Executive Committee Meeting

Meeting Summary

April 27, 2017
125 Worth Street, Room 405
5:30 – 6:30 PM

In Attendance (in-person or by phone):

- 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)
- Margaret Davino (Fox Rothschild, LLP)
- David Gross (Community Healthcare Network)
- Sal Guido (NYC Health + Hospitals, Business Operations & IT Committee Chair)
- William Foley (NYC Health + Hospitals)
- Christina Jenkins (OneCity Health)
- Ellen Josem (Jewish Board of Family and Children's Services)
- Joseph Masci (NYC Health + Hospitals, Care Models Committee Chair)
- Maureen McClusky (NYC Health + Hospitals)
- Randye Retkin (New York Legal Assistance Group)
- Ross Wilson (NYC Health + Hospitals, Committee Chair)
- *OneCity Health (Committee Support)*
    - *Inez Sieben*
    - *Wilbur Yen*

Members Not in Attendance:

- Lonny Reisman (HealthReveal)
- Pat Wang (Healthfirst)
- Paul Vitale (Brightpoint Health)
- William Walsh (University Hospital of Brooklyn, SUNY Downstate Medical Center)

Agenda Item	*Notes*
1) Welcome and introductions	• Dr. Wilson welcomed attendees
2) Review and approve meeting minutes	• Dr. Wilson requested a motion to review and approve the March 14, 2017 meeting minutes: **Approved with unanimous support**
3) CEO Update	Dr. Jenkins provided the following updates to the committee: • As of April 27, OneCity Health and all New York Performing Provider Systems (PPSs) are awaiting notification of their validated performance as of DY2 Q3 (time period ended December 31, 2016). • The PPS' validated performance is as discussed in October, 2016: OneCity Health has met commitments under the NYS Department of Health (DOH) DSRIP program resulting in earnings of 99.9% of maximum potential DSRIP performance dollars. • At next month's Executive Committee meeting, OneCity Health management will present a financial report that reflects earnings and funds distribution against the $55M partner payment allocation covering DY2 (time period ended March 31, 2017). o To date, OneCity Health has distributed $18.8M to partners against the $55M allocation and is awaiting finalization of all partner reporting associated with deliverables for time period ending March 31.

- In March, the OneCity Health team submitted its remediation plan for five (5) items noted for correction during the DSRIP Mid-Point Assessment.
    - Since time of March submission, the IA asked the PPS to further describe plans for one of five items related to increased partner engagement efforts; we have done so and are awaiting response. The other four remediation items have been accepted. There is no financial or reputational risk associated with these efforts.
- OneCity Health will submit its required quarterly report to DOH at this month's end, reflective of performance against commitments made through the end of DY2.
- The All-Governance Retreat has been rescheduled to June 27, during which time management will jointly review the PPS' performance and plans for sustainability, including further discussion of the proposed guidelines to design and execute interventions funded through an "Innovation Fund."
    - The fund is intended to improve outcomes measures through evidence-backed interventions that are not specifically included within the PPS' selected clinical projects.
    - The proposed fund will require Executive Committee approval and will be additional to the $85M allocation for first 9 months of DY3 (time period ending December 31, 2017).
    - This effort is not expected to impose additional financial risk; investments selected should carry high potential returns, promote integrated delivery system sustainability, and further improve partner engagement.
- OneCity Health will issue an updated clinical project implementation dashboard in early May and will discuss in detail at next month's Executive Committee meeting, following the closeout of partner reporting of commitments made during DY2. This allows management time to close-out and validate certain implementation markers (e.g. referrals, enrollments). Some project implementation highlights to-date:
    - Efforts in asthma improvement in the pediatric setting continue, with seven (7) NYC Health +Hospitals (NYC H+H) pediatrics practices and two (2) community partners generating referrals to seven (7) community organizations that provide community health care worker support.
        - Since last month, Community Health Workers (CHWs) have completed an additional ~150 home assessments (~100 home assessments reported through February).
        - During implementation, management learned that several CHW organizations providing services could not have completed requisite trainings based on reported data and would pose a safety risk to patients. As such, these organizations have suspended services until CHWs are properly trained.
        - This experience highlights an important issue of how deeply the PPS monitors partner reporting. Whereas in the past, a report attestation was thought to be sufficient, management must now build processes to anticipate these situations and course correct.
    - Efforts to provide 30-day transitions (care management) services for hospitalized patients in medical/surgical or behavioral health units at high risk of readmission have expanded to five NYC H+H facilities with an additional five expected to commence within next 60 days.
        - Under program expansion there are five partner organizations (DFTA, Brightpoint, Village Care, ArchCare, and NYC H+H) trained and intended to supply at least one transition team to each of NYC H+H and SUNY hospitals.
        - Through March end, there are ~565 patients, which aligns with expectation, given the current scale of implementation.
    - Pilots are ongoing for primary care based care management (Health Home At-Risk) in six (6) NYC H+H Gotham and four (4) community partner primary care practices
        - As of March end, there have been ~100 care management referrals made.
        - This intervention allows for primary care practitioners to make referrals to care coordinators provided by OneCity Health's Health Home lead agencies (NYC H+H, CCMP and CHN), some of which are co-located.

	▪ As implementation progresses, management will learn more about what happens after a referral and monitoring those associated activities to ensure quality. o Ten (10) sites – five (5) NYC H+H sites and five (5) community partner behavioral health and primary care sites – continue their efforts with support by consultants to identify sustainable business and operational models for the co-location of primary care and behavioral health services. ▪ OneCity Health is working with consultants at pilot sites to develop an implementation toolkit that outlines best-practices and includes templates related to seeking regulatory relief, licensures, staffing, and other issues for sites wishing to provide co-location services. ▪ The PPS plans to share the toolkit with Greater New York Hospital Association (GNYHA) and the Executive Committee (as applicable) at the tail end of the consulting engagement. • In first week of April, the OneCity Health team completed issuance of ~200 partner contracts (Comprehensive Schedules B) under the $85M allocation for Phase II contracting (first 9 months of DY3; April 1 – Dec 31, 2017). o To date, ~155 of ~200 have been executed by partners, which reflects 1) the team's successful efforts to educate and engage partners via webinar and in-person meetings about the goals, obligations, reporting and payment associated with DSRIP implementation efforts and 2) partners' determination that the contract scope is a worthy endeavor.
4) Old Business	• There were no updates on Old Business items
5) New Business	Dr. Jenkins provided an executive summary of the New Business approval items and the information item below: **Approval Item: OneCity Health Community Engagement Plan** • The OneCity Health Community Engagement Plan was reviewed and recommended for approval by the OneCity Health Stakeholder & Patient Engagement Committee on April 20. • The Community Engagement Plan: o Clearly identifies the stakeholders with whom the PPS intends to engage including patients/consumers and their families; partners (both hospital and non-hospital provider organizations); and public and non-provider organizations such as elected officials, faith-based organizations, etc. o Identifies the methods by which community engagements will be carried out by the PPS o Articulates the frequency in which community engagement will be completed o Outlines the role of the community stakeholders o Articulates the role in which the community will be involved in shaping the decisions and/or priorities of the PPS, if applicable • OneCity Health is seeking the Executive Committee's agreement on the overall plan. o Resulting details on implementation and logistics will follow, with some successful components already currently in place (e.g. H+H Advisory Board). • Executive Committee members underscored the importance of meaningful stakeholder engagement, where active listening and co-production are evident in the relationship. • Dr. Jenkins spoke to the importance of tailoring community engagement efforts by partner type, highlighting the differences in approach towards primary care practices and non-Medicaid billing community based organizations as examples where technical assistance would vary based on type of partner need. • Dr. Wilson requested regular reports from OneCity Health management to keep the Executive Committee informed of progress. ***Decision:*** **The Executive Committee unanimously approved the OneCity Health Community Engagement Plan.** **Approval Item: Workforce Training Strategy** • The Workforce Training Strategy was reviewed and recommended for approval by the Workforce Committee on March 16.

- Members of the Workforce Committee include representatives from nearly all labor partners across the PPS and is supported with advisory services by the 1199 Training and Education Funds (TEF).
- Satisfactory documentation of the Training Strategy is tied to PPS-level DSRIP earnings ($58M over program life), and required by all New York State PPSs.
- The purpose of the Training Strategy is to provide an actionable approach to training and education of 200 partners representing an estimated 120,000 workers across the totality of the OneCity Health network. The Training Strategy answers core workforce training and development questions such as:
  - Who will receive trainings?
  - What trainings will be offered?
  - How will trainings be delivered and evaluated?
  - Why is training important to advance DSRIP goals?
  - How will the OneCity Health team support partners to make these efforts sustainable?
- Trainings outlined in the Strategy represent a variety of modalities and settings.
- The training requirement for "staff involved in DSRIP" may vary based on the type of services provided.
  - For example, partners providing clinical services may need Motivational Interviewing, whereas staff providing other care management services may need to be trained in GSI, the care management software.
- Where possible, OneCity Health will collaborate and pool resources with other entities for training.
- Investments will be made in technology that facilitates greater access to training resources for the workforce (e.g. training platforms).
- Regarding potential of "over training", the State opted *not* to require a "de-duping" process for monitoring staff training when a partner is a member of multiple PPSs
  - It is up to each PPS and each partner to make their best efforts in ensuring that the appropriate staff receives necessary training.
- Training may be provided by a number of vendors. For example, the 1199 TEF contract approved by the committee last month allows the vendor to directly administer or subcontract provision of training services.
- The OneCity Health Workforce Training Strategy will be posted on the OneCity Health website.
- As follow-up, Dr. Wilson requested an implementation plan from management to ensure a robust plan for measurement and progress monitoring.

***Decision:* The Executive Committee unanimously approved the OneCity Health Workforce Training Strategy.**

Discussion Item: Innovation Fund

- In the current state, management estimates that OneCity Health will earn approximately $705M out of a potential earnings of $1.2B in reliable funds over the life of DSRIP
- Dr. Jenkins explained that OneCity Health may be able to earn greater than reliable dollar estimates through targeted investments that enable programs that may not be explicit requirements of the DSRIP toolkit, but are evidence-driven and could sustainably improve either utilization or outcomes
- OneCity Health is proposing to create a funding stream tentatively called "Innovation Fund" to launch the targeted investments
- To begin, OneCity Health would set aside a pool of funds for the Innovation Fund in DY3, which would be additional to the $85M approved by the Executive Committee for first 9 months of DY3, and contracted distinctly from the eleven projects over program life.
  - The funded amount would pose minimal financial risk to the PPS.
- Future funds may be allocated based on the success of the PPS in earning funds above reliable estimates, and the success of initial projects in the Innovation Fund.
- The Innovation Fund would be funded initially in the 1st half of DY3 and remain active for the remainder of the DSRIP program.
  - This allows the PPS to better allocate funding relatively early in order to achieve Pay-for-performance (P4P) outcome measures in later years

	• Initial criteria for prioritization of Innovation Fund projects may include speed to implementation, outcomes measure overlap, alignment with DSRIP goals and future state needs, and others. o One committee member suggested that encouraging partners to work together may be an additional strategy worth pursing by the PPS. • These investments would differ from projects funded through OneCity Health Distinct Schedules B in that the length of the projects would not necessarily align with DSRIP contracting periods, and funded projects may be complementary to DSRIP projects rather than be directly related to them. • Present members of the Executive Committee agreed in principle that the overall idea of the Innovation Fund was worth pursuing. • As next steps, OneCity Health may recommend for approval a sum of dollars to initiate the Innovation Fund at the May or June Executive Committee meeting. • Additionally, the Innovation Fund will be included for discussion at the All-Governance Retreat in June.
6) Next Steps	• The next Executive Committee meeting is scheduled for May 17, 2017.
7) Subcommittee Reports	• There were no other updates from OneCity Health subcommittees.