

AGENDA

**MEDICAL AND PROFESSIONAL AFFAIRS
COMMITTEE**

Date: June 13th, 2018
Time: 9:00 AM
Location: 125 Worth Street, Rm. 532

BOARD OF DIRECTORS

CALL TO ORDER

DR. CALAMIA

ADOPTION OF MINUTES

April 12th, 2018

CHIEF MEDICAL OFFICER REPORT

DR. ALLEN

CHIEF NURSE EXECUTIVE REPORT

DR. MENDEZ

METROPLUS HEALTH PLAN

DR. SAPERSTEIN

INFORMATION ITEM:

1) Strategy to Decrease Avoidable Utilization

MR. ROCHA

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

NEW YORK CITY HEALTH + HOSPITALS

MINUTES

MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE

Meeting Date: April 12th, 2018 - 1000 A.M.

BOARD OF DIRECTORS

ATTENDEES

COMMITTEE MEMBERS

Gordon Campbell, Acting Chair
Mitchell Katz, MD, President
Josephine Bolus, RN
Barbara Lowe, RN

HHC CENTRAL OFFICE STAFF:

Machelle Allen, MD, SVP, Chief Medical Officer, Medical & Professional Affairs
Charles Barron, Deputy Chief Medical Officer, Office of Behavioral Health
Janette Baxter, Senior Director, Risk Management
Jennifer Bender, Press Secretary, Communication & Marketing
Eunice Casey, Director, HIV Services
Victor Cohen, PharmD, Senior Assistant Vice President, Pharmacy
Kenra Ford, Senior Assistant Vice President, Laboratory
Terry Hamilton, Assistant Vice President HIV Services
Colicia Hercules, Chief of Staff to the Board Chair
Bridgette Ingraham, Assistant Vice President, Office of Legislative Analysis
John Jurenko, Vice President, Legislative Analysis Office
Ana Marengo, Senior Vice President, Communication and Marketing
Kim Mendez, EdD, ANP, RN, System Chief Nursing Executive
Deirdre Newton, Senior Counsel, Legal Affairs
Joseph Reyes, Senior Director, Medical & Professional Affairs
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

OTHERS PRESENT:

Morin Dolan, DC37
Justine DeGeorge, Office of State Comptroller

MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE April 12th, 2018

Gordon Campbell, Acting Chair of the Board of Directors, called the meeting to order at 10:05 AM.
The minutes of the April 13th, 2018 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 Efforts:

- OBH is working with ambulatory care to implement primary care integration into behavioral health at 5 sites
- The 5 sites are, Bellevue, Elmhurst, Lincoln, Kings, and Cumberland.
- In addition there is continued expansion of collaborative care with the addition of substance use disorder screening and treatment in primary care sites.
- Maternal health also provides screening and referral for depression,
- In addition of pediatric/well-baby sites is on-going.

Opioid Crisis:

OBH 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 (CATCH Teams). The Mayor's office recently announced the support of these programs at H+H including the addition of peer advocates in emergency departments to address the opioid crisis and the establishment of two additional CATCH teams.

Domestic Violence:

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.

Patient/Staff Safety:

- 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 are preliminary results showing a decrease in the number of aggressive incidents on the inpatient services.
- 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.
- A system-wide environmental risk assessment is in the process of being developed.

Homeless mentally ill:

OBH is developing two programs that will better serve the homeless mentally ill. H+H/OBH is developing a mental health and primary care clinic in a homeless shelter specifically for those with mental illness. It will be located in the Meyer Building on Ward's Island. We will provide a full range of services including screening and assessment, pharmacological treatment, therapy, and support services. The second program is the development of extended care inpatient units for those who are homeless and need an extended stay to stabilize and be prepared to live in more independent settings such as supportive housing. The unit's goal is to prevent readmissions and engage the patients in ongoing ambulatory treatment for both mental and physical disorders.

Quality

NYC Health and Hospitals continues to focus on quality and safety initiatives. System wide activities include:

VBPQIP – Quality & Safety Initiatives

NYS Health + Hospitals continues to make progress on the six quality and safety initiatives aligned with the NYS VBP QIP initiatives capturing full incentive payments thus far. Specifically:

Sepsis

A comprehensive Sepsis assessment has been completed at each of the eleven acute hospitals including on-site interviews, data analysis, and best practice review. Recommendations derived from this body of work were identified which should drive bundle compliance as well as influence LOS and costs. However, these recommendations are heavily reliant on technology, specifically EMR support. As a result the efforts of the performance improvement teams will align with that of the sepsis IT workgroup.

CAUTI

A system wide CAUTI reduction initiative is underway utilizing results from the Bard prevalence study on practice. A system wide CAUTI bundle has been endorsed and is the core of the improvement strategy. The bundle is has been shared with both EPIC and Quadramed for EMR support. Product standardization has been completed with most sites now having ordered and stocked the selected products.

CLABSI

Utilizing the same systematic approach as with CAUTI, a CLABSI reduction initiative has begun. Currently product review, selection, education, and deployment is underway including that of PICC and midlines. A CLABSI bundle is being circulated among various councils and SMEs as well as with EPIC and Quadramed support staff.

Pressure Injury Prevention

The NYC Health + Hospitals Care Bundle and Practice Guidelines for Pressure Injury Prevention were updated in February by the system wound care council. The council has identified wide variation in the use of products both to prevent and to treat pressure injury. Formulary review is underway in order to create a prevention & treatment product algorithm based upon stage.

Antimicrobial Stewardship

Antimicrobial Stewardship initiatives consistent with the CDC Core elements for ASP have been introduced in all three service lines across NYC Health + Hospitals. Efforts are focused on standardized antibiotic monitoring and data collection consistent with NHSN and AHRQ requirements. 48 and 72 hour time out alerts during antibiotic usage are being introduced into the EMR.

Clinical Pharmacy Update

Victor Cohen, PharmD, Sr. AVP, Medical & Professional Affairs, will present the clinical pharmacy update as the information item.

System Chief Nurse Executive Report

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

System Nurse Practice Council (SNPC)

The System Nurse Practice Council held a successful follow-up *Shared Governance Workshop* on February 7, 2018. The workshop provided an opportunity for facility designated Shared Governance nursing team members to work on laying the groundwork, begin their team and structural design development and share learned experiences. Understanding that facilities are at varying levels of shared governance development, facilitated breakout sessions were well received and provided many the opportunity to network with sister facilities and learn about and from their successes. Building a network of internal resource and support was key. Feedback from the workshop is currently focused on providing additional training tools and support touch points for those who are just launching shared governance councils.

Additionally, a SAVE the Date for a second annual Shared Governance Retreat for November 2018 is in the planning stages

Office of Patient Centered Care

- **Continuing Education**
 - Received 3 year recertification for Social Work Continuing Education Providership
 - Annual Physicians Program and Activity Report (PARS) submitted to NYS Medical Society
 - 2019 Nursing Continuing Education Providership recertification process in underway.

- **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.
 - System-wide PSH education plan under construction. Education Council to assist with content development, training implementation timeline, etc.

- **NICHE (Nurses Improving Care for Healthsystem Elders)**
 - At the invitation of NYC Department for the Aging, NYC H+H presented at the March 15, 2018 Age Friendly NYC Commission. The OPCC shared our NICHE program highlights as well as Harlem Hospital provided an overview of their new **Acute Care Elderly (ACE)** unit.
 - Members from OPCC, Acute Care, and Post-Acute Care will be attending and/or presenting at the annual NICHE Conference in April 2018.

- **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 and are ongoing to discuss integration of DV assessment into curriculum development. Reviewing current state of SART program operations, budget, and program development.
 - NYC H + H supporting FLONYC and the OCDV with the launch of **NYCHope** website and public awareness campaign. Website will connect individuals to easily accessible information, resources, and organizations that can assist those experiencing domestic, dating, and intimate partner violence.
 - Ms. Anderson, OPCC, to serve on the Risk Assessment Advisory Board to create a comprehensive approach in assessing risk and safety in domestic violence cases in NYC.

- **Nursing Informatics**
 - EPIC -Nursing representation ongoing to support optimization efforts of our Epic product by participating in design workgroups for ambulatory, order sets, sepsis documentation and charging.
 - In alignment with current work in PeopleSoft (Payroll & timekeeping), currently assessing nurse scheduling system for the enterprise.
 - NISA (**N**ursing **I**nformatics **S**ystem **A**dvisory) has been an informal committee of nursing informatic staff. NISA will become a formal council and support strategic alignment with varying levels on IT projects and roll-outs across our system.

Social Work

- Following a successful launch of a system-wide Social Work Council in 3Q17, monthly meetings have been held to provide a vehicle for learning, input and feedback on a variety social work topics and projects. Leads from the Social Work Council will participate on the System Care Management Governance Committee for insight, best practice thinking and communication.
- On March 29th, 2018, the 2nd Annual Social Work Recognition Ceremony was held to spotlight and acknowledge the contributions of our system social workers and the role they take in assisting patients and their family through many challenging issues. The event was well received and uplifting.

LiveOnNY-Accomplishments

- ECHO Pilot Project Extended for 2018; Jacobi hospital will be joining in April 2018. Current sites that participate include Lincoln, Kings, Elmhurst and Bellevue.
- Donor Councils established at Kings, Bellevue, Lincoln, Elmhurst, Jacobi, Harlem, and Bellevue.
- LiveOnNY Education included in 2018 System Nursing Orientation.
- Woodhull is currently the top facility throughout LiveOnNY covered systems at 12th with tissue timeliness for 2017 at 95.1%.
- April is Donate Life Month and will be celebrated by having tabling events and presentations at the leadership/town hall meetings for Bellevue, Coney, Harlem, Kings County, Lincoln, and Woodhull.
- NYC Health + Hospitals Staff attended Region 9 Organ Donation and Transplantation Collaborative that addressed the critically low organ donation rate that results in disproportionate high number of NY residents dying while awaiting an organ transplant. 22 staff members attended from our system.

Patient & Staff Experience

- In the past year, we have undertaken new efforts pursuing, a system-wide approach to improving overall patient satisfaction (and, as a result, the scores).
- We have inventoried, system-wide, all of our patient experience initiatives and programs, many of which are based in just one facility. From this inventory, best practices will be rolled out broadly, and programs that haven't yielded the hoped-for results can be abandoned. We can focus our energies on what is making the greatest difference for our patients.
- A broader customer service training initiative (ICARE) has been successfully piloted and is being evaluated for system-wide dissemination.
- We are also coordinating the training and expectations of patient satisfaction-focused leaders (PXOs) at facilities throughout our health system.
- A Human Experience Council was developed, which convenes leaders from throughout the health system, and also include our labor partners.
- Other system-wide initiative in 2018 include training staff to replicate best practices and implementing a proactive nursing intervention to better anticipate and address the needs of hospitalized patients. Additional focus will be on "no pass zone" and quiet at night standard work.
- System-wide implementation of patient and family advisory boards is in progress. Patient and Family Advisory Boards provide a vehicle for listening to experiences first hand and working toward solutions in partnership.
- Taking a "real time" pulse of a patient's experience also assists in speedy service recovery and corrective action. A "Happy or Not" patient satisfaction assessment tool will be launched in our ambulatory care sites in 2018. Using this system, patients are encouraged to rate their experience (anonymously) by pressing a button that best depicts their experience during their visit (see diagram below). This information is captured in aggregate and discussed at daily huddles with patient care staff. Engaging staff with direct customer feedback and gaining their insight to barriers and solutions is impactful.

After 20 years of service, NYC Health + Hospital/Queens CNO, Joan Gabriele, is planning her retirement. We thank Joan for her years of service and wish her good health and happiness!

MetroPlus Health Plan, Inc.

Total plan enrollment as of March 1, 2018 was 519,708. Breakdown of plan enrollment by line of business is as follows:

Medicaid	373,963
Child Health Plus	17,277
MetroPlus Gold	11,432
Partnership in Care (HIV/SNP)	4,207
Medicare	8,000

MLTC	1,876
QHP	13,906
SHOP	1,310
FIDA	212
HARP	10,855
Essential Plan	74,768
GoldCare I	1,193
GoldCare II	709

Key Updates

The Centers for Medicare & Medicaid Services (CMS) notified MetroPlus that they did not find any deficiencies in our application for Medicare service area expansion to Staten Island. The agency plans to update us with next steps shortly. We are also pleased to report that KPMG recently completed a full financial audit for 2017 and found no significant deficiencies.

Membership¹

Membership has increased every month since August and currently stands at over **521,000 – the highest total ever**. Open enrollment accelerated this growth over the last several months. Just six months prior, membership was at 504,000. EP membership reached over 76,000 and has grown by over 10% in the last six months. We have also seen very strong growth in QHP membership, which now stands at over 14,000, up over 85% in the last six months. Gold membership is also up nearly 20% in the last six months and stands at nearly 11,500. Even with open enrollment over, we continue to enroll people in our two largest products, Medicaid and Essential Plan, both of which have year-round enrollment. Many individuals who had a change in their circumstances such as a loss of a job or a marriage are eligible to enroll at the time of the event as well. We are also working to enhance our collaboration with our facility partners to ensure all insurable individuals complete applications when they seek services. At NCB, we are piloting a tracking system through Soarian. This will allow MetroPlus and facility staff to track individuals referred for insurance enrollment and to report on key outcomes.

In addition to increasing enrollment, we continue to enhance our efforts to retain members we already have. The overall disenrollment rate has continued a downward trend from last year. While there was a small increase in January as people switched plans, disenrollments both overall and for Medicaid remained well below the rate of last year.

We have also seen improvements in disenrollments at individual facilities. Efforts in place to improve the rate include extended evening and weekend calling hours to remind people to renew and our Finity Rewards program which gives people a strong incentive to remain with MetroPlus.

QM has partnered with YouthHealth, a part of NYC Health + Hospitals (H+H) Office of Ambulatory Care, to educate H+H adolescent providers on improving HEDIS performance. Our partnership will also seek to increase access to care & member education via Teen Health Events. The team is in the process of scheduling a second event at Woodhull Hospital (Brooklyn). We also conducted outreach to 40 low performing adolescent providers (about 100 members per provider) to assist with scheduling their patients with gaps in care and to deliver education on proper coding methods. Overall, 278 members had already been seen by their provider and 82 were scheduled for an appointment due to an outreach call by the Quality Improvement Specialist. We have also started an Adolescent Well Visit text message campaign and have enrolled 50,000 members into this program.

The QM and Behavioral Health (BH) team met with staff at Bellevue Hospital to identify barriers to improving the following measures:

- FUH (Follow-Up After Hospitalization for Mental Illness)

¹ Membership numbers noted in this section are weekly while membership numbers listed above are monthly.

- FUA (Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence)
- FUM (Follow-Up After Emergency Department Visit for Mental Illness)
- IET (Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment)

Next steps include meeting with the Psychiatry Chiefs at each hospital to review and improve performance as well as developing a One City/H+H peer program to support members in securing appropriate follow up care.

Integrated Case Management Highlights (All LOBs except FIDA, MLTC, and HIV/SNP)

Our dedicated team of Care Managers (CM) completed 1,154 home visits for the quarter. The department hired Personal Health Coaches (specialized social workers) who will conduct initial outreach, schedule home visits for Care Managers, and provide telephonic care management for members that refuse home visits, with the goal to eventually meet these members in the community. While the total number of home visits decreased in November and December when Care Management Associates (CMAs) were transferred to H+H in October, **the actual percent of visits completed improved to 70.6% in November and 67% in December (compared to 65% in October).**

As you know, MetroPlus is always focused on strengthening our partnership with H+H facilities on various issues. One of the more critical matters is homeless members who are also high utilizers at H+H locations, which H+H has recently expressed interest in addressing. We reviewed the results of the homelessness data and found that a relatively small percentage of our indigent members consistently drive over two-thirds of the total treatment costs. Based on an analysis of the homeless roster, we provided H+H with claims data for homeless high utilizers in their In Patient (IP) & Emergency Department (ED) facilities covering October 2016 through September 2017. The list included 529 distinct members with 3,039 claims for 639 IP admissions and 2,400 ED visits. MetroPlus plans to follow up with the H+H Office of Behavioral Health to develop a collaborative plan to address the treatment and psychosocial needs of these high utilizers.

State/Federal Policy

The State recently imposed a new requirement that requires all Medicaid recipients over 65 to either apply for Medicare or to show that they are not eligible. Those that either do not apply or cannot show why they are not eligible will be terminated from Medicaid. MetroPlus has nearly 600 members who fall into this category. Since the list was first made available at the end of December, we have been conducting aggressive outreach to these individuals to explain the new requirement and to help them with the Medicare enrollment process. The original deadline for applying for Medicare was January 31, but the State extended the deadline to February 7. We have attempted to reach every member and those who cannot be reached have been contacted multiple times. To date, approximately half the individuals on our list have either applied for Medicare, indicated they will apply, or that they are not eligible. The remaining balance have not responded to our repeated outreach attempts.

CMS sent out an update to the "Mega Rule," which refers to a portion of the agency's final rule that requires providers to enroll in the States FFS program before they can enroll in Medicaid Managed Care. Plans now have until July 1, 2018, to notify providers of this requirement and to provide an opt-out to providers so that they may terminate the contract if they do not wish to comply. However, plans should not terminate any providers who have not complied as of the original January 1 deadline. CMS will provide further guidance closer to the new July 1 deadline.

INFORMATION ITEM:

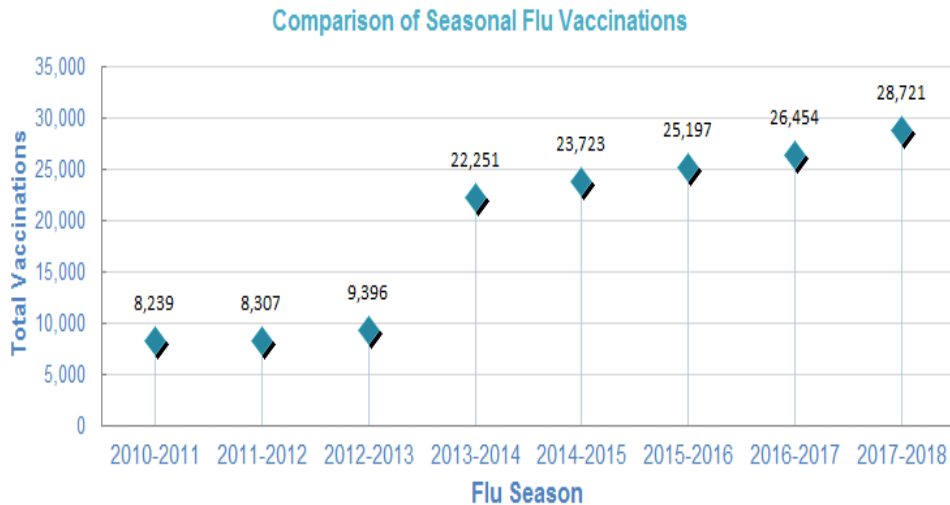
Victor Cohen, PharmD, Senior Assistant Vice President, Pharmacy presented a Pharmacy Update to the committee:

There being no further business, the meeting was adjourned 11:10 AM.

CHIEF MEDICAL OFFICER REPORT
Medical & Professional Affairs Committee
June 13, 2018

Flu

The official end to the influenza season was declared last month by the New York State Commissioner of Health, Dr. Howard Zucker. This flu season, our system administered a total of 28,721 vaccinations to staff—up from 26,454 last year. I am happy to report that we’ve had steady incremental participation over the last 5 seasons. We will continue to increase awareness and education throughout our system.



Behavioral Health

Integration Efforts:

OBH is implementing primary care integration into behavioral health at 5 sites – Bellevue, Elmhurst, Lincoln, Kings, and Cumberland. OBH is working with Jacobi, Metropolitan and other sites to develop integrated services there. In addition there is continued expansion of collaborative care with the addition of substance use disorder screening and treatment in primary care sites. Maternal health also provides screening and referral for depression, and the addition of pediatric/well-baby sites is on-going.

Opioid Crisis:

OBH is actively working on substance use issues, in particular addressing the current opioid crisis. OBH 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 6 addiction consultation teams (CATCH Teams).

Domestic Violence:

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.

Patient/Staff safety:

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. Also mock codes/drills related to aggression and violence are being conducted to better train and prepare staff to respond to crisis situations. 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.

Homeless mentally ill:

OBH is developing two programs that will better serve the homeless mentally ill. H+H/OBH is developing a mental health and primary care clinic in a homeless shelter, located in the Meyer Building on Ward's Island, specifically for those with mental illness. We will provide a full range of services including screening and assessment, pharmacological treatment, therapy, and support services.

The second program is the development of extended care inpatient units for those who are homeless and need an extended stay to stabilize and be prepared to live in more independent settings such as supportive housing. The unit's goal is to prevent readmissions and engage the patients in ongoing ambulatory treatment for both mental and physical disorders.

Laboratory Services

In general, reducing variation within laboratory operations continues to be a focus including implementation of new equipment as well as, a new laboratory information system. Efforts in progress include the implementation of standard equipment in the areas of chemistry and hematology. We are on schedule to complete both systems by March 2019.

As we prepare Woodhull laboratory for the implementation of the Cerner Laboratory Information System in conjunction with the EPIC EMR, efforts continue to develop using standard build.

In support of Emergency Medicine Services initiatives, a focused body of work is in progress to implement Point of Care (POC) testing where needed is underway with a goal to complete by September 2018.

Patient Blood Management

As a result of an enterprise workgroup initiative, opportunity has been identified to reduce blood product wastage within our system. Efforts are underway to produce monthly data allowing timely monitoring and actions when appropriate. A 90 day pilot model is in development including several of our hospital blood banks with an aim to relocate platelet products for transfusion within our system, when needed.

Test Utilization

In partnership with our clinical experts and Huron Consulting, an enterprise workgroup has been active for several months to identify strategies to support appropriate test utilization. With support from our EPIC partners, special EMR alerts will trigger when high costs tests, duplicate tests, and once in a lifetime tests have been requested. The aim is to implement the 1st phase alerts by October 2018. This work is on-going. Tools to perform real-time test utilization review are in development which will allow clinical end-users to take action as appropriate.

Clinical Services Planning

Emergency Department Services Initiative - with focus on delivering high quality care to patients that visit our EDs, the development of an urgent care clinic is an important goal. Key partners including, Operations, M&PA, and OneCity Health, have been working in collaboration to develop an enterprise model with the aim to implement Urgent Care Clinics at Elmhurst and Lincoln hospital over the next several months, to be followed by system wide implementation.

Additionally, strengthening Observation Beds services throughout the enterprise improves care to patients visiting our Emergency Departments, as some patients who may not meet criteria for admission often still require some level of clinical monitoring while being cared for. Standard work and EMR build requirements are in development, as are the education and training components required for the new work flows and documentation requirements for proper billing.

Pharmacy Services

- 1. Collaboration with supply chain to create a conservation plan to manage the injectable opioid shortage.**
- 2. Collaboration with Go Epic Order-sets team to oversee clinical content of order sets.**
- 3. Collaboration with Huron Consulting to develop and design a road map and implementation time line for cost avoiding, revenue generating, transformation of pharmacy services.**
- 4. Antimicrobial Stewardship Initiative continues to ensure optimal antimicrobial therapy prescribing and reduce antimicrobial resistance rates.**
- 5. Collaboration with supply chain and McKesson Patient Assistance Program.**
- 6. Continual progress toward a standardized formulary.**
- 7. Compliance with USP797 standards and preparation of facilities for new USP797 and 800 standards for compounding IV admixtures.**
- 8. Seeking an innovative system-wide inventory management solution for all medications at each of our facilities.**

I. Opioid Shortage

- The office of Pharmacy services led efforts to increase awareness and implement an injectable opioid conservation plan to address the current shortage injectable opioids.
- Presentations on injectable opioid shortages have been provided to central office and facility leadership through various councils.
- Major conservation strategies include sparing use of injectable opioids and use of alternatives analgesia including non-opioids
- Additional strategies include more rapid transitions from IV to oral post-surgery
- Established weekly surveillance of supply chain trackers of the amount of IV fluids on hand, amount needed , amount being shipped, and areas that need conservation
- Facility based pain stewardships are being assembled. (CIH)
- Proactive monitoring of allocations of injectable opioids

2. EPIC Order Sets

- Wave 2 of the Order Set optimization initiated.
- Order set governance, strategy, process, and escalation threshold is established to ensure 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
 - Order set development sessions
 - Establish a point of escalation to ensure full provider engagement

3. Cost Avoidance / Revenue Generation

Key areas identified for savings:

- Implementation of a central fill and specialty pharmacy services
- Various clinical initiatives
- Infusion center efficiencies

FINDINGS SUMMARY

NYC H+H/Huron Launched
Clinical Opportunity Update
3.13.2018

Initiative	Description	KINGS COUNTY	LINCOLN	CONY ISLAND	QUEENS	JACOBI	ELMHURST	METROPOLITAN	BELLEVUE	HARLEM	NC BRONX	WOODHULL	TOTAL
RX-01	Rasburicase	\$61,945	-	-	\$14,850	\$6,609	\$7,656	-	-	-	-	-	\$91,060
RX-02	Calcitonin	\$153,285	\$80,242	\$55,159	\$42,966	\$32,784	\$21,483	\$20,138	\$20,624	\$1,719	\$1,719	-	\$430,119
RX-03	LABA/ICS Combo Inhalers	\$11,411	\$5,604	\$17,994	\$2,321	\$3,986	\$47,297	\$0	\$142,593	\$43,339	-	-	\$41,606
RX-04	Anticholinergic Bronodilators (Atrovent HFA)	\$7,495	\$291,726	\$201,857	\$26,772	\$32,571	\$119,097	\$2,564	\$59,051	\$32,690	\$22,102	-	\$60,565
RX-04	Anticholinergic Bronodilators (Combivent)	-	-	\$34,842	-	-	\$4,241	-	\$0	-	-	-	\$3,860
RX-05	IV H2 Blockers to push	\$0	\$20,704	\$34,624	\$29,783	\$3,736	\$23,366	\$24,325	\$10,291	\$33,253	\$14,377	\$3,488	\$197,948
RX-06	Phosphate Binders	\$10,756	\$2,151	\$239	\$0	\$0	\$0	\$478	\$13,386	\$0	\$239	\$12,430	\$39,679
RX-07	Topical Antifungals	\$14,150	\$4,838	\$18,160	\$5,884	\$5,280	\$14,619	\$1,775	\$20,257	\$6,595	\$1,810	\$7,203	\$100,572
Total		\$259,043	\$405,266	\$362,876	\$122,577	\$84,965	\$237,759	\$49,280	\$266,201	\$117,595	\$40,247	\$129,151	\$2,074,962

Notes/Assumptions

Rasburicase reduction based on mini-MiUE savings results presented @ NYC H+H Feb P&T Meeting
Calcitonin reduction based on EPIC mini-MiUE savings results presented @ NYC H+H P&T Meeting
LABA/ICS Combo Inhaler savings varies by facility and may be WAC minimization or therapeutic interchange
Anticholinergic Bronodilators (Atrovent HFA) assumes a 50/50 capture rate focused on non-ventilated MDU users
Anticholinergic Bronodilators (Combivent) assumes a 100% conversion rate in floor patients
H2 blocker initiative is focused on converting administration of famotidine infusion to famotidine push
*Note Long-term care facilities and NYC Correctional Facility were removed from savings estimates

Facility Savings Priority List 3.12.2018

1 LINCOLN	\$405,266	7 QUEENS	\$122,577
2 CONY ISLAND	\$362,876	8 HARLEM	\$117,595
3 BELLEVUE	\$276,759	9 JACOBI	\$84,965
4 KINGS COUNTY	\$259,043	10 METROPOLITAN	\$49,280
5 ELMHURST	\$237,759	11 NC BRONX	\$40,247
6 WOODHULL	\$129,151		

- Retail Pharmacy Expansion
 - NYC Health + Hospitals has embarked on an interdisciplinary effort to modernize our outpatient pharmacy services. A large focus of this work is to enhance our sixteen retail pharmacies across the system, which dispense 2.5M of the 18.5M total prescriptions generated by our prescribers each year. As part of this effort, we have partnered with Huron Consulting Group to implement a Retail Pharmacy Enhancement initiative.
 - The key goals of this initiative are to:
 - Provide retail pharmacy experience for H+H patients by implementing a comprehensive retail pharmacy model at our sixteen retail pharmacies
 - Dispense the first fill for H+H patients, including insured and uninsured populations for all retail and specialty prescriptions (total opportunity = ~5.5M prescriptions) – financial opportunity is \$380M in additional revenue
 - Identify solutions for managing the 13M refills prescribed annually
 - Enhance operational efficiency by optimizing technology, workflow, and layout as well as staff roles and responsibilities
 - Provision of disease state management expert clinical pharmacist to provide proper comprehensive medication management, outreach, and education to ensure adherence to therapy and improve quality outcomes while reducing unnecessary spend associated with hospital readmissions

4) Antimicrobial Stewardship

- System-wide antimicrobial stewardship has expanded from just the acute care facilities to include the post-acute care service line and the Gotham service line, each with their individual requirements.
- Standard metrics have been developed to report out antimicrobial use specific to each service line, for the purpose of evaluating opportunities for performance improvements.
- CDC core element compliance is an average of 92%, 90%, 56%, for Post-acute, Acute, and Gotham service lines.

Other Activities

- Dental Council in collaboration with M&PA has initiated an opioid epidemic initiative to curtail prescribing of opioids for third molar extractions
- A draft dashboard has been constructed and being edited for precision that reports on judicious prescribing for all EPIC sites
- An EPIC module that reports out to the provider the morphine equivalent dose(MED) is in development to help provider avoid overprescribing of opioids
- 90 day supply reports analyzed to trend impact of 90 day supply prescribing

**System Chief Nurse Executive Report
Medical & Professional Affairs Committee
June 13, 2018**

The following report will highlight the work and achievements during the months of April and May 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 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)

The System Nurse Practice Council continues to meet monthly. Key agenda focus areas include: Shared Governance, Recruitment, Retention & Recognition, Nurse Practitioner roles, RN driven clinics and supporting a work environment to implement new NYS RN scope of practice changes. Across our system, shared governance councils are being initiated and welcomed by frontline nursing staff. Both Kings and Harlem have kicked off the DAISY Award at their facilities to highlight and recognize excellence of an individual nurse or nursing team. The DAISY Award has been well received and is available for all NYC H + H facilities. A SAVE the Date announcement for the second annual Shared Governance Retreat in November 2018 has been posted.

Continuing Education

- 2019 Nursing Continuing Education Providership recertification process in underway.

Safe Patient Handling System Program

- In collaboration with our labor partners, a system-wide SPH education plan is under development. NYSNA and NYC H + H Nursing Education Council to assist with final curriculum development and Go Live action plan.

System New Nurse Hire Orientation

- Following, January 12, 2018, successful launch of phase I of centralizing nurse orientation for Acute Care facilities next steps across the system will focus on standardizing critical care courses for system offerings as well as streamlining the remaining components of

new hire nursing orientation. Of note, the May 4th, 2018 nursing orientation on-boarded 150 new RN hires.

- Ongoing collaboration with HR Workforce Development and PeopleSoft teams to align training information into new hire files.
- New agency nursing hires may now take HIPAA training online to facilitate on-boarding process. Additional opportunities for e-learning modules for orientation is actively being evaluated.

New Post-Graduate Nurse Practitioner Fellowship

- In partnership with the VP Primary Care, an interdisciplinary NP fellowship program is being developed for a July/August 2018 one year proof of concept launch. The concept is to embed new post-graduate NPs for one year into a team-based setting alongside internal medicine residents and interdisciplinary care teams to support the new NPs in building their foundational education framework and translate learning into practice. The program will focus on professional development by providing education, role modeling and mentoring, advanced practice and clinical inquiry. Ultimate goal is to attract, train and retain NPs to improve access to care across our ambulatory site clinics.

SART & Domestic Violence Initiatives

- We are continuing work with the Mayor's Office to Combat Domestic Violence on the integration of identified domestic violence strangulation cases with SAFE exams. Goal is to begin program roll-out at both Kings and Elmhurst hospitals in the fall of 2018 and then learn and spread across the system.

Nurse Driven Clinics

- Non-Patient Specific Orders – As part of the implementation plan, the following action items have been completed:
 - Identification of new competencies, based on NYS Nurse Practice Alerts allowing RNs to administer vaccinations and preventative testing using non-patient specific orders,
 - Development of standard work and education materials,
 - Completion of an education action plan and timeline.
- Nurse First Visit for New Patients
 - Proposal has been developed and submitted to finance for ROI review
 - Concept supports RN interviewing and assessing patients for current medications, medical history, preventative screenings and vaccinations, MOLST or Health Care Proxy, B/P, etc. This will increase access to providers (MD, NPs) by shortening first visit appointment time requirements.

Nursing Quality

- **CAUTI/CLABSI**-system-wide performance improvement programs are well underway to support standardization of care bundles, training, and audit processes. For the CAUTI initiative, a system-wide follow-up indwelling catheter point prevalence study is underway. Will be receiving results in June 2018.
- **Pressure Injury Prevention (PIP)**
 - The system-wide PI project for Pressure Injury Prevention will be presented by facilities at the upcoming QAC meetings for 4Q17 data. PIP work has focused on standardized training and use of the Braden Risk Assessment Tool as well as use of an audit tool for assessing care bundle compliance.

Staffing

- System wide review of acute care nurse staffing and monthly dashboard updates have been developed and in process.
- Going forward from April 1, 2018, front line nursing positions have an automatic backfill based on NYC H + H staffing guidelines.
- Establishing NYC H + H nursing staff float pools at each acute care facility as an alternative to agency staffing is in final discussions.
- Any critical staffing needs are being addressed one on one with each CNO to develop short and long term mitigation plans.
- FY 2019 Nursing FTE budget for acute care facilities proposal completed and under finance review.

Special Projects focused on effective & efficient use of resources

- Linen & Laundry
- ED nurse documentation & charge capture
- Timekeeping
- Blue Bin

Nursing Informatics

- Ongoing participation in EPIC build decisions for order sets, workflows, functionality prioritization. Active participation on EPIC Enterprise Executive Committee, ETIS Prioritization Committee, etc.
- Continue to support PeopleSoft (Payroll & timekeeping). Finalizing next steps for new nurse scheduling system (Clairvia) for the enterprise.
- NISA (Nursing Informatics System Advisory) On May 18, 2018 NISA held their 6th Annual Nursing Informatics Conference at Bellevue. Keynote speaker was Judy Murphy, CNO, IBM Global Healthcare. The conference was well attended and very informative.

Social Work

- Continuation of monthly Social Work Council meetings.
- NYC DOHMH, Mary McGovern and representatives will provide an educational update on Single Point of Access (SPOA) on June 21, 2018, 9:30-11am.

Care Management

- System-wide Care Management Program rolled-out at NYC H+H/Bellevue began on May 1, 2018 and will be completed in June 2018. Standard workflows have been completed for 3 care settings: Ambulatory, ED, and In-patient. A standard curriculum is being completed for training purposes as well as an interim care plan has been established for all three settings plus At Home. Standard work for interdisciplinary rounds is being finalized. Next steps include moving UM and Interdisciplinary Rounds standard work out to all acute care facilities.
- System-wide high risk stratification tool for the ED Care Transition team is in alignment with Population Health predictive model. Hi Utilizer flags are now active in 3 care settings.
- Continue to monitor DSRIP Phase II & III metrics
- Health Home At Risk (HHAR) – workflow transition to PCMH is underway. This includes establishing a referral process for DSRIP 4Qtr goal and updating care plan to meet health home standards. Weekly update meetings are scheduled to maintain momentum.
- Care Management Governance structure introduced and first new meeting was held on May 29, 2018.
- UM Training has kicked-off and goal is to complete by end of June 2018.
- In partnership with OCH Workforce Development Team, Accountable Care Manager standard curriculum for competency & orientation is under development.

LiveOnNY

2018 Goals

- Create standardized Anatomical Gift policy, Brain Death Policy, Death by Cardiac Death Policy, and Withdrawal of Care policy.
- Increase Referral Timeliness to 95% or Higher at all facilities.
- Increase facility participation for ECHO pilot project.
- Working with EPIC team to resolve following access concerns.

Accomplishments

- ECHO Pilot Project Extended for 2018 to include the following sites: Jacobi, Lincoln, Kings, Elmhurst and Bellevue.
- Donor Councils active at Kings, Bellevue, Lincoln, Elmhurst, Jacobi, Harlem, and Bellevue.
- LiveOnNY Education included in 2018 System Nursing Orientation.
- Organ & Tissue quality indicators added to quarterly quality reports (QAC).

Patient & Staff Experience

2018 System approach includes:

- In May 2018, ICARE, a broad customer service training initiative kicked off across our system. As part of the launch of ICARE, facilities will work on implementing proactive purposeful rounding to better anticipate and address the needs of hospitalized patients and focus on both “no pass zone” and quiet at night standard work.



What is ICARE?

ICARE is a model of customer service standards for health care professionals. NYC Health + Hospitals is adopting ICARE for two reasons: To help us in our commitment to providing our patients with the best possible experience while under our care, and to increase our staff awareness and become better engaged with our mission and our organization



STAY CONNECTED. FOLLOW US

ICARE

Integrity | Compassion | Accountability | Respect | Excellence



NYC HEALTH + HOSPITALS
Live Your Healthiest Life.



What does ICARE stand for?

Integrity

Our Integrity Standards:

- To maintain the trust and confidence of everyone I encounter.
- To protect the privacy and safety of our patients, colleagues, and the organization.

How does this benefit me?
When you visit a NYC Health + Hospitals facility we ensure you that we will always do what is best for you. We want you to feel that you can trust us in your time of need.

What is an example of what I can expect?
You will not hear employees discussing patient information in public areas. All papers and forms that contain patient information will not be readily visible. Your privacy is our priority.

Our Compassion Standards:

- To always treat patients and their families the way they would like to be treated
- To always be responsive to the wishes and needs (expressed and unexpressed) of our patients

How does this benefit me?
We will meet each and every one of our patients needs with kindness, sensitivity and enthusiasm. Here at NYC Health + Hospitals we want everyone that walks through our doors to have a comfortable, safe and welcoming experience.

What is an example of what I can expect?
Employees will greet everyone with a smile as well as use polite and helpful phrases. If you appear confused or lost, a staff member will help you find your destination.

Excellence

Our Excellence Standards:

- To continuously seek opportunities to innovate and improve the NYC Health + Hospitals experience
- To be responsible for uncompromising levels of cleanliness and creating a safe and accident free environment

How does this benefit me?
We are constantly looking to improve on the experience we provide to you. We ask our employees to actively think of ways to enhance our services. Additionally, every employee takes on the responsibility of keeping our hospitals clean and safe.

What is an example of what I can expect?
When entering a facility you can expect that it will be clean and clutter free. You will also observe that everyone of our employees are dressed in professional attire with their ID badges proudly displayed.



Accountability

Our Accountability Standards:

- To be a Patient Experience Champion
- To seek to provide accurate and complete information when unsure

How does this benefit me?
Being a patient experience champion means that every employee is empowered to help our patients to their utmost ability, no matter how big or small the task. If you come to an employee with an issue, complaint or concern, they will be help you find a resolution, or find someone who can help you find a resolution.

What is an example of what I can expect?
You will be consistently updated with wait times, as well as informed of delays. If you are unable to wait we will do anything we can to help you find an alternative.

Our Respect Standards:

- To recognize and respect differing viewpoints
- To look for opportunities to celebrate and recognize teamwork

How does this benefit me?
Employees will treat every patient, visitor and fellow co-worker with respect. We understand that everyone has a different background, knowledge base and experiences. Employees will respectfully listen to individuals that may have differing viewpoints. In doing so, we foster a culture of teamwork to provide you with the greatest possible experience.

What is an example of what I can expect?
We will always listen to what you have to say without judgement or bias. Additionally, we will always acknowledge and abide by your concerns and wishes, above all else.

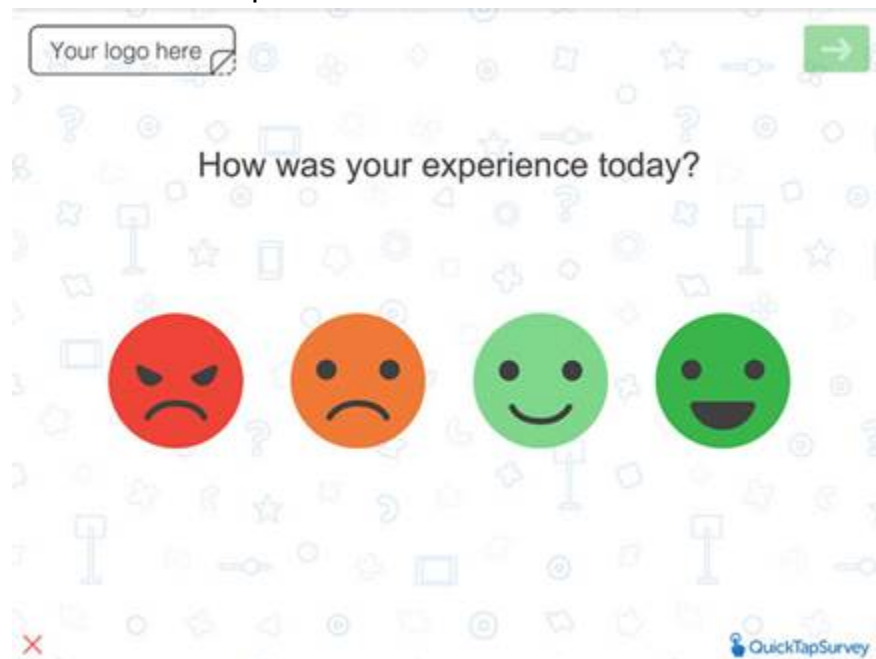
Compassion

Respect

How will ICARE benefit me?



- All acute care facilities now have Patient Experience Officers (PXO). The PXOs meet monthly with System AVP for Patient Experience to review system strategic goals, successes, barriers, identification of training needs, sharing experiences and providing feedback.
- The Human Experience Council continues to meet monthly with good participation from system leaders and labor partners. Upcoming review of IHI Joy in Work is planned for June 2018.
- PXOs are currently working to support the implementation of Patient and Family Advisory Boards at each acute care facility by end of calendar year 2018.
- The “Happy or Not” patient satisfaction assessment tool meters for Ambulatory Care have arrived and are being distributed. Standard work has been developed; Go Live across our ambulatory care sites is scheduled for June 18, 2018. Using this system, patients are encouraged to rate their experience (anonymously) by pressing a button that best depicts their experience during their visit (see diagram below). This information is captured in aggregate and discussed at daily huddles with patient care staff. Engaging staff with direct customer feedback and gaining their insight to barriers and solutions is impactful.



Interim CNO Welcome

We are pleased to welcome Carolyn Harvey, DNP, RN as the interim NYC Health + Hospital/Queens CNO.

MetroPlus Health Plan, Inc.
Report to the
Medical and Professional Affairs Committee
June 13, 2018

Total plan enrollment as of May 1, 2018 was 518,407. Breakdown of plan enrollment by line of business is as follows:

Medicaid	371,405
Child Health Plus	17,622
MetroPlus Gold	11,684
Partnership in Care (HIV/SNP)	4,203
Medicare	8,012
MLTC	1,861
QHP	14,568
SHOP	1,324
FIDA	208
HARP	10,754
Essential Plan	74,901
GoldCare I	1,176
GoldCare II	689

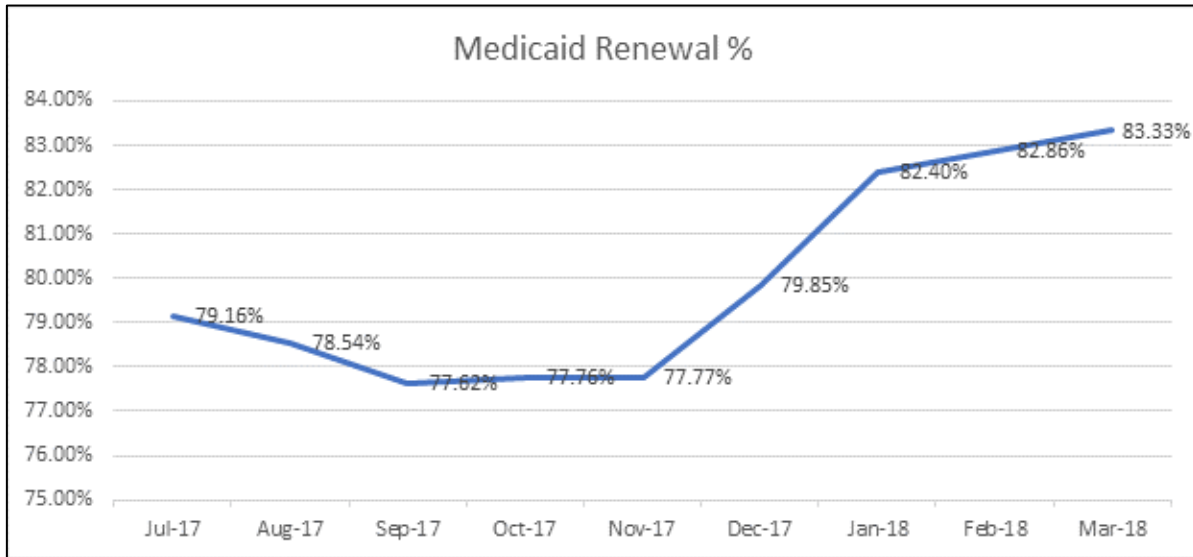
Enrollment

Once a year, New York State releases detailed open enrollment numbers for all plans for the Open Enrollment period. The most recent report for the 2017-2018 open enrollment period confirms MetroPlus Health Plan's strong overall performance. For QHP, membership grew from 8,469 during last year's open enrollment period to 13,902 at the end of this year's open enrollment – a 65% increase. In fact, QHP membership now stands at 14,568 members (see above). Our QHP membership represents 15% of the entire QHP membership in our service area. This is a strong improvement from the 9% market share a year ago. MetroPlus was the only plan throughout the state to have significant growth in its QHP market share compared to a year ago. We were in the top three in QHP enrollments in the Bronx, Brooklyn, and Queens. For EP, MetroPlus was also in the top three in enrollments for all boroughs (except Staten Island). Our EP membership represents 16% of the market in our service area.

Retention

One of the key factors to retaining members is ensuring individuals renew their Medicaid eligibility. To assist members with timely renewals, MetroPlus has a multi-tiered outreach strategy involving mailings, texting, and phone calls. As noted in the chart below, significant improvement has been made in recent months in the overall renewal rate. The increase is due in part to the development and careful monitoring of individual performance metrics in the Retention Department. Retention has also increased its service hours and now contacts people both on weekends and in the evenings until 8 PM to reach people at a time when they are available. Further, MetroPlus has begun to work more closely with facilities to renew individuals who come in to outpatient appointments while they are in the building.

The chart below captures the increasing renewal rate starting in November of last year when the rate was about 78%. In March, the most recent month for which final data is available, the rate had increased to 83%. The top three facilities for renewal rates are Bellevue, Harlem, and Metropolitan each at 86%.



Marketing

MetroPlus has started marketing efforts at the new Vanderbilt site on Staten Island. We are currently active onsite three days a week and will expand our presence as more services are added. During our first week, we were able to enroll around 50 people into health insurance coverage. We plan to do additional outreach to the uninsured population near the facility to let them know about the new facility as well as the opportunity to obtain health insurance.

Special Investigations Unit (SIU)

MetroPlus has a contract with Verscend for our SIU activities. Verscend reviews MetroPlus claims using their algorithms to identify areas of concern in provider billing. A provider may be able to explain certain areas of potential concern when raised. In other cases, he or she may not have been billing fraudulently but may have misunderstood the coding or the rules and further education may be required. Alternatively, Verscend may determine that the provider improperly billed MetroPlus and that a recovery is required. Our SIU staff also reviews all Verscend referrals for an added layer of verification. Verscend has currently initiated over 50 collection efforts with providers. The state has also been focusing more closely on collection efforts made by providers and requiring providers to report the amount collected and the efforts involved.

Soarian

For several months MetroPlus has been working with H+H facility staff to connect with individuals seeking services in the facilities who are potentially insurance eligible. At many facilities, our staff now sit in outpatient areas and in the Managed Care Departments and receive direct referrals of uninsured individuals from facility staff. Additionally, with the implementation of the centralized call center, uninsured individuals are scheduled to see a MetroPlus representative one hour before their scheduled appointment time. To track the referrals as they

move from H+H to MetroPlus and to be able to report on outcomes, our staff have been trained on the relevant tools in Soarian. H+H staff and MetroPlus will both use the system; and sharing the platform will allow for tracking the progress of referrals and results. Soarian implementation has started at NCB and will be expanded to other facilities.



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

		Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
Total Members	Prior Month	504,890	506,423	509,167	516,894	517,531	524,049	522,151
	New Member	21,666	22,698	32,347	21,846	27,211	19,460	17,040
	Voluntary Disenroll	1,702	1,597	1,843	1,573	1,693	1,730	1,603
	Involuntary Disenroll	18,431	18,357	22,777	19,636	19,000	19,628	19,181
	Adjusted	-177	-139	-142	-94	81	2,094	0
	Net Change	1,533	2,744	7,727	637	6,518	-1,898	-3,744
	Current Month	506,423	509,167	516,894	517,531	524,049	522,151	518,407
Medicaid	Prior Month	372,998	372,944	373,923	373,674	372,469	375,376	373,339
	New Member	13,529	13,808	13,985	12,290	15,756	11,627	11,091
	Voluntary Disenroll	772	583	619	571	749	706	627
	Involuntary Disenroll	12,811	12,246	13,615	12,924	12,100	12,958	12,398
	Adjusted	-42	-19	-3	22	145	935	0
	Net Change	-54	979	-249	-1,205	2,907	-2,037	-1,934
	Current Month	372,944	373,923	373,674	372,469	375,376	373,339	371,405
Essential Plan	Prior Month	70,594	71,810	73,253	75,298	75,884	77,090	76,948
	New Member	5,570	5,937	7,795	5,446	6,490	4,940	3,486
	Voluntary Disenroll	1	2	3	2	2	0	1
	Involuntary Disenroll	4,353	4,492	5,747	4,858	5,282	5,082	5,532
	Adjusted	-18	-17	-12	-11	-6	1,145	0
	Net Change	1,216	1,443	2,045	586	1,206	-142	-2,047
	Current Month	71,810	73,253	75,298	75,884	77,090	76,948	74,901
Child Health Plus	Prior Month	16,517	16,774	16,974	17,136	17,172	17,661	17,681
	New Member	1,329	1,328	1,399	1,092	1,556	1,084	1,020
	Voluntary Disenroll	640	739	867	719	687	718	711
	Involuntary Disenroll	432	389	370	337	380	346	368
	Adjusted	1	6	17	36	75	142	0
	Net Change	257	200	162	36	489	20	-59
	Current Month	16,774	16,974	17,136	17,172	17,661	17,681	17,622



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

		Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
HHC	Prior Month	9,888	10,095	10,301	12,021	11,580	11,709	11,761
	New Member	289	275	1,794	175	203	153	20
	Voluntary Disenroll	0	0	0	3	0	0	0
	Involuntary Disenroll	82	69	74	613	74	101	97
	Adjusted	-9	-3	-3	-2	20	51	0
	Net Change	207	206	1,720	-441	129	52	-77
	Current Month	10,095	10,301	12,021	11,580	11,709	11,761	11,684
SNP	Prior Month	4,194	4,166	4,152	4,194	4,224	4,253	4,248
	New Member	84	71	137	157	158	140	116
	Voluntary Disenroll	25	17	18	23	22	25	24
	Involuntary Disenroll	87	68	77	104	107	120	137
	Adjusted	-97	-96	-132	-129	-127	-144	0
	Net Change	-28	-14	42	30	29	-5	-45
	Current Month	4,166	4,152	4,194	4,224	4,253	4,248	4,203
Medicare	Prior Month	8,180	8,186	8,173	8,062	8,020	7,992	8,009
	New Member	282	264	242	265	224	293	257
	Voluntary Disenroll	192	181	261	195	154	184	173
	Involuntary Disenroll	84	96	92	112	98	92	81
	Adjusted	0	0	-1	-1	-1	-4	0
	Net Change	6	-13	-111	-42	-28	17	3
	Current Month	8,186	8,173	8,062	8,020	7,992	8,009	8,012
Managed Long Term Care	Prior Month	1,682	1,725	1,740	1,765	1,778	1,815	1,856
	New Member	88	73	72	70	91	80	51
	Voluntary Disenroll	20	22	17	12	4	15	4
	Involuntary Disenroll	25	36	30	45	50	24	42
	Adjusted	1	1	0	-2	-3	0	0
	Net Change	43	15	25	13	37	41	5
	Current Month	1,725	1,740	1,765	1,778	1,815	1,856	1,861



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

		Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
QHP	Prior Month	7,453	7,302	6,982	10,860	12,197	13,896	14,138
	New Member	149	115	6,365	1,721	2,371	806	766
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	300	435	2,487	384	672	564	336
	Adjusted	0	0	3	3	-12	-15	0
	Net Change	-151	-320	3,878	1,337	1,699	242	430
	Current Month	7,302	6,982	10,860	12,197	13,896	14,138	14,568
SHOP	Prior Month	865	855	965	1,150	1,250	1,322	1,311
	New Member	17	172	271	147	109	65	37
	Voluntary Disenroll	0	9	4	1	0	4	2
	Involuntary Disenroll	27	53	82	46	37	72	22
	Adjusted	0	0	0	0	0	0	0
	Net Change	-10	110	185	100	72	-11	13
	Current Month	855	965	1,150	1,250	1,322	1,311	1,324
FIDA	Prior Month	191	185	185	206	211	210	204
	New Member	2	7	27	12	3	3	9
	Voluntary Disenroll	0	1	0	1	0	0	0
	Involuntary Disenroll	8	6	6	6	4	9	5
	Adjusted	0	0	0	0	0	0	0
	Net Change	-6	0	21	5	-1	-6	4
	Current Month	185	185	206	211	210	204	208
HARP	Prior Month	10,394	10,462	10,607	10,647	10,862	10,845	10,796
	New Member	309	376	248	444	223	252	165
	Voluntary Disenroll	52	43	54	46	75	78	61
	Involuntary Disenroll	189	188	154	183	165	223	146
	Adjusted	0	0	0	0	0	0	0
	Net Change	68	145	40	215	-17	-49	-42
	Current Month	10,462	10,607	10,647	10,862	10,845	10,796	10,754



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

		Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
GOLDCARE I	Prior Month	1,110	1,100	1,183	1,172	1,176	1,178	1,167
	New Member	11	225	11	21	20	15	17
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	21	142	22	17	18	26	8
	Adjusted	-12	-10	-10	-10	-10	-14	0
	Net Change	-10	83	-11	4	2	-11	9
	Current Month	1,100	1,183	1,172	1,176	1,178	1,167	1,176
GOLDCARE II	Prior Month	824	819	729	709	708	702	693
	New Member	7	47	1	6	7	2	5
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	12	137	21	7	13	11	9
	Adjusted	-1	-1	-1	0	0	-2	0
	Net Change	-5	-90	-20	-1	-6	-9	-4
	Current Month	819	729	709	708	702	693	689

NYC Health + Hospitals

Strategy to Decrease Avoidable Utilization

by Israel Rocha, Vice President, OneCity Health
Medical and Professional Affairs Committee

June 13, 2018

NYC
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Emergency Department Overview



Approximately 900K adult patients visit the Emergency Departments yearly at our 11 Acute Care Facilities¹

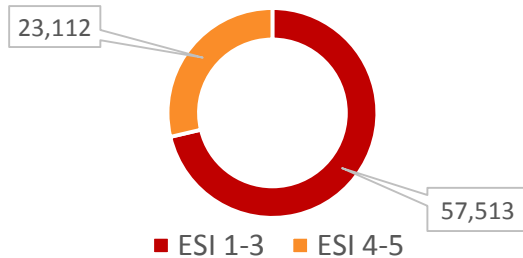


Of these approximately 30% of the visits to the ED are subsequently admitted to the inpatient unit



17% of the inpatient admissions and 7% of the inpatient re-admissions at NYC H+H are potentially preventable²

Snapshot at NYC Health + Hospitals/Elmhurst:



Approximately 25% of the 80K Elmhurst Adult ED visits could be addressed in a non-emergency setting



Three patient visits to the Emergency Department per hour between 5 P.M. and 1 A.M. are treatable in an alternate setting



Per 100 Medicaid beneficiaries in Queens, approximately 1 in 4 visits to the ED are potentially preventable¹

The ExpressCare Clinic is a new Urgent Care Center model managed by the Emergency Department that will help NYC Health + Hospitals to provide patients with faster access to the appropriate level of care, while simultaneously lowering the volume and wait time in the ED

- Located on-site at NYC Health + Hospitals Acute Care Facilities, but not in the ED, staff will triage patients to the appropriate care setting
- Faster, convenient way for patients to see a primary care physician for injuries or symptoms that are not life-threatening
- At NYC Health + Hospitals/Elmhurst, on-site diagnostic and primary care services available Monday-Sunday, 5 p.m. – 12 a.m.
- ExpressCare will see patients with an Emergency Severity Index (ESI) of 4 (ankle injury, urinary tract infection) and 5 (poison ivy, prescription refill)

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NYC H+H/ Elmhurst Adult ED Visits



Improve quality by avoiding unnecessary utilization



ED patients who do not require the full level of inpatient care, but are not well enough for immediate discharge could instead benefit from an “observation stay” of up to 48 hours



Admissions identified as avoidable are currently denied for billing

Goals:

To provide patients with a more appropriate care setting, while simultaneously freeing the ED staff to deliver care more efficiently NYC H+H/ Elmhurst will need additional observation beds to meet demand ¹

- Potentially Preventable Admissions, focused on top diagnosis such as Asthma, Heart Failure, Pneumonia, COPD, Diabetes, Chest Pain
- Potentially Preventable Readmissions, focused on top diagnosis such as Schizophrenia, Bipolar Disorder, Heart Failure, Alcohol & Drug dependency, COPD