

## AGENDA

### MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE

Meeting Date: June 9, 2016

Time: 3:00 PM

Location: 125 Worth Street, Room 532

### BOARD OF DIRECTORS

#### CALL TO ORDER

**DR. CALAMIA**

#### ADOPTION OF MINUTES

*May 12<sup>th</sup> 2016*

#### CHIEF MEDICAL OFFICER REPORT

**DR. WILSON**

#### METROPLUS HEALTH PLAN

**DR. SAPERSTEIN**

#### ACTION ITEM:

Authorizing NYC Health + Hospitals ("System") to negotiate and execute a Physician Services Agreement with the State University of New York/ Health Science Center at Brooklyn ("SUNY/HSCB") for the provision of General Care and Behavioral Health Services at NYC Health + Hospitals/ Kings County ("KCHC") and NYC Health + Hospitals/ Coney Island ("CIH") for a period of four years, commencing July 1, 2016 and terminating on June 30, 2020, for an amount not to exceed \$86,659,516

**MR. MARTIN**  
**DR. WILSON**  
**P.V. ANANTHARAM**

#### INFORMATION ITEM:

1) Bundled Payment

**DR. STINE**

#### OLD BUSINESS

#### NEW BUSINESS

#### ADJOURNMENT

## MINUTES

### MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE

Meeting Date: May 12, 2016

### BOARD OF DIRECTORS

### ATTENDEES

#### COMMITTEE MEMBERS

Vincent Calamia, MD, Committee Chair  
Lilliam Barrios-Paoli, Chair, PhD  
Josephine Bolus, 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  
Rosalind Barrow, Deputy Director, Labor Relation  
Jennifer Bender, Assistant Director, Communication and Marketing  
Charles Borden, Senior Assistant Vice President, Quality  
Steven Bussey, Chief for Ambulatory Care  
Tammy Carlisle, Associate Executive Director, Corporate Planning  
Eunice Casey, Director, HIV Services  
Victor Cohen, Assistant Vice President, Corporate Pharmacy  
Leticia Currin, Director, Healthcare Improvement  
Kenra Ford, Assistant Vice President Clinical Lab Operations/M&PA  
Juliet Gaengan, Senior Director, Quality  
Lucinda Glover, Senior Director, Medical and Professional Affairs  
Sal Guido, Acting Chief Information Officer, Enterprise Information Technology System  
Terry Hamilton, Assistant Vice President, HIV Services  
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  
John Jurenko, Senior Assistant Vice President, Corporate Planning  
Michael Keil, Assistant Vice President, Enterprise Information Technology System  
Mei Kong, Assistant Vice President, Corporate Patient Safety & Employee safety  
Patricia Lockhart, Secretary to the Corporation  
Andreea Mera, Special Assistant, MetroPlus Health Plan  
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  
Maureen McClusky, Senior Vice President, Post Acute Care  
Vickie Norvell, Executive Director, Health & Home Care  
Ann Ormsby, Senior Director, Communication and Marketing  
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

Elizabeth Udeji, Director, Quality  
Katie Walker, Assistant Vice President, IMSAL  
Ross Wilson, MD, Senior Vice President/Corporate Chief Medical Officer, Medical & Professional Affairs

**FACILITY STAFF:**

Ebone Carrington, Chief Executive Director, Harlem Hospital  
Arnold Saperstein, MD Executive Director, MetroPlus Health Plan  
Talya Schwartz, MD, Chief Medical Officer, MetroPlus Health Plan  
Dawijj Weisman, Associate Director, Queens Hospital

**OTHERS PRESENT:**

Justine DeGeorge, Office of State Comptroller  
Larry Garvey, Cerner  
David N. Hoffman, Compliance Officer, PAGNY  
Joni Watson, OSDC  
Shaylee Wheeler, OMB

**MEDICAL AND PROFESSIONAL AFFAIRS  
COMMITTEE  
Thursday, May 12, 2016**

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 11:00 AM. The minutes of the May 12, 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.

**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  $\geq 50\%$
- 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.**

Arnold Saperstein, MD Executive Director, MetroPlus Health Plan Inc. Presented to the Committee the 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.

#### **INFORMATION ITEMS:**

Ross Wilson MD, Senior Vice President/Corporate Chief Medical Officer, updated the committee on Quality of Metrics. The following items were covered:

Quality Measurement, CMS measure (CMS Hospital Compare Website, CMS Hospital Compare, CMS Value Based Purchasing – FY2018), Hospital-Acquired Condition Reduction Program – FY2016, Financial Impact of Quality measures – FY 2016, NYS DOH – Quality Assurance Reporting Requirement (QARR), The Leapfrog Group Hospital Safety Score – Spring 2016 and Measures submitted to the Joint Commission in 2016.

There being no further business, the meeting was adjourned 12:00 PM.



# CHIEF MEDICAL OFFICER REPORT

## Medical & Professional Affairs Committee June 9th, 2016

### Zika

As the knowledge about Zika, its risks and its transmission, are increasingly appreciated, our system-wide preparations are being stepped up. We are guided from CDC and DOHMH as to the science, screening and testing. Our initial focus was on Zika risks in pregnancy, but is now spreading to our Emergency departments and other points of entry, such as primary care. As knowledge of person to person transmission through sexual contact from male to female, then advice and testing is changing with new knowledge. Given that travel related Zika infection is much more likely than local mosquito borne disease, then our focus on travel screening and travel advice has increased. We continue to work very closely with DOHMH on the testing of patients and hopefully working toward simplified electronic access to testing and test results. As of June 3 we have tested 146 patients, with 4 positive tests.

New communication materials and strengthened travel screening are being rolled out across all of our facilities.

### Patient Centered Care

- Nurse Recognition Week was a rousing success at the facilities, many outstanding staff honored and all thanked for their service. Lauren Johnston was present at many of the programs, delivering quick remarks of thanks and keynote speeches as requested. Reminder: Nursing Excellence event will take place in the fall.
- For the first time, NYSNA and H+H produced banners bearing both logos celebrating the event that were displayed in each facility. Banners are designed to be reused annually

### *Staff Safety:*

- I. Completed
  - a. PESH Review for 2015 (SH-900 Log, SH-900.1 Summary and SH-900.2 forms) to ensure compliance
  - b. Workplace Violence (WV) risk assessment walkthrough of Correctional Health Services' facilities
  - c. WV risk assessment walkthrough of Coney Island's Ida G. Clinic
  - d. WV risk assessment walkthrough of 199 Water Street (DRISP)
  - e. Review of 2015 WV Logs and 2829s for all facilities
  - f. 2015 AER (authorized employee representative, aka Union) Review of Coney Island, Jacobi and NCB on 5/13/16
  - g. Comparative analysis of WV data between 2014 and 2015

2. Justin Yu appointed as the new Director of Safe Patient Handling, actively networking with the facilities and Unions to design and implement a program following the legislative mandates from NYS

#### *LiveOnNY Liaison program*

NYC Health + Hospitals is partnering with LiveOnNY and will be implementing

- education and outreach programs designed for physician and nurse engagement with an advocacy for donation and transplant
- responsibility for regular recruitment and renewal of participants and ongoing evaluation of program's success
- work with LiveOnNY leadership to grow, develop and improve the program to function as an additional vital portal for donor designation decisions.
- work jointly in improving the process, communication, and education between LiveOnNY and NYC Health + Hospitals.
- inform our staff and inform the people we serve of the positives of organ and tissue donation.
- Through donation recipients and donors live on and our goal as a NYC Health + Hospital is to serve our communities and help make NY number one in lives saved through donation.

#### **Office of Ambulatory Care Transformation (OACT)**

##### *Collaborative Care for Depression*

- The work of our collaborative care teams was featured in a case study published in the New England Journal of Medicine's Catalyst site: <http://catalyst.nejm.org/collaborative-care-depression-safety-net-health-system/>
- Over the last several months, sites have been working to develop standardized workflows for retroactive and current Collaborative Care billing. As of May, all 17 facilities had billed Medicaid for Collaborative Care services.
- *Patient-Centered Medical Home (PCMH) Recognition:*
- NYC Health + Hospitals/Gotham Health application for PCMH Recognition was evaluated by NCQA and achieved 40.62 points out of 43.50 possible points. The outcome ensures that all NYC Health + Hospitals/Gotham Health sites have a strong foundation for their forthcoming site-specific applications.
- NYC Health + Hospitals/Gouverneur application for PCMH Recognition was submitted on May 20th, 2016. NYC Health + Hospitals/NorthCentralBronx, NYC Health + Hospitals/Elmhurst, NYC Health + Hospitals/Woodhull, NYC Health + Hospitals/Coney Island are the next sites to apply, in July 2016.

- *High-Risk Patients*
- OACT is helping lead an effort to identify and take better care of our high-risk patients: those with complex needs who are most likely to visit emergency departments and be hospitalized.
- The OACT Data Core applied a risk-scoring algorithm (modified from ACO) to Medicaid FFS patients seen in 2014 (N=123,598), and examined their utilization in 2015.
  - >75% of the patients predicted to be high risk had a behavioral health diagnosis (substance use or a major psychiatric diagnosis).
- *Data Integration for Population Health*
- The offices of Ambulatory Care Transformation, Population Health, and ACO have launched a coordinated effort to produce comprehensive population health management tools for our primary care teams.
  - M&PA currently produces several discrete population health management tools aligned with specific programs, and sites report challenges using the existing data tools to proactively manage complex patients.
  - The joint effort within M&PA to address these needs began at the May Ambulatory Care Leadership Council Meeting, and three main focus areas have been identified: (i) Pre-visit Planning 2.0, (ii) Comprehensive Outreach Lists, and (iii) Provider Panel Management.

## **Pharmacy**

As part of the transition to Epic and coordinated through Division of Medical & Professional Affairs, Queens and Elmhurst formularies are now composed of 43% of the same medications, which equates to 1720 of 4000 medications are standard across the two facilities. Moving forward prescribing data from Quadramed will provide the starting point for standardization for the remaining facilities. To prepare for the next Go Live in December, formulary and procurement standardization drug class reviews will be conducted.

### *Simplifi 797*

Achieving compliance with new USP 797 and 800 standards is the subject of significant efforts. Part of that effort is implementation of software Simplifi 797 for Bellevue and Kings County Medical Center. This software application upgrade will actively establish updated policies and procedures, continuing education, and quality management reports that is centrally monitored and locally implemented. Included in Phase 2 Simplifi 797 GO Live will be implementation of the software at the remaining facilities. This upgrade in software application, along with other strategic initiatives pertaining to IV admixture units, such as upgrades in environmental controls and physical plants, will enable the NYC H+H system to fill any gaps that may exist with the new USP 797 and 800 standards.

## *CVS and H+H partnership*

To improve adherence to medications CVS and H+H have entered into an agreement that will provide reports of CVS intervention data including (New script Outreach, First Fill Counseling, Adherence Outreach, Refill Reminder) that is provided to NYC H+H patients. During the first quarter CVS has conducted 29,078 interventions to NYC H+H patients. Additionally CVS has provided 3,043 pharmacy advisor interventions for numerous chronic conditions including (diabetes, hypertension, depression, etc.). This report is the first step of an innovative partnership toward improving outpatient medication management at NYC H+H.

## **Delivery System Reform Incentive Payment (DSRIP) Program**

OneCity Health continues to progress with clinical project implementation and development of a final funds flow model to be used through March, 2017.

### *Funds Flow*

The OneCity Health Executive Committee approved the parameters of the payment model through March 31, 2017 for implementation efforts in seven transformation programs, which include: Cardiovascular Disease Management, Care Transitions Intervention, ED Care Triage for At-Risk Populations, HIV Access and Retention, Integrated Delivery System, Integration of Palliative Care into the PCMH Model, and Integration of Primary Care and Behavioral Health Services. These programs will be captured in a comprehensive schedule that incorporates the funds flow model, which partners can expect in early July, 2016. All funds flow methodology will be shared with the OneCity Health network as part of the commitment to transparency and in keeping with DSRIP requirements.

The comprehensive schedule will also include partner performance metrics through March 31, 2017. OneCity Health shared initial metrics with partners in May, and accepted partner input through an 'open comment' period.

### *Clinical Project Implementation*

For Care Transitions planning, which focuses upon hospital readmissions reduction by providing a supportive transition to the community for appropriate patients, Transition Managers are now receiving patient referrals at two NYC Health + Hospitals facilities. Eight Transition Managers have been hired, and will begin seeing patients at three more facilities soon.

For Project II, both OneCity Health community partners and NYC Health + Hospital facilities are continuing to engage patients with the Patient Activation Measure (PAM®) surveys. OneCity Health remains cautiously optimistic about meeting all commitments made to the Department of Health for the June 30th deadline, which is the end of the first quarter of DSRIP Demonstration Year Two. In addition, OneCity Health is forming a workgroup to better understand how patients engage with primary care, as part of a larger Project II effort to develop a process 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 continues its work to provide simple advance care planning at 12 NYC Health + Hospitals neighborhood health centers and acute care facilities. OneCity Health remains cautiously optimistic about meeting all commitments made to the Department of Health for the June 30 deadline.

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.

### *DSRIP Workforce Training*

OneCity Health is on track to meet its June 30th deadline for completion of analyses required by the NYS DOH in order to design and execute a training roadmap to support the workforce of NYC Health + Hospitals and OneCity Health partner organizations in transformation. The roadmap will reflect the hiring, training and potential redeployment requirements to meet estimated workforce needs in year 2020 and will reflect the results of a baseline workforce survey (current state) and projections of workforce demand made through microsimulation modeling.

The Committee may recall that for these workforce requirements, OneCity Health formed a consortium with three other NYC Performing Provider Systems – those led by St. Barnabas, NYU/Lutheran and Maimonides – and contracted with consultant firm BDO in order to complete the analyses with reliable methodology on a short timeline.

Importantly, our labor partners from NYC Health + Hospitals, SUNY Downstate and other partner organizations have been engaged in these efforts since inception. The OneCity Health Workforce Subcommittee, comprising labor partners and governance committee members from our Stakeholders Committee, will meet on June 16th for a presentation from BDO and a review and discussion of current state and draft future state results.

**MetroPlus Health Plan, Inc.**  
**Report to the**  
**H+H Medical and Professional Affairs Committee**  
**June 9, 2016**

Total plan enrollment as of May 1, 2016 was 499,948. Breakdown of plan enrollment by line of business is as follows:

Medicaid	386,923
Child Health Plus	14,107
MetroPlus Gold	4,854
Partnership in Care (HIV/SNP)	4,528
Medicare	8,430
MLTC	1,125
QHP	20,369
SHOP	992
FIDA	186
HARP	8,061
Essential Plan	50,373

MetroPlus membership in the Essential Plan has increased by 66% in the last three months. Of the EP members, 57% are new, and 43% are transfers from Medicaid and QHP.

To enhance growth opportunities, we continue to concentrate our efforts on member satisfaction and thereby recruitment and retention. We are deploying several text messaging and email campaigns focusing on member engagement, including preventive health measures, lifestyle changes, as well as recertification reminders for our Medicaid population. We redesigned the entire retention program including the IVR system, member communication (texting and email programs).

MetroPlus has been working closely with H+H Central Office on identifying the most effective PCP auto-assignment logic for our members to ensure better access to care. In addition to the provider's location in relation to the member's, we will incorporate quality metrics into the logic to ensure our members (H+H patients) receive the highest quality care.

For HEDIS 2016 over 16,000 medical records were reviewed as part of the hybrid medical record review process. Supplemental data collection yielded over 8,000 hits and this year we expanded data collection to include file feeds from the facilities. Additionally, we were able to include Quest Lab data and developed a process with our provider offices to correct erroneous claims that caused incorrect member identification. We were notified that the hybrid project passed audit review and was approved to submit to NCQA and NYS DOH. We are completing our final administrative measure project (claims refresh) and will submit our final

project on June 1<sup>st</sup>. Details on Star HEDIS measures include the following: one measure has exceeded last year's five Star threshold and five measures surpassed the four Star threshold. The remaining three measures have exceeded the three Star threshold. For Medicaid, over 40% of the measures reached the prior year's 90<sup>th</sup> percentile QARR rate and 25% passed the 50<sup>th</sup> percentile QARR rate. We anticipate outcomes to be similar to last year's performance.

To ensure that the State meets the goal of 80-90% of managed care spending be associated with Value Based Purchasing (VBP) arrangements by 2020, MCOs will receive a rate decrease, or penalty, for not contracting a minimum threshold of VBP arrangements. The penalty will be assessed on the previous State Fiscal Years' (SFY) VBP contracts. The parameters for the minimum number of VBP Level 1 and 2 arrangements will increase each year to reflect the requirement to move larger portions of the MCO's contracted dollars into VBP contracts. MetroPlus is working with the State Department of Health to categorize the full incentive program we have with Health + Hospitals so we can meet these requirements. We currently have a full financial risk arrangement with H + H and we work collaboratively to perform Care Management, Utilization Management, and Quality Management for our populations. MetroPlus is currently working with the State to accept this contract as meeting criteria. In addition, we are planning value based relationships with other large systems that are in our network so that we can meet the requirement by the deadline.

## **RESOLUTION**

**Authorizing NYC Health + Hospitals ("System") to negotiate and execute a Physician Services Agreement with the State University of New York/ Health Science Center at Brooklyn ("SUNY/HSCB") for the provision of General Care and Behavioral Health Services at NYC Health + Hospitals/ Kings County ("KCHC") and NYC Health + Hospitals/ Coney Island ("CIH") for a period of four years, commencing July 1, 2016 and terminating on June 30, 2020, for an amount not to exceed \$86,659,516;**

### **AND**

**Further authorizing NYC Health + Hospitals to make adjustments to the contract amounts, providing such adjustments are consistent with the System's financial plan, professional standards of care and equal employment opportunity policy except that the System will seek approval from the Board of Directors for any increases in costs in any fiscal year exceeding twenty-five percent (25%) of the not to exceed amount identified in this resolution.**

**WHEREAS**, the System has for some years entered into agreements pursuant to which various medical schools, voluntary hospitals and professional corporations provided General Care and Behavioral Health Services at System facilities; and

**WHEREAS**, the current Physician Services Agreement with SUNY/HSCB to provide General Care and Behavioral Health Services at KCHC shall expire on June 30, 2016; and

**WHEREAS**, the System, in the exercise of its powers and fulfillment of its corporate purposes, now desires that SUNY/HSCB continue to provide General Care and Behavioral Health Services at KCHC and begin to provide services at CIH; and

**WHEREAS**, the overall responsibility for monitoring the contract shall be under the Executive Vice President and Chief Operating Officer.

### **NOW, THEREFORE, BE IT**

**RESOLVED**, that NYC Health + Hospitals ("System") is hereby authorized to negotiate and execute a Physician Services Agreement with the State University of New York/ Health Science Center at Brooklyn ("SUNY/HSCB") for the provision of General Care and Behavioral Health Services at NYC Health + Hospitals/ Kings County ("KCHC") and NYC Health + Hospitals/ Coney Island ("CIH") for a period of four years, commencing July 1, 2016 and terminating on June 30, 2020, for an amount not to exceed \$86,659,516;



**BE IT FURTHER RESOLVED**, that NYC Health + Hospitals is hereby authorized to make adjustments to the contract amounts, providing such adjustments are consistent with the System's financial plan, professional standards of care and equal employment opportunity policy except that the System will seek approval from the Board of Directors for any increases in costs in any fiscal year exceeding twenty-five percent (25%) of the not to exceed amount identified in this resolution.



# *Physician Services Contract Renewal FY 2017 to FY 2020*

**State University of New York/  
Health Science Center at Brooklyn**

**NYC Health + Hospitals/ Kings County  
NYC Health + Hospitals/ Coney Island**

Antonio D. Martin, EVP & COO  
Ross Wilson MD, SVP & CMO  
P.V. Anantharam , SVP & CFO

NYC Health + Hospitals Medical & Professional Affairs Committee  
June 09, 2016



## Background

- ❖ Our hospitals have used contracting with affiliates (academic and non-academic) as a key method to engage physician services, even before NYC Health + Hospitals was formed
- ❖ The proposed contract is with the State University of New York/ Health Science Center at Brooklyn (“SUNY/HSCB”)
- ❖ The proposed total cost of this contract for consideration is \$86.7m over 4 years



## Context

- ❖ The proposed agreement allows for the continued provision of some services at Kings County Hospital Center (KCHC), notably in Psychiatry, Radiology, Ophthalmology, and Radiation Oncology
- ❖ SUNY/HSCB will comply with state regulations, national accreditation standards and bylaws at KCHC, including appropriate supervision for resident programs
- ❖ The proposed agreement allows for the provision of some services at Coney Island Hospital



## New Joint Challenges FY 2017 to FY 2020

- ❖ Strategic Imperatives for 2020
  - Improving patient experience
  - Increased market share
  - Improved Access
- ❖ Rolling out a new Electronic Health Record – EPIC
- ❖ Participating in service delivery changes as part of DSRIP, with workforce implications
- ❖ Workforce shortages in areas like psychiatry and primary care



## Performance Incentives

- ❖ Performance measures are carefully selected to attain the goals of HHC's Strategic 2020 Vision to further assist in physician alignment with those goals
- ❖ Five percent of the physician's total contract costs are allocated to performance measures



# Acute Care Performance Indicators

Patient Experience	Outpatient Access	Outpatient Care	Inpatient Care
<p>1. OUTPATIENT Satisfaction with Care Provider: Ambulatory (CMS CAHPS)</p> <p>2. INPATIENT Communication between Physicians and Patients (CMS HCAHPS)</p>	<p>3. Appointment Fill Rate in Primary Care</p> <p>4. ED Cycle Time – Improve median time from “Door to Leave” time in Emergency Room for Admitted Patients</p> <p>5. Primary Care panel size greater than or equal to 1,500</p>	<p>6. Documentation of Co-morbidities for Outpatient Services</p>	<p>7. Reduce ALOS for Acute Care Patients</p> <p>8. Reduce 30 Day Readmission Rate for All Cause</p>



## Proposed Contract Costs

Facility	FY 2017	FY 2018	FY 2019	FY 2020	Total
KCHC	\$20,333,861	\$20,333,861	\$20,333,861	\$20,333,861	\$80,135,444
CIH	\$1,631,018	\$1,631,018	\$1,631,018	\$1,631,018	\$6,524,072
Total	\$21,664,879	\$21,664,879	\$21,664,879	\$21,664,879	\$86,659,516

- ❖ The current collective bargaining agreement for the physicians expires on July, 2016. A new agreement has to be negotiated. Impact on above amounts to be determined.
- ❖ The above amounts include \$4.1 million over the contract term in Performance Incentive payments. Actual payment may vary based on achieved results.







# Comprehensive Care for Joint Replacement (CJR) Overview


## CJR Program Overview

80-90% OF MEDICAID PAYMENTS TIED TO QUALITY OR VALUE BY 2019

50% OF MEDICARE PAYMENTS TIED TO QUALITY OR VALUE BY 2018

- New Medicare payment policy for major lower-extremity joint replacements – **DRG 469 & 470**
- Mandatory as of April 1<sup>st</sup>, 2016 for all Medicare Fee-For-Service patients
- Looks at index hospitalization + 90-days post-discharge as one 'episode'
- Each hospital has **unique target price**, based on a combination of hospital's historical + regional episode costs, with a discount of 3%
- At the end of the year, all episode costs are reviewed
  - If costs < target, hospital gets a bonus from the savings achieved
  - If costs > target, hospital has to pay CMS back the difference (starting 2017)
- Performance is adjusted by composite of 2 quality measures:
  - Risk-standardized complication rate (RSCR) following elective primary THA/TKA
  - HCAHPS Patient Experience Scores

## Key Metrics to Measure Progress against Bundled Payment Goals




### Inpatient Cost Control

- Length of stay
- Implant cost
- Direct cost variation per case
- Percentage of physicians achieving savings targets




### Clinical Quality

- Risk-standardized, 30-day all-cause readmissions rate
- 90-day readmissions rate
- **Risk-standardized complications rate**
- **Patient-reported outcomes**
- SCIP<sup>1</sup> process metrics



### Post-Acute Cost Control

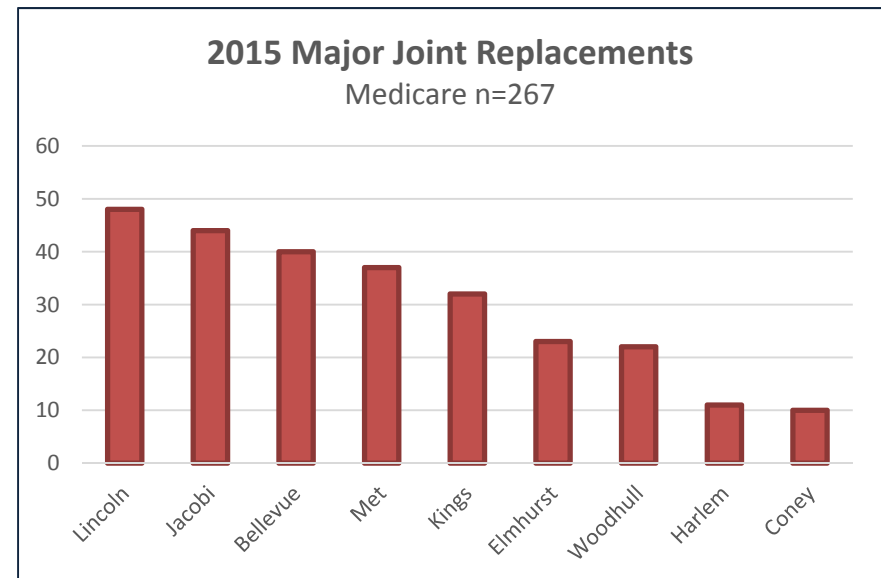
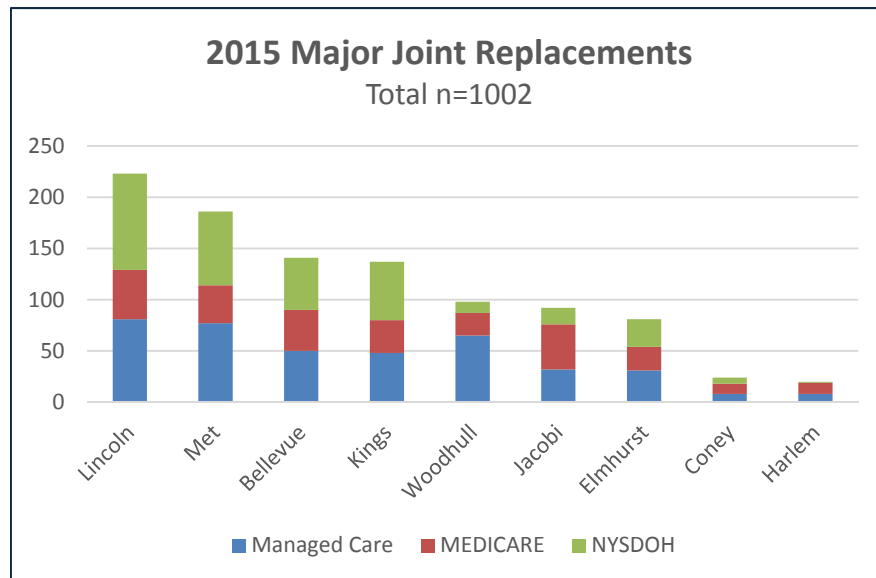
- Post-acute length of stay
- Percentage of patients discharged to home
- Percentage of patients discharged to SNF
- Percentage of patients discharged to IRF

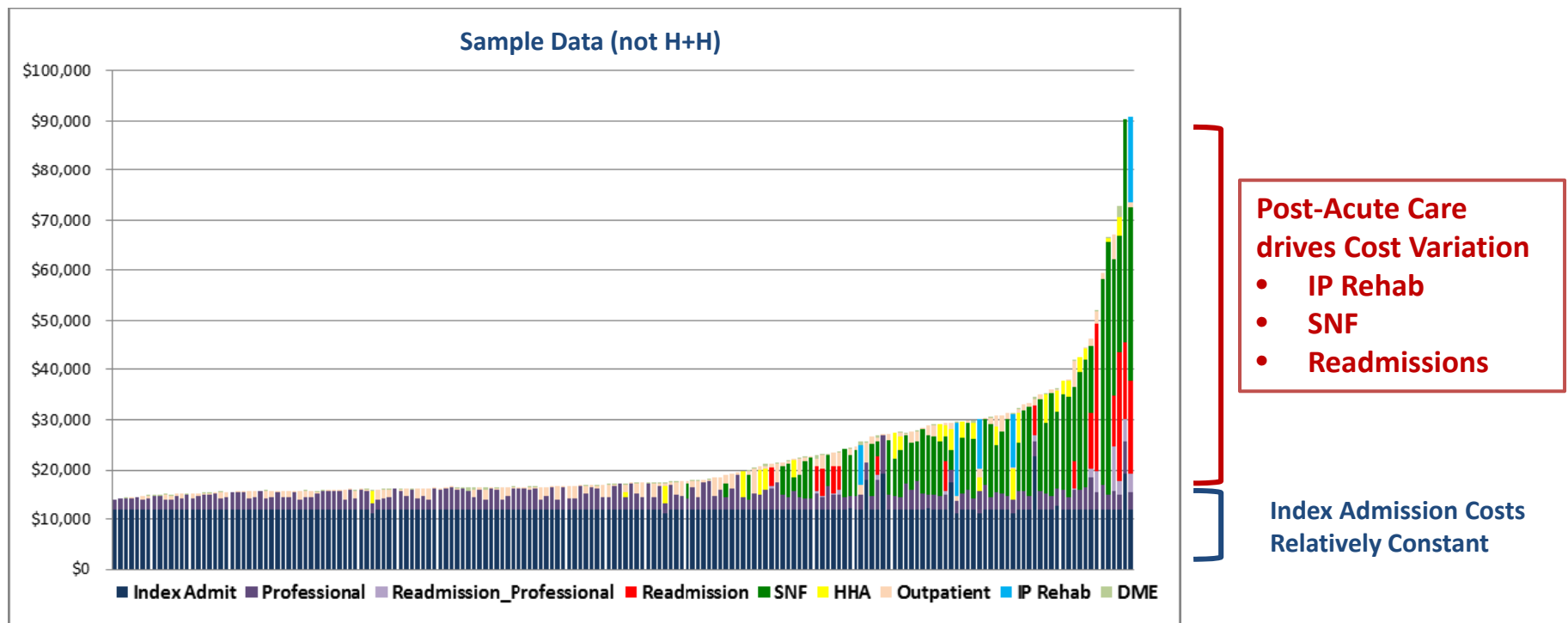


### Service Excellence

- **HCAHPS patient satisfaction score**
- Percentage of patients receiving pre-surgical education
- Percentage of patients adhering to follow-up appointments

## NYC Health + Hospitals Baseline Case Distribution



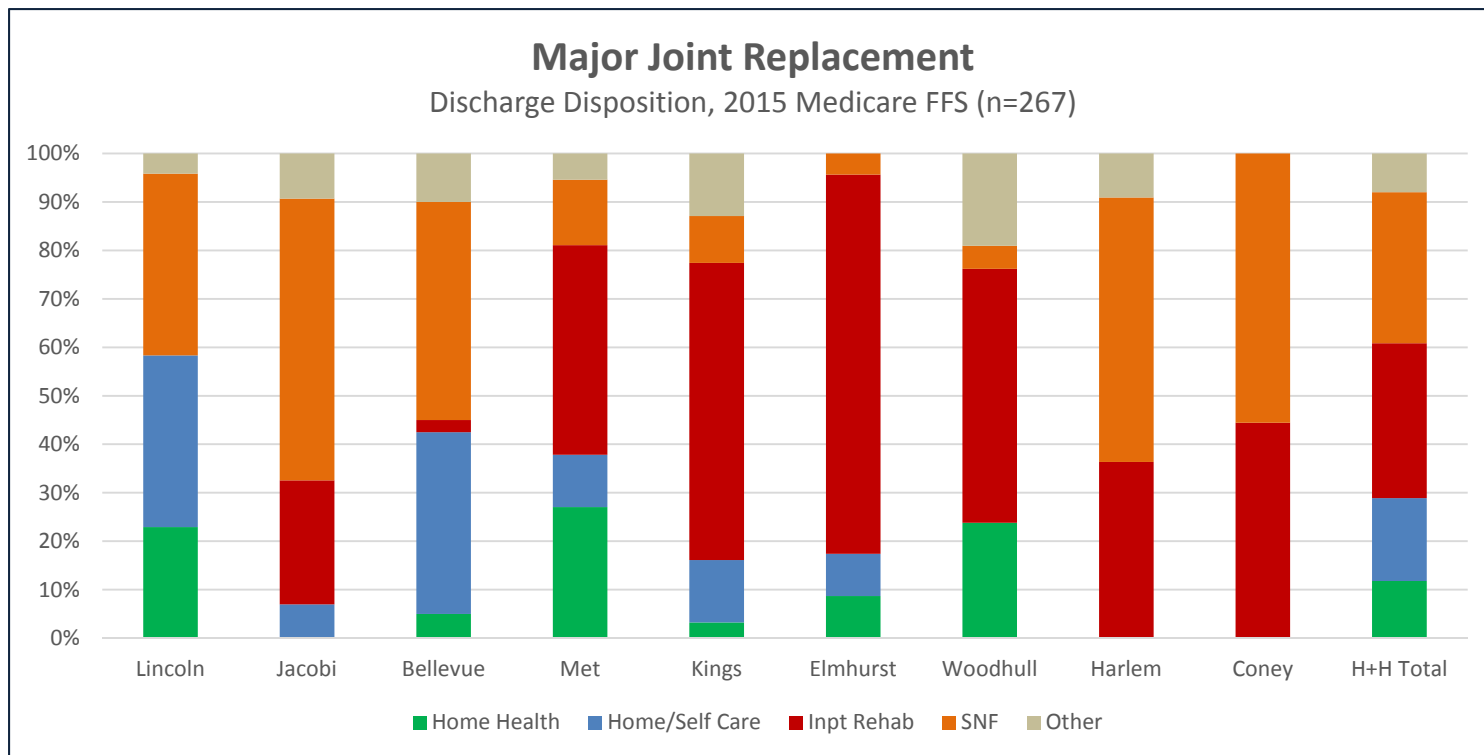


## Post-Acute Care is the major determinant of cost variation

- Costs escalate dramatically with facility-based discharge (IP Rehab & SNF)
  - Goal to discharge patients to the lowest acuity level that is clinically appropriate, while increasing % of facility discharges that are in network
  - **Best practice: Overall target of ~70% home-based discharge**
- Financial case should be favorable in our risk contract populations as well

## NYC Health + Hospitals – Baseline State

- No single high-volume center for joint replacements
- High variation in volume and episode costs
- High variation in discharge disposition
- High use of Inpatient Rehab and SNF compared to national and regional benchmarks



## Hospital Performance (Baseline)

Total Cases DRG 469 & 470 July 1, 2016 to May 20, 2016

Medicare Fee-For-Service Cases DRG 469 & 470 in 2015

Hospital	7/2015-5/2016 All-Payer Cases	% Home Health	% Home/Self Care	% IP Rehab	% SNF	% Others	Home-Based Discharge (%)	Facility-Based Discharge (%)
Bellevue	88	16	65	2	15	3	81	17
Coney	68	4	18	31	44	3	22	75
Elmhurst	44	14	39	45	2	0	52	48
Harlem	5	20	0	60	20	0	20	80
Jacobi	27	4	19	30	48	0	22	78
Kings	63	6	24	52	13	5	30	65
Lincoln	67	24	60	0	16	0	84	16
Met	73	34	22	33	11	0	56	44
Woodhull	54	17	24	57	0	2	41	57
<b>Total</b>	<b>489</b>	<b>16</b>	<b>36</b>	<b>29</b>	<b>17</b>	<b>2</b>	<b>52</b>	<b>46</b>

Hospital	2015 Medicare FFS Cases	Home Health	Home/Self Care	IP Rehab	SNF	Other	Home-Based Discharge	Facility-Based Discharge
Bellevue	40	5%	38%	3%	45%	10%	43%	48%
Coney	10	0%	0%	44%	56%	0%	0%	100%
Elmhurst	23	9%	9%	78%	4%	0%	17%	83%
Harlem	11	0%	0%	36%	55%	9%	0%	91%
Jacobi	44	0%	7%	26%	58%	9%	7%	84%
Kings	32	3%	13%	61%	10%	13%	16%	71%
Lincoln	48	23%	35%	0%	38%	4%	58%	38%
Met	37	27%	11%	43%	14%	5%	38%	57%
Woodhull	22	24%	0%	52%	5%	19%	24%	57%
<b>H+H Total</b>	<b>267</b>	<b>12%</b>	<b>17%</b>	<b>32%</b>	<b>31%</b>	<b>8%</b>	<b>29%</b>	<b>63%</b>

Target >80%  
Home-Based  
Discharge for Total  
(All Payers)

Target >60%  
Home-Based  
Discharge for  
Medicare

## Key Considerations

1. New Medicare payment model now in effect for total episode cost accountability instead of isolated billed services
2. More of this to come, so while we are not high-volume for joint replacements, the lessons learned will be key to broader set of programs where we are accountable for costs incurred inside + outside our walls
3. For CJR, Post-Acute Care costs are the major risk/opportunity
  - Key Drivers:
    - Lower readmissions
    - Lowest acuity discharge that is clinically appropriate
    - Larger relative share of facility discharges that are in network
4. Accountability to multi-disciplinary leadership at each Hospital