

## AGENDA

### MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE

Date: February 7, 2018  
Time: 9:00 AM  
Location: 125 Worth Street, Rm. 532

### BOARD OF DIRECTORS

#### CALL TO ORDER

**DR. CALAMIA**

#### ADOPTION OF MINUTES

*December 7<sup>th</sup>, 2017*

#### CHIEF MEDICAL OFFICER REPORT

**DR. ALLEN**

#### CHIEF NURSE EXECUTIVE REPORT

**MS. ANDERSON**

#### METROPLUS HEALTH PLAN

**DR. SAPERSTEIN**

#### ACTION ITEM:

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 \$16,723,402 to pay PharmScript for patients with no insurance

**MS. McCLUSKY/  
DR. LUONG**

#### INFORMATION ITEM:

e-Consults

**DR. CHOKSHI  
MS. BYRNES-ENOCH  
DR. SINGER**

#### OLD BUSINESS

#### NEW BUSINESS

#### ADJOURNMENT

## MINUTES

### MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE

Meeting Date: December 7th, 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  
Andrea Cohen, Senior Vice President of Labor Relations  
Victor Cohen, Assistant Vice President, Pharmacy  
Robert De Luna, Senior Director, Communication and Marketing  
Kenra Ford, Senior Assistant Vice President, Laboratory  
Lora Giacomoni, Assistant Vice President, Quality & Patient Safety  
Colicia Hercules, Chief of Staff to the Board Chair  
Mitchell Jacobs, Director, Procurement  
Patricia Lockhart, Secretary to the Corporation  
Ana Marengo, Senior Vice President, Communication and Marketing  
Maureen McClusky, Senior Vice President, Post Acute Care  
Kim Mendez, EdD, ANP, RN, System Chief Nursing Executive  
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

#### FACILITY STAFF:

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

#### OTHERS PRESENT:

Clifford Chen, OMB  
Justine DeGeorge, Office of State Comptroller  
Maria Dolan, Senior Assistant Director, DC37  
Wen Huang, OMB  
Rajeeb Khatua, Consultant, EMR Clinical Information Systems  
Raymond Santader, DC37

**MEDICAL AND PROFESSIONAL AFFAIRS  
COMMITTEE  
December 7<sup>th</sup>, 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.

**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:

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. 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. 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

### **Chief Nurse Executive**

Kim Mendez, Chief Nurse Executive, reported to the committee 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**

- IPFCC (Institute for Patient and Family Centered Care)
  - Abstracts accepted for 8<sup>th</sup> 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) – *All facilities part of NICHE*
  - NICHE All-Day Learning Session was held on **November 14<sup>th</sup>** 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. 25<sup>th</sup> – 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 10-14<sup>th</sup> 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 12<sup>th</sup>, 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 14<sup>th</sup>
  - 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 8<sup>th</sup>, 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. *Results are shared with Staff*

## 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: In 2016 number of enrollments -227; In 2017 number of enrollments 260.
- Total number organs procured FY17 and comparison to FY16: FY17-143 - FY16 – 133

## 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

## **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)
  - \* Honor Roll - Elite Plus 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

## **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**  
**H+H Medical and Professional Affairs Committee**  
**December 7th, 2017**

**MetroPlus Health Plan, Inc.**

Arnold Saperstein, MD, reported to the committee on the 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.

### **ACTION ITEM:**

Maureen McClusky, Senior Vice President, Post Acute Care/LTC and Khoi Luong, MD, Post Acute Care/LTC presented a resolution to the committee:

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.

Approved for consideration of the Board.

There being no further business, the meeting was adjourned 9:51 AM.

**CHIEF MEDICAL OFFICER REPORT**  
**Medical & Professional Affairs Committee**  
**February 7, 2018**

**I. Laboratory Services Update:**

NYC Health and Hospitals laboratories continues to focus on transformation through standardization. Work in progress at all acute care laboratories include:

Implementation of new testing equipment-

- Completing new chemistry equipment implementation at Lincoln, Harlem, Metropolitan, Elmhurst and Bellevue hospitals in 2018.
- Initiating system hematology equipment rollout completing Kings County in Oct. 2017 and continuing with Jacobi, Bellevue and Henry J. Carter. Expecting to complete by Spring 2019.

In support of:

- Ambulatory Services, continuing system implementation of Point of Care devices as part of Diabetes management program
- ED Services, using a standard system approach, we continue implementing Point of Care equipment to perform near patient testing allowing earlier clinical recognition of Sepsis, AMI and other critical illness

On 24 Jan. 2018 we conducted a Cerner Laboratory Information Systems “kick-off” at Woodhull, in preparation for the upcoming end of year EPIC/Cerner implementation.

System-wide initiatives with focus on Patient Blood Management and Test Utilization will launch at the end of Jan. 2018. A multi-disciplinary, evidenced based approach will be utilized, optimizing patient safety and outcomes through measurable improvements.

**II. Women’s Health Report**

**Rape Sexual Assault Programs**

All the eleven acute care H+H hospitals are designated as SAFE Centers of Excellence and are required to have a Safe Assault Forensic Examiner available 24/7 to respond to any patient who arrives in the ED with a complaint of rape and/or sexual assault. This is accomplished by having a Borough Sexual Assault Response Team (SART) for the borough of Manhattan, Brooklyn, Bronx and Queens. Each SART team requires a SART coordinator to manage the program.

**Women’s Infant and Children (WIC) program**

The WIC program is changing from its WIC Information Statewide Information System (WICSIS) which is a closed system to NYWIC – an internet based system. This project requires strong communication and collaboration mainly between the WIC program staff, H+H EITS staff and purchasing. To ensure that key stakeholders are fully informed about this project, a meeting was arranged with WIC staff from Albany,

Central Office EITS, Central Office staff, and key WIC administrators. This meeting proved to be productive and well appreciated by all.

### **Robin Hood Campaign**

Health Leads outreach staff working in 5 H+H facilities (BHC, ELM, KCHC, LMH and Morrisania) in order to identify New Yorkers who are eligible but not yet enrolled in WIC.

### **Breastfeeding Program**

The baby-friendly hospital initiative is a global effort to implement practices that protect, promote and support breastfeeding. Nine of our hospitals have earned their baby friendly designation: Bellevue, Coney Island, Harlem, Jacobi, Lincoln, Metropolitan, NCB, Queens, and Woodhull.

### **Infant SAFE Sleep Program**

Mothers identified in the prenatal period as not being able to afford a crib are informed that they will be given a portable crib upon discharge. Since program began, in July 2015, a total of 1572 cribs have been distributed.

## **III. Accreditation & Regulatory Services**

### **2018 Joint Commission Surveys**

- a. In January, The Joint Commission conducted Unannounced Triennial Surveys of the Detox programs at NYC Health + Hospitals/Jacobi and NYC Health + Hospitals/Kings County. Observations were identified which the facilities are in the process of addressing. Both programs remain fully accredited.
- b. In the next few months, Triennial Joint Commission Unannounced Surveys are expected at NYC Health + Hospitals/Coney Island, NYC Health + Hospitals/Kings County, NYC Health + Hospitals/Lincoln and NYC Health + Hospitals/SeaView. These organizations have been and are continuing their ongoing readiness preparations for survey.

### **Unannounced Mock Survey Preparation Site Visits**

- a. TJC surveys - mock survey revisits were conducted at NYC Health + Hospitals/Coney and NYC Health + Hospitals/Kings County to provide additional support and education to staff, and is ongoing for all facilities due for survey.
- b. NYSDOH Article 28 Survey - An unannounced mock survey was conducted at NYC Health + Hospitals/Gotham –Cumberland, to assist them in preparing for an anticipated NYSDOH Article 28 survey. Additional surveys are being scheduled for other Gotham sites.
- c. Candida Auris - Unannounced site visits/mock surveys were conducted to assess the readiness of each organization in preparation for the NYSDOH site visits on Candida Auris. The review focused on the facilities' ability to respond to Candida Auris fungal infections, processes and procedures around infection control prevention and staff compliance with above.

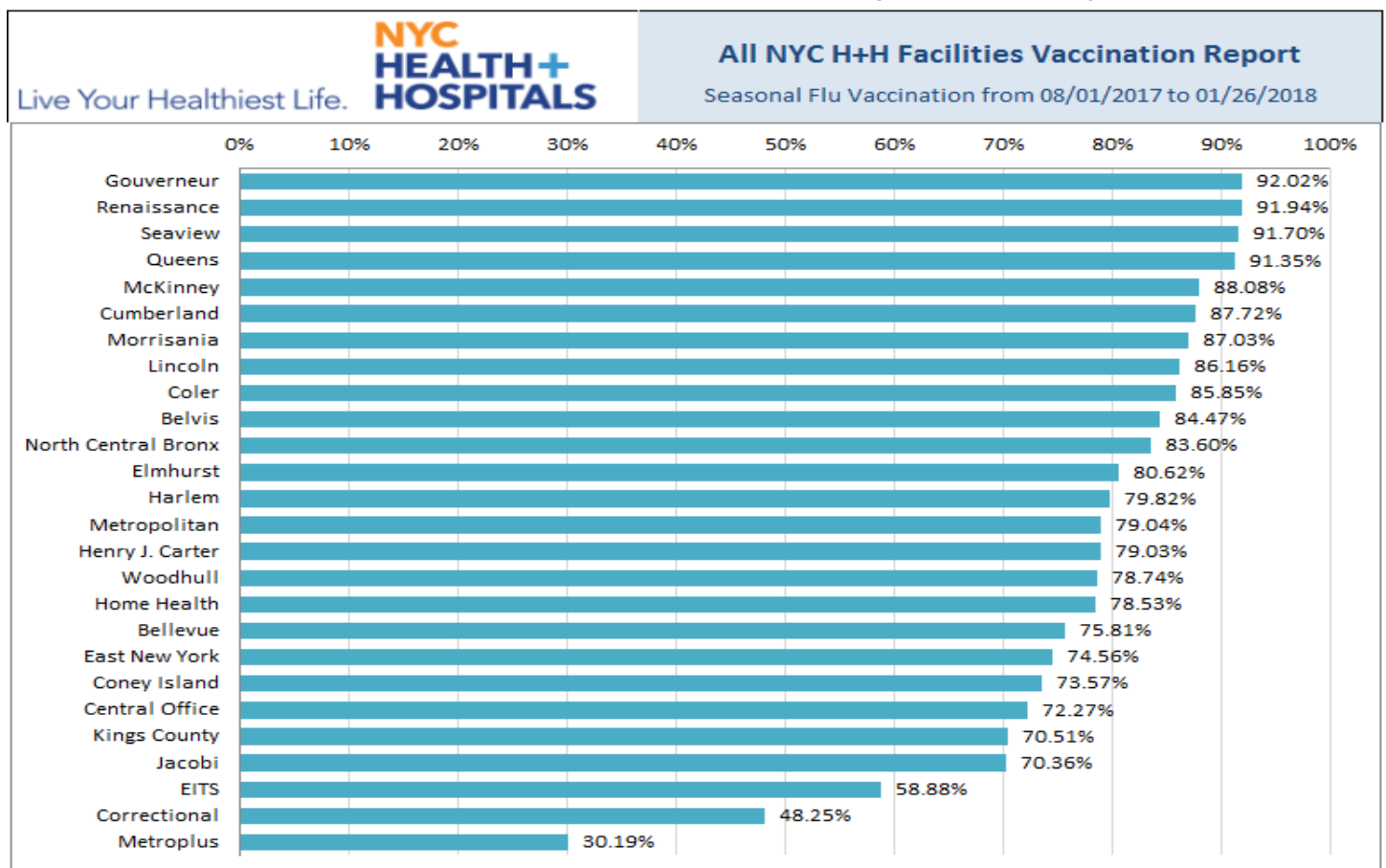
## **IV. Influenza campaign**

Efforts to improve the NYC Health + Hospitals staff vaccination rate for the 2017-2018 flu season began long before there were reports of the higher impact of influenza compared to any flu season within the past few years. These efforts included engagement of labor unions to collaborate regarding pro-vaccination messaging, site-based flu focus groups to learn of perceived barrier to improved vaccination rates and flu posters that

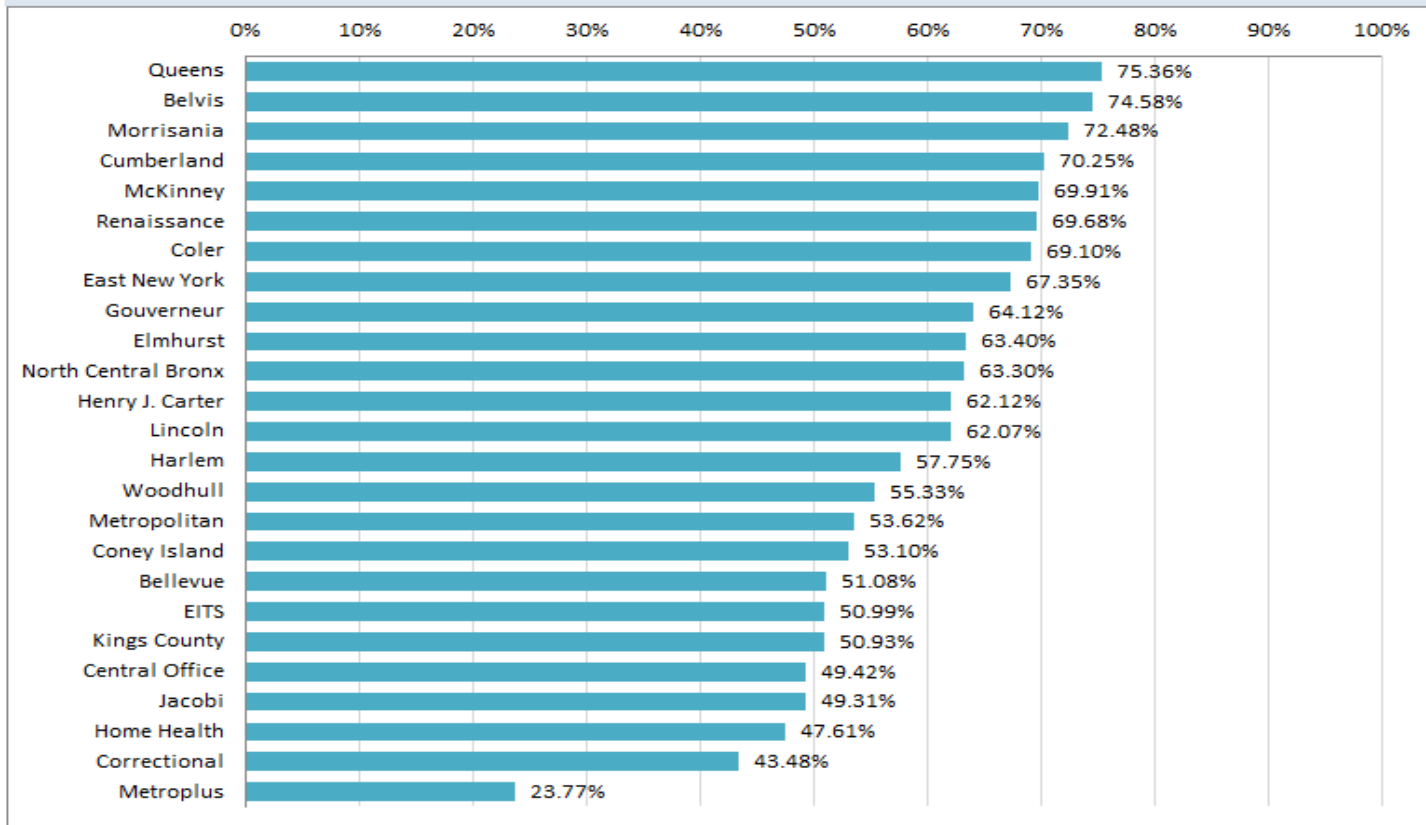
reflected messaging that resonated most with our staff, including the importance of protecting high risk groups such as children < 5 years of age, pregnant women, older adults and those with chronic illnesses. The results of these efforts are substantially improved vaccination rates for January 2018 compared to January 2017. For example, the best performing site in 2017 had 75% vaccination compared to 92% this year, which is a positive trend that holds across the system.

We continue to encourage vaccination and now require a written declination to be signed by staff who remain unvaccinated. The vaccination reasons will inform our education efforts for improving flu education. We have also developed job title specific poster for labor and delivery, dietary, transport and environmental services staff areas since these represent opportunities to improve vaccination rates. (posters attached to email). There is a second wave of flu vaccination events now that Governor Cuomo has declared a NYS Health Emergency due to flu.

## Seasonal Flu Vaccination Rate (1/26/2018)



### Vaccination Rates Same Period During Previous Flu Season (08/01/2016 to 01/25/2017)



This year's influenza infection rate has been greater than any time in the past ten years and NYC Health + Hospitals has responded two weeks ago with a modified activation of our Emergency Operation Center. Weekly calls are now held system-wide to survey flu impact by site, review inventory if vaccine and antiviral flu medications, sick call effects on site staffing and to refine surge plans. There are daily calls with specific facilities regarding their specific needs and exploring possible support to be provided by central office. The system has two mobile health vehicles being prepared for service to augment our response. Medical & Professional Affairs staff has been in several times weekly contact with colleagues at CDC, NYS DOH, NYC DOHMH and GNYHA to insure consistency of our response with expert recommendation for diagnosis, treatment, post-exposure prophylaxis and environmental cleaning protocols.

## VI. 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. The collaborative will expand from depression to include anxiety and screening for substance abuse disorders. There is also training in progress to increase the ability to prescribe Buprenorphine in Primary Care settings. Efforts are underway to expand the collaborative care model 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.

**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. The model is also being

expanded to include the Gotham ambulatory care sites. Currently screening occurs in well-baby programs in Gouverneur and Bellevue and there is a plan on spreading this to all sites.

In response to the current Opioid epidemic, OBH is actively working on substance use issues, Through OBH, H+H is a major part of the Mayor's initiative, *Healing NYC* – focused programs that address the current opioid crisis in NYC. Interventions focus 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 teams.

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 for patients and staff. A program of debriefing after an incident or aggressive episode has been implemented and focuses on reducing violence and assaults in the acute care areas. There is also a major focus on ensuring a safe environment for patients through a comprehensive risk assessment for ligature risk and other environmental safety concerns. We are in process of developing a system-wide environmental risk assessment.

## **VI. Pharmacy**

### **Collaboration with Supply Chain to create a conservation plan to manage the Critical IV fluids shortage.**

The office of Pharmacy services led efforts to increase awareness and implement a IV fluids conservation plan to address the current shortage in IV fluids.

#### **November 2017**

- A memo for conservation strategies was sent to all facilities
- A system wide call was initiated increase awareness amongst stakeholder
- An local, state and national advocacy campaign was initiated with Acurity the Group purchasing organization to make aware the current critical state of IV fluids
- Major conservation strategies include both reserving partial additive bags which are in greatest shortage by means of substituting the IVPB orders to IV push where appropriate
- Initial enterprise IV push policy has been designed, approved, and disseminated for facility addendum to existing IV push policies. (significant conservation will result)
- Additional strategies include IV to oral switched
- Established weekly surveillance of supply chain trackers as to amount of IV fluids on hand, amount needed , amount being shipped, and areas that need conservation
- EPIC and QMED electronic medical records are implementing changes to assist prescriber ordering of IV push
- Facility based Nursing education is ongoing to support the implementation

#### **Updates January 2017**

- NYC H+H M&PAs Office of Pharmacy Services was featured on ABC news describing the conservation strategies that have been successful in managing the current shortage crisis

## Pharmacy

### Epic order-sets team to oversee, clinical content of order sets.

As Healthcare rapidly evolves, New York Health and Hospitals recognizes the need for content within our EMR to remain current with Evidence Based clinical best practices while retaining a high level of usability for our clinicians. We are beginning the standardizing of our clinical content within system-wide order sets. Prior to pulling together SME's from every specialty across all facilities, experts are being brought to the table to assist in providing the foundational guidance needed to ensure a smooth framework for the work ahead of us. We have also begun Wave 2 of the Order Set optimization.

### November 2017

- Multidisciplinary foundational decision making groups convened to conduct initial order set decisions
- Decisions on standards for clinical content developed in the following areas:
  - VTE Prophylaxis
  - Admission
  - Code Status
  - Mild, Moderate, Severe Pain
  - Embedding of links, calculators, tools
  - Use of defaults
  - Use of abbreviations
  - Vaccinations
  - Nicotine replacement
- 10 Order Sets will go live with upgrade pending review of the appropriate clinical council:
  - Blood Administration Order Set
  - Mass Transfusion Protocol (MTP) Order Set
  - Pediatric Blood Administration Order Set
  - Blood Transfusion Reaction Order Set
  - Peri-op Blood Administration Order Set
  - Intra-op Blood Administration Order Set
  - Duramorph Post-op Order Set
  - Discharge to Home Order Set
  - Anticoagulation Order Set
  - Electrolyte Replacement Order Set

### Updates January 2017

- 5 blood order sets have gone live:
  - Blood Administration Order Set
  - Mass Transfusion Protocol (MTP) Order Set
  - Pediatric Blood Administration Order Set
  - Blood Transfusion Reaction Order Set
  - Peri-op Blood Administration Order Set
  - Intra-op Blood Administration Order Set
- Order set governance, strategy and process is being established to assure a provider driven patient centered approach.



- Governance
  - establishing a single point of entry for all requests
  - upfront end-user standard design and approval
- Strategy
  - Establish a design strategy that includes standard, simple modular approach - that facilitates end users to use
  - Design strategy that is developed and generated by end users with expertise in epic clinical workflow
- Process
  - Provides a visual illustration of the process of moving order sets from initial content conception, review, and approval to technical build, simulation, education, and implementation
  - Develops the framework for how order sets are moved through the system

## **Judicious opioid prescribing update:**

### **November 2017**

- Pharmacist are monitoring for duplicate therapy of opioids in the inpatient setting as a means to avoid overdose
- In developing order sets - The enterprise Pharmacy and Therapeutics committee has taken the unorthodox stance to approve the use of more expensive non opioids analgesic such as IV acetaminophen and Celebrex for Trauma hip fractures and pre and post op total hip and knee surgical procedures respectively in order to avert/spare the risk of opioid use in these vulnerable populations - Albeit the cost is more however this strategy should reduce future overall opioid use in these populations.
- Prescriptions duration are being monitored to review for compliance to the DOH less than 7 day supply limit for acute pain patients.
- Content development for order set are occurring - sensitivity toward the use of a multimodal pain management approach that include channel enzyme receptor targeted therapy will be emphasized across the 200 order sets - Where pain management applies.
- Morphine equivalent daily dose calculation reports are being made available to help providers with proper dosing of opioids-

### **Updates: January 2017**

- Established a system-level Opioid Stewardship work group
- An initial set of metrics demonstrating judicious prescribing have been developed
- Working with IT to construct Judicious prescribing of opioids H&H dashboard

## **Expanded naloxone distribution program:**

Central Office Behavioral Health leadership is developing and implementing a process for a hospital pharmacy initiated screening, distribution, and counseling of Naloxone kits to eligible patients. This collaboration is hoped to reduce the morbidity/mortality associated with the current national opioid epidemic.

### **November, 2017**

- Lincoln Pharmacy Department is collaborating with leadership to initiate a pilot site
- 1<sup>st</sup> Qtr 630 Naloxone kits distributed

## Compliance with USP797 standards and preparation of facilities for new USP797 and 800 standards for compounding IV admixtures:

**Simplifi 797:** Achieving compliance with new USP 797 and 800 standards is a longitudinal effort. NYC H+H system is moving toward achieving these standards through the office of Pharmacy services under the guidance and supervision of the office of Medical and Professional Affairs and in collaboration with supply chain efforts employed an enterprise solution Simplifi 797 for a central monitor quality compliance capability, which is now live at all facilities. This software application actively establishes updated policies and procedures, continuing education, and quality management reports that is centrally monitored and locally implemented.

### Update: November 2017

- USP 800 awareness campaign initiated
  - Presented to the CEOs monthly meeting
  - Presented to the CMO/CNO council
  - Forwarding surveys to begin the process of meeting the standard

### Updates: January 2018

| <i>In aggregate overall quality compliance scores for the system facilities In December, 2017 that have an IV admixture unit are as follows</i>     |   |
|---|---|
| <b>Environmental Score</b><br>(Includes compliance with cleaning, temperature and humidity monitoring, medication expiration checks, pressure logs. | Oct 2017: 98%<br>Nov 2017: 99%<br>Dec 2017: 98% |
| <b>Processing Score – (includes IV admixtures that have been batched and approved or rejected)</b>  | Oct 2017: 90%<br>Nov 2017: 88%<br>Dec 2017: 86% |
| <b>Competency Summary</b><br>(includes the daily competency assessment of the staff abilities and training) This score is schedule dependent<br>-   | Oct 2017: 93%<br>Nov 2017: 48%<br>Dec 2017: 0   |

In summary facilities continue to be compliant with standards for environmental monitoring of their IFV admixture units, rejection of batches are limited, however competencies are on a downward trend and needs improvement. A reminder for all personnel to complete competencies on time has been sent out.

**System Chief Nurse Executive Report  
Medical & Professional Affairs Committee  
February 2018**

The following report will highlight the work and achievements during the months of December 2017 and January 2018. Work continues to focus on both system transformation strategic goals as well as Nursing and Office of Patient Centered Care high priority initiatives.

**CNO Council Goals**

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

**System Nurse Practice Council (SNPC)**

Following the successful kick-off of our November 1, 2017 *Shared Governance Retreat*, the System Nurse Practice Council has received positive feedback and will be holding a follow-up *Shared Governance Workshop* on February 7, 2018. The workshop will provide an opportunity for facility designated Shared Governance nursing team members to work on laying the groundwork, beginning team and structural design and sharing learned experiences. Understanding that facilities are at varying levels of shared governance development, facilitated breakout sessions will provide an opportunity to have elements of success shared and assess for additional supportive needs.

**Nursing Regulatory News**

In December 2017, the Governor signed into law two bills that impact the practice of nursing in New York State- the “BSN in 10” bill and a bill authorizing nurse practitioners to issue DNR, Other Life-Sustaining Treatment Orders in hospitals and residential facilities.

**“BSN in 10”**

The “BSN in 10” law will require registered nurses (RNs) to complete a bachelor of science degree in nursing (BSN) within 10 years of initial license; however, it does not apply to currently licensed RNs and exempts the following:

- Students entering a generic baccalaureate program
- Students currently enrolled, with an application pending, in an RN educational program, as of the law’s effective date
- Unlicensed graduate nurses who are eligible for National Council Licensure Examination, as of the law’s effective date.

Although the bill has been signed, the Governor has agreed to delaying the effective date of the law until the temporary commission created by the law issues recommendations that address barriers to achieving a BSN in 10 years (GNYHA, 2017).

### **Nurse Practitioners' Ability to Issue DNR and Other Life Sustaining Treatment Orders**

The nurse practitioner law amends the Public Health Law with regard to the issuance of do not resuscitate (DNR) orders for residents of mental hygiene facilities, non-hospital DNR orders, and orders carrying out decisions made by surrogates under the Family Health Care Decisions Act in hospitals and residential health care facilities. The amendments permit the "attending" nurse practitioner to issue DNR orders, orders pertaining to routine and major medical, as well as life-sustaining treatment for a patient, when the requisite clinical and other criteria have been met. The law becomes effective May 29, 2018 (GNYHA, 2017).

### **Infection Control/NPSG standards**

Additionally, just recently released and effective January 1, 2018, *individual* hand hygiene failures to be cited under IC, NPSG standards. Any observation by surveyors of individual failure to perform hand hygiene in the process of direct patient care will be cited as a deficiency resulting in a requirement for improvement (RPI) under the Infection Prevention and Control (IC) chapter for all accreditation programs.

### **Office of Patient Centered Care**

- **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)**
  - OPCC (Alfreda Weaver) confirmed as panelist for 8<sup>th</sup> International Conference on Patient and Family Centered Care
  - NYC Health + Hospitals /Bellevue will also be presenting on 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
- **Safe Patient Handling System Program**
  - System wide policy completed and implemented. Incorporated into new hire orientation.
  - "Near Miss" process at all sites developed and implementation complete.
- Temporary /Agency Staffing Standardization Program continues. Successfully organized 4 sites for centralized procurement initiative (Coney, Bellevue, Lincoln & Queens Hospital). Next steps include full centralization.

- **NICHE** (Nurses Improving Care for Healthsystem Elders)
  - NYC Health + Hospitals PAC facilities have achieved NICHE designation at the Member/New level: JC Carter, Coler, McKinney and Seaview. Wonderful achievement!
  - Both Coler and Bellevue have submitted abstracts highlighting their NICHE work and are accepted to present at the 2018 national NICHE conference.
  - Following the NICHE All-Day Learning Session held in November 2017 at Jacobi Medical Center, next steps include a January 2018 brainstorming session on ways to continue to embed NICHE principles throughout the service lines e.g. quarterly NICHE Coordinators meetings; Central Office lead Grand Rounds; Facility “gemba walks”
  
- **On January 12, 2018, the first system-wide core new nurse orientation** was kicked off. Thank you, Monefa Anderson, MPA, RN and team. The orientation launched the initial phase I of centralizing nurse orientation and other nursing educational programs. Additional work remains 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 Initiatives**
  - 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.
  
  - 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. On December 8<sup>th</sup>, 2017 conference took place with over 200 MDs, Pas, NPs, SWs, RNs, Domestic Violence Coordinators, and community based organizations in attendance. Was well received and NYC Health + Hospitals supported CEUs for all participants.
  
- **Nursing Informatics/ Quality**  
**EPIC**
  - Nursing representation present at optimization efforts of our Epic product by participating in design workgroups for ambulatory, order sets, sepsis documentation and charging.
  - Zynx Nursing Care Plans in development with EPIC users.

- Quality Transformation initiatives charters are complete for CAUTI, CLABSI, Pressure Injury prevention. System-wide projects inclusive of care bundle development, training and audit processes are underway.

## **Care Management**

- System wide Care Management Strategy is under review with major stakeholders.
- DSRIP ED Care management model deployed at Elmhurst
- ED Care Transitions, In-Patient Care Transition, Ambulatory and Community staffing designs have been a high priority focus and a draft model has been completed.
- Initial system care management resource assessment data collection has been completed.
- Review of Care Management standard curriculum for competency & orientation is underway.
- System-wide high risk stratification tool for the ED Care Transition team is in alignment with Population Health predictive model and IT support to assist in action oriented flags to support patient in need of support have been requested.

## **Patient & Staff Experience**

Integration and alignment of Patient Experience and Staff Engagement strategic goals, charters and projects is complete. The Patient & Staff Experience Governance executive steering committee provides guidance and input on strategic project initiatives. Monthly PXO Council meetings have been established with facility leads. A system-wide Patient Experience framework inclusive of ICARE Service Behaviors, Rounding, and Leadership Development have been developed into project charters. Next steps are to launch system projects using ICARE model for service behaviors and patient, staff, and leadership rounding guidelines & education. The review/inventory of current patient and staff experience projects, programs, etc. will be summarized at next PXO meeting in January 2018.

## **CNO Announcements**

NYC Health + Hospital's is pleased to welcome the following new nurse leaders:

- Keisha Ann Wisdom, CNO – Harlem Hospital
- Mei Kong, CNO – Coney Island Hospital
- Omar Abedalrhman, CNO – Bellevue Hospital

## **Recent Achievements**

### **Bellevue Hospital**

Bellevue Nursing Team has been selected to present at the 2018 NICHE conference on their work in caring for the medical elder patient.

### **Coler**

“Management of Challenging Behaviors in Dementia; Non pharmacological Approach” has been accepted for oral presentation at 2018 NICHE conference.

### **Coney Island Hospital**

Coney Island Hospital has achieved Stage 6 as designated by HIMSS Analytics using the electronic medical report adoption model. Attaining Stage 6 designation indicates this organization recognizes the important role of information technology in providing safe, timely, effective, efficient, equitable and patient-centered care for the patient they serve.

### **Elmhurst**

In December 2017, Elmhurst announced the launch of their Global Health Institute focusing on research and education. To kick off its launch, the Global Health Institute hosted the first HIV Global Health Summit bringing together local experts and representatives from Ethiopia and Russia to discuss the status of HIV/AIDS locally and internationally and to share best practices.

### **Jacobi**

December 2017 Jacobi was recognized as a “Champion” of HPV Vaccine/Cancer Prevention by the CDC. The recognition is one of just ten given out nationwide to health centers and facilities that have succeeded in vaccinating a large portion of their 13 to 15 year old patient population.

### **North Central Bronx**

December 2017, NCB received the Silver Certification for Safe Sleep Program for newborns.

**MetroPlus Health Plan, Inc.**  
**Report to the**  
**Medical and Professional Affairs Committee**  
**February 7, 2018**

Total plan enrollment as of January 1, 2018 was 509, 551. Breakdown of plan enrollment by line of business is as follows:

|                               |         |
|-------------------------------|---------|
| Medicaid                      | 371,222 |
| Child Health Plus             | 16,811  |
| MetroPlus Gold                | 11,320  |
| Partnership in Care (HIV/SNP) | 4,162   |
| Medicare                      | 8,066   |
| MLTC                          | 1,795   |
| QHP                           | 10,167  |
| SHOP                          | 1,145   |
| FIDA                          | 206     |
| HARP                          | 10,658  |
| Essential Plan                | 72,069  |
| GoldCare I                    | 1,202   |
| GoldCare II                   | 728     |

For the first two months of open enrollment MetroPlus has submitted over 37,000 applications an increase of 5.5% when compared with the same period last year. January membership rose to over 509,000 the highest total ever for MetroPlus. Membership has now increased every month since August of this year. Our Essential Plan membership grew to over 72,000 in January. Open enrollment continues through the end of January and we typically see heavy enrollment in the final days.

The open enrollment period for MetroPlus Gold, our product for NYC employees, was in October and membership grew substantially and now stands at over 11,000, the highest ever. Between last January and this January Gold membership grew by nearly 40% and has more than doubled since January of 2016, the first month Gold was available to all city employees. We are particularly proud of the over 1,500 Police Department and the over 900 Department of Education employees who have enrolled in MetroPlus Gold.

MetroPlus continues to be a strong partner in the City's hurricane response effort. MetroPlus is one of the services located at the service center on 116th Street in Manhattan. While the center was initially to close at the end of December it is operating for the month of January three days a week. Through the end of December, we have received 232 applications representing membership for 401 people.

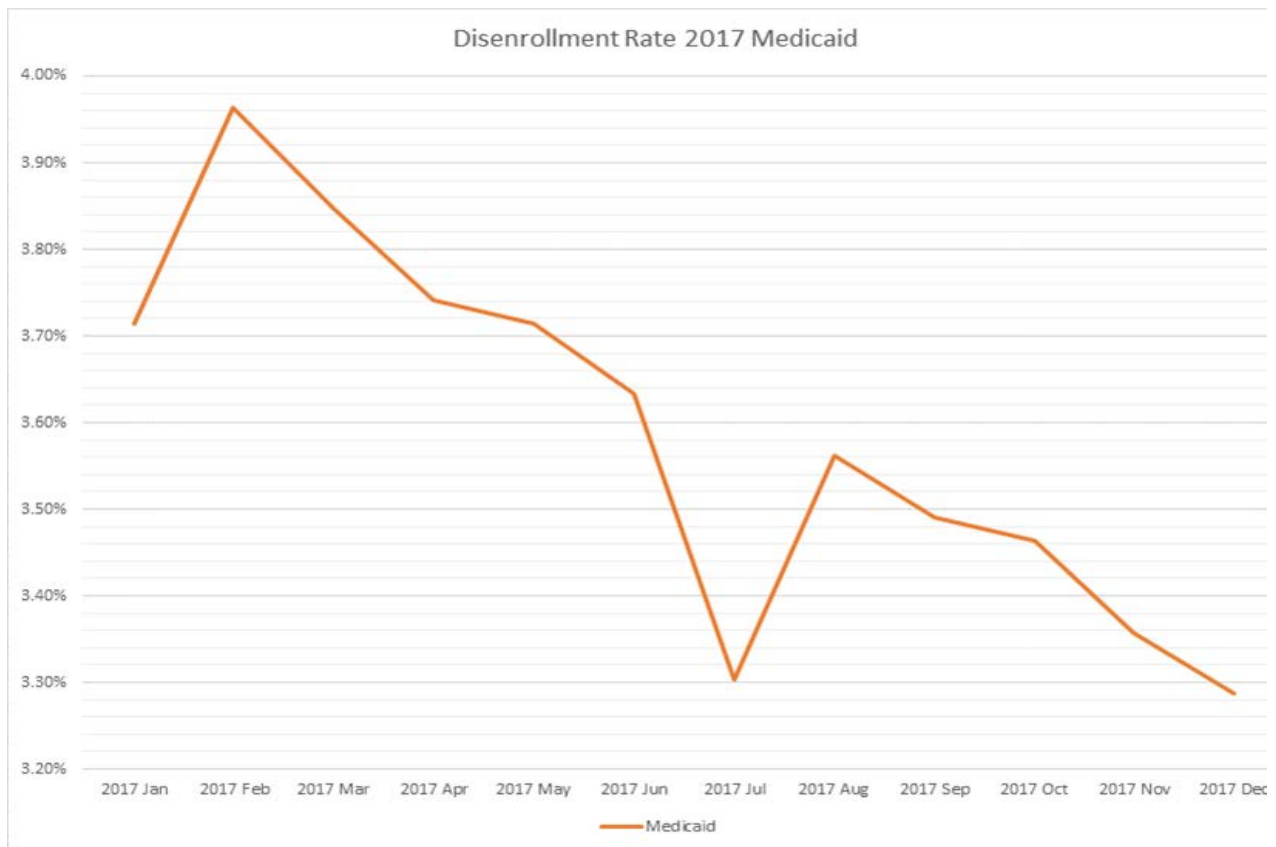
We are partnering with New York City Housing Authority (NYCHA) and JOBS Plus to enroll members. JOBS Plus is a NYCHA based program to provide employment and skills enhancement services for NYCHA residents. It is located throughout the city. Over the next month we are



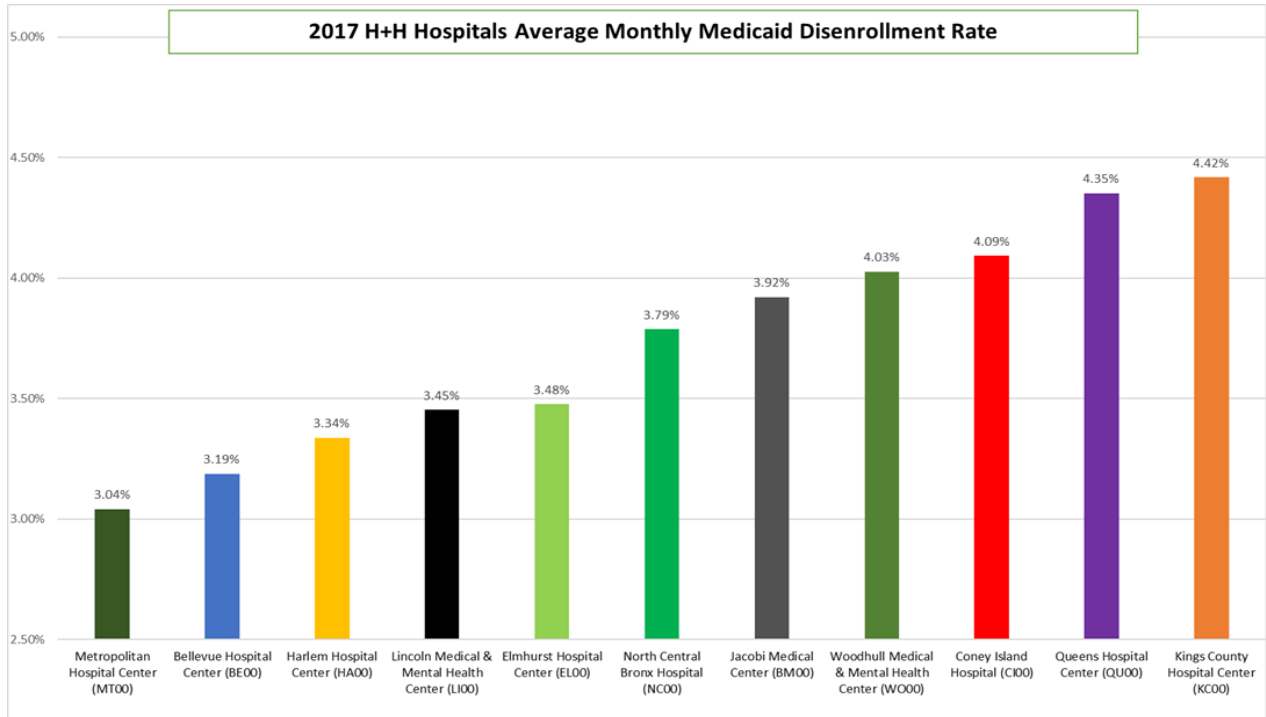
having a number of events with Jobs Plus providers. At the events NYCHA residents can learn about the benefits of enrolling in Jobs Plus, sign up for health insurance and interact with other service providers.

NYC Health + Hospitals financial counselors now can use the MetroPlus portal to allow them to make PCP assignments to their facility at the point of enrollment. This will better serve our members by allowing them to have their preferred PCP at the time of enrollment and avoid the auto assignment process. We built this new capability since the New York State of Health Exchange enrollment system does not allow the enrollee to choose a specific provider within a facility. We continue to work with facilities that have questions about the new system.

Our disenrollment rate for Medicaid has continued to decline throughout the year reaching a year long low of under 3.3% in December. The rate peaked at close to 4% last February. The rate reflects how many people left our Medicaid program each month for any reason compared with the full Medicaid population and is the broadest measure of our ability to retain members. A major component of our efforts on disenrollment has been the Finity rewards program. To date over 4,300 people have claimed rewards and nearly 23,000 have registered to participate in the program.



The disenrollment rates for individual hospitals vary from a low of 3.04% at Metropolitan to a high of 4.42% at Kings County.



We are now focusing on this variation, to learn from the better performing facilities and apply what we learn to improve our overall results.

MetroPlus has received the State benchmarks for Quality of Care measures and received 100/100 points for those measures (same as last year), placing as top Plan in NYS. We are awaiting final results on Consumer Assessment of Healthcare Providers and Systems (CAHPS) and Prevention Quality Indicators (PQI). Combination of all three components will then determine Plan's tier ranking for the 2017 Quality Incentive.

| <b>Plan Name</b>                       | <b>Normalized Quality Points</b> |
|--|----------------------------------|
| MetroPlus Health Plan                  | 100.000                          |
| Healthfirst PHSP, Inc.                 | 98.438                           |
| Fidelis Care New York, Inc.            | 89.063                           |
| MVP Health Care                        | 76.563                           |
| Empire BlueCross BlueShield HealthPlus | 71.875                           |
| CDPHP                                  | 70.313                           |
| HIP (EmblemHealth)                     | 65.625                           |
| WellCare of New York                   | 62.500                           |
| Molina Healthcare                      | 48.678                           |
| Independent Health's MediSource        | 48.438                           |
| UnitedHealthcare Community Plan        | 45.563                           |
| HealthNow New York Inc.                | 45.433                           |
| Excellus BlueCross BlueShield          | 40.625                           |
| Affinity Health Plan                   | 39.063                           |
| YourCare Health Plan                   | 23.438                           |

MetroPlus has expanded our relationship with Advantage Care Physicians (ACP) to include an additional twenty locations and over 250 new providers to the Plan's network. ACP will have 28 total locations in our service area, providing access to Primary Care and over twenty different specialties. MetroPlus was previously contracted with just a few of the ACP locations in Brooklyn, but this will expand access for Plan members in Manhattan, Queens and Staten Island.

In 2017, MetroPlus added over 1200 new providers through direct credentialing, and another 400 through delegated credentialing. This brings the total number of provider sites in our network to over 27,000 total, which is an 11% increase over our 2016 count. Over 500 new provider contracts were issued in 2017. We continue to expand our provider network to increase the level of access available to our members. Targeted outreach efforts were successful in key Bronx, Brooklyn and Staten Island neighborhoods, where we were able to recruit FQHCs and Medical Groups in key marketing zip-codes to join the MetroPlus network.

In 2017 Integrated Case Management completed over 5,000 home and hospital visits. MetroPlus also hired a dedicated housing specialist to work with members and assist in placing them into appropriate housing.



**MetroPlus Health Plan**  
**Membership Summary by LOB Last 7 Months**  
**January-2018**

|                   |                       | Jul-17  | Aug-17  | Sep-17  | Oct-17  | Nov-17  | Dec-17  | Jan-18  |
|-------------------|-----------------------|---------|---------|---------|---------|---------|---------|---------|
| Total Members     | Prior Month           | 504,124 | 504,769 | 503,990 | 504,258 | 504,731 | 506,096 | 508,164 |
|                   | New Member            | 21,682  | 21,295  | 21,411  | 21,518  | 21,461  | 21,950  | 27,404  |
|                   | Voluntary Disenroll   | 1,623   | 1,704   | 1,545   | 1,507   | 1,703   | 1,590   | 1,752   |
|                   | Involuntary Disenroll | 19,414  | 20,370  | 19,598  | 19,538  | 18,393  | 18,292  | 24,265  |
|                   | Adjusted              | 89      | 97      | 100     | 150     | 662     | 3,563   | 0       |
|                   | Net Change            | 645     | -779    | 268     | 473     | 1,365   | 2,068   | 1,387   |
|                   | Current Month         | 504,769 | 503,990 | 504,258 | 504,731 | 506,096 | 508,164 | 509,551 |
| Medicaid          | Prior Month           | 375,303 | 375,854 | 374,089 | 373,359 | 372,712 | 372,560 | 372,900 |
|                   | New Member            | 14,027  | 13,164  | 13,411  | 13,380  | 13,410  | 13,235  | 13,251  |
|                   | Voluntary Disenroll   | 668     | 769     | 631     | 571     | 771     | 582     | 564     |
|                   | Involuntary Disenroll | 12,808  | 14,160  | 13,510  | 13,456  | 12,791  | 12,313  | 14,365  |
|                   | Adjusted              | -3      | 11      | 13      | 70      | 540     | 1,342   | 0       |
|                   | Net Change            | 551     | -1,765  | -730    | -647    | -152    | 340     | -1,678  |
|                   | Current Month         | 375,854 | 374,089 | 373,359 | 372,712 | 372,560 | 372,900 | 371,222 |
| Essential Plan    | Prior Month           | 68,827  | 68,843  | 69,409  | 70,052  | 70,699  | 71,933  | 73,336  |
|                   | New Member            | 5,319   | 5,395   | 5,380   | 5,342   | 5,571   | 5,913   | 5,061   |
|                   | Voluntary Disenroll   | 1       | 1       | 1       | 1       | 0       | 0       | 0       |
|                   | Involuntary Disenroll | 5,302   | 4,828   | 4,736   | 4,694   | 4,337   | 4,510   | 6,328   |
|                   | Adjusted              | -4      | -12     | -14     | -13     | -16     | 1,933   | 0       |
|                   | Net Change            | 16      | 566     | 643     | 647     | 1,234   | 1,403   | -1,267  |
|                   | Current Month         | 68,843  | 69,409  | 70,052  | 70,699  | 71,933  | 73,336  | 72,069  |
| Child Health Plus | Prior Month           | 15,963  | 16,138  | 16,167  | 16,320  | 16,533  | 16,739  | 16,886  |
|                   | New Member            | 1,091   | 1,133   | 1,242   | 1,393   | 1,288   | 1,281   | 1,197   |
|                   | Voluntary Disenroll   | 674     | 671     | 623     | 675     | 642     | 735     | 844     |
|                   | Involuntary Disenroll | 242     | 433     | 466     | 505     | 440     | 399     | 428     |
|                   | Adjusted              | 31      | 32      | 37      | 30      | 63      | 177     | 0       |
|                   | Net Change            | 175     | 29      | 153     | 213     | 206     | 147     | -75     |
|                   | Current Month         | 16,138  | 16,167  | 16,320  | 16,533  | 16,739  | 16,886  | 16,811  |



**MetroPlus Health Plan**  
**Membership Summary by LOB Last 7 Months**  
**January-2018**

|                        |                       | Jul-17 | Aug-17 | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 |
|------------------------|-----------------------|--------|--------|--------|--------|--------|--------|--------|
| HHC                    | Prior Month           | 8,868  | 9,039  | 9,189  | 9,571  | 9,856  | 10,021 | 10,115 |
|                        | New Member            | 349    | 249    | 474    | 404    | 243    | 157    | 1,288  |
|                        | Voluntary Disenroll   | 0      | 0      | 0      | 0      | 0      | 0      | 0      |
|                        | Involuntary Disenroll | 178    | 99     | 92     | 119    | 78     | 63     | 83     |
|                        | Adjusted              | 65     | 66     | 66     | 66     | 81     | 109    | 0      |
|                        | Net Change            | 171    | 150    | 382    | 285    | 165    | 94     | 1,205  |
|                        | Current Month         | 9,039  | 9,189  | 9,571  | 9,856  | 10,021 | 10,115 | 11,320 |
| SNP                    | Prior Month           | 4,307  | 4,264  | 4,228  | 4,200  | 4,186  | 4,156  | 4,136  |
|                        | New Member            | 81     | 97     | 83     | 88     | 83     | 73     | 132    |
|                        | Voluntary Disenroll   | 30     | 24     | 27     | 15     | 26     | 17     | 14     |
|                        | Involuntary Disenroll | 94     | 109    | 84     | 87     | 87     | 76     | 92     |
|                        | Adjusted              | 0      | 0      | 0      | 2      | 6      | 16     | 0      |
|                        | Net Change            | -43    | -36    | -28    | -14    | -30    | -20    | 26     |
|                        | Current Month         | 4,264  | 4,228  | 4,200  | 4,186  | 4,156  | 4,136  | 4,162  |
| Medicare               | Prior Month           | 8,291  | 8,290  | 8,251  | 8,205  | 8,183  | 8,188  | 8,176  |
|                        | New Member            | 288    | 231    | 262    | 247    | 282    | 265    | 241    |
|                        | Voluntary Disenroll   | 170    | 169    | 198    | 171    | 192    | 181    | 259    |
|                        | Involuntary Disenroll | 119    | 101    | 110    | 98     | 85     | 96     | 92     |
|                        | Adjusted              | 0      | 0      | 0      | 0      | -1     | -4     | 0      |
|                        | Net Change            | -1     | -39    | -46    | -22    | 5      | -12    | -110   |
|                        | Current Month         | 8,290  | 8,251  | 8,205  | 8,183  | 8,188  | 8,176  | 8,066  |
| Managed Long Term Care | Prior Month           | 1,576  | 1,599  | 1,619  | 1,653  | 1,689  | 1,733  | 1,758  |
|                        | New Member            | 77     | 78     | 65     | 80     | 89     | 74     | 72     |
|                        | Voluntary Disenroll   | 20     | 20     | 10     | 17     | 20     | 22     | 17     |
|                        | Involuntary Disenroll | 34     | 38     | 21     | 27     | 25     | 27     | 18     |
|                        | Adjusted              | -2     | -2     | -3     | -5     | -6     | -11    | 0      |
|                        | Net Change            | 23     | 20     | 34     | 36     | 44     | 25     | 37     |
|                        | Current Month         | 1,599  | 1,619  | 1,653  | 1,689  | 1,733  | 1,758  | 1,795  |



**MetroPlus Health Plan**  
**Membership Summary by LOB Last 7 Months**  
**January-2018**

|      |                       | Jul-17 | Aug-17 | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 |
|------|-----------------------|--------|--------|--------|--------|--------|--------|--------|
| QHP  | Prior Month           | 8,072  | 7,923  | 7,759  | 7,611  | 7,456  | 7,307  | 7,116  |
|      | New Member            | 214    | 193    | 176    | 174    | 148    | 109    | 5,654  |
|      | Voluntary Disenroll   | 0      | 0      | 0      | 1      | 0      | 0      | 0      |
|      | Involuntary Disenroll | 363    | 357    | 324    | 328    | 297    | 300    | 2,603  |
|      | Adjusted              | 1      | 1      | 0      | -1     | -7     | -9     | 0      |
|      | Net Change            | -149   | -164   | -148   | -155   | -149   | -191   | 3,051  |
|      | Current Month         | 7,923  | 7,759  | 7,611  | 7,456  | 7,307  | 7,116  | 10,167 |
| SHOP | Prior Month           | 894    | 872    | 869    | 849    | 864    | 852    | 983    |
|      | New Member            | 15     | 21     | 11     | 39     | 16     | 188    | 223    |
|      | Voluntary Disenroll   | 1      | 0      | 1      | 0      | 0      | 10     | 1      |
|      | Involuntary Disenroll | 36     | 24     | 30     | 24     | 28     | 47     | 60     |
|      | Adjusted              | 1      | 1      | 1      | 0      | 0      | 0      | 0      |
|      | Net Change            | -22    | -3     | -20    | 15     | -12    | 131    | 162    |
|      | Current Month         | 872    | 869    | 849    | 864    | 852    | 983    | 1,145  |
| FIDA | Prior Month           | 185    | 188    | 187    | 193    | 191    | 185    | 185    |
|      | New Member            | 9      | 2      | 9      | 6      | 2      | 7      | 28     |
|      | Voluntary Disenroll   | 2      | 1      | 0      | 2      | 0      | 1      | 0      |
|      | Involuntary Disenroll | 4      | 2      | 3      | 6      | 8      | 6      | 7      |
|      | Adjusted              | 0      | 0      | 0      | 0      | 0      | 0      | 0      |
|      | Net Change            | 3      | -1     | 6      | -2     | -6     | 0      | 21     |
|      | Current Month         | 188    | 187    | 193    | 191    | 185    | 185    | 206    |
| HARP | Prior Month           | 9,831  | 9,771  | 10,248 | 10,278 | 10,416 | 10,492 | 10,637 |
|      | New Member            | 185    | 716    | 270    | 340    | 312    | 377    | 246    |
|      | Voluntary Disenroll   | 57     | 49     | 54     | 54     | 52     | 42     | 53     |
|      | Involuntary Disenroll | 188    | 190    | 186    | 148    | 184    | 190    | 172    |
|      | Adjusted              | 0      | 0      | 0      | 0      | 0      | 0      | 0      |
|      | Net Change            | -60    | 477    | 30     | 138    | 76     | 145    | 21     |
|      | Current Month         | 9,771  | 10,248 | 10,278 | 10,416 | 10,492 | 10,637 | 10,658 |



**MetroPlus Health Plan**  
**Membership Summary by LOB Last 7 Months**  
**January-2018**

|                |                       | Jul-17 | Aug-17 | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 |
|----------------|-----------------------|--------|--------|--------|--------|--------|--------|--------|
| GOLDCARE<br>I  | Prior Month           | 1,151  | 1,147  | 1,143  | 1,140  | 1,120  | 1,109  | 1,201  |
|                | New Member            | 24     | 14     | 26     | 18     | 10     | 225    | 11     |
|                | Voluntary Disenroll   | 0      | 0      | 0      | 0      | 0      | 0      | 0      |
|                | Involuntary Disenroll | 28     | 18     | 29     | 38     | 21     | 133    | 10     |
|                | Adjusted              | 0      | 0      | 0      | 1      | 2      | 5      | 0      |
|                | Net Change            | -4     | -4     | -3     | -20    | -11    | 92     | 1      |
|                | Current Month         | 1,147  | 1,143  | 1,140  | 1,120  | 1,109  | 1,201  | 1,202  |
| GOLDCARE<br>II | Prior Month           | 856    | 841    | 832    | 827    | 826    | 821    | 735    |
|                | New Member            | 3      | 2      | 2      | 7      | 7      | 46     | 0      |
|                | Voluntary Disenroll   | 0      | 0      | 0      | 0      | 0      | 0      | 0      |
|                | Involuntary Disenroll | 18     | 11     | 7      | 8      | 12     | 132    | 7      |
|                | Adjusted              | 0      | 0      | 0      | 0      | 0      | 5      | 0      |
|                | Net Change            | -15    | -9     | -5     | -1     | -5     | -86    | -7     |
|                | Current Month         | 841    | 832    | 827    | 826    | 821    | 735    | 728    |

## 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 \$16,723,402 to pay PharmScript for patients with no insurance.

**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, and third party billing and collections; and

**WHEREAS**, the System will separately contract with an independent consultant to meet NYS Department of Health and CMS Regulations requiring pharmacy-review services; 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 \$16,723,402 to pay PharmScript for patients with no insurance.



**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 20<sup>th</sup>, 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 6<sup>th</sup>, 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.

The satisfaction of NYS Department of Health and CMS Regulations requiring pharmacy-review services will be separately contracted by the System so as to ensure an independent performance of the function.

**BUDGET:** The cost of the proposed agreement will not exceed \$16,723,402 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

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**Successful Respondent:** PharmScript, LLC

**Contract Amount:** \$16,723,402

**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

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**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

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**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.

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### **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.

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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 3<sup>rd</sup>, 2017. A mandatory pre-proposers conference was held on October 20<sup>th</sup>, 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 6<sup>th</sup>, 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

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### *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

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*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.

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|  |   |
|--|---|
| <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   |

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*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.

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***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

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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:

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- 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:

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- 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

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- 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

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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

# **UPDATE TO PHARMSCRIPT CONTRACT PRESENTATION**

**Medical & Professional Affairs Committee**

**February 7, 2018**

**Maureen McClusky, FACHE**

Senior Vice President, Post-Acute Care

**Khoi Luong, DO**

Chief Medical Officer, Post-Acute Care

## PHARMACY-REVIEW SERVICES TO BE PERFORMED INDEPENDENTLY

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- When first presented to M&PA in December, it was proposed that Pharmscript would subcontract with a 3rd party to provide pharmacy review functions required by NYC DOH and CMS regulations
- In response to suggestions from the Board, the contract will be restructured so the pharmacy review services will be independently contracted for by H+H
- The amount of the contract authorized in the resolution has been reduced from \$17,729,822 to \$16,723,402 to reflect the shift from Pharmscript to H+H of the cost of engaging the independent pharmacy review firm
  - The expertise to conduct the independent review is not available in house
  - Additionally it is considered best practice to have the review conducted by an independent third party

## DISCOVERY AND INVESTIGATION of FDA WARNING LETTER

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- After our previous M&PA presentation but before our scheduled presentation to the full Board, we learned that the FDA had issued a warning letter to Pharmscript. We paused our Board process to investigate. We found:
  - The warning letter concerned medical compounding for medications and sterile solutions that require preparation on site.
  - Medical compounding is an area of heightened scrutiny nationally across the industry since an outbreak of meningitis in a MA compounding lab several years ago. Many warning letters have been sent.
  - Pharmscript had been provided tainted sterile solution from a supplier. Upon discovery, Pharmscript terminated its relationship with the supplier and voluntarily self-reported to the FDA.
  - The FDA inspected the Pharmscript operation in Medford NJ and found a sterile mixture was being compounded in an unsterile environment.
  - Pharmscript voluntarily discontinued supplying compounded medication and sterile solutions for a period while it installed a new, state-of-the-art clean room.

## DISCOVERY AND INVESTIGATION of FDA WARNING LETTER

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- The NJ Board of Pharmacies which has jurisdiction over Pharmscript operations conducted an inspection and approved Pharmscript to resume its compounding operations.
- Pharmscript added a senior level quality assurance executive and engaged the same recognized national consultant as H+H has used to guide its safety/quality procedures and to conduct quarterly quality reviews.
- Per the proposed contract, H+H will get copies of the quarterly quality reviews and will have the right to source compounded medications and sterile solutions from a 3rd party supplier if not satisfied with quality. Compounding is only a small part of what Pharmscript will do for H+H under the proposed contract and so could be carved out.
- Our Pharmacy and Regulatory leads made a site visit to the Pharmscript facility in NJ. They were impressed by the sophistication and cleanliness of the facility and the staff commitment to compliance.
- We confirmed that other large health systems in the area have continued to use Pharmscript because of its satisfactory response to the FDA warning letter.
- We have taken steps to intensify our quality oversight of any contracts for medical services and products, creating an interdisciplinary governance mechanism and adding provisions to our contracts to ensure that we have access to data, the right to inspect facilities, etc.



# eConsult at H+H

Hannah Byrnes-Enoch, MPH  
Jesse Singer, DO MPH  
Dave Chokshi, MD MSc FACP

Office of Population Health

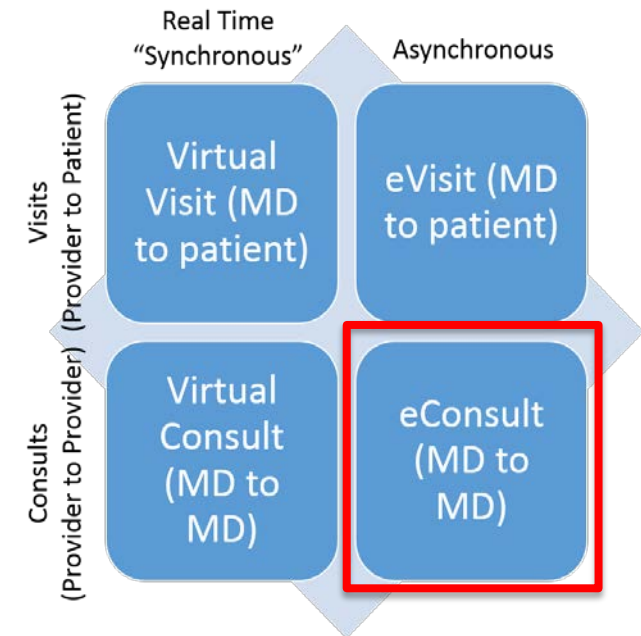


## What is eConsult?

A patient-centered referral management strategy that *improves access* to specialist expertise

**-AND-**

A mechanism for *communication between providers* via electronic consults sent in response to referrals



## eConsult – Pathway to Improving Access at H+H

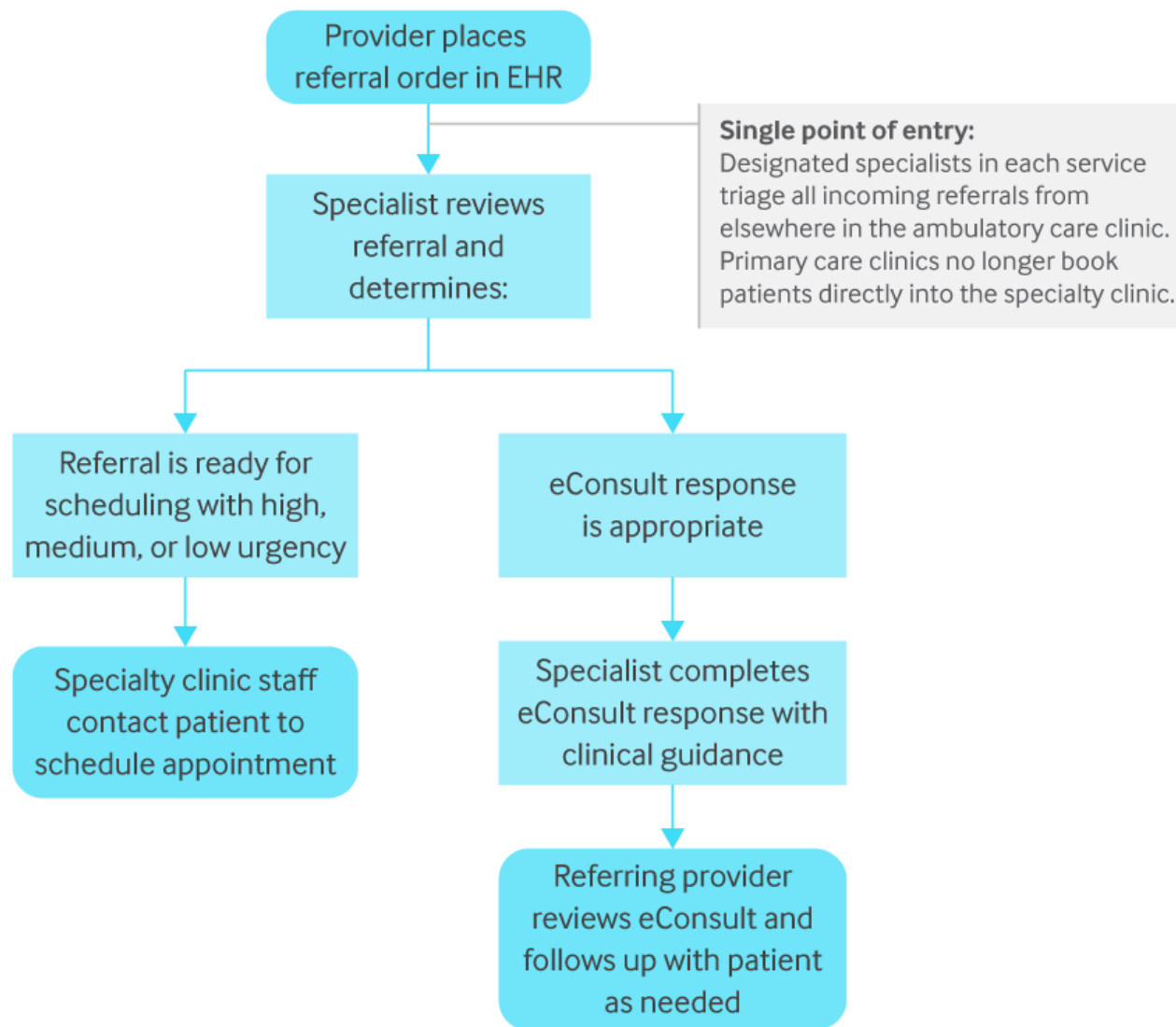
- H+H is an important source of specialty care for New Yorkers
- Demand for specialty visits is high
  - Wait times for appointments at our facilities can exceed two months
- eConsult improves access to specialty care by:
  - Enabling specialists and primary care to manage patients in the primary care setting where appropriate
  - Creating a communication pathway for specialists and primary care providers
  - Ensuring that patients are better prepared for appointments that better match their needs

## eConsult – Context and Background

- Increasingly used in other public health systems:
  - San Francisco General Hospital
  - LA County Department of Health Services
  - Local and county systems in California, Connecticut
  - Department of Veterans Affairs
- LA County Department of Health Services:
  - Approximately 670,000 patients seen per year in 19 clinics, 4 hospitals, dozens of community practices
  - eConsult now fully scaled-up to all nonemergency specialty referrals – about 19,000 referrals/month
  - Formal evaluation of eConsult found:
    - No change in the number of visits in specialty care or frequency of referrals
    - Approximately 25% of all referrals were resolved without a visit
    - Wait times for face-to-face visits decreased by ~17%

## eConsult at H+H – Workflow

- All referrals are captured and reviewed
- A specialist reviews each referral within 3 business days
- Referring providers receive either:
  - An electronic consult from the specialist, or
  - A notification that the patient has been scheduled for a visit



Source: NYC Health & Hospitals

NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

# Workflow: Ordering a Referral

- Same process as other ambulatory specialty referrals

**Order Entry - Adding Order**

| Cp | Procedure | Order Information | Start Time | Order Set | Type | Advisory | Remove | Edit |
|----|-----------|-------------------|------------|-----------|------|----------|--------|------|
|    |           |                   |            |           |      |          |        |      |

**Reason for Orders:**

- Mixed hyperlipidemia

**Consolidated Medication List**

Order Options

- Medicine
  - Admit/Transfer/DC
  - Anticoagulant Meds
  - DVT Prophylaxis
  - Antibiotic Meds
  - Antibiotic Surgical Prophyl
  - Diabetic
  - IV Solutions
  - IV Drips
  - Stroke Order Panel
  - Consults
  - Mechanical Ventilation
  - Laboratory
  - Bronchoscopy
  - ICU Procedures
  - Cardiology
  - Hemodialysis

Inpatient Consult Order Options

\*\*\* Denotes eConsult

- GI Consult\*\*\*
- Cardiology Consult (Adult)
- CCU Consult
- Dermatology Consult
- Endocrine Consult
- Ethics Consult
- Genetics Consult
- Geriatrics Consult
- Hematology/Oncology Consult
- Infectious Disease Consult
- Medicine Consult
- MICU Consult
- Neurology Consult
- Orthopedic Consult
- Palliative Consult
- Pulmonary Consult
- Rehab Consult
- Renal Consult
- Rheumatology Consult
- Anesthesia
  - Anesthesia Consult
  - Pain Management Consult
- Surgery
  - Breast Consult
  - Colorectal Consult
  - ENT Consult
  - Gen Surg/Trauma Consult
- Hand Consult
- Neurosurgery Consult
- Ophthalmology Consult
- Oral & Maxillofacial Surgery
- Orthopedic Consult
- Plastic Consult
- SICU Consult
- Surgical Oncology Consult
- Surgical Endoscopy Consult
- Thoracic Consult
- Urology Consult
- Vascular Consult
- OBS/GYN
  - Obstetrics Consult
  - Gynecology Consult
- Pediatric
  - Adolescent Consult
  - Allergy/Asthma Consult
  - CASA Consult
  - Cardiology Consult
  - Dental Surgery Consult
  - Developmental Consult
  - Endocrine Consult
  - Genetics Consult
  - GI Consult
  - Hema/Oncology Consult
  - Immunology Consult
  - Infectious Disease Consult
  - Neurology Consult
  - Pulmonary Consult
- Renal Consult
- Surgery Consult
- Urology Consult
- Other Consult/Referral
  - Psychiatry
  - Radiation Oncology
  - Social Work Referral
  - Nutrition Referral
  - PRI Request
  - Care Management
  - RehabTherapy IP R
  - Wound Care Nurse

**Add Order** **Order Summary**

## Workflow: Specialist Reviewer

- Review each order, then document recommendation to schedule OR eConsult

QuadraMed CPR - Woodhull Medical and Mental Health Center Cache Development System

Main Desktop | Tutorials | Pt Search | Chart Review | ED Whitebo... | Reference | Guidelines | RHIO

Clinic Consult/Referral Orders

| Location  | Current Loc | Name           | Visit Number | Sex | Age | Physician  |
|-----------|-------------|----------------|--------------|-----|-----|------------|
| Active CP |             | Dentrix,Pttour | 1102020-1    | M   | 18Y | TestAttend |

New Order for Pulmonary Clinic Consult/Referral  
Pulmonary eConsult Referral/Request

|                |  |               |              |
|----------------|--|---------------|--------------|
| Event Time     | 11 Jan 18 1750                                   | Event Status  | scheduled    |
| Ordered Time   | 11 Jan 18 1750                                   | Order Status  | active       |
| Order Type     | Direct Discharge Orders by Bymes-E, H (HHC Corp) |               |              |
| First Resulted |  | Last Resulted |              |
| Nurse Reviewed |  | Dept Reviewed |              |
|                |  | Next Event    | 11Jan18 1750 |

**When:** now

Referred From Clinic: Peds Denta

Referred To Clinic: Chest - 700

Referral Type: Referral

Pertinent Problem(s): Type 2 diabetes mellitus with other specified ...

Pertinent History: test

Referring Provider: Attending Test, MD

Next of Kin:

Emergency Contact:

Choose option:

(D) Document (C) Cancel (R) Reschedule (I) Instructions (V) Review (H) Event History

New Event Time: Thu, 11 Jan 18 1753 | Prev Event Status: Scheduled

Pertinent Problem(s): Type 2 diabetes mellitus with other ...

Pertinent History: test

Question to Answer:

**5) Consultant Recommendation:**

6) Consultant Brief Note:

| # | Consultant Recommendation Options                                    |
|---|--|
| 1 | Schedule: High priority  |
| 2 | Schedule: Medium priority  |
| 3 | Schedule: Low priority   |
| 4 | eConsult - Do not schedule at this time (e.g. followed in clinic)    |
| 5 | eConsult - Do not schedule/remove future appointments/notify patient |

## Workflow: Scheduling

- Scheduler documents Action Taken
- If an appointment is given, scheduler must enter date/time.

QuadraMed CPR - Woodhull Medical and Mental Health Center Cache Development System

Main Desktop | Tutorials | Pt Search | Chart Review | ED Whitebo... | Reference | Guidelin

Clinic Consult/Referral Orders

| Location                            | Current Loc                                   | Name             | Visit Number               | Sex     | Age |
|-------------------------------------|---|------------------|----------------------------|---------|-----|
| Active CP                           |   | Dentrix,Ptfour   | 1102020-1                  | M       | 18  |
| Pulmonary Clinic Consult/Referral   |   |                  |                            |         |     |
| Pulmonary eConsult Referral/Request |   |                  |                            |         |     |
| Event Time                          | Thu, 11 Jan 18 1753                           |                  | Event Status               | partial |     |
| 8) Notes for Scheduler:             |   |                  | Schedule with any provider |         |     |
| <b>9) Scheduler Action Taken:</b>   |   |                  |                            |         |     |
| #                                   | Action Taken                                  | eConsult Options |                            |         |     |
| 1                                   | Patient Given Appt by Phone                   |                  |                            |         |     |
| 2                                   | Patient Given Appt in Person                  |                  |                            |         |     |
| 3                                   | Patient Given Appt; Letter sent               |                  |                            |         |     |
| 4                                   | Future Appointments Removed; Patient Notified |                  |                            |         |     |
| 5                                   | Not reached - call 1                          |                  |                            |         |     |
| 6                                   | Not reached - call 2                          |                  |                            |         |     |
| 7                                   | Not reached - call 3                          |                  |                            |         |     |
| Select scheduler action taken:      |   |                  |                            |         |     |
| <input type="text"/>                |   |                  |                            |         |     |



# Workflow: Reviewing Results

- Results are available in Multiple Patient Review under Consultations

QuadraMed CPR - Woodhull Medical and Mental Health Center Cache Development System

Main Desktop | Tutorials | Pt Search | Chart Review | ED Whitebo... | Reference | Guidelines | RHIO | Drug Info | Tobacco | EKG | PACS | Intranet | Log off | Mail | Preferences | Help/About

**Multiple Patient Review**

Multiple Patient Review x

Inbox Options

Facility: Woodhull Medical and Mental Health Center > Nursing Unit: > Inbox Category(s): All > List Type: Coverage > Visit Type(s): All > Visit Status(es): All

| All                    | Criticals/Abnormals | Review Results | Orders | ASO Orders | Results to Complete | Results to Sign |
|------------------------|---------------------|----------------|--------|------------|---------------------|-----------------|
| Consultations          | 2                   | 3              |        |            |                     |                 |
| Laboratory             | 1                   |                |        |            |                     |                 |
| Patient Administration |                     |                |        |            |                     | 1               |
| <b>Total</b>           | <b>3</b>            | <b>3</b>       |        |            |                     | <b>1</b>        |

| Visit  | Category        | Event Time     | Procedure              | Order/Result Information | Status       | Provider       | Reviewer(s) | Order Author | Indicators | Type |
|--|-----------------|----------------|------------------------|--------------------------|--------------|----------------|-------------|--------------|------------|------|
| Dentrix,Ptfour MRN: 1102020 VN: 1102020-1 Facility: WMMHC Age: 18Y Birthdate: 01-Jan-00 Gender: Male Attending: TestAttend |                 |                |                        |                          |              |                |             |              |            |      |
| Dentrix,Ptfour   | Review Res...   | 12-Jan-18 1... | Gastro-Intestinal e... |                          | complete     | Test,Attending |             | Byrnes-E,H   |            |      |
| Dentrix,Ptfour   | Review Res...   | 12-Jan-18 1... | Pulmonary eCons...     |                          | partial      | Test,Attending |             | Byrnes-E,H   | ! (1)      |      |
| Dentrix,Ptfour   | Review Res...   | 12-Jan-18 1... | Pulmonary eCons...     |                          | complete     | Test,Attending |             | Byrnes-E,H   | ! (1)      |      |
| Dentrix,Ptfour   | Review Res...   | 11-Jan-18 1... | Pulmonary eCons...     |                          | complete     | Test,Attending |             | Byrnes-E,H   | ! (1)      |      |
| Dentrix,Ptfour   | Results to S... | 11-Jan-18 1... | Ambicare Note - Ad...  |                          | unverified   | Test,Attending |             |              |            |      |
| Test,Labpatient MRN: 9503 VN: 9503-1 Facility: WMMHC Age: 36Y Birthdate: 25-Dec-81 Gender: Female                          |                 |                |                        |                          |              |                |             |              |            |      |
| Test,Labpatient  | Review Res...   | 22-Dec-17 1... | Lymphocyte Subse...    |                          | supplemental | Test,Attending |             | TestAttend   |            |      |
| Test,Patent Adam MRN: 9483 VN: 9483-1 Facility: WMMHC Age: 3Y Birthdate: 01-Jan-15 Gender: Male Attending: TestAttend      |                 |                |                        |                          |              |                |             |              |            |      |
| Test,Patent Adam   | Review Res...   | 11-Jan-18 1... | Pulmonary eCons...     |                          | partial      | Test,Attending |             | Byrnes-E,H   |            |      |

Update List

Launch Visit(s) | Edit | Select All | Sign/Review

| Facility     | EHR  | Specialty  |          |               |    |                    |                          |            |                    |           |                 |                          |             |                  |                  |              |         |         |  |
|--------------|------|------------|----------|---------------|----|--------------------|--------------------------|------------|--------------------|-----------|-----------------|--------------------------|-------------|------------------|------------------|--------------|---------|---------|--|
|              |      | Cardiology | Diabetes | Endocrinology | GI | Infectious Disease | Interventional Radiology | Nephrology | Neuroendo-vascular | Neurology | Pain management | PCP Transition (IP only) | Peds Asthma | Peds Chest/Sleep | Psych Integrated | Rheumatology | Thyroid | Urology |  |
| Bellevue     | QMed | ✓*         |          |               |    |                    |                          |            |                    |           |                 |                          |             |                  |                  |              |         |         |  |
| Coney Island | Epic | ✓          |          | ✓             | ✓  |                    |                          | ✓          |                    |           | ✓               |                          |             |                  |                  |              |         |         |  |
| Kings County | QMed | ✓          | ✓        | ✓             | ✓  | ✓                  | ✓                        |            | ✓                  | ✓         |                 | ✓                        | ✓           | ✓                | ✓                | ✓            | ✓       | ✓       |  |
| Woodhull     | QMed | ✓          |          | ✓             | ✓  |                    |                          | ✓          |                    |           | ✓               |                          |             |                  |                  |              |         |         |  |

✓ = Late 2017 go-live

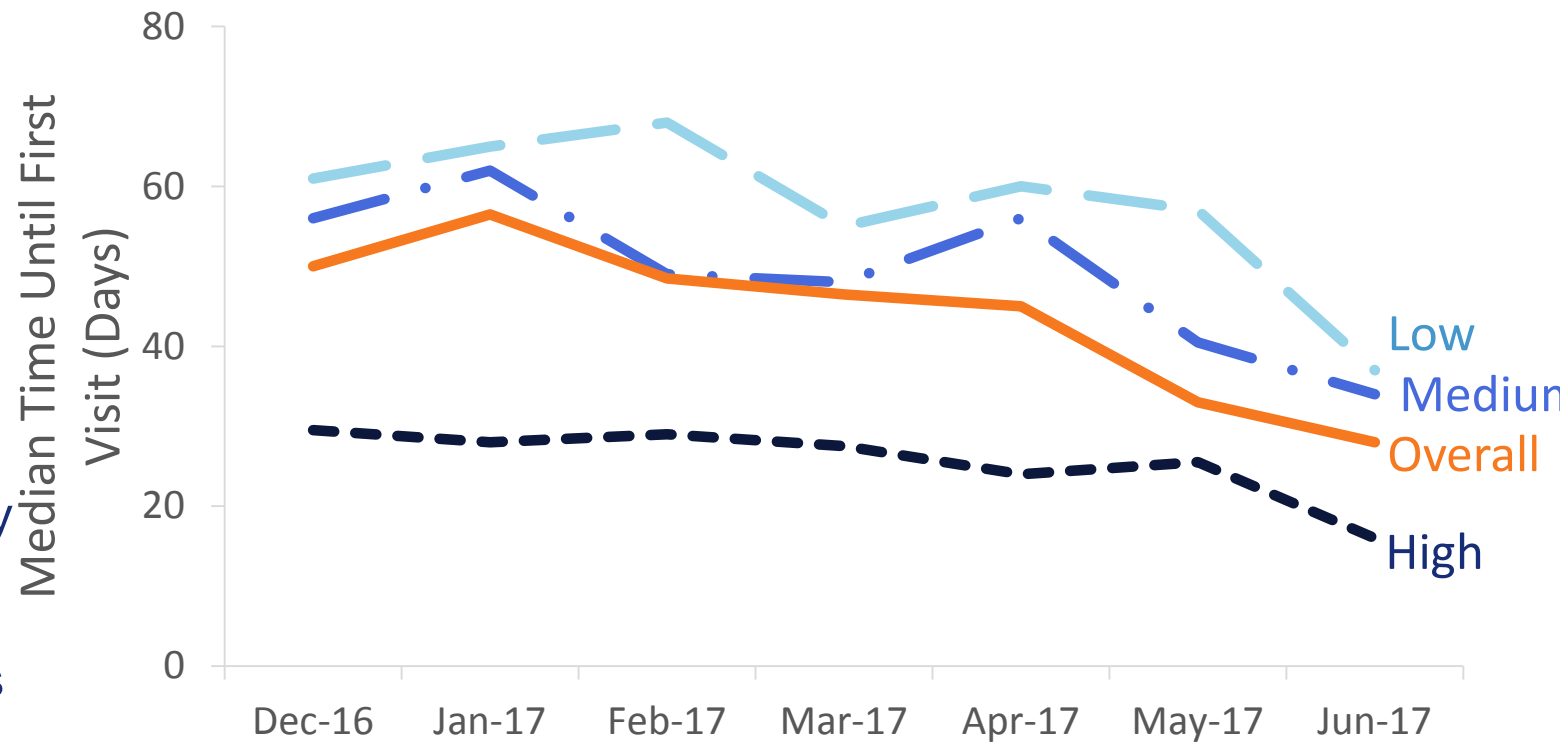
\* = includes General Cardiology, Advanced Heart Failure/Transplant, and Adult Congenital clinics

## eConsult at H+H – Current State

- Now live in ~28 specialty clinics at 4 facilities
  - Specialty clinic participation is voluntary
- Nearly 20,000 referrals triaged so far
  - Reviewed within ~4 days
  - ~20% triaged to receive eConsult
  - ~17% triaged to receive “high priority” appointment
- Formal evaluation is in development; early data indicates substantial improvements in access to care

## Early Impacts on Access to Care – December 2016 to June 2017

- For 8 clinics live in December 2016, we assessed time to visit for referrals ready for F2F visit.
  - Overall median time to visit decreased from 50 days in December to 28 days in June, a 44% decrease.
  - Referrals identified as high priority had shortest time to visit and greatest relative decline in median time to visit (from 30 days to 16 days).



## Early Data – Percent of Referrals with eConsult, August 2016 to August 2017

| Facility | Clinic           | Referrals Received | Time to Triage (days) | % eConsult |
|----------|------------------|--------------------|-----------------------|------------|
| Woodhull | Cardiology       | 1,603              | 4.2                   | 30%        |
| Woodhull | Endocrinology    | 1,035              | 8.5                   | 59%        |
| Woodhull | Gastroenterology | 2,191              | 5.4                   | 37%        |
| Woodhull | Nephrology       | 1,179              | 1.7                   | 9%         |
| Kings    | Gastroenterology | 1,791              | 1.5                   | 11%        |
| Kings    | Neurology        | 1,641              | 2.3                   | 8%         |
| Kings    | Rheumatology     | 623                | 8.3                   | 3%         |
| Kings    | Urology          | 1,251              | 4.6                   | 21%        |
| Coney    | Endocrinology    | 437                | 3.0                   | 37%        |
| Coney    | Gastroenterology | 1,157              | 4.1                   | 15%        |

## Looking Ahead

1. Continuing to socialize eConsult across the system
2. Planning for full-scale expansion in 2018
3. Engaging with providers, patients, administration to improve access to specialty care expertise

Questions? Comments? Contact:

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