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)

Agenda Item	*Notes*
1) Welcome and introductions	• Christina Jenkins welcomed attendees
2) Review and approve December 19, 2016 meeting minutes	• Joseph Masci requested motion to review and approve December 19, 2016 meeting minutes: **Approved with unanimous support**

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
4) New Business	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

- 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