Executive Committee Meeting

Meeting Summary
December 18, 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):

- Margaret Davino (Fox Rothschild, LLP)
- David Gross (Community Healthcare Network)
- Donna Colonna (Services for the Underserved)
- Ellen Josem (Jewish Board of Family and Children’s Services)
- Kevin Lynch (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 Business Operations & IT Committee members
  - Richard Miller (University Hospital of Brooklyn, SUNY Downstate Medical Center)
  - Alina Moran (NYC Health + Hospitals)
  - Richard Keller (All-Metro Healthcare)
- OneCity Health (Committee Support)
  - Molly Chidester, Chief Strategy Officer
  - Benjamin Goldsteen, Chief Analytics Officer
  - Tatyana Seta, Chief Financial Officer
  - Grace Wong, Acting Chief Operating Officer/Chief Network Officer
  - Wilbur Yen, Chief of Staff

Regrets:
- Carmina Bernardo (Planned Parenthood of New York City)
- Claudia Calhoon (New York Immigration Coalition)
- William Foley (NYC Health + Hospitals)
- Joseph Masci (NYC Health + Hospitals)
- John Ulberg (NYC Health + Hospitals)
- Paul Vitale (Brightpoint Health)

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<th>Item</th>
<th>Notes</th>
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<td>1. Welcome</td>
<td>Israel Rocha, OneCity Health CEO, called the meeting to order</td>
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<td>2. Old Business</td>
<td>Meeting minutes from November 15, 2018 approved</td>
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<td>3. New Business</td>
<td>CEO Update provided by Mr. Rocha</td>
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<td>Five OneCity Health supported posters and projects were selected and</td>
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<td>will be featured at the upcoming PPS Learning Symposium</td>
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<td>o In addition to the projects and posters, OneCity Health will be</td>
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<td>developing an impact presentation and will seek committee</td>
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<td>member feedback</td>
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<td>o Performance update as of MY4 Month 9</td>
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<td>o Performance relative to other PPS</td>
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<td>o OneCity highest performer currently on the PQI #14 for Pediatric Asthma</td>
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• While OneCity Health’s performance improved in key behavioral health metrics, the PPS statewide ranking dropped from MY3 and is currently off-target

• OneCity Health PPS performance
  o PPS is performing well on statin-therapy metrics for CVD patients and adult access; these measures should be closely monitored to avoid any decline below target
  o The PPS is under target in access measures for children
  o While there was some improvement in behavioral health performance in MY4, the PPS is off-target for the period
  o MY4 utilization revenue is at risk due to low performance in the adult population
  o Potentially preventable readmissions are trending in the wrong direction for MY4 after showing steady improvement from MY1 - MY3
  o OneCity Health is implementing targeted tactics to improve performance to impact MY5 results
  o DSRIP is now in MY5 and the PPS is unable to impact MY4 performance (data are significantly lagged), however, trends in performance may give an indication of where to focus MY5 efforts
  o OneCity is looking at high-performers across the State and reaching out to PPS that are doing well on certain measures to learn best practices

Mr. Rocha reviewed progress and performance improvement tactics on across a number of performance domains including utilization, access, and behavioral health

• Across multiple domains
  o Phase IV contracting strategy
  o NowPow referral platform
  o Innovation Fund
  o New hospital-community partnership projects

• Utilization
  o Designed model and supporting implementation of ExpressCare (2 sites 2018, multiple sites 2019.
    ▪ OneCity to begin discussions with SUNY Downstate regarding ExpressCare rollout
    ▪ Initial analysis reveals high patient satisfaction among ExpressCare patients and some improvement in hospital ED measures
  o OneCity Health is exploring the design of a Clinical Decision Unit at Bellevue, where largest admissions in the system occur
    ▪ OneCity intends to learn and replicate NYU PPS’ model, which has shown tremendous impact on ED measures
    ▪ To promote equal access to learning, OneCity will share protocols with other facilities within the network/PPS
  o Care coordination (e.g., asthma home visit program and care pathways)
    ▪ For future sustainability, Committee members stressed the importance of evaluating how different partnerships create shared infrastructure that lead to intervention success rather than simply performing outcome evaluations

OneCity Health Financials provided by Tatyana Setya, CFO
Ms. Seta presented the OneCity Health Performing Provider System (PPS) Budget Variance Analysis Fiscal Year-to-Date Report, DSRIP Revenue Analysis, and Cumulative Partner Payments and noted the following:
  - Lower starting cash balance in FY’19 is due to an acceleration of partner payments at the end of FY’18
    - OneCity is holding some of the cash balance for resilience funding to maintain current network infrastructure that will allow for sustainable participation in future high-risk VBP arrangements
  - Partner payment cycle has gone down by an average of 30 days after bringing the payment system in-house recently.

A motion was made and approved to accept the November 2018 Financial Statement

PPS Contracting
Ms. Seta, presented the following resolution:

RESOLUTION, that the OneCity Health Executive Committee approve a resolution, authorizing OneCity Health Services management to allocate an amount not-to-exceed $166M of Performing Provider System partner share of funds for Phase IV Part Two contracting, to support projects and activities under the New York State Delivery System Reform Incentive Payment program, subject to approval by the New York City Health and Hospitals Corporation

Phase IV partner share of funds methodology was derived using conservative estimates for modeling while holding a reserve for operating costs, ongoing PPS partner payments, and for future sustainability

Committee members suggested that OneCity Health meet with various partner organizations to discuss Phase IV contracting

Motion for Action Item i was approved unanimously

Informational items:
Phase III contract extension
  - No-cost extensions of select metrics/services will continue for a number of Phase III Comprehensive Schedule B metrics to ensure continuity of care and allow for a transition to new contracting arrangements.
    - These metrics may not fit the structure of a new Comprehensive Schedule B

Phase IV Contracting Timeline:
  - Part One must be signed in order to participate in Part Two
    - As of 12/18/18, only 25 of 165 issued Part One schedules are unsigned

PPS Attribution for Part Two Contracting
  - To align contracted services with the needs of network patients, OneCity Health is analyzing its current PPS attribution to target high-value interventions and integrate services
    - Leading Primary Chronic Conditions in the PPS include:
      - Asthma
      - Diabetes
      - Hypertension
- HIV/AIDS
- Cardiovascular Disease
- Behavioral Health conditions
- Other Chronic Conditions

- Prompted by the discussion about the difficulty in specifying “other chronic conditions”, Committee members suggested that rather than tackle specific disease conditions, to segment by Clinical Risk Groupings (CRGs)
- OneCity Health will also explore the business case for a social determinants coding module in the Coder Academy based on recommendation from Committee members
- Committee members recommended that OneCity Health learn from Coordinated Behavioral Care (CBC) Pathway to Wellness; an intervention developed to tackle have multiple conditions using a time-limited, collaborative approach

**Sustainability**

Israel Rocha summarized findings from a recent New York State Department of Health sustainability survey, sent to all 25 New York State PPS participating in DSRIP.

- Findings indicate that a number of PPS have looked at IPA structures in their sustainability planning
- OneCity has explored a number of post-DSRIP contracting vehicles including MSO/ACO and IPA structures
- With the support from the Executive Committee through resolution approval, OneCity Health will propose to the State a 2-year no-cost extension

| 4. Adjournment | The meeting was adjourned |