OneCity Health Executive Committee
January 21, 2015

In Attendance:
- Michael Bernstein (VNSNY)
- Claudia Calhoun (Immigration Coalition)
- Donna Colona (CBC)
- Elizabeth Howell (CHN)
- Christina Jenkins (HHC)
- Tony Martin (HHC)
- Pamela Sass (SUNY)
- Bill Walsh (HHC)
- Ross Wilson – Chair (HHC)

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| 1. Introductions & PPS Naming | • PPS is named “OneCity Health”
• In attendance: see above
• Not in attendance: Boris Vilgorin (FEGS)
• At least six additional members will be named
  o Four “Hub Directors”
  o One community physician representative
  o One other representative
• HHC will develop draft “guiding principles” prior to the next meeting; may include:
  o Commitment to flexibility
  o Commitment to action, even with incomplete information
  o Commitment to the long-term success of the PPS
  o Others TBD
• Policies will be codified in the charters (see below), but delegates will be limited as consistency in attendance is recognized as key to prompt and informed decision-making
• Executive Committee members will be expected to sit on one other committee (though they are invited to sit on more); this will be detailed in the charters |
| 2. Brief Planning Update | • From July through December, 2014:
  o Finalized project selection
  o Aligned project selection across city
  o Completed Community Needs Assessments
  o Completed initial project planning
  o Formed several key collaborations with other PPSs
  o Convened first PAC meeting on 11/18
  o Assessed partner capabilities through multiple surveys
  o Submitted final partner list
  o Completed Organization Application
  o Completed Project Plan Application
  o Launched Capital Application Process
  o HHC Board approved creation of “Central Services Organization”
• Implementation planning will take place from January through June; the |
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|      | State Implementation Plan will be submitted by April 1, 2015  
- As part of implementation planning, the PPS will first identify common clinical processes and guidelines and operational processes and workflows, and then identify the parallel project-specific requirements |
| 3. Roles and Responsibilities of Members |  
- All roles and responsibilities will be formally codified in the committee charters (to be distributed in draft form prior to the next meeting)  
- Executive Committee:  
  - Provide strategic leadership of DSRIP-activities  
  - Review and approve operating plans and budgets of each hub, and forward such operating plans and budgets to HHC for approval  
  - Review and approve proposals from the CSO for the allocation and distribution methodologies for DSRIP funds, and forward such proposals to HHC for approval  
  - Evaluate the performance of Participants as part of the PPS based on reports prepared by the CSO  
  - Facilitate consensus-based decision making among the committees and Hub Steering Committees  
  - Develop concrete goals in conjunction with the CSO to ensure a transition to value-based payment models  
  - Appoint initial members to all Committees  
- Nominating Committee:  
  - Responsible for nominating individuals to fill open seats on the various committees of the PPS |
|     | Care Models Committee:  
  - Responsible for reviewing and recommending clinical processes related to DSRIP projects  
  - Responsible for reviewing and recommending tools developed by the CSO to monitor DSRIP project performance across all partners, including tools evaluating patient engagement and tools tied to analytics and reporting |
|     | Stakeholder & Patient Engagement Committee:  
  - Responsible for providing leadership on the development and oversight of stakeholder and patient engagement activities |
|     | Business Operations & IT Committee:  
  - Responsible for reviewing and recommending processes and protocols developed by the CSO for the adoption and use of information technology that will be used by all partners  
  - Responsible for reviewing and making recommendations regarding budgets and the distribution of DSRIP funds, subject to approval by the Executive Committee and HHC |
|     | Hub Steering Committee  
  - Responsible providing local leadership of DSRIP-related activities and reporting back to the PPS-wide committees on local issues and best practices |
| 4. Selection of Nominating |  
- The Nominating Committee consists of 5 members, including the Executive Director of the CSO, one HHC representative, and three other |
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| Committee | representatives who are members of the Executive Committee  
  • By oral vote, these three representatives are:  
    o Pamela Sass, Elizabeth Howell and Claudia Calhoun |
| 5. Capital Restructuring Financing Program | • Reviewed the Capital Restructuring Financing Program (CRFP)  
  • The Executive Committee will meet again on February 18\textsuperscript{th} to review the OneCity Health capital application prior to submission |
| 6. Next Steps | • All Executive Committee members are invited to the PAC meeting on January 28\textsuperscript{th}  
  • HHC will distribute draft charters for review during next meeting  
  • HHC will distribute recommended capital project prioritization for review and approval during next meeting  
  • All are invited to PAC meeting next week |