OneCityHealth
Partners for a Healthy NYC

OneCity Health Executive Committee

Meeting Summary

September 29, 2015
199 Water Street, 31st Floor, New York NY
5:30 - 7:00pm

In Attendance:

- Ross Wilson (Chair)
- Christina Jenkins (OneCity Health Services)
- Elizabeth Howell (CHN)
- Claudia Calhoun (NY Immigration Coalition)
- Pamela Sass (SUNY)
- Antonio Martin (HHC)
- Donna Colonna (CBC)
- Pat Wang (Healthfirst)
- Ellen Josem (JBFCS)
- Nicole Jordan-Martin (OneCity Health Brooklyn Hub Executive Director)
- Richard Bernstock (OneCity Health Bronx Hub Executive Director)
- *Committee Support (Manatt Health)*
    - *William Bernstein*
    - *David Rosales*
- *Not present:*
    - *Randye Retkin (NYLAG)*

Item	Minutes
1. Review and Adoption of July 23 Executive Committee Meeting Minutes	***Decisions:*** • July 23 Meeting minutes *adopted* • *Agreement* that no new topics were raised in the minutes that were not addressed by the proposed September 29 meeting agenda
2. Introduction of new committee members	• Introduction of two new members of OneCity Health Executive Committee: ○ Ellen Josem, JD (*Chief Legal & Strategy Officer, The Jewish Board)* ○ Pat Wang, JD *(Chief Executive Officer, Healthfirst)*
3. OneCity Health Updates	*OneCity Health Services CEO Update:* • Updates provided by Christina Jenkins on first quarterly report submission • Overview provided by Christina Jenkins on role of Executive Committee in PPS governance • Other updates on partner network management and project

OneCityHealth
Partners for a Healthy NYC

Item	Minutes
	planning deferred to New Business portion of agenda *Updates provided by Executive Committee Chair regarding:* • Workforce planning and workforce stakeholder engagement • Ongoing discussions with NYSDOH regarding valuation and funding for HHC/OneCity Health PPS • Ongoing discussions between HHC and SUNY regarding exploration of opportunities for increased coordination between the two institutions
4. Overview of OneCity Health PPS Network	• Overview provided by Christina Jenkins on the goals of the Partner Readiness Assessment Tool, its key components, the emerging OneCity Health PPS Network schema, and ongoing hub-level analysis to identify key gaps in network services • Group discussion regarding opportunities to ensure long-term maintenance and development of the PPS partner network, including the importance of service quality and trusting relationships • ***Follow-up item:*** provide Committee with current estimates for the percent of PPS partners who are part of multiple PPSs

5. Review of first-year partner measures recommended by OneCity Health Care Models Committee	• Context and background provided by Christina Jenkins on the selection of key first year partner measures by the PPS Care Models Committee and the fact that the Care Models Committee has:
	  ○ Recommended 3-5 measures by partner type for future use in overall program management at the partner level during the first 12 months of implementation
	  ○ Recommended permission for OneCity Health Services to proceed in taking additional steps required to operationalize these measures (eg, data definitions, reporting frequency) and present this information at a future meeting. A subset of these measures, once operationalized, may be used in the contracting process to determine fulfillment of responsibilities
	• Request made by OneCity Health Services management that the Executive Committee review the measures and vote on approval to proceed in taking the additional steps required to operationalize the measures
	• Group discussion of measures, including recommendation that measures specific to Behavioral Health Outpatient partners be aligned with Managed Behavioral Health/HARP measures in collaboration with Managed Care subject matter experts
	
	Decisions:
	• *Agreement* to add 'synergy with other Medicaid Managed Care transformation initiatives' as a key consideration in selection of key

OneCityHealth
Partners for a Healthy NYC

Item	Minutes
	measures • Direction of proposed measures *accepted* and *approved* unanimously by Executive Committee, pending alignment of measures for Outpatient Behavioral Health partners with other relevant Managed Care initiatives through a subsequent workgroup ***Recommended metrics by partner type:*** ○ *Acute-Care Hospitals:* 1. Use of screening tool, including psychosocial and clinical factors, to identify patients at high risk of readmission. 2. All discharge plans ("care transitions plans") should include in its core elements a primary care appointment date with contact information; and this plan should be provided to the primary care practitioner prior to or during the patient's follow-up appointment. 3. Process in place to screen for and refer high-risk patients in need of care management, including Health-Home eligible patients. ○ *Behavioral Health Outpatient:* 1. Process in place to identify patients without primary care visit in prior year and link them to primary care provider. 2. Staff completed training in PAM administration. 3. Process in place to screen for and refer high-risk patients in need of care management, including Health-Home eligible patients. 4. Demonstrate adequate engagement by providers in learning and technical assistance activities provided by OneCity Health. ○ *Primary Care:* 1. Complete written plan and timeline for achieving 2014 level 3 PCMH certification. 2. Offer appointments for patients discharged from hospital or ER visits within 7 days who are deemed by their clinical provider as requiring priority follow-up. 3. Demonstrate a plan for 24-hour patient telephone access with interlocutor linked to medical record. 4. Process in place to screen for and refer high-risk patients in need of care management, including Health-Home eligible patients, and to track those referrals in a format compatible with future registry development. 5. Demonstrate screening for cardiovascular risk with triggering of related interventions (aspirin use, statin use,

OneCityHealth
Partners for a Healthy NYC

Item	Minutes
	self-management goals documented, smoking cessation); demonstrate documentation in format compatible with future development of a registry. 6. Written communication displayed and/or provided in written form to patients, in all major languages spoken by the patient population, explaining the practice's services and its work towards PCMH L3 standards. 7. Demonstrate adequate engagement by providers in learning and technical assistance activities provided by OneCity Health. ○ *Service-providing CBOs (non-clinical)* 1. Staff completed training in PAM administration and met goals for PAM administration when specified in contract. 2. Process in place to identify patients who lack primary care and link them to primary care resources. 3. Process in place for referral to certified insurance counselors for uninsured patients, and to counsel on care options for uninsurable patients. 4. Community-based workers hired and trained when specified in contract.
6. Update on contracting approach for early project initiation	• Update provided by Christina Jenkins on planned contracting approach for early project initiation, including identification of the universe of potential project participants through "Project Participation Opportunities" • Group discussion regarding value of taking a phased approach to project deployment and using a transparent process for partner identification; discussion emphasized importance of clear communication and framing • *Endorsement* by Committee members of approach outlined
7. Next steps and Follow-up items	• *Follow-up item:* provide Committee with current estimates for the percent of PPS partners who are part of multiple PPSs (See below) • Next committee meeting: October 21

Follow-up Item: Summary of OneCity Health PPS Overlap with Other PPSs
(Count and % of Overlapping OneCity Health Providers)

	OneCity Health Only	ACP/AW Medical	Bronx Lebanon	Community Care of Brooklyn (Maimonides)	Mt. Sinai	Nassau Queens	NY Medical Center of Queens	New York Presbyterian	Bronx Partners for Healthy Communities (St. Barnabas)	Westchester Medical Center
Overlap Count	**3,846**	284	364	471	1,282	379	249	142	347	142
Overlap Percentage	**63%**	5%	6%	8%	21%	6%	4%	2%	6%	2%