

Executive Committee Meeting

Meeting Summary

July 19, 2018

199 Water Street, 31st Floor- West Board Room, New York, NY

3:30 PM – 5:00 PM

In Attendance (in-person or by phone):

- Carmina Bernardo (Planned Parenthood of New York City)
- Donna Colonna (Services for the Underserved)
- Margaret Davino (Fox Rothschild, LLP)
- Ellen Josem (Jewish Board of Family and Children’s Services)
- Joseph Masci (NYC Health + Hospitals)
- Maureen McClusky (NYC Health + Hospitals)
- Randye Retkin (New York Legal Assistance Group)
- Israel Rocha (NYC Health + Hospitals, OneCity Health CEO)
- Theresa Riodan (Healthfirst)
- William Walsh (University Hospital of Brooklyn, SUNY Downstate Medical Center)
- *OneCity Health (Committee Support)*
 - *Nicole Jordan-Martin, Executive Director, Implementation/Hub Executive Director*
 - *Tatyana Seta, Chief Financial Officer*
 - *Grace Wong, Acting Chief Operating Officer/Chief Network Officer*
 - *Wilbur Yen, Chief of Staff*

Regrets:

- Claudia Calhoon (New York Immigration Coalition)
- David Gross (Community Healthcare Network)
- William Foley (NYC Health + Hospitals)
- Kevin Lynch (NYC Health + Hospitals)
- Paul Vitale (Brightpoint Health)

Item	Notes
1. Welcome	<ul style="list-style-type: none"> • Israel Rocha, OneCity Health CEO, called the meeting to order
2. Old Business	<ul style="list-style-type: none"> • Meeting minutes from April 19, 2018 were approved
3. New Business	<p>DY3 Financial Update provided by Tatyana Seta</p> <ul style="list-style-type: none"> • Ms. Seta presented the OneCity Health Performing Provider System (PPS) Budget Variance May Fiscal Year-to-Date Report (7/1/17 – 5/31/18) • Actual revenue was over budget by \$70M due to higher than expected performance on behavioral health metrics • Expenses were below the budgeted amount by \$24M that were originally attributed to building of MSO infrastructure • Total unearned funds by partners amounted to \$37M for Phase I and II, \$23M was allocated to Phase III contracting <p>OneCity Health CEO Updates provided by Israel Rocha</p> <ul style="list-style-type: none"> • OneCity Health goals in the remaining months of DSRIP continue to be: <ul style="list-style-type: none"> ○ Maximizing DSRIP Revenue through risk mitigation and innovation ○ Making change permanent by leaving tangible products of change ○ Sustainability planning through development of an operational and financing plan to continue the work of healthcare transformation • A discussion of recent accomplishments included:

- **Patient Outreach** –To help patients schedule and complete an annual visit with a primary care physician, OneCity Health, in collaboration with a vendor and the NYC Health + Hospitals call center, developed a program to conduct proactive, automated outreach phone calls to patients overdue for an annual primary care visit. Over 1,257 primary care appointments have been scheduled since February of 2018.
 - Committee members were interested in languages that are used and better understanding the reasons why appointments are kept or not kept.
- **Palliative Care** –New workflows were developed and implemented in collaboration with colleagues from the ACO, to identify in advance, patients eligible for palliative care with upcoming visits. These changes have resulted in an increase in advanced directives completion rate (33% to 59%) and better patient outcomes (peacefulness up from 44% to 85%). OneCity Health is now on track to hit targets, accounting for nearly \$15M remaining dollars.
- **ExpressCare**–To provide patients with faster access to the appropriate level of care, while simultaneously lowering the volume and wait time in the ED, and meeting the DSRIP goal of reducing avoidable hospital use, NYC Health + Hospitals is planning the system’s first ExpressCare Clinic in the late summer.
 - Mr. Rocha and Committee members also discussed current efforts to prototype the model in different H+H facilities along with engagement activities to ensure that local providers and CBOs, and managed care organizations are aware.
 - Mr. Rocha emphasized the opportunity to do social determinant screening and patient education, where connection to PCPs is emphasized
 - H+H currently engaged in Docs4NY, a recruitment campaign to address know PCP and access challenges
- **Innovation Fund** –OneCity Health awarded eight community partners from its \$5 million Innovation Fund to implement programs targeting DSRIP priorities, including reducing avoidable hospitalizations, improving community health outcomes, and addressing social determinants of health.
- **Strategic Advisory Workgroup**–The third Strategic Advisory Workgroup of 10 community partners that are direct social service providers was selected. This group was reflective of our network’s diversity and represent a variety of expertise in such areas as creating a value proposition, implementing community health worker and evidence-based peer coaching programs, benefit enrollment, health education, housing and more.
- **NowPow Electronic Directory and Referral Tool** –As of May, 126 partners have been granted access to NowPow. Utilization of this comprehensive resource directory has resulted in over 8000 referrals to date, with the top 3 services requested being 1) Food pantry, 2) Housing search assistance, and 3) Fitness classes
 - Committee members requested additional information on utilization patterns among CBOs
- **100 Schools Project (4.a.i)** –OneCity Health’s collaboration with three other New York City-based Performing Provider Systems, and the help of the Jewish Board, has now launched in 95 schools,

	<p>where Mental Health Coaches conduct staff trainings, student workshops, and personalized services to help foster safe and productive learning environments while simultaneously reducing the stigma of mental health.</p> <ul style="list-style-type: none"> • A discussion of upcoming DSRIP-leveraged initiatives included: <ul style="list-style-type: none"> ○ Addressing preventable hospital admissions/readmissions through the design and rollout of clinical decision units and system-wide care management protocols ○ Continuation of the hospital-community partnership model, where MCOs, CBOs, and hospitals launch localized problem-solving workgroups targeting high-value metrics <ul style="list-style-type: none"> ▪ Committee members requested additional information on the initiative to better understand the goals and how the members could be helpful to the PPS ○ Performance improvement <ul style="list-style-type: none"> ▪ Mr. Rocha discussed OneCity Health efforts with regards to performance on metrics, noting areas of improvement with regards to H-CAHPS and CAHPS measures <ul style="list-style-type: none"> • Dr. Masci requested a summary of metrics to show how we're currently trending and DSRIP project wrap-up reports to highlight successes and contribution that could be shared with committee members
<p>4. Adjournment</p>	<p>The meeting was adjourned</p>