AGENDA

MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE

Meeting Date: May 12th, 2016
Time: 11:00 AM
Location: 125 Worth Street, Room 532

BOARD OF DIRECTORS

CALL TO ORDER — **DR. CALAMIA**

ADOPTION OF MINUTES
April 12th 2016

CHIEF MEDICAL OFFICER REPORT — **DR. WILSON**

METROPLUS HEALTH PLAN — **DR. SAPERSTEIN**

INFORMATION ITEM:

1) Update on Quality Metrics — **DR. WILSON**, **MR. BORDEN**

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

MINUTES

MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE **Meeting Date**: April 12, 2016

BOARD OF DIRECTORS

ATTENDEES

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

HHC CENTRAL OFFICE STAFF:
Sharon Abbott, Assistant Director, Corporate Planning
Machelle Allen, MD, Deputy Chief Medical Officer, Office of Health Care Improvement
Chalice Averett, Director, Office of Internal Audit
Janette Baxter, Senior Director, Risk Management
Charles Barron, MD, Interim Medical Director, Behavioral Health
Charles Borden, Senior Assistant Vice President, Quality
Steven Bussey, Chief for Ambulatory Care
Nicholas Cagliuso, PhD, MPH, Assistant Vice President, Office of Emergency Management
Dave Chokshi, Assistant Vice President, Care Management
Victor Cohen, Assistant Vice President, Corporate Pharmacy
Leticia Currin, Director, Healthcare Improvement
Kenra Ford, Assistant Vice President Clinical Lab Operations/M&PA
Lucinda Glover, Senior Director, Medical and Professional Affairs
Sal Guido, Acting Chief Information Officer, Enterprise Information Technology System
Colicia Hercules, Chief of Staff to the Board Chair
Christina Jenkins, MD, Chief Executive Officer, OneCity Health
Lauren Johnston, RN, Senior Assistant Vice President, Patient Center Care
Mei Kong, Assistant Vice President, Corporate Patient Safety & Employee safety
Patricia Lockhart, Secretary to the Corporation
Marnie Manske, Director, Medical and Professional Affairs
Ana Marengo, Senior Vice President, Communications & Marketing
Randall Marks, Chief of Staff, President Office
Antonio Martin, Executive Vice President and Chief Operating Officer
John Maese, MD, Office of Healthcare Improvement
Vickie Norvell, Executive Director, Health & Home Care
Salvatore Russo, Senior Vice President & General Counsel, Legal Affairs
Jesse Singer, Senior Director, Medical and Professional Affairs
Nicholas Stine, Chief Medical Officer, Accountable Care Organization
Diane E. Toppin, Senior Director Medical and Professional Affairs
Ross Wilson, MD, Senior Vice President/Corporate Chief Medical Officer, Medical& Professional Affairs

FACILITY STAFF:
Arnold Saperstein, MD Executive Director, MetroPlus Health Plan

OTHERS PRESENT:
Justine DeGeorge, Office of State Comptroller
David N. Hoffman, Compliance Officer, PAGNY
Frank Proscia, MD, Doctors Council SEIU
Peter Schermerhorn, KPMG

MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE
Thursday, April 12, 2016

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 12:30 PM. The minutes of the March 8th, 2016 Medical & Professional Affairs Committee meeting were adopted.

CHIEF MEDICAL OFFICER REPORT

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

ACO

The ACO has received its updated patient attribution data for 2016, expanding to include new ACO partner Community Healthcare Network (CHN). CHN provides an array of primary care, dental, nutrition, mental health and social services to mostly low-income and uninsured New Yorkers, aligning well with the mission of NYC Health + Hospitals and the ACO. Their network is made up of 11 federally qualified health centers throughout Brooklyn, the Bronx, Queens and Manhattan. The ACO is incorporating Medicare claims data for CHN into its core performance management tools to build out this partnership, and leadership from CHN have joined the ACO Clinical Leadership committee.

The ACO successfully submitted its 2015 quality performance data on March 10th. As with the prior two years, this was a significant undertaking, integrating IT quality measure reports and a substantial manual chart review effort by Quality Management teams at every facility.

Dr. Nick Stine, Chief Medical Officer of the ACO, was recognized as one of the Crains 40 under 40 for 2016, for his contribution to the success of the ACO with quality and cost.

Office of Emergency Management

The National Ebola Training and Education Center (NETEC) won the CDC's Award for Excellence in Partnering – Domestic. NETEC is co-lead by Emory University Hospital, University of Nebraska Medical Center and NYC Health + Hospitals / Bellevue. Funding comes from the Office of the Assistant Secretary for Preparedness and Response (ASPR) and the Centers for Disease Control (CDC). The award recognizes programs' initiative and effectiveness by establishing and sustaining strategic partnerships with government, private sector, volunteer and not-for-profit organizations.

Epic Go Live happen this week at Elmhurst and Queens Hospitals, I want to give a special thanks to Kenra Ford, AVP Lab and Victor Cohen AVP of Pharmacy for their extraordinary assistance through this process.

Office of Ambulatory Care Transformation (OACT)

Analysis of staffing needs in our adult primary care setting.
Similar to last year, the analysis shows that to support existing patient needs and sustain access, we need to fill over 60 vacant positions (20 PCPs, 14 RNs, and 28 care team support roles). In addition, we need 36 additional PCP FTE and 28 RN FTE to meet "access" targets. Needs vary by site, and site-specific detail is available through the Office of Ambulatory Care Transformation. Facilities are being encouraged to address vacant positions as soon as possible.

OACT and Breakthrough have launched a joint effort to address "visit flow" in our primary care setting.

Patient experience scores have historically been brought down by "moving through your visit" scores. This work is a centralized effort to tackle this key aspect of patient experience and access, and develop enterprise-wide standards and

guidance. Work has begun at Kings County and Morrisania, and three main focus areas have been identified: (i) better processes to greet and address unscheduled patients, (ii) standard work to ensure the clinic starts on time every day, and (iii) tighter handoffs between phases of the visit (registration, vitals, exam, and nurse education).

Collaborative Care for Depression:
As of 4/1/16 – 14 sites were billing retroactively for Collaborative Care services delivered from April 2015 – January 2016 and 14 sites were actively billing for Collaborative Care visits in real time. The remaining sites are actively engaged in putting the processes in place to implement billing as soon as possible. Revenue management has confirmed that NYC H+H has begun to receive payment from Medicaid for some of these claims.

METROPLUS HEALTH PLAN, INC.

Arnold Saperstein, MD Executive Director, MetroPlus Health Plan Inc. Presented to the Committee the total plan enrollment as of March 1, 2016 was 486,614. Breakdown of plan enrollment by line of business is as follows:

Medicaid	386,083
Child Health Plus	13,534
MetroPlus Gold	4,674
Partnership in Care (HIV/SNP)	4,490
Medicare	8,419
MLTC	1,047
QHP	20,313
SHOP	960
FIDA	194
HARP	7,359
Essential Plan	39,541

MetroPlus membership increased from February to March despite the high number of Medicaid members losing their eligibility as a result of New York State changing the recertification process to an electronic format. The significant part of our growth was in the Essential Plan, Medicaid, and QHP. We have been conducting outreach efforts to these members and have been able to assist a considerable number to recertify.

One of our new challenges involves lack of payment of the $20 monthly premium by Essential Plan (EP) members. We have been losing almost 2,000 EP members each month due to lack of payment. We are doing consistent outreach to educate and assist this new population so that they can maintain continuity of coverage.

As our efforts to improve our services continue, we are embarking on a partnership with ZocDoc so that we can facilitate our members' making appointments with their providers. ZocDoc provides a scheduling system on a paid subscription basis for medical personnel. The scheduling system can be accessed by subscribers both as an online service and via the deployed office calendar software, or integrated with provider websites. The subscriber's schedules are available to the end users – patients – free of charge.

The end user-searchable database includes specialties, range of services, office locations, photographs, personnel educational background and user-submitted reviews. For each doctor the users are able to review the free slots in the schedule and make appointments for specific time slots. The user has the option to create a login and enter their demographic, health issues, history, and insurance information. ZocDoc is a two-sided online platform that enables patients to find doctors in their geographic and insurance networks and book appointments instantly.

Because of the size of our membership, MetroPlus is listed as a plan that can be chosen by participating users. All of our providers will be listed. For participating community doctors, members will be able to make appointments online. For all

other providers, including Health + Hospitals', only the providers' names and scheduling phone number will be listed. Our ultimate goal is to have our providers participate with ZocDoc so that our members can schedule appointments via Android, iOS, or web application. Statistics show that 40% of the appointments booked through ZocDoc occur within 24 hours.

MetroPlus has been working with the PPSs assigned to us by the Department of Health on the agreements for the supplemental DSRIP programs, namely Equity Performance and Equity Infrastructure. A standard agreement template has been settled upon by all the PPSs. We are awaiting the attestations outlining the PPS' selection of activities so we can proceed with contracting. The participating PPSs are as follows: Advocate Community Providers, Bronx Lebanon Hospital Center, Maimonides Medical Center, Mount Sinai Hospitals Group, Nassau Queens PPS, SBH Health System (St. Barnabas Hospital), and Medical Center of Queens.

INFORMATION ITEMS:

Lauren Johnston, RN Senior Assistant Vice President of Patient Centered Care and Vickie Norvell, Director of Health and Home Care presented to the committee an overview of the Certified Home Health Agency (CHHA):

- Lead Health Home
- Care Management
  Telehealth
  Transitions of Care

Ross Wilson MD, Senior Vice President/Corporate Chief Medical Officer Office of Medical and Professional Affairs presented to the committee on Affiliate Performance Indicators.

Affiliate Performance Indicators Acute Care:

- Satisfaction with Care Provider: Ambulatory
  Press Ganey Care Provider-Ambulatory Overall Mean Score using all standard questions

- Communication between Physician and Patients: Inpatient
  HCAHPS/CAHPS communication with MD Domain Top Box Performance

- Length of Stay (LOS)
  Reduce average LOS for Acute pts. Total discharges/days; exclude 1 day stays

- Appointment Fill Rates in Primary Care
  Fill Rate >85%

- Primary Care Panel Size >= 1500

- ED Cycle Time
  Improve median time from triage to exit from ED for admitted patients

- 30-Day All Cause Readmission Rates
  20% reduction over 5 years for patients with any 2nd admission after discharge

- Documentation of co-morbidities for Outpatient Services
  Increase documentation of all primary and secondary diagnoses for all primary care services.

There being no further business, the meeting was adjourned 1:30 PM.

CHIEF MEDICAL OFFICER REPORT

Medical & Professional Affairs Committee
May 12th, 2016

Office of Accountable Care

The Comprehensive Care for Joint Replacement (CJR) Model is underway as of April 1st. CMS recently provided baseline data on target costs for 90-day major joint replacement episodes for each of our hospitals. Early analysis indicates variability in post-acute care spending across NYC H+H, which represents an opportunity to reduce costs and improve patient outcomes by standardizing discharge protocols. The ACO office is collaborating with Finance and local leadership to kick off CJR strategy and planning sessions at each site.

The ACO was recently selected as a high-performing safety net leader to present on its experience and best practices to America's Essential Hospitals (formerly the National Association of Public Hospitals and Health Systems) members.

Behavioral Health

NYC Health & Hospitals is launching Home and Community Based Services (HCBS) for Behavioral Health patients. HCBS provide opportunities for Medicaid beneficiaries with mental illness and/or substance use disorders to receive services in their own home or community. We are approved to provide 7 different HCBS services across the system, with most facilities approved for Community Psychiatric Support, Family Support and Training, and Peer Support. The rollout is co-championed by the Office of Behavioral Health and the Council of Psychiatry Directors.

The Office of Behavioral Health with Ambulatory Care, Women's Health and Pediatrics is working on implementation of a process to screen for depression in pregnant women from prenatal through the postpartum aspects of delivery. This is part of the Mayor's Office city-wide initiative. NYC Health + Hospitals is one of the pilot systems to develop and implement the practice that will be spread across all city agencies. Pilots are focused at Elmhurst, Queens, and Coney Island and scheduled for February.

OBH continues to work on the following: Establishment of on-site assessment and short-term treatment in the Family Justice Centers providing increased mental health services to victims of domestic violence. There will be one in each borough for a total of five sites. NYC Health + Hospitals will provide screening, assessment and short-term mental health services at these sites. The MOA is scheduled for signature and meetings with the host facilities are being scheduled.

DSRIP

To date, OneCity Health has earned 100 percent of potential performance dollars, reflecting achievement of 100 percent of DSRIP milestone commitments (162 of 162). OneCity Health continues to progress with clinical project implementation and development of a final funds flow model.

Clinical Project Implementation

For Project 11, OneCity Health issued new schedules to 40 community partners, reflecting implementation efforts through DSRIP Year Two (April 1, 2016 – March 31, 2017). For this time period, in addition to continuing Patient Activation Measure (PAM®) surveys, hospitals and community based partners will begin implementing and refining operational processes to link uninsured New Yorkers and low- and non-utilizers of Medicaid to primary care and social services.

For palliative care integration into the PCMH, OneCity Health held two health care proxy trainings in April, and continues its initial work to provide simple advance care planning at 12 NYC Health + Hospitals neighborhood health centers and acute care facilities.

For Care Transitions planning, which focuses upon hospital readmissions reduction by providing a supportive transition to the community for appropriate patients, planning efforts continue at two NYC Health + Hospitals facilities. Eight Transition Managers have been hired and have received initial training in April. They will begin to receive patient referrals in May.

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

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

Office of Ambulatory Care Transformation (OACT)

Specialty Care Access

- In the beginning of this month Coney Island Hospital went live with an enhanced EHR referral tracking system to provide improved specialty care for patients; additional facilities are developing their referral tracking systems for implementation over the next several months.
-

Collaborative Care for Depression

- In Q1 2016, Collaborative Care for Depression exceeded targets for Screening Rate, Psychiatric Consultation and Improvement Rate.
- Our bottom-line clinical metric, **Improvement Rate**, saw continued significant gains this quarter; 11 sites exceeded the target of ≥50%

  o **Improvement Rate (all patients)**: Q2/15 17.73% à Q3/15 31.56% à Q4/15 44.71% à Q1/16 57.59%

- Sites continue to work to ensure that all required elements of depression care outlined by NYS OMH (Depression Dx, Monthly PHQ-9 Screen, Monthly Encounter) are provided to Collaborative Care patients so that they meet the state's billing requirements. During Q1/16, we saw improvements across H+H in this area:

  o **Billable Patients (Medicaid):** Dec 15, 36.29% à Jan 16, 40.21% à Feb 16, 43.85% à March 16, 47.0%

Q1 2016 Primary Care Assessment analysis findings:

- Similar to last year, the analysis found that improving moving through the visit and referral tracking as two of the biggest opportunity areas across NYC Health + Hospitals.

- Notable site improvements include NYC Health + Hospitals/Bellevue and NYC Health + Hospitals/Coney Island improving team-based care through an Office of Ambulatory Care Transformation facilitated training and NYC Health + Hospitals/Gouverneur and NYC Health + Hospitals/Coney Island improving referral tracking via an enhanced EHR referral tracking system.
- Site-specific detail is available through the Office of Ambulatory Care Transformation, and Facilities are encouraged to utilize their action plans to guide transformation priorities throughout Q2 2016.

Outpatient appointment waiting times have continued to steadily improve in both primary care and mental health. In the month of March, the system-wide average wait for new patients appointments were:

· 6 days in adult mental health (vs. 31 days at baseline and 13 days three months prior); 9 sites at target

· 20 days in adult primary care (vs. 55 days at baseline and 23 days three months prior); 9 sites are at target

· 5 days in pediatrics (vs. 14 days at baseline and 9 days three months prior); 10 sites are at target

In adult primary care, we hope to build on this momentum by making sure critical vacant clinical positions are filled as soon as possible.

A Brooklyn-wide contact center for appointments is live. Patients can now call 24/7 and schedule appointments with a live agent in 5 languages (English, Spanish, Creole, Polish, Russian; other languages available through translator). The live agent can help the patient with appointments in any part of Brooklyn, and can offer more choices to patients. In addition to better service, call waiting times and caller abandonment has improved compared to prior levels -- despite no incremental costs. This is due to capturing the benefits of scale and streamlining. This model is in the process of being replicated in other borough, starting with Bronx and Manhattan in June.

Laboratory Services

Enterprise glucometer replacement: in accordance with the enterprise implementation timeline, Woodhull, Queens and Elmhurst facilities implemented the U.S. FDA cleared NOVA StatStrip glucose meter (CLIA –waived) for use throughout all hospital and professional healthcare settings. This addresses the regulatory issues that had been raised at several facilities.

Queens and Elmhurst hospital laboratories implemented the Cerner Laboratory Information Systems (LIS) as planned, in conjunction with the Epic go-live at the beginning of April. This step is an essential component of our joint lab project with Northwell.

MetroPlus Health Plan, Inc.
Report to the
H+H Medical and Professional Affairs Committee
May 12, 2016

Total plan enrollment as of April 1, 2016 was 493,070. Breakdown of plan enrollment by line of business is as follows:

Medicaid	385,351
Child Health Plus	13,788
MetroPlus Gold	4,751
Partnership in Care (HIV/SNP)	4,505
Medicare	8,386
MLTC	1,082
QHP	20,409
SHOP	989
FIDA	186
HARP	8,274
Essential Plan	45,349

MetroPlus membership has been steadily increasing since February despite the high number of Medicaid members losing their eligibility as a result of New York State changing the recertification process to an electronic format.

To date, the State appears to have made little progress to address plan concerns regarding ongoing issues related to significant drops in plan enrollment. The Department of Health (DOH) counsel has indicated that plans may send termination letters and post-termination letters to members/former members. However, they have not addressed the root cause of why there are so many disenrollments. The PHP Coalition is currently collecting data from all plans to be able to discuss the specific causes with the State.

In my last report I described the initiative we are undertaking with ZocDoc. We made additional progress in that ZocDoc will install a scheduling application in the MetroPlus directory enabling direct scheduling for any physicians who have joined their service. When a member searching the MetroPlus directory decides on a physician they want to see, if that physician is a ZocDoc participant, an app in the MetroPlus directory will allow for easy scheduling of an appointment. In addition, a link on the MetroPlus page will take a member to the ZocDoc page where they can see all the ZocDoc enrolled physicians, read reviews and have access to the scheduling software. ZocDoc does not currently offer the ability to host a customized plan directory available on its web site but we are having ongoing conversations about making this a feasible feature in the near future.

I would like to bring a few informational items to the Board's attention. Firstly, the NYS Department of Health (DOH) is planning to "turn on" auto-assignment of enrollees to a Medicaid managed care plan (MMC). This auto-assignment will occur for both new enrollees and for the backlog of enrollees who are eligible for MMC enrollment but never completed plan selection and are sitting in fee-for-service as a result. The latest information on the status of auto-assignment is as follows: for new enrollees, DOH will begin the auto-assignment process on May 21, 2016. From this point forward, new enrollees will have 10 days to select a plan once they've been determined eligible for Medicaid. This means that someone who is determined eligible on May 21st will have ten days to select a plan; enrollees who do not select a plan within those ten days will be

auto-assigned to a plan on the eleventh day (i.e., assignments for this batch will go out on June 1st). Auto-assignment will occur on a daily basis. For the backlog of enrollees, after May 21, 2016, they will become eligible for auto-assignment at their renewal or if they report a change to NYSOH. For example, if an enrollee currently in the backlog renews for September 1st coverage and fails to select a plan at the time of renewal, they would be auto-assigned a plan on September 11th (the eleventh day). If that same individual were to report a life status change to NYSOH on May 3rd, NYSOH would rerun his/her eligibility and, absent a plan selection, auto-assign them on May 13th (assuming they remain eligible for Medicaid).

Secondly, as of April 15th, victims of domestic violence or spousal abandonment are eligible to enroll for health insurance on the state's health exchange throughout the year. The governor announced the new special enrollment period (SEP) rule this week. Health Plan Alliance (HPA) and other associations worked with DFS on guidance related to domestic violence SEP, including language that allows health plans to request applicants to attest to their eligibility.

In addition, the NY State of Health (NYSOH) posted the 2017 invitation, providing information and materials necessary for plans intending to offer Qualified Health Plans (QHPs), stand-alone dental (SAD) plans or Essential Plan (EP) products in the coming year. There are two 2017 standard plan designs for the QHP: 2017 Standard and an "optional" 2017 Standard that includes three primary care provider (PCP) visits. We will be offering the optional plan with three primary care visits free of copays or coinsurance. After adding these plans, we will have over 200 variations of benefits in our Exchange programs.

As a follow-up on School Based Health Centers (SBHC), please note that the Department of Health formally announced that the carve-in into the Medicaid managed care benefit package has been delayed until July of 2017.

We have also been working closely with H+H Finance on the ActionHealth program that went live at Elmhurst Hospital on May 2nd. MetroPlus staff located at Elmhurst will be performing insurance screening of patients, as well as enrollments if those patients are eligible for insurance. These screenings and enrollments will be monitored and the results will be used for similar programs throughout H+H facilities.

I am pleased to introduce Dr. Talya Schwartz as the new MetroPlus Chief Medical Officer. Dr. Schwartz comes to us with an impressive set of credentials and a proven talent for leadership. As a member of the Quartet Health founding team, Talya led clinical operations, strategic partnerships, and had a critical role in business development. Prior to her time at Quartet Health, she served as the SVP of Clinical Strategy and Product Development and Senior Medical Director at Universal American (an APS Healthcare acquisition), where she provided leadership, strategic direction and oversight for all clinical operations, and implemented numerous savings initiatives in the program and product development areas. Additionally, she has done extensive work in population health and health informatics and has developed models to measure clinical standards across a wide range of providers.

An accomplished physician executive, Dr. Schwartz has successfully led business units to innovation, growth, and operational efficiencies combining technology, data, and clinical acumen with individuals' skills and talents.

Dr. Schwartz was educated at Tel-Aviv University, Sackler Medical School. She completed her residency in Pediatrics and a fellowship in Pediatric Infectious Diseases, conducted post-doctoral research at the University of Pennsylvania, was Clinical Associate at the Children's National Medical Center, Washington, D.C., and Clinical Research Fellow at the National Institute of Health. In addition, she holds a Graduate Certificate in Health Services Management and Leadership from The George Washington University, Washington DC.

Quality Metrics

Medical and Professional Affairs

Board Committee

May 12, 2016

NYC HEALTH+ HOSPITALS

Quality Measurement

- Increasing number of mandatory measures (+ ACO, MU, FQHC & DSRIP)
- Increased public reporting
- Increased linking of performance to financial penalty
- Increased demand for an infrastructure to manage timely, efficient, accurate reporting to all key stakeholders

CMS Measures

Clinical Quality Measures –

Measuring many aspects of patient care including:

- Health outcomes
- Clinical processes
- Patient safety
- Efficient use of health care resources
- Care coordination
- Patient engagements
- Population and public health

CMS Hospital Compare Website

Back to Results

General information | Survey of patients' experiences | Timely & effective care | Complications | Readmissions & deaths | Use of medical imaging | Payment & value of care

	BELLEVUE HOSPITAL CENTER 462 FIRST AVENUE NEW YORK, NY 10016 (212) 561-4132 **Distance**: 2.9 miles Add to My Favorites Map and directions	METROPOLITAN HOSPITAL CENTER 1901 FIRST AVENUE NEW YORK, NY 10029 (212) 423-7554 **Distance**: 7.3 miles Add to My Favorites Map and directions	WOODHULL MEDICAL AND MENTAL HEALTH CENTER 760 BROADWAY BROOKLYN, NY 11206 (718) 963-8100 **Distance**: 4.3 miles Add to My Favorites Map and directions
Hospital type	Acute Care Hospitals	Acute Care Hospitals	Acute Care Hospitals
Provides emergency services	Yes	Yes	Yes
Able to receive lab results electronically	Yes	Yes	Yes

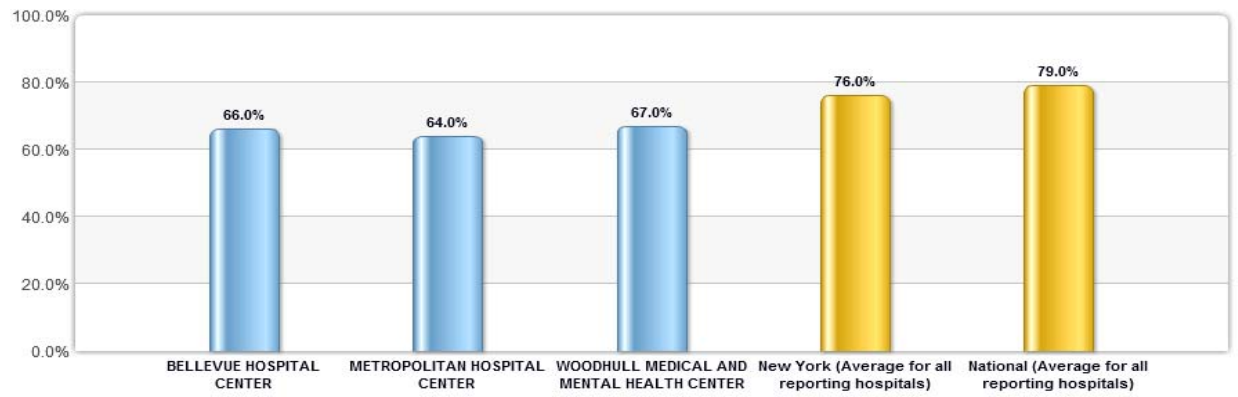
CMS Hospital Compare

	BELLEVUE HOSPITAL CENTER 462 FIRST AVENUE NEW YORK, NY 10016 (212) 561-4132	METROPOLITAN HOSPITAL CENTER 1901 FIRST AVENUE NEW YORK, NY 10029 (212) 423-7554	WOODHULL MEDICAL AND MENTAL HEALTH CENTER 760 BROADWAY BROOKLYN, NY 11206 (718) 963-8100	NEW YORK AVERAGE	NATIONAL AVERAGE
	Distance: 2.9 miles	**Distance**: 7.3 miles	**Distance**: 4.3 miles		
	Add to My Favorites Map and directions	Add to My Favorites Map and directions	Add to My Favorites Map and directions		

Patients who reported that their nurses "Always" communicated well

Why is this important?

Hide Graph



CMS Value Based Purchasing – FY 2018

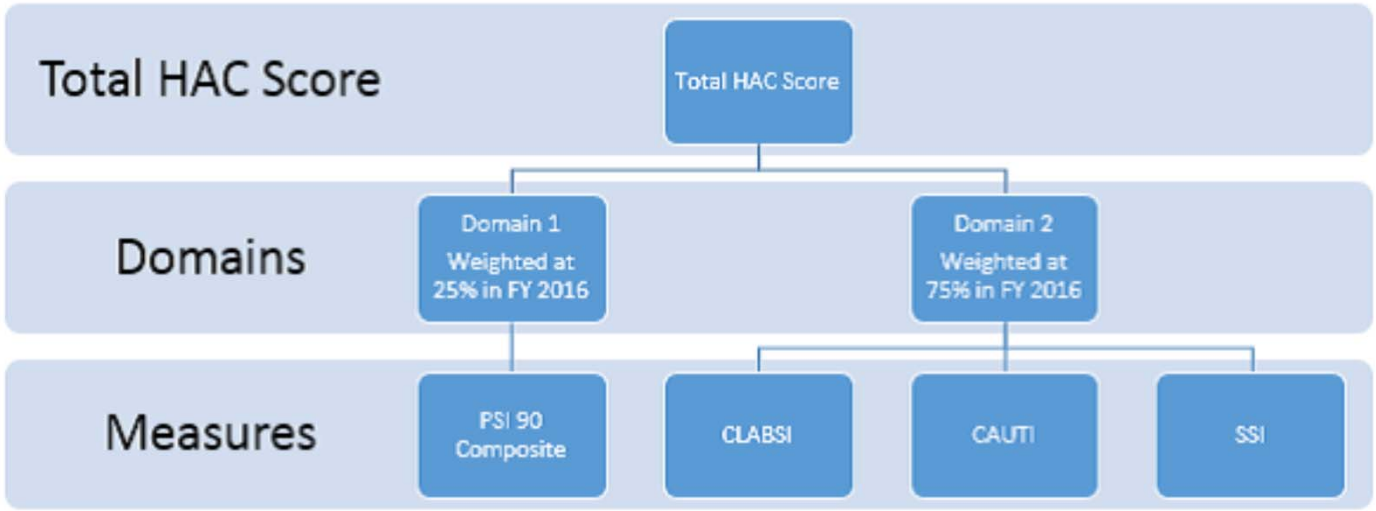
- Discharges October 2017 to September 2018
- 21 of the CMS Quality Measures
- Four Domains, 25% Each
  - Clinical Care
  - Patient/Caregiver Experience
  - Efficiency
  - Safety
- Focus on Outcomes increased over time
- Portion of Medicare payments withheld, increasing over time
  - 2014 – 1.25%
  - 2015 – 1.50%
  - 2016 – 1.75%
  - 2017 – 2.00%
  - 2018 – 2.00%

CMS Value Based Purchasing – FY 2018

Domain	Measure ID(s) & Descriptions
Clinical Care - 25%	Mort-30-AMI Acute Myocardial infarction (AMI) 30-day mortality rate (Risk-Standardized Survival Rate) Mort-30-HF Heart failure (HF) 30-day mortality rate (Risk-Standardized Survival Rate) Mort-30-PN Pneumonia (PN) 30-day mortality rate (Risk-Standardized Survival Rate)
Patient and Caregiver Experience - 25%	Discharge information (Risk-Adjusted Rate) Cleanliness and quietness (Risk-Adjusted Rate) Communication about medications (Risk-Adjusted Rate) Overall rating of hospital (Risk-adjusted Rate) Communication with doctors (Risk-Adjusted Rate) Communication with nurses (Risk-Adjusted Rate) Responsiveness of hospital staff (Risk-Adjusted Rate) Care Transition (Risk-Adjusted Rate) ****new meaure****
Efficiency - 25%	MSPB-1: Medicare spending per beneficiary (MSPB Ratio)
Safety - 25%	PSI-90 Complication/patient safety for selected indicators (composite) (PSI-90 Composite Score) PC-01 Elective Delivery Prior to 39 Completed Weeks Gestation (Rate) CAUTI Catheter-associated urinary tract infection (Standard Infection Ratio) CLABSI Central line-associated blood stream infection (Standard Infection Ratio) SSI (Surgical Site Infections) Colon (Standard Infection Ratio) SSI (Surgical Site Infections) Abdonminal Hysterectomy (Standard Infection Ratio) Methicillin-Resistant Staphylococcus aureus Bacteremia (MRSA Bacteremia) (Standard Infection Ratio) Clostridium difficile Infection (C. difficle) (Standard Infection Ratio)

Hospital-Acquired Condition Reduction Program- FY 2016

- CMS Program with AHRQ and CDC
- Subject to 1% penalty of Medicare payment for worst performing quartile of hospitals



NYC HEALTH+ HOSPITALS

CMS HOSPITAL-ACQUIRED CONDITION (HAC) REDUCTION PROGRAM*

Data Source: Centers for Medicare & Medicaid Services - Hospital Compare (*medicare.gov*)
Fiscal Year (FY) 2016 Results (released Dec. 10, 2015)
Fiscal Year (FY) 2015 Results (released Dec. 18, 2014)
In all cases, lower is better

Hospital Name	FY 2016		FY 2015**	
	75th percentile cutoff is *6.75 (lower is better)*		75th percentile cutoff is *7.00 (lower is better)*	
	Total HAC score *is determined by the sum of the weighted Domain 1 and Domain 2 scores (see page 2)*			
	Total HAC Score	Subject to 1% Penalty	Total HAC Score	Subject to 1% Penalty
BELLEVUE HOSPITAL CENTER	5.75	N	6.35	N
CONEY ISLAND HOSPITAL	**7.75**	**Y**	**7.93**	**Y**
ELMHURST HOSPITAL CENTER	6.75	N	6.58	N
HARLEM HOSPITAL CENTER	5.00	N	3.05	N
JACOBI MEDICAL CENTER	**7.50**	**Y**	**8.05**	**Y**
KINGS COUNTY HOSPITAL CENTER	**9.00**	**Y**	**9.68**	**Y**
LINCOLN MEDICAL & MENTAL HEALTH CENTER	5.75	N	4.58	N
METROPOLITAN HOSPITAL CENTER	**7.00**	**Y**	6.95	N
NORTH CENTRAL BRONX HOSPITAL	4.00	N	6.93	N
QUEENS HOSPITAL CENTER	6.50	N	6.93	N
WOODHULL MEDICAL AND MENTAL HEALTH CENTER	6.25	N	5.28	N

For FY 2016, the 75th percentile of the Total HAC Score is 6.7500. Hospitals with a Total HAC score above the 75th percentile of the Total HAC Score distribution may be subject to payment reduction.

FINANCIAL IMPACT OF QUALITY MEASURES - FFY 2016

Facility	Value-Based Purchasing	*Readmission	Hospital-Acquired Conditions (HAC)
NYC Health + Hospitals / BELLEVUE	($42,600)	($97,200)	$0
NYC Health + Hospitals / CONEY ISLAND	($4,800)	($505,700)	($574,200)
NYC Health + Hospitals / ELMHURST	($78,100)	($80,500)	$0
NYC Health + Hospitals / HARLEM	($29,600)	($20,800)	$0
NYC Health + Hospitals / JACOBI	($134,800)	($95,100)	($472,700)
NYC Health + Hospitals / KINGS COUNTY	($96,800)	($96,000)	($452,100)
NYC Health + Hospitals / LINCOLN	($43,600)	($94,600)	$0
NYC Health + Hospitals / METROPOLITAN	$32,000	($15,500)	($165,200)
NYC Health + Hospitals / North Central Bronx	$36,200	($8,200)	$0
NYC Health + Hospitals / QUEENS	($53,200)	($76,300)	$0
NYC Health + Hospitals / WOODHULL	$42,600	($73,800)	$0
Total	**($372,700)**	**($1,163,700)**	**($1,664,200)**
Grand Total			**($3,200,600)**

***Estimated**

Source: HANYS Performance Scorecards

NYS DOH – Quality Assurance Reporting Requirement (QARR)

- Medicaid Managed Care Plan Performance Data
- Largely based on:
  - National Committee for Quality Assurance's (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) measures
  - Plus a national satisfaction survey Consumer Assessment of Healthcare Providers and Systems (CAHPS)
- Including measures in the following areas
  - Adult Health
  - Behavioral Health
  - Child and Adolescent Health
  - Provider Network
  - Satisfaction
  - Women's Health

Sample of QARR Data

Medicaid Health Plan Performance

Assessment and Counseling for Children and Adolescents

Plan	Weight Assessment			Assessment, Education or Counseling for Adolescents			
	BMI Percentile	Counseling for Nutrition	Counseling for Physical Activity	Sexual Activity	Depression	Tobacco Use	Alcohol and Other Drug Use
Affinity Health Plan	76	79	73 ▲	70	66	77	73
CDPHP	77	77	64	59 ▼	47 ▼	63 ▼	57 ▼
Excellus Blue Cross BlueShield	77	74	69	64	59	68	64
Fidelis Care New York, Inc.	71	78	72	69	61	81 ▲	69
HIP (EmblemHealth)	62 ▼	64 ▼	52 ▼	62	43 ▼	62 ▼	57 ▼
Health Now New York Inc.	76	79	73	57 ▼	50 ▼	69	62 ▼
Health Plus, an Amerigroup Company	79 ▲	73	66	65	56	76	70
Healthfirst PHSP, Inc.	66 ▼	72 ▼	62 ▼	73	66	70	71
Hudson Health Plan	88 ▲	82 ▲	79 ▲	62	59	69	66
Independent Health	75	83 ▲	73	67	55	78	70
MVP Health Care	78	80	68	64	57	82 ▲	71
MetroPlus Health Plan	86 ▲	86 ▲	65	74	71 ▲	77	78 ▲
Total Care, A Today's Options of New York Health Plan	87 ▲	80	74 ▲	67	73 ▲	73	67
United Healthcare Community Plan	84 ▲	86 ▲	82 ▲	75	73 ▲	79	76
Univera Community Health	82 ▲	79	73 ▲	68	63	75	68
WellCare of New York	70 ▼	69 ▼	62 ▼	60 ▼	50 ▼	68	62 ▼
Statewide Average	75	77	68	69	61	74	70
National Average	57	59	51	*	*	*	*

The Leapfrog Group
Hospital Safety Score – Spring 2016

- 30 Measures
- Source – Combination of
  - Publicly available data from CMS/CDC
  - The Leapfrog Hospital Survey - self reported data
- Weighting
  - 50% Outcome measures
  - 50% Process measures

The Leapfrog Group
Hospital Safety Score – Spring 2016

- Grade A
  - Harlem
  - Metropolitan
- Grade B
  - North Central Bronx
  - Woodhull
- Grade C
  - Bellevue
  - Coney Island
  - Elmhurst
  - Jacobi
  - Lincoln
  - Queens
- Grade D
  - Kings County

NYC HEALTH+ HOSPITALS

Measures Submitted to The Joint Commission in 2016

	Bellevue	Coney	Elmhurst	Harlem	Jacobi	Kings	Lincoln	Met	NCB	Queens	Woodhull
Emergency Dept	x			x	x	x	x	x	x		x
HBIPS (Psych)	x	x	x		x	x		x	x	x	
Hospital Outpatient				x	x	x	x	x	x		x
Immunization	x	x	x	x			x			x	x
Substance Use										x	
Tobacco Treatment		x	x								
Perinatal Care	x	x	x	x	x	x	x	x	x	x	x
Stroke	x	x	x	x	x	x	x	x	x	x	x
Venous Thromboembolism	x	x	x	x	x	x	x	x	x	x	x