

## Executive Committee Meeting

## Attachment A

### Meeting Summary

June 15<sup>th</sup>, 2016

125 Worth Street, 5<sup>th</sup> Floor Boardroom, New York, NY

4:00 PM – 5:30 PM

#### In Attendance:

- Richard Bernstock (OneCity Health Services)
- Claudia Calhoun (New York Immigration Coalition)
- Ishmael Carter (OneCity Health Services)
- Margaret Davino (Fox Rothschild, LLP)
- Marie Elivert (Queens Hospital Center, NYC Health + Hospitals; Stakeholder & Patient Engagement Committee Chair)
- Sal Guido (NYC Health + Hospitals, Business Operations & IT Committee Chair)
- Christina Jenkins (OneCity Health Services)
- Nicole Jordan-Martin (OneCity Health Services)
- Joseph Masci (Elmhurst Hospital, NYC Health + Hospitals, Care Models Committee Chair)
- Lonny Reisman (HealthReveal)
- Randy Retkin (New York Legal Assistance Group)
- Paul Vitale (Brightpoint Health)
- Pat Wang (Healthfirst)
- Ross Wilson (NYC Health + Hospitals, Committee Chair)
- *OneCity Health Services (Committee Support)*
  - *Inez Sieben*
  - *Wilbur Yen*
- *COPE Health Solutions (Committee Support)*
  - *Allen Miller*
  - *Lindsey Wallace*

#### Members Not in Attendance:

- PV Anantharam (NYC Health + Hospitals)
- Donna Colonna (Coordinated Behavioral Care)
- Elizabeth Howell (Community Healthcare Network)
- Ellen Josem (Jewish Board of Family and Children’s Services)
- Antonio Martin (NYC Health + Hospitals)
- William Walsh (University Hospital of Brooklyn, SUNY Downstate Medical Center)

Item	Notes
1. <b>Review of May 24<sup>th</sup>, 2016 meeting minutes</b>	<ul style="list-style-type: none"> <li>• May 24<sup>th</sup>, 2016 meeting minutes: <b><i>Approved</i></b></li> </ul>
2. <b>OneCity Health Committee updates:</b>	<ul style="list-style-type: none"> <li>• OneCity Health Updates provided by Christina Jenkins               <ul style="list-style-type: none"> <li>○ Names of new Workforce Committee members comprised of many labor partners were presented. The Committee will hold its inaugural meeting on June 16<sup>th</sup>, 2016</li> </ul> </li> </ul>

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	<ul style="list-style-type: none"> <li>• A mid-point assessment by the Independent Assessor (IA) on behalf of New York State Department of Health (DOH) is scheduled to begin on August 1<sup>st</sup>, 2016. Features of the mid-point assessment include:               <ul style="list-style-type: none"> <li>○ An opportunity for PPSs to provide narrative describing the status of DSRIP project implementation</li> <li>○ PPS partners to provide feedback on their experience thus far of DSRIP. It is unknown at this time as to what form this feedback will take</li> <li>○ An opportunity for PPSs to add or remove network partners pending further guidance from DOH on attribution calculation methodology                   <ul style="list-style-type: none"> <li>• Committee members requested information on types of partners that have been disengaged from the contracting process to better understanding the current makeup of the PPS network</li> </ul> </li> <li>○ Removal of DSRIP projects                   <ul style="list-style-type: none"> <li>• It was noted that full financial implications of removing DSRIP projects is unknown at this time</li> <li>• Management recommends not removing any projects</li> </ul> </li> </ul> </li> <li>• Business Operations &amp; IT Committee updates provided by Sal Guido               <ul style="list-style-type: none"> <li>○ Participation at the June 13<sup>th</sup> Committee meeting was good. The Committee walked through inputs of the funds flow model which was unanimously approved</li> <li>○ Comprehensive Schedule B will give OneCity Health an opportunity to learn more about the PPS network</li> <li>○ Oversight of funds flow will be the responsibility of the fiduciary through audits</li> </ul> </li> <li>• Agenda update: Delegated authority for management to submit workforce reports was removed from the agenda and will be discussed at a later time</li> </ul>
<p>3. <b>Final funds flow model design + inputs</b></p>	<ul style="list-style-type: none"> <li>• Final funds flow model design + inputs presented by Christina Jenkins               <ul style="list-style-type: none"> <li>○ Executive Summary                   <ul style="list-style-type: none"> <li>▪ OneCity Health is requesting Executive Committee approval of four items required for contract execution: 1) partner payment allocation of \$36.4M; 2) the methodology through which no and low-attribution partners earn DSRIP funds; 3) weighting of funds across approved metric categories; 4) methodology for earning performance dollars tied to speed and scale commitments</li> </ul> </li> <li>○ Comprehensive Schedule B                   <ul style="list-style-type: none"> <li>▪ 182 participating partners confirmed as of May 31<sup>st</sup></li> <li>▪ Contracting period is through March 2017</li> <li>▪ OneCity Health held a webinar to review metrics included in Schedule B and provide partners with an opportunity to give feedback. 86 participants viewed the metrics webinar live; 20 comments were received</li> <li>▪ <i>PostScript: 197 unique views of the recording on the OneCity Health Website over the last month</i></li> </ul> </li> <li>○ Reliable Revenues and 5 Year Projected Income Statement                   <ul style="list-style-type: none"> <li>▪ Committee members discussed budget categories</li> </ul> </li> </ul> </li> </ul>

Item	Notes
	<p>outlined in the 5 Year Projected Income Statement to understand the amount allocated for partner payments. It was explained that these categories were established by DOH and that they were the PPSs best estimate in 2014 when plans were submitted to the State. It was also explained that allocations within these categories were flexible and could be changed as the PPS learns more</p> <ul style="list-style-type: none"> <li>○ Effective Minimum Attribution <ul style="list-style-type: none"> <li>▪ Of the 182 participating partners, 143 are designated as having no or low-attribution (less than or equal to 750 lives) and includes CBOs and many smaller practices</li> <li>▪ Incentive payments for contracting through March 2017 are intended to drive participation and help partners understand their role in the PPS</li> <li>▪ OneCity Health will track progress across the network and reflect data back to partners. It will also provide support to partners in other ways, such as through technical assistance and training in an effort to ensure that the whole PPS is successful</li> </ul> </li> <li>○ Capital funds <ul style="list-style-type: none"> <li>▪ An update on capital funds was provided by Sal Guido</li> <li>▪ Capital funding will be used to assist partners in the PPS with connecting to a RHIO and the SHIN-NY; accessing a contact/call center; and implementing telehealth to reduce readmissions</li> </ul> </li> <li>○ Operations and Outcomes <ul style="list-style-type: none"> <li>▪ Examples of different metrics found within the various projects were reviewed with the Committee</li> </ul> </li> <li>○ Speed and Scale <ul style="list-style-type: none"> <li>▪ Speed and Scale engagement metrics are determined by the DOH. The PPS must meet its commitments to earn related dollars; partners will be paid based on their contribution in helping the PPS achieve its commitment targets</li> <li>▪ Specific engagement metrics will be sent out to the committee</li> </ul> </li> </ul>
<p>4. <b>Decision items: Executive Committee approvals</b></p>	<p><b>Decision item:</b></p> <ul style="list-style-type: none"> <li>▪ Committee approved funds flow model design + inputs. Specifically, it approved: 1) partner payment allocation of \$36.4M; 2) the methodology through which no and low-attribution partners earn DSRIP funds; 3) weighting of funds across approved metric categories; 4) methodology for earning performance dollars tied to speed and scale commitments</li> </ul>
<p>5. <b>Next OneCity Health Executive Committee meeting</b></p>	<ul style="list-style-type: none"> <li>• The next OneCity Health Executive Committee meeting will take place in July</li> </ul>