Executive Committee Meeting

Meeting Summary
February 6, 2017
199 Water Street, 31st Floor, West Board Room
4:30 – 6:00 PM

In Attendance:
- PV Anantharam (NYC Health + Hospitals)
- Carmina Bernardo (Planned Parenthood of New York City, Stakeholder + Patient Engagement Committee Chair)
- Claudia Calhoon (New York Immigration Coalition)
- 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)
- Ellen Josem (Jewish Board of Family and Children’s Services)
- Joseph Masci (NYC Health + Hospitals, Care Models Committee Chair) – served as Executive Committee Chair for Feb 6th meeting
- 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)
  - Tatyana Seta
  - Wilbur Yen
- COPE Health Solutions
  - Carla D’Angelo
  - Lindsey Wallace

Members Not in Attendance:
- Steven Bussey (NYC Health + Hospitals)
- Margaret Davino (Fox Rothschild, LLP)
- Maureen McClusky (NYC Health + Hospitals)
- Ross Wilson (NYC Health + Hospitals, Committee Chair)

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<th>Agenda Item</th>
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<td>1) Welcome and introductions</td>
<td>• Christina Jenkins welcomed attendees</td>
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<td>2) Review and approve December 19, 2016 meeting minutes</td>
<td>• Joseph Masci requested motion to review and approve December 19, 2016 meeting minutes: <strong>Approved with unanimous support</strong></td>
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| 3) Old Business | • PPS Financial Report provided by Tatyana Seta  
  - Committee members reviewed and discussed DY2 budget and actuals through DY2 Q3  
  - The OneCity Health Services budget is reviewed and approved by the NYC Health & Hospitals (H+H) Central Services Organization Board, which reports to the H+H Board |
Revenues and expenses are presented on a cash basis consistent with quarterly reporting to NYS DOH

Payments are unevenly distributed between DSRIP Year 2 quarters
- DY2 Q3 partner payments represent a 1,400% increase over DY2 Q2 partner payments

Committee members discussed the amount of time between metric submission in the partner portal and issuance of payment by OneCity Health
- Payment periods can vary by metric complexity and validation/approval time
- Improvements in payment processing have been made since the start of DY2: the current average payment period is under 30 days
- For Phase II contracting, a decrease in the overall number of metrics, more resources directed to the metric validation process, and “up-front” funding are strategies planned by OneCity Health to alleviate potential partner cash flow issues
- Pros and cons of potential monthly reporting were discussed; Committee members requested more information on current Project 11 funds flow

### Approval Item: Phase II Contracting Inputs

- An executive summary of Phase II contracting was presented by Christina Jenkins
  - Seeking Executive Committee approval of inputs follows the approval of the methodology granted in December and includes four parts:
    - Partner share of funds of $85M for first 9 months of DSRIP Year 3
    - Effective minimum allocation for each partner of $10,000 ± 20%
    - Patient engagement methodology – “speed/scale” commitments made by OneCity Health to NYS DOH
    - Contracting and metrics approach – contribution and weighting of performance metrics and eligibility to earn them
  - The proposed approval item received unanimous recommendation from the Business Operations and IT Subcommittee on January 25
  - Relative to the Phase I contracting, Phase II contracting:
    - Increases total funding allocation and for CBOs, potential speed of funds distribution
    - Promotes flexibility to approve emerging initiatives aligned with transformation ($7-10M as “set aside” for these efforts)
    - Continues use of attribution as one of several payment drivers
    - Introduces pay-for-outcomes metrics as aligned with DSRIP and other quality/performance programs
    - Unearned partner revenue at the end of the 9-month period are “rolled-over” in the next contracting period and may also be used for project implementation
  - Phase II contracting introduces some performance and financial risk at the partner level; outcome measures are an effective 22.5% of a partner’s total potential payment
  - Phase II contracting introduces no financial risk to the PPS as payments are made from reliable revenues; not spending more than what is earned

### 4) New Business
There is increasing scrutiny at the state and federal levels to measure the effectiveness of the $8 billion program and how funds were utilized

- The Phase II contracting framework was discussed by committee members
  - Variation in contracting framework exists between all 25 New York State PPSs
  - Committee members reviewed finalized process and outcome metrics as recommended by the Care Models Committee
    - Process metrics were chosen based on their to ability to affect outcome metrics
    - The committee discussed the importance of actionable data; limitations exist in claims data from the NYS DOH, which still carries a six-month lag
  - Committee members requested more information regarding partner performance on Phase I process measures

- Partner share of funds is $85M for first 9 months of DSRIP Year 3, which is a real increase over the $55M allocation for Year 2
  - The total is calculated based upon reliable revenue estimates, which are revised regularly to reflect:
    - Actual revenues earned and received by OneCity Health, including high performance funds
    - Updates made by the State to Outcome Measures
    - However, $1.6 billion associated with the PPS’ attribution for performance is a fixed amount

- Reliable revenues are calculated by assigning risk percentages to the categories of maximum DSRIP revenues and are updated no less that twice yearly

- Executive Committee members discussed potential impacts of a repeal of the Affordable Care Act on DSRIP, the PPS, and access to care for patients, including individuals who are uninsured

- Dr. Jenkins provided two examples of funds flow
  - Payments for outcome measures are contingent upon the PPS reaching outcome measure targets and follows timing of payments by the state
  - Committee members requested additional information to understand the DOH’s timeline for review of outcome metrics and associated frequency of PPS’ payment

- The Executive Committee approved with unanimous support the following decision items for the Phase II 9-month contracting term:
  - Partner share of funds of $85M
  - Effective minimum allocation of $10,000 ± 20%
  - Patient engagement methodology
  - Contracting and metrics approach

Discussion Item: OneCity Health Strategy and Performance

- The PPS is focused on accelerating project implementation and sustainability as DSRIP Year 3 approaches
- The Executive Committee will help review recommendations and answer the following questions:
  - Are we doing the right things: Which interventions have the biggest impact on (the right) outcomes?
  - Are we properly supporting the right partners: Which partners have the biggest impact on outcomes? On the total population?
  - How will our workforce lead the charge: What is our role in workforce preparedness, and what can we do to fulfill that role?
Committee members discussed barriers specific to recruitment of psychiatrists and the impact on population behavioral health outcomes. Paul Vitale, Donna Colonna, Ellen Josem, and Claudia Calhoon volunteered for a task force to brainstorm innovative ideas that could foster community-based solutions to improving patient outcomes.

Dr. Jenkins discussed slides presented to the Project Approval and Oversight Panel (PAOP):
- The five findings from the Mid-Point Assessment will be addressed with five active remediation plans.
- PMO spending includes both administrative and project implementation spend:
  - Administrative spend reflects startup costs to support 220+ partners.
  - Project implementation spend includes costs that benefit the entire OneCity Health network.
- Currently contracting with four CBO partners for advisory and direct services for the purposes of:
  - Network build strategy.
  - Advice on future engagement efforts.
  - Direct CBO assistance for VBP readiness.
  - Services are comparable to a PCMH coach, but for CBOs.
- Efforts by OneCity Health are underway to understand why up to 18% of CBOs chose not to participate in any of the Phase I contracts.
- Marjorie Momplaisir-Ellis will provide Executive Committee members with an update on the Project 11 experience at the next meeting.
- Primary Care-based improvements are on track for PCMH commitments.
- Long term efforts for sustainability is dependent on using data analytics to improve outreach and care delivery.
- OneCity Health is working with Grassi and Company to develop business and care models at five H+H and five community partner sites in primary care and behavioral health co-location pilots.
- Strategies for sustainability need to be the focus of the committee in the upcoming years.

5) **Next Steps**

- The next Executive Committee meeting will take place in March 2017.