

## OneCity Health Executive Committee

## Meeting Summary

March 21<sup>st</sup>, 2016  
 5:30 - 6:45pm

### In Attendance (in-person OR by conference call):

#### Committee Members Present:

- Claudia Calhoun – *New York Immigration Coalition*
- Donna Colonna – *Coordinated Behavioral Care*
- Marie Elivert – *Queens Hospital Center, NYC Health + Hospitals; Stakeholder & Patient Engagement Committee Chair*
- Elizabeth Howell – *Community Healthcare Network*
- Christina Jenkins – *OneCity Health Services*
- Ellen Josem – *Jewish Board of Family and Children’s Services*
- Joseph Masci – *Elmhurst Hospital, NYC Health + Hospitals, Care Models Committee Chair*
- Lonny Reisman – *HealthReveal*
- Randye Retkin – *New York Legal Assistance Group*
- Bill Walsh – *University Hospital of Brooklyn, SUNY Downstate Medical Center*
- Pat Wang – *Healthfirst*
- Richard Bernstock – *OneCity Health Services*
- Ishmael Carter – *OneCity Health Services*
- Nicole Jordan-Martin – *OneCity Health Services*

#### Committee Members Not Present:

- PV Anantharam – *NYC Health + Hospitals*
- Sal Guido – *NYC Health + Hospitals, Business Operations & IT Committee Chair*
- Antonio Martin – *NYC Health + Hospitals*
- Ross Wilson (Chair) – *NYC Health + Hospitals*

#### Committee Support:

- Inez Sieben – *OneCity Health Services*
- Wilbur Yen – *OneCity Health Services*

Item	Minutes
1. Review and adoption of February, 2016 Executive Committee meeting minutes	<b>Decisions:</b> <ul style="list-style-type: none"> <li>• February 29, 2016 meeting minutes: <b>Adopted</b></li> </ul>
2. Introduction of new members and general updates	<ul style="list-style-type: none"> <li>• Introduction of new OneCity Health Executive Committee ex-officio members:               <ul style="list-style-type: none"> <li>○ Joseph Masci, <i>Director of Department of Medicine at Elmhurst Hospital Center, NYC Health + Hospitals</i> and <i>OneCity Health Care Models Committee Chair</i></li> <li>○ Marie Elivert – <i>Senior Associate Director for Patient</i></li> </ul> </li> </ul>

Item	Minutes
	<p><i>Care Services at Queens Hospital Center, NYC Health + Hospitals and OneCity Health Stakeholder &amp; Patient Engagement Committee Chair</i></p> <ul style="list-style-type: none"> <li>• OneCity Health will work with committee members' administrative staff to finalize meeting schedule through March 2017 based on results from the recently conducted poll</li> </ul>
<p>3. OneCity Health implementation updates: Workforce Committee formation</p>	<ul style="list-style-type: none"> <li>• Dr. Jenkins described ongoing activities and efforts to engage labor partners in the formation of the Workforce Committee, a subcommittee to the Stakeholder &amp; Patient Engagement Committee               <ul style="list-style-type: none"> <li>○ Labor partners put forward ten (10) names for consideration for Workforce Committee membership</li> <li>○ Despite repeated attempts to engage all nominees over a three-week period, one nominee responded and completed the application form that is standard practice for committee membership</li> <li>○ Until the Workforce Committee is built up, all workforce issues will continue to be discussed in the Stakeholder &amp; Patient Engagement Committee</li> </ul> </li> </ul>
<p>4. New York State DOH Capital Restructuring Financing Program awards</p>	<ul style="list-style-type: none"> <li>• Despite the availability of \$1.4B intended to support capital projects for PPS transformation efforts, approximately 20 percent of applications were funded across New York State               <ul style="list-style-type: none"> <li>○ Three out of 23 partners in the PPS who are non-NYC Health + Hospitals were funded</li> </ul> </li> <li>• OneCity Health worked closely with members of the Executive Committee to aggregate, prioritize, and submit partner organization applications to the NYS DOH in February of 2015</li> <li>• A webinar is scheduled on Wednesday, 3/23/16 to provide further instructions on <a href="#">the</a> Capital Restructuring Financing Program requirements for DSRIP partner awardees</li> <li>• NYS DOH has not provided additional information on whether they plan another round of CRFP awards or what they expect the role of the PPS to be</li> </ul>
<p>5. OneCity Health Workforce Strategy</p>	<ul style="list-style-type: none"> <li>• Dr. Jenkins provided an overview of the DSRIP Workforce requirements               <ul style="list-style-type: none"> <li>○ In partnership with three other PPSs, OneCity Health has retained consulting firm BDO to conduct a current state analysis of the workforce and to help plan for anticipated workforce changes resulting from delivery system redesign                   <ul style="list-style-type: none"> <li>▪ Labor partners were involved throughout the process and reviewed all materials prior to submission to BDO</li> </ul> </li> <li>○ A workforce impact analysis will provide additional details on staff that is redeployed, retrained, and newly hired for DSRIP related work</li> </ul> </li> </ul>

Item	Minutes
	<ul style="list-style-type: none"> <li>○ BDO has engaged IHS to complete a microsimulation modeling exercise aimed at developing analyses of future state workforce</li> <li>○ It is unclear at this point how NYS DOH and labor partners will use information from the future state analyses to address workforce needs in New York</li> <li>○ Dr. Jenkins reviewed the workforce Achievement Value-driving components with the Committee</li> <li>○ OneCity Health is held to meeting spending estimates it made during the application submission and will not have an opportunity to revise those estimates, despite new knowledge and information on the workforce collected via surveys               <ul style="list-style-type: none"> <li>▪ Nevertheless, OneCity Health is in a good position to meet initial spending estimates due to a number of training activities across the PPS and will continue to develop and share the training plan with the Stakeholders &amp; Patient Engagement Committee</li> </ul> </li> </ul>
<p>6. <i>Decision items:</i> Executive Committee Approvals</p>	<p><b><i>Decision items:</i></b></p> <ol style="list-style-type: none"> <li>1. IT Connectivity Strategy: <b><i>Approved</i></b> <ol style="list-style-type: none"> <li>a. OneCity Health will use the Regional Health Information Organization (RHIO) as the vehicle for health information sharing within the PPS</li> <li>b. In order to address the various levels of RHIO connectivity among partners, OneCity Health used the Partner Readiness and Assessment Tool (PRAT) and a partner analysis to identify gaps and shortfalls</li> <li>c. OneCity Health has a strategy in place to use vendors in order to conduct outreach, education, and provide technical assistance in an effort to reach connectivity for all partners</li> <li>d. Executive Committee members requested additional information about the RHIOs and opportunities for funding to support connectivity, with special regard to the CBO perspective/experience</li> <li>e. Executive Committee members requested additional information on the partner analysis results to understand the types of CBOs not yet connected to a RHIO or do not yet have electronic medical record (EMR) systems</li> </ol> </li> <li>2. RHIO Consent Strategy: <b><i>Approved</i></b> <ol style="list-style-type: none"> <li>a. OneCity Health’s RHIO Consent Strategy consists of three distinctive approaches to engage 1) primary care providers, 2) partners using centralized care coordination platforms, and 3) targeted partners that</li> </ol> </li> </ol>

Item	Minutes
	<p>are not connected</p> <ul style="list-style-type: none"> <li>b. Executive Committee members were interested in understanding the consent process from client, individual organization, and PPS perspectives</li> </ul> <p>3. Project 11 Phase 2 Funds Flow: <b>Approved</b></p> <ul style="list-style-type: none"> <li>a. Executive Committee approved Project 11 Phase 2 payment model and funds flow up to \$1.92M through March 31, 2017</li> <li>b. Phase 1 of Project 11 was successful in engaging over 11,000 uninsured patients by March 31<sup>st</sup>, 2016</li> <li>c. Phase 2 of the Project 11 payment model is based on a comprehensive bundled service delivery model aimed at increasing meaningful contact between the partners and the community and ultimately linking patients to care</li> </ul> <p>4. Funds Flow for Master Partner Data Survey: <b>Approved</b></p> <ul style="list-style-type: none"> <li>a. Executive Committee approved Master Partner Data Survey payment model and funds flow of up to \$672K</li> <li>b. The Master Partner Data Survey will build upon the initial PRAT survey and collect additional important information about partners, needed to meet DOH reporting requirements and complete the funds flow model and develop a comprehensive Schedule B</li> <li>c. A tiered payment model (based on the number of organization sites) has been developed in order to enable funds flow and compensate partners for timely and accurate completion and submission of the Data Survey</li> </ul>
7. Next meeting	<ul style="list-style-type: none"> <li>• The next meeting will take place on April 28<sup>th</sup></li> </ul>