

## OneCity Health Care Models Committee

December 8, 2016  
 199 Water Street, 31st Floor, New York, NY  
 4:00 – 6:00 PM

## Meeting Summary

### In Attendance:

- Joseph Masci, Committee Chair
- Anna Flattau, Chief Clinical Officer, OneCity Health
- Christina Jenkins, CEO, OneCity Health Services
- Rose Madden-Baer
- Pamela Sass
- Esther Moas
- Dave Chokshi
- Cecilia Jordan (by phone)
- Elizabeth Dubois (by phone)
- Hillel Hirshbein (by phone)
- Jack Dehovitz (by phone)
- Lauren Johnston (by phone)
- Oxiris Barbot (by phone)
- Robert Faillace (by phone)
- Moira Dolan (Observer) (by phone)

### Not in Attendance:

- Chris Norwood
- Gary Belkin
- Luke Bergmann
- Sudha Acharya
- Talya Schwartz

### Committee Support:

- Inez Sieben
- Samantha Kumar
- Madeline Rivera (by phone)
- Carla D’Angelo (COPE Health Solutions)
- Lindsey Wallace (COPE Health Solutions)

Item	Notes
1. Review and Approval of Minutes	<ul style="list-style-type: none"> <li>• November 3, 2016 meeting minutes <i>approved</i></li> </ul>
2. OneCity Health Updates	<p>Presentation of Midpoint Assessment: Independent Assessor’s Report by Anna Flattau, OneCity Health Chief Clinical Officer</p> <p><i>Key discussion items included:</i></p> <ul style="list-style-type: none"> <li>• Independent Assessor was required to measure the progress of each PPS toward DSRIP Program objectives and released findings on the “360” Partner Survey, Independent Assessor Analysis, Organizational and Project Domains</li> </ul>

Item	Notes
	<ul style="list-style-type: none"> <li>• The Independent Assessor made five formal recommendations for OneCity Health:               <ul style="list-style-type: none"> <li>○ Organizational                   <ol style="list-style-type: none"> <li>1. Accelerate funds flow</li> <li>2. Develop action plan to improve partner engagement across all projects</li> </ol> </li> <li>○ Project                   <ol style="list-style-type: none"> <li>3. Integrated delivery system (IDS) project: develop plan to increase partner engagement</li> <li>4. Asthma project: continue to pursue workforce solutions for CHWs</li> <li>5. Asthma project: continue collaboration with NYS Asthma Regional Coalition asthma education certification training</li> </ol> </li> </ul> </li> <li>• Seven of nine projects received a low risk score of ‘2’ while two projects (asthma, IDS) received a ‘3’</li> <li>• In DSRIP Year 1, relative to other PPS’s, OneCity Health a higher proportion of total funds on its central services organization as investments in infrastructure that supports long-term performance</li> <li>• OneCity Health and fiduciary will accelerate and align project implementation with ongoing Health + Hospitals restructuring of new services lines</li> <li>• Differences in performance between PPS’s are influenced by variation in organization, geography, networks, analytics capabilities, etc.</li> <li>• Next steps:               <ul style="list-style-type: none"> <li>○ Committee members to review Independent Assessor’s Midpoint Assessment Report and follow up with any questions</li> <li>○ Committee members to provide support and advocacy by responding to inquiries and advising OneCity Health on amplifying partner engagement across clinical projects</li> </ul> </li> </ul>
<p>3. Contracting Strategy and Metrics Development (For Review and Comment)</p>	<p>Presentation of Contracting Strategy and Metrics Development by Anna Flattau, OneCity Health Chief Clinical Officer</p> <p><i>Key discussion items included:</i></p> <ul style="list-style-type: none"> <li>• Phase II Comprehensive Schedule B to cover the period from April 2017 to December 2017 with the following objectives:               <ul style="list-style-type: none"> <li>○ Incentivize successful implementation of interventions</li> <li>○ Reward outcomes metrics in preparation for value based payments</li> </ul> </li> </ul>

Item	Notes
	<ul style="list-style-type: none"> <li>○ Align measures with existing quality measures when possible</li> <li>● CBO contracting strategy is concurrently being developed in a separate process</li> <li>● The Committee has an advisory role in the contract development process, providing input into strategic approaches and selection of metrics</li> <li>● Two types of metrics will be included in Phase II contracts:               <ul style="list-style-type: none"> <li>○ Outcome metrics are DSRIP pay-for-performance metrics developed by New York State</li> <li>○ Process metrics are developed by OneCity Health that support project implementation and improvement in outcomes</li> </ul> </li> <li>● DSRIP outcome measure prioritization will use criteria that evaluates feasibility, validity, ability to be influenced by the delivery system, measure overlap with existing quality metrics, and total DSRIP dollar value</li> <li>● Process measures will be developed to support key transformation activities that are steps in achieving outcomes</li> <li>● Identify process metrics that can drive at gaps in outcomes measures, some examples include:               <ul style="list-style-type: none"> <li>○ Primary care access process metrics that focus on at-risk populations that were not represented in the DSRIP outcomes metrics</li> <li>○ HIV process metrics that support outcomes that are not represented in DSRIP outcomes metrics</li> </ul> </li> <li>● Outcome metrics may not be measurable at the partner level; process metrics are intended to incentivize partners' contributions to achieving the overall outcome measure</li> <li>● For both process and outcomes metrics, metrics will be matched to the relevant provider types</li> <li>● Next steps:               <ul style="list-style-type: none"> <li>○ Seeking participation from the Committee members for Process Metric Review Workshops in January 2017</li> </ul> </li> </ul>
4. Next steps	<ul style="list-style-type: none"> <li>● <i>Upcoming agenda topics:</i> <ul style="list-style-type: none"> <li>○ Clinical integration strategy</li> </ul> </li> <li>● Next committee meeting: January 18, 2017</li> </ul>