Executive Committee Meeting

Meeting Summary
December 19, 2016
199 Water Street, 31st Floor, West Board Room
4:30 – 6:30 PM

In Attendance:
- Carmina Bernardo (Planned Parenthood of New York City, Stakeholder + Patient Engagement Committee Chair)
- Steven Bussey (NYC Health + Hospitals)
- Donna Colonna (Coordinated Behavioral Care)
- Richard Gannotta (NYC Health + Hospitals)
- David Gross (Community Healthcare Network)
- Sal Guido (NYC Health + Hospitals, Business Operations + IT Committee Chair)
- Christina Jenkins (OneCity Health Services)
- Maureen McClusky (NYC Health + Hospitals)
- Lonny Reisman (HealthReveal)
- Randye Retkin (New York Legal Assistance Group)
- Paul Vitale (Brightpoint Health)
- William Walsh (University Hospital of Brooklyn, SUNY Downstate Medical Center)
- Pat Wang (Healthfirst)
- OneCity Health Services (Committee Support)
  - Inez Sieben
  - Wilbur Yen
- COPE Health Solutions (Presenters)
  - Carla D’Angelo
  - Lindsey Wallace

Members Not in Attendance:
- PV Anantharam (NYC Health + Hospitals)
- Claudia Calhoon (New York Immigration Coalition)
- Margaret Davino (Fox Rothschild, LLP)
- Ellen Josem (Jewish Board of Family and Children’s Services)
- Joseph Masci (NYC Health + Hospitals, Care Models Committee Chair)
- Ross Wilson (NYC Health + Hospitals, Committee Chair)

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| 1) Welcome and introductions | Christina Jenkins welcomed attendees
- Introduction of new OneCity Health Executive Committee member David Gross, General Counsel, Community Healthcare Network |
| 2) Review and approve November 28, 2016 meeting minutes | Sal Guido requested motion to review and approve November 28, 2016 meeting minutes: Approved with unanimous support |
| 3) Items proposed for Executive Committee approval | Background and summary of Executive Committee approval item provided by Sal Guido
- Seeking approval for Phase II contracting & funds flow framework (methodology) for clinical partners. This item was advanced for approval on the basis of consensus without quorum by Business & IT Operations Committee on December 15, 2016. |
Carla D’Angelo and Lindsey Wallace, COPE Health Solutions presented a high-level Phase II contracting timeline and overview:
- Today, requesting approval of a framework or methodology for contracting with clinical partners
- In January, OneCity Health will host a webinar for committee members to seek approval for removal of partners from the PPS network as part of the State’s Mid-Point assessment
- In February, will request approval for total project implementation funds flow for all partners, including non-Medicaid billing CBOs
- Phase II contracts will be a 9-month term to allow for continued iteration and improvement and to understand partner contribution to patient outcomes with more reliable data
- Phase II contracting process continues to adhere to basic principles including:
  - Transparent methodology
  - Attribution-based model for clinical partners
  - Commitment to funding non-attributed partners
  - Limited “carve-out” schedules/contracts
  - Streamlining reporting by aligning metrics and timelines across other quality programs
  - Over time, decreasing the number of process measures and increasing the number of outcome measures aimed at achieving the triple aim
- Care Models Committee to review process metrics for inclusion in Phase II contracts
  - Executive Committee members requested the full list of OneCity Health’s outcome metrics and HANYS analysis showing annual performance targets.
- Partner score is calculated by taking into account the partner’s impact on process and outcome scores
  - Committee members discussed the role of attribution in determining the partner score
- Partner’s eligible allocation is derived from the partner score, reliable DSRIP award, and the partner share of funds
- Executive Committee members discussed multiple aspects related to the approval item including:
  - The role of social determinants and how priority is given to systems serving patients with greater need
  - The role of PPSs around New York in collaborating around a single set of metrics for DSRIP
  - Methodology for predicting reliable funds in the absence of robust, actionable data
  - The validity of outcome measures used in contracting
  - How harder to achieve (“unreliable”) dollars (as designated by the PPS) will be considered in contracting

Decision Item: Committee approved Phase II contracting & funds flow framework (methodology) for clinical partners with 12 votes in support and one abstention.

4) Subcommittee report-out
   - No updates at this time

5) Next Steps
   - Details of Phase II contracting will be presented for Executive Committee approval
   - A review of the OneCity Health IT connectivity and consent strategies was deferred. Committee members interested in receiving updates should work with Wilbur Yen, Chief of Staff.