**OneCity Health Care Models Committee**

March 1, 2017
199 Water Street, 31st Floor, New York, NY
4:00 – 6:00 PM

**In Attendance:**
- Anna Flattau, OneCity Health Chief Clinical Officer
- Cecilia Jordan
- Chris Norwood
- Christina Jenkins, CEO OneCity Health Services
- Elizabeth Dubois (by phone)
- Hillel Hirshbein
- Jesse Singer
- Joseph Masci, Committee Chair
- Luke Bergmann
- Madeline Rivera
- Oxiris Barbot (by phone)
- Rose Madden-Baer
- Sudha Acharya (by phone)
- Vickie Norvell

**Not in Attendance:**
- Gary Belkin
- Jack Dehovitz
- Moira Dolan
- (Observer) Robert Faillace
- Talya Schwartz

**Committee Support:**
- Samantha Kumar

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<tr>
<td>1. Review and Approval of Minutes</td>
<td>• December 8, 2016 meeting minutes approved</td>
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<td>2. OneCity Health Updates</td>
<td>Presentation of OneCity Health Updates by Anna Flattau, OneCity Health Chief Clinical Officer</td>
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*Committee membership updates*
- New members: Vickie Norvell and Jesse Singer
- Esther Moas and Pamela Sass have stepped down due to changes in their job positions

*Implementation updates: scaling up of projects*
- Several projects will be scaled up across multiple facilities in upcoming months
- Care transitions
  - OneCity Health is gathering early lessons on caseload, documentation, team structure,
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<td>integration with existing workflows, and evaluation of process and outcomes of the pilots</td>
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| | • Asthma  
| |   o High-functioning interfaces with CHWs are key to project success  
| | • Health Home Expansion  
| |   o Expanded Health Home will be rolled out in primary care sites first, with co-located Health Home staff |
| 3. Clinical Integration Strategy | Presentation of Clinical Integration Strategy by Anna Flattau, OneCity Health Chief Clinical Officer |
| | **Key discussion items included:**  
| | • The Clinical Integration Needs Assessment was reviewed by the Committee and approved in June 2016 and the needs were defined within the following framework:  
| |   o Access  
| |   o Linkage  
| |   o Information technology  
| |   o Integrated care  
| |   o Care management and population health  
| |   o Performance management  
| | • The Clinical Integration Strategy describes how data interoperability, information sharing, and care transitions planning support the breadth of this body of work  
| | • Data sharing and interoperability initiatives: 1) EHR connectivity, 2) Care coordination software, 3) RHIO connectivity, and 4) Closed loop referral platform  
| | • Key data elements for data sharing  
| |   o On a patient level  
| |   o On an organizational level  
| | • Complementary care management initiatives contribute to an integrated system in which patients can be identified in the right setting for the right type and intensity of care management services  
| |   o Value-based payment supports care transitions interventions  
| | • OneCity Health has provided or supported trainings that promote clinical integration on topics such as care management software; identifying, referring, and collaborating on the care of patients who require care management services; and core care management principles  
| |   o Training will expand further over time including training in behavioral health collaborative care models and identifying and referring patients in primary care for chronic disease self-management education
Committee feedback on Clinical Integration Strategy included:

- Data sharing and interoperability:
  - PPS should be aware of and seek strategies to mitigate the partner burden of managing multiple documentation systems and reporting structures
    - Strategies may include coordination with MCOs, between PPSs, between care management programs; leveraging existing systems whenever feasible; and using standardized categories and algorithms for risk stratification
  - PPS should explore options for consolidating multiple documentation and data systems
    - Strategies may include a single patient record that travels with the patient; and software that creates a dashboard by extracting data from multiple sources

- Key elements for data sharing:
  - Organizational data elements should be at the right level of detail – overly specific data will become outdated quickly
  - For organizational data, consider including contact information and MCO contracts
  - Data definitions for organizational data should be clearly operationalized, including for language (definitions of language competency, locations and times of availability for specific languages); cultural competency (address specific dimensions such as literacy, disability); availability of services for uninsured (type of services and level of cost)
  - Organizational data needs to be easily updated through self-report

Next steps:

- Revised Clinical Integration Strategy will be circulated electronically for Committee recommendation for approval by Executive Committee

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<td>4. Review of Phase II contract metrics</td>
<td>Presentation of Phase II contract metrics by Anna Flattau, OneCity Health Chief Clinical Officer</td>
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Key discussion items included:

- Finalized “Outcomes” and “Process” metrics in the Phase II contracts were shared with the Committee
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<td>• Integrated Delivery System metrics address processes that</td>
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<td>support improved quality and integration of health care services</td>
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<td>5. Next steps</td>
<td>• Next committee meeting: April 12, 2017</td>
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