

## Executive Committee Meeting

### Meeting Summary

May 17, 2017

199 Water Street, 31<sup>st</sup> Floor, West Board Room, New York, NY

4:30 PM – 6:00 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)
- Margaret Davino (Fox Rothschild, LLP)
- David Gross (Community Healthcare Network)
- Sal Guido (NYC Health + Hospitals, Business Operations & IT Committee Chair)
- 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)
- Lonny Reisman (HealthReveal)
- Randye Retkin (New York Legal Assistance Group)
- William Walsh (University Hospital of Brooklyn, SUNY Downstate Medical Center)
- Ross Wilson (NYC Health + Hospitals, Committee Chair)
- *OneCity Health (Committee Support)*
  - Tatyana Seta
  - Inez Sieben
  - Wilbur Yen

#### Members Not in Attendance:

- Donna Colonna (Coordinated Behavioral Care)
- William Foley (NYC Health + Hospitals)
- Pat Wang (Healthfirst)
- Paul Vitale (Brightpoint Health)

<i>Agenda Item</i>	<i>Notes</i>
1) <b>Welcome and introductions</b>	<ul style="list-style-type: none"> <li>• Dr. Wilson welcomed attendees</li> </ul>
2) <b>Review and approve meeting minutes</b>	<ul style="list-style-type: none"> <li>• Dr. Wilson requested a motion to review and approve the April 27, 2017 meeting minutes: <b>Meeting minutes approved with unanimous support reflecting amendment to include William Walsh (SUNY Downstate Medical Center) as a meeting participant</b></li> </ul>
3) <b>Special Announcement</b>	<ul style="list-style-type: none"> <li>• Dr. Wilson announced Dr. Jenkins’ resignation, to be effective June 30, 2017</li> <li>• Dr. Jenkins thanked committee members for their leadership and commitment</li> </ul>
4) <b>CEO Update</b>	<p>Dr. Jenkins provided the following updates to the committee:</p> <ul style="list-style-type: none"> <li>• OneCity Health DSRIP Implementation Update               <ul style="list-style-type: none"> <li>○ The ED Care Triage project is at high failure risk for commitments or sustainability due to difficulties associated with consolidating care management staff and ensuring primary care access for patients post ED visit</li> <li>○ Several DSRIP projects are on track for commitments, with significant addressable risk due to staffing consolidation and onboarding issues that have led to delays in program implementation</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Chronic disease projects are generally on track to meet commitments because of existing infrastructure that have facilitated DSRIP project implementation</li> <li>○ Project timelines and milestones for larger PPS partners are available and will be shared with the committee as a follow-up item</li> </ul>
<p>5) Subcommittee Reports</p>	<ul style="list-style-type: none"> <li>• Care Models Committee updates provided by Dr. Joseph Masci             <ul style="list-style-type: none"> <li>○ The work of the committee is largely complete in regards to developing the structure for care models</li> <li>○ The committee plans on conducting several DSRIP informational/educational sessions for new members</li> </ul> </li> <li>• Business Operations &amp; IT Committee updates provided by Sal Guido             <ul style="list-style-type: none"> <li>○ Agenda topics from the May committee meeting centered around the item for approval by the Executive Committee today</li> </ul> </li> <li>• Stakeholders &amp; Patient Engagement Committee updates provided by Carmina Bernardo             <ul style="list-style-type: none"> <li>○ Cultural Competency &amp; Health Literacy (CCHL) initiatives continue to progress with 25 partner organizations and 56 sites completing surveys</li> <li>○ CulturalLink (CCHL assessment vendor) is offering onsite technical assistance in response to reports by some partners that patients are having difficulty completing components of the survey</li> <li>○ OneCity Health Management will follow-up by e-mail to the Executive Committee to provide a description of the survey including survey length and reading level</li> <li>○ The committee reviewed and recommended for approval the OneCity Health Community Engagement Plan                 <ul style="list-style-type: none"> <li>▪ OneCity Health management will begin to report out on the engagement plan at the June 27 All-Governance retreat</li> </ul> </li> <li>○ The committee continues to assess the level of support needed for non-Medicaid billing community-based organizations (CBOs) and opportunities to integrate and leverage the existing NYC Health + Hospitals Advisory Boards</li> </ul> </li> </ul>
<p>6) New Business</p>	<p>Dr. Jenkins provided an executive summary of the New Business approval item below:  <b>Approval Item: Capacity building for CBOs</b></p> <ul style="list-style-type: none"> <li>• OneCity Health fully recognizes the value of partnerships with community-based partners and continually seeks opportunities for CBO capacity development across the network to deliver key services to our patients and position them for future engagement</li> <li>• The market for integration of hospital and social services is still developing and while experts are thinking about how to integrate successfully, there is no formula</li> <li>• Funding capacity building activities for CBOs is OneCity Health's investment in developing higher quality social services supply to meet the current need</li> <li>• The request today to spend up to \$1M for these capacity building services will help OneCity Health more readily identify CBOs that can deliver high quality services in a future value-based purchasing environment</li> <li>• For this approval, CBOs are defined as any partner providing community-based social and human services</li> <li>• With this funding, CBOs would be assisting other CBOs on efforts such as developing the required infrastructure for data collection/analysis and creating a value-proposition for future sustainability</li> <li>• Committee members discussed how these efforts align with future sustainability and existing work across PPSs             <ul style="list-style-type: none"> <li>○ Members stated that fundamental cultural shifts must also occur within traditional healthcare to help providers relate to CBOs in a different way</li> <li>○ As follow-up, OneCity Health will have a staff member present "on the ground" work to integrate medical and Community Health Worker (CHW) teams in the Asthma project</li> <li>○ One committee member suggested that the "Innovation Fund" could potentially serve as set-aside funding for CBOs to experiment with different types of hospital and social service delivery models</li> <li>○ Sharing of resources and coordination among PPSs is also important so as to not create instances where multiple PPSs are having the same conversations with one CBO</li> </ul> </li> </ul> <p><b><u>Decision:</u> The Executive Committee unanimously approved funds flow of up to \$1M through March 31, 2018 to invest in capacity/skills building for partner CBOs</b></p>

	<p>Inez Sieben presented the following New Business discussion items:</p> <p><b>Discussion Item: DSRIP Phase I Contracting Summary</b></p> <ul style="list-style-type: none"> <li>• The snapshot on the Comprehensive Schedule B presented is current as of April 30 and not a complete Phase I picture as many contracting metrics were due at the end of April and several submissions are still in the remediation cycle with all payments anticipated to be processed by mid-summer</li> <li>• Overall submission rate has remained relatively unchanged since the last update (55%) which may reflect multiple conditions including:             <ul style="list-style-type: none"> <li>○ The partner does not believe the effort is worth it: dollar value associated with metric deemed too low to pursue</li> <li>○ The submission rate is understated: for this contracting phase, partners self-selected projects and some associated performance metrics were not applicable to them; particularly patient engagement metrics</li> <li>○ The partner feels OneCity Health reporting processes are not yet “friendly” enough</li> <li>○ Several improvements have been made regarding the above including the elimination of a two-step process for metric approval so that partners may issue invoices simultaneous with reporting</li> </ul> </li> </ul> <p><b>Discussion Item: DSRIP Phase II Contracting Update</b></p> <ul style="list-style-type: none"> <li>• Partners are currently working to execute on the metrics outlined in the Phase II Comprehensive Schedules B and Distinct Schedules B             <ul style="list-style-type: none"> <li>○ Information presented today is current as of May 9, 2017</li> <li>○ 94%+ of Comprehensive Schedules are executed</li> <li>○ 100% of Health Home At-Risk Distinct Schedules B are executed</li> <li>○ We will shortly issue of one Asthma Home Remediation Schedule B</li> </ul> </li> <li>• Since the publication of these slides to the Executive Committee, contracts indicated as “pending release” have returned from legal review and are in the process of being issued to partners</li> </ul> <p>Tatyana Seta presented the following New Business discussion item:</p> <p><b>Discussion Item: PPS Financial Report</b></p> <ul style="list-style-type: none"> <li>○ The OneCity Health Services Centralized Services Organization(CSO) budget is reviewed and approved by the H+H CSO Board which reports to the H+H Board</li> <li>○ OneCity Health Partner funds flow is reviewed and approved by the PPS governance (Business Operations &amp; IT Committee recommends and Executive Committee approves)</li> <li>○ Revenues and expenses are presented on a cash basis consistent with quarterly reporting to the NYS Department of Health (DOH)</li> <li>○ Revenues are based on reliable revenue estimates, rather than maximum DSRIP valuation</li> <li>○ Revenue variances are primarily impacted by the timing of payments from DOH as well as differences between reliable and actual revenues             <ul style="list-style-type: none"> <li>▪ There is currently a payment delay currently being worked out between DOH and CMS</li> </ul> </li> <li>○ Due to the timing of payments resulting from delays in project ramp-up and partner invoicing, a portion of the cash flows will carry over into DSRIP Demonstration Year 3 (DY3)</li> <li>○ As requested by the Committee, we will continue to report separately on DY2 partner payments extended into DY3 as part of our quarterly financial reports</li> </ul>
<p><b>7) Next Steps</b></p>	<ul style="list-style-type: none"> <li>• The next Executive Committee meeting scheduled in June may be canceled in lieu of the All-Governance retreat on June 27</li> </ul>