
HHC	Prior Month	8,286	8,463	8,785	8,948	9,093	9,398	9,443
	New Member	243	385	342	241	392	150	21
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	66	63	179	96	87	105	58
	Adjusted	5	5	3	6	21	38	0
	Net Change	177	322	163	145	305	45	-37
	Current Month	8,463	8,785	8,948	9,093	9,398	9,443	9,406
SNP	Prior Month	4,369	4,332	4,306	4,262	4,224	4,196	4,180
	New Member	100	89	81	97	83	88	80
	Voluntary Disenroll	20	25	30	24	27	15	14
	Involuntary Disenroll	117	90	95	111	84	89	101
	Adjusted	12	12	14	15	16	-54	0
	Net Change	-37	-26	-44	-38	-28	-16	-35
	Current Month	4,332	4,306	4,262	4,224	4,196	4,180	4,145
Medicare	Prior Month	8,412	8,354	8,291	8,291	8,252	8,206	8,183
	New Member	224	239	288	231	262	246	282
	Voluntary Disenroll	154	165	170	169	198	171	191
	Involuntary Disenroll	128	137	118	101	110	98	84
	Adjusted	0	0	0	0	0	0	0
	Net Change	-58	-63	0	-39	-46	-23	7
	Current Month	8,354	8,291	8,291	8,252	8,206	8,183	8,190
Managed Long Term Care	Prior Month	1,499	1,522	1,580	1,602	1,623	1,657	1,697
	New Member	81	105	77	78	65	81	86
	Voluntary Disenroll	0	21	20	20	10	17	20
	Involuntary Disenroll	58	26	35	37	21	24	19
	Adjusted	0	0	-1	-4	-8	-17	0
	Net Change	23	58	22	21	34	40	47
	Current Month	1,522	1,580	1,602	1,623	1,657	1,697	1,744



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

		May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
QHP	Prior Month	8,364	8,195	8,080	7,931	7,769	7,627	7,588
	New Member	262	275	214	193	175	174	129
	Voluntary Disenroll	0	0	0	0	0	1	0
	Involuntary Disenroll	431	390	363	355	317	212	118
	Adjusted	-6	-6	-5	-5	-9	-24	0
	Net Change	-169	-115	-149	-162	-142	-39	11
	Current Month	8,195	8,080	7,931	7,769	7,627	7,588	7,599
SHOP	Prior Month	917	909	894	871	866	846	860
	New Member	21	21	15	21	11	37	11
	Voluntary Disenroll	1	0	1	0	1	0	0
	Involuntary Disenroll	28	36	37	26	30	23	21
	Adjusted	0	0	0	0	0	0	0
	Net Change	-8	-15	-23	-5	-20	14	-10
	Current Month	909	894	871	866	846	860	850
FIDA	Prior Month	172	177	184	188	187	193	191
	New Member	6	10	9	2	9	6	2
	Voluntary Disenroll	0	0	2	1	0	2	0
	Involuntary Disenroll	1	3	3	2	3	6	6
	Adjusted	0	0	0	0	0	0	0
	Net Change	5	7	4	-1	6	-2	-4
	Current Month	177	184	188	187	193	191	187
HARP	Prior Month	8,990	9,526	9,842	9,784	10,264	10,292	10,434
	New Member	748	527	182	717	268	347	313
	Voluntary Disenroll	1	3	57	49	54	54	49
	Involuntary Disenroll	211	208	183	188	186	151	189
	Adjusted	0	0	0	0	0	0	0
	Net Change	536	316	-58	480	28	142	75
	Current Month	9,526	9,842	9,784	10,264	10,292	10,434	10,509



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

		May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
GOLDCARE I	Prior Month	1,090	1,151	1,177	1,173	1,169	1,163	1,142
	New Member	72	32	24	14	23	17	9
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	11	6	28	18	29	38	15
	Adjusted	39	39	39	39	39	23	0
	Net Change	61	26	-4	-4	-6	-21	-6
	Current Month	1,151	1,177	1,173	1,169	1,163	1,142	1,136
GOLDCARE II	Prior Month	834	823	829	814	805	803	799
	New Member	10	12	3	2	5	7	6
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	21	6	18	11	7	11	9
	Adjusted	-27	-26	-26	-26	-25	-30	0
	Net Change	-11	6	-15	-9	-2	-4	-3
	Current Month	823	829	814	805	803	799	796

RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with PharmScript, LLC (PharmScript) to provide pharmacy services for the System's five post-acute care facilities (Carter, Coler, Gouverneur, McKinney, and Sea View) with an initial term of three years with two one-year options to renew solely exercisable by the System and with total amount over the combined five-year term not to exceed \$17,729,822 to pay PharmScript for patients with no insurance and for the performance of drug regimen reviews.

WHEREAS, an application to issue a request for proposals was presented before the Contract Review Committee at its October 2, 2017 meeting and was approved by its approval letter dated October 3, 2017; and

WHEREAS, after the Office of Supply Chain Services issued a request for proposals, four proposals were received, the two highest-rated proposers presented before the Selection Committee and upon final evaluation by the Selection Committee, PharmScript was rated the highest; and

WHEREAS, under the proposed agreement PharmScript will provide pharmacy services for the System's five post-acute care facilities, implementation to occur in phases over the next three years; and

WHEREAS, PharmScript's services will include providing prescription and non-prescription medications, intravenous infusions, supplies used to administer medications, third-party consultant services to meet NYS Department of Health and CMS Regulations, and third party billing and collections; and

WHEREAS, the proposed agreement for PharmScript's services will be managed by the Senior Vice President for Post-Acute Care.

NOW THEREFORE BE IT:

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized to execute an agreement with PharmScript, LLC to provide pharmacy services for the System's five post-acute care facilities with a term of three years with two one-year options to renew solely exercisable by the System and with total amount over the combined five-year term not to exceed \$17,729,822 to pay PharmScript for patients with no insurance and for the performance of drug regimen reviews.

**EXECUTIVE SUMMARY
RESOLUTION TO AUTHORIZE CONTRACT
WITH PHARMSCRIPT, LLC**

BACKGROUND: The purpose of the proposed agreement is to align the System's skilled nursing facilities with national industry pharmacy models by improving and professionalizing the provision of prescription and non-prescription medications to long term care patients. Conversion to this new model will improve quality, safety and support constant ongoing compliance with state and regulatory compliance. Additionally the System will reduce its costs for such services.

Skilled nursing systems across the country have implemented a similar model to that proposed with a focus on quality control measures and cost savings.

PROCUREMENT: The System issued a Request for Proposals on October 3, 2017. A mandatory pre-proposers conference was held on October 20th, 2017, which five prospective vendors attended. Four proposals were received, evaluated and scored. The two highest rated proposers were invited to present before the Selection Committee. Vendor presentations were held on November 6th, 2017, followed by a final evaluation and scoring. Through this process the Selection Committee evaluated the proposals and presentations on the basis of the proposed pharmaceutical services, regulatory quality and performance improvement responsibilities, previous experience, and cost. PharmScript was selected on these criteria.

BUDGET: The cost of the proposed agreement will not exceed \$17,729,822 over the full five year term. The costs consist of the System's projected payments to cover services to long term care patients who cannot be qualified for insurance and the cost of a third-party consultant for drug regimen reviews. The total amount has been budgeted and signed off by the Central Finance.

TERM: The term of the proposed agreement is three years with two one-year options to renew solely exercisable by the System.

CONTRACT FACT SHEET
New York City Health and Hospitals Corporation

Contract Title: Pharmacy Services
Project Title & Number: DCN 2281- Pharmacy Services
Project Location: Central Office
Requesting Dept.: Post-Acute Care

Successful Respondent: PharmScript, LLC

Contract Amount: \$17,729,822

Contract Term: Three years with two one year options to renew

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

Range of Proposals: n/a

Minority Business Enterprise Invited: Yes No
If no, please explain: n/a

Funding Source: General Care
 Capital
 Grant: explain
 Other: explain

Method of Payment: Time and Rate
 Other: explain Vendor will bill H+H monthly for medications provided to those residents under a Medicare Part A stay, Uncompensated

EEO Analysis: Complete

Vendex Clearance In progress (registered in PassPort)

(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

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

The purpose of this agreement is to align the System's skilled nursing facilities with national industry pharmacy models. Conversion to this new model will improve quality, safety and support constant ongoing compliance with state and regulatory compliance. Additionally Health +Hospitals will see financial benefits through this improvement.

Skilled nursing systems across the country have implemented a similar model on the above mentioned with a focus on quality control measures and significant cost savings.

Contract Review Committee

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

The proposed contract was presented at the Contract Review Committee and approved on October 3, 2017.

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:

- Revise verbiage referenced page 11, SECTION IV: STATEMENT OF WORK, Subsection D (i): Other Requirements, to state vendor shall comply with all requirements of local, state and federal laws and regulations including HIPAA, The Joint Commission, and the New York State Department of Health to support a Methadone clinic in one of its post-acute facilities.
 - Furnish the H+H representative who will track vendor to ensure registration and compliance with ION vendor credentialing program "Vendormate".
-

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):

NYC Health and Hospitals issued a Request for Proposals on October 3rd, 2017. A mandatory pre-proposers conference was held on October 20th, 2017 in which five prospective vendors attended. Four proposals were received, evaluated and scored to identify the two highest rated proposers; and to be invited to present before the selection committee. Vendor presentations were held on November 6th, 2017, followed by a final evaluation and scoring. Through this process the selection committee evaluated the proposals and presentations on the basis of the proposed pharmaceutical services, regulatory quality and performance improvement responsibilities, previous experience, and cost.

CONTRACT FACT SHEET

Scope of work and timetable:

Scope

- Provision of all pharmacy supplies including but not limited to prescription and non-prescription medications, intravenous infusions, supplies used to administer medications and emergency medications
- Consultant services requirements to meet NYS Department of Health and CMS Regulations
- Equipment, supplies, medication returns and all governmental and private insurance billing and collections

Timetable

- FY 18 roll out in February 2018 to only Coler and McKinney
 - FY 19 Remaining 3 SNFs at 80%
 - FY 20-22 All facilities at 100%
-

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

- PharmScript, LLC will take the efficiencies of economies of scale and invested in support services and resources for its clients. It would not be practical for an individual, smaller organization to invest in these services and resources.
 - The IT department that supports areas, such as, billing, clinical and operational aspects of the pharmacy requires an enormous commitment and investment in hardware and software. In addition, the constant upgrading and updating of these systems can only be viable with highly paid and highly skilled staffing
 - PharmScript, LLC is a LTC specialized pharmacy vendor with industry experts in long term care and pharmacy billing who understand the third party plans, managed care HMO billing, and Medicaid billing practices.
 - PharmScript, LLC has assigned dedicated billers who will become familiar with the patient population and work to ensure we are billing all appropriate parties.
 - Have a separate department that handles prior authorizations and they are intimately familiar with all of the nuances associated with each of these plans.
 - PharmScript, LLC is able to contract with many more third party payers thus reducing the amount of charges absorbed by H+H
 - Additionally Health +Hospitals will see financial benefits through this improvement.
-

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

Pharmacy services in the H+H Post-acute/long term care setting is provided in-house with an average annual cost of \$21 million. This is inclusive of labor, pharmaceuticals and other expenses.

CONTRACT FACT SHEET

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

H+H does not have the infrastructure to keep up with state and national post acute pharmacy standards. The LTC pharmacy solution will provide eMar, eMedical storage, ePrescribing, Part A Cost reduction, HIPAA compliant text messaging communication, Part D maximization, waste management to name a few. The new pharmacy provides services 24 hours/day, 7 days/week including holidays. Current on-site service is M-F 9-5. The LTC pharmacy company provides services in multiple states and is able to develop metrics and share best practice based on national benchmarks. improve regulatory compliance through on-going medication pass observations, nursing documentation training and monitoring, dose reduction, post-acute state and national benchmarking, utilization/medication error rate comparison, physician data/prescribing analytics, physician and nurse training on IV and TPN, etc. These will become standard services that will be done for the entire service line. Seamless interface of new PAC EMR in future state will be part of this integration.

<i>Will the contract produce artistic/creative/intellectual property?</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<i>Who will own it?</i>	n/a
<i>Will a copyright be obtained?</i>	n/a
<i>Will it be marketable?</i>	n/a
<i>Did the presence of such property and ownership thereof enter into contract price negotiations?</i>	n/a


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

Central Post Acute Care and Corporate Finance will be responsible to manage the vendor's performance, contract management, billing and payments.

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. 11/30/2017
Date

Analysis Completed By E.E.O. 11/30/2018
Date

Keith Tallbe 
Name Signature

32184

Keith Tallbe
Associate Counsel, Director of Procurement
Legal Affairs, Supply Chain Services

TO: Mitchell Jacobs, Director
Procurement Systems/Operations
Division of Materials Management

FROM: Keith Tallbe *KT*

DATE: November 20, 2017

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **PharmScript LLC**, has submitted to the Supply Chain Services Diversity 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: Management of Pharmacy Services

Submitted by: Division of Materials Management

EEO STATUS:

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

COMMENTS:

KT/srp

Post-Acute Care Pharmacy Services

Medical & Professional Affairs Committee

December 7, 2017

Maureen McClusky, FACHE

Senior Vice President, Post-Acute Care

Khoi Luong, DO

Chief Medical Officer, Post-Acute Care

Overview:

- NYC Health + Hospitals seeks to enter into contract with PharmScript to provide all pharmaceutical services at its post-acute care facilities including: Carter, Coler, McKinney, Gouverneur and Sea View
 - Align H+H post-acute Skilled Nursing Facilities with national industry standards
 - Improve quality and safety
 - Improve regulatory compliance
 - Seamless interface of new PAC EMR in future state

Overview:

- Services includes:
 - Onsite licensed, clinical pharmacist and pharmacy technicians, 24 hour clinical support
 - Provision of all pharmacy supplies and medications
 - Federal and state regulatory affairs
 - State survey preparedness
 - Medication pass observations
 - Drug regimen review
 - Physician and nursing documentation training and monitoring
 - Consultant services, equipment, supplies, medication returns, and governmental and private insurance billing and collections
- Additionally, Health + Hospitals will see financial benefits through this implementation based on enhanced billing and pharmacy staff moving into vacant and approved positions across the System, many of which are currently being filled using overtime or agency personnel

Added Value Enhancing Services

- Clinical and Formulary Program Development and Management
- Certified Geriatric Expertise in Long Term Care Medicine
- Medicare Specialist
- Clinical Drug Safety, Therapeutic Interchanges and Therapeutic Dose Monitoring
- Antibiotic Stewardship
- Disease State Management- Diabetes, CHF, Anticoagulation
- Judicious Opioid Prescribing
- Total Parenteral Nutrition
- IV Insertion Assists and Nurse Certification
- Physician Data/Prescribing Analytics
- 24 hour clinical support
- Daily multiple medication deliveries (including holidays, off-shift and weekend)
- Automated dispensing (1st dose, off hours and stat orders)
- PharmScript Connect HIPPA compliant two-way texting
- Secure web-based portal (clinical and cost reports/e-voices electronic reordering)
- Admission Alert program
- Prior Authorization Process
- Medication Bar Coding
- Interdisciplinary participation and Pharmacy and Therapeutic participation
- Quality measures
 - Post acute cross division comparative study
 - State and national benchmarking

Procurement:

Following approval from the Contract Review Committee, the Office of Supply Chain Services issued a Request for Proposals on October 3, 2017:

RFP Process:

- October 3, 2017- RFP issued
- October 20, 2017- Pre-proposers conference
- November 2, 2017- Proposals due
- November 3, 2017- Proposal review / evaluation
- November 13, 2017- Vendor presentations
- November 14, 2017- Final evaluation
- November 22, 2017- CRC Contract Approval

Evaluation Committee Members:

1. Maureen McClusky (Chair)- Senior Vice President, Post-Acute Care
2. Leah Matias NP- Deputy Exec Director, Executive Administration
3. Dr. K. Luong- Director, Medical Affairs, Coler
4. David Weinstein- CEO, McKinney
5. Marisol Arroyo MPH, CPHQ- Senior Assistant Vice President, Post-Acute Care
6. Susan Sales- CEO, Gouverneur
7. Manuela Brito- Post-Acute Care Chief Financial Officer

Evaluation Criteria:

- Technical Proposal
 - Proposed Pharmaceutical services 35%
 - Proposed regulatory quality and performance improvement responsibilities 25%
- Previous experience and qualifications 30%
- Cost for consultant 10%

Performance Management

- Central Post Acute Care, Quality, and Corporate Finance, AVP of Pharmacy, site CEO and site CMO will be responsible to manage the vendors performance, contract management, billing and payments, quality and safety

Approval Request

We are seeking approval to enter into agreement with PharmScript for Post-Acute Care Pharmaceutical Services:

Agreement Term:

- The term of the agreement is three years with two one-year options to renew solely exercisable by the System
- The costs associated with this contract are limited to costs for patients with no insurance or only Medicare Part A, and for a third-party consultant for drug regimen reviews
- The total budget will be \$17,729,822 and signed off by Corporate Finance
- Quality metrics and deliverables will be included in the agreement