

**OneCity Health Care Models Committee**

June 8, 2015

**In Attendance:**

- Christina Jenkins (in attendance as ex-officio member with permission of HHC)
- Joseph Masci
- Lauren Johnston
- Rose Madden-Baer
- Dave Chokshi
- Cecilia Jordan
- Esther Moas
- Robert Faillace
- Hillel Hirshbein
- Gary Belkin
- Pamela Sass
- Eric Manheimer
- Chris Norwood
- Sudha Acharya
- *Manatt Health Solutions (Committee Support)*
  - *Jon Glaudemans*
  - *Jared Augenstein*

Item	Notes
1. Introductions	<ul style="list-style-type: none"> <li>• All Committee members introduced each other</li> </ul>
2. Background and Overview	<ul style="list-style-type: none"> <li>• <i>See meeting materials for description of OneCity Health operational and governance structure, DSRIP projects, planning timeline, and planning approach</i></li> </ul>
3. Formulating Committee Guiding Principles	<ul style="list-style-type: none"> <li>• Using guiding principles developed by the Project Advisory Committee (PAC) as basis for discussion, the Committee discussed several potential guiding principles, including:               <ul style="list-style-type: none"> <li>○ Provide efficient and effective care</li> <li>○ Make decisions and move forward with incomplete information/be comfortable with ambiguity</li> <li>○ Guidelines should be broadly applicable (as they apply to different types of providers), and should not exclude certain populations</li> <li>○ Community impact and community participation are key and should be part of guideline vetting</li> <li>○ Recommendations should advance population health objectives</li> <li>○ OneCity Health should measure progress/impact in a way that is meaningful to each partner</li> <li>○ Recommendations should be data-driven</li> <li>○ Recommendations should incorporate cultural competency</li> <li>○ OneCity Health should engage providers and patients – and encourage all to think about social determinants of health</li> <li>○ We should empower “patients, individuals, and families”</li> </ul> </li> </ul>

Item	Notes
	<ul style="list-style-type: none"> <li>○ We should consider describing our transformed system as a “health” system and not a “delivery” system</li> </ul>
<p>4. Committee’s Role Over Next 90 Days</p>	<ul style="list-style-type: none"> <li>● Committee’s charge is to “review and recommend clinical process and guidelines related to DSRIP projects.” The Committee may also “play a key role in 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.”</li> <li>● Over the next 90 days, the committee will focus on reviewing and finalizing the initial clinical guidelines recommendations</li> <li>● Committee will interact with other committees through a variety of mechanisms (overlapping membership, cross-committee attendance, CSO briefings, etc.) to ensure “cross-pollination” of ideas and guideline development</li> </ul>

**Next Steps**

- Please send any comments on the guidelines to [dsripsupport@nychhc.org](mailto:dsripsupport@nychhc.org) by Friday, June 19th at 5PM.