AGENDA

MEDICAL AND PROFESSIONAL AFFAIRS/ INFORMATION TECHNOLOGY COMMITTEE

Meeting Date: November 7, 2013
Time: 12:00 PM
Location: 125 Worth Street, Room 532

BOARD OF DIRECTORS

CALL TO ORDER	**DR. STOCKER**
ADOPTION OF MINUTES *-October 12, 2013*	
CHIEF MEDICAL OFFICER REPORT	**DR. WILSON**
CHIEF INFORMATION OFFICER REPORT	**MR. ROBLES**
METROPLUS HEALTH PLAN	**DR. SAPERSTEIN**

INFORMATION ITEMS:

1. ICIS PROGRAM UPDATE	**MR. ROBLES/DR. CAPPONI**
2. PATIENT PORTAL	**MR. CONTINO**

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

MINUTES

MEDICAL AND PROFESSIONAL AFFAIRS/ INFORMATION TECHNOLOGY COMMITTEE BOARD OF DIRECTORS

Meeting Date: October 17, 2013

ATTENDEES

COMMITTEE MEMBERS:

Michael A. Stocker, MD, Chairman
Alan D. Aviles
Josephine Bolus, RN
Amanda Parsons, MD (representing Health Commissioner, Thomas Farley, MD in a voting capacity)

HHC CENTRAL OFFICE STAFF:

Sharon Abbott, Assistant Director, Corporate Planning and HIV Services
Suzanne Blundi, Deputy Counsel, Office of Legal Affairs
Louis Capponi, MD, Chief Medical Informatics Officer
Deborah Cates, Chief of Staff, Board Affairs
Paul Contino, Chief Technology Officer
Barbara Delorio, Senior Director, Internal Communications
Christine Desrosiers, Office of Legal
Juliet Gaengan, Senior Director, Quality Management
Lauren Haynes, Assistant System Analysis, President Office
Marisa Salamone-Greason, Assistant Vice President, EITS
Sal Guido, Assistant Vice President, Infrastructure Services
Caroline Jacobs, Senior Vice President, Safety and Human Development
Lauren Johnston, Senior Assistant Vice President/Chief Nursing Officer, Patient Centered Care
Irene Kaufman, Senior Assistant Vice President, Ambulatory Care Transformation
Mei Kong, Assistant Vice President, Patient Safety
Jo Ann Liburd, Senior Director, Accreditation and Regulatory Affairs
Patricia Lockhart, Secretary to the Corporation
Tamiru Mammo, Chief of Staff, Office of the President
Ana Marengo, Senior Vice President, Communications & Marketing
Antonio D. Martin, Executive Vice President/Corporate Chief Operating Officer
Kathleen McGrath, Senior Director, Communications & Marketing
Andrea Mera, Director, Office of Healthcare Improvement
Deirdre Newton, Office of Legal Affairs
Bert Robles, Senior Vice President, Chief Information Officer
Salvatore Russo, Senior Vice President & General Counsel, Legal Affairs
David Stevens, MD, Senior Director, Office of Healthcare Improvement
Diane Toppin, Director, Office of Behavioral Health
Steven Van Schultz, Director, IT Audits
Joyce Wale, Senior Assistant Vice President, Office of Behavioral Health
Jaye Weisman, Ph.D., Assistant Vice President/COO, Accountable Care Organization
Manasses Williams, Assistant Vice President, Office of Affirmative Action/EEO
Ross Wilson, MD, Senior Vice President/Corporate Chief Medical Officer

FACILITY STAFF:

Ernest Baptiste, Executive Director, King County Hospital Center
Lynda D. Curtis, Senior Vice President, South Manhattan Network
Elizabeth Gerdts, Chief Nurse Executive, North Central Bronx Hospital
Terry Mancher, Chief Nurse Executive, Coney Island Hospital
Ellen O'Connor, Chief Nurse Executive, Jacobi Medical Center
Arnold Saperstein, MD, Executive Director, MetroPlus Health Plan
Joseph Skarzynski MD, Medical Director, Jacobi Medical Center
Denise Soares, Senior Vice President, Generations+/No. Manhattan Network, Harlem Hospital Center
Maurice Wright, MD, Medical Director, Woodhull Medical and Mental Health Center

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New York City Health and Hospitals Corporation

OTHERS PRESENT:

Moira Dolan, Senior Assistant Director, DC 37, Research & Negotiations Department
Scott Hill, Account Executive, QuadraMed
Adam LaChant, Dyntek Services, Inc.
Richard McIntyre, Key Account Executive, Siemens
Megan Meagher, Analyst, Office of Management and Budget
Tamara Robinson, CIR/SEIU
Deborah Terry, The Nash Group

MEDICAL AND PROFESSIONAL AFFAIRS/
INFORMATION TECHNOLOGY COMMITTEE
Thursday, October 17, 2013

Michael A. Stocker, MD, Chairman of the Board called the meeting to order at 10:15 AM. The minutes of the September 12, 2013 Medical & Professional Affairs/IT committee meeting were adopted.

CHIEF MEDICAL OFFICER REPORT

Ross Wilson, MD, Senior Vice President/Corporate Chief Medical Officer reported on the following initiatives:

1. Touro College Physician Assistant Program/HHC Agreement

HHC has signed an agreement with Touro College to develop and promote a behavioral health track within the Touro Physician Assistant Program. This behavioral health track will prepare master's level PAs to practice at HHC and other clinical sites. This is a no-cost agreement between HHC and Touro. HHC has a role in curriculum development for the Psychiatric Physician Assistant (PPA) track and facilities will serve as training sites.

2. National Depression Screening Day (NDSD) 2013

Held annually in October during Mental Illness Awareness Week, National Depression Screening Day (NDSD) raises awareness and screens people for depression and related mood and anxiety disorders. HHC has participated annually for the last decade and this year held screenings at 12 sites on October 10, 2013. This event allowed our Departments of Psychiatry to provide vital community outreach in the forms of distribution of educational material and resources, screening's and referral. 886 people were provided educational materials with 578 screened and 85 were linked to treatment. This work is in addition to the routine depression screening that is occurring in primary care clinics at HHC all year around.

3. Patient Centered Medical Home (PCMH)

In FY 2013, HHC received an additional $18.2 million in enhanced reimbursements under New York Medicaid's Statewide Patient-Centered Medical Home Incentive Program, We have already received notification that 2 facilities (Gouverneur D&TC and Harlem Hospital) both achieved Level III recognition. We are on track to be eligible for PCMH recognition with the newer 2011 standards by the end of December 2013 all our primary care clinics at our 11 hospitals and 6 Diagnostic and Treatment HHC facilities.

4. NYS Health Home

The HHC Health Home Program operates in Brooklyn, Queens, Manhattan and the Bronx, and enrollments continue to grow steadily. An additional 230 patients were enrolled during the past quarter so that HHC Health Home now has 1588 active patients. Seventy percent of Health Home patients have transitioned from legacy case management programs; the balance of enrolled Health Home patients was either recruited from NYSDOH roster of eligible patients or have been referred to the program.

5. Improving Access to Primary Care

The access improvement work continues to make solid progress across six pilot facilities: Harlem, Kings, Gouverneur, Lincoln, Jacobi and Metropolitan Hospitals. We will accelerate our rollout plan and engage with our remaining eleven facilities by this coming December, in order to better prepare for Exchange-related new patient volumes. Within primary care, the key focus area of this work, we continue to identify significant patient capacity with existing resources, through the implementation of a few key strategies.

6. Nursing

The Mosby Skills project is going live across the corporation this month, to provide an on-line resource of standardized, evidence-based protocols for all nursing staff. This valuable initiative will eventually be interfaced with People Soft and EPIC.

As part of our efforts to promote clinical leadership jointly from Medical Directors and Chief Nurse Executives, a very effective retreat/learning session was held. One of the key learning components was led by a symphony orchestra conductor, and was very well received. We are planning more work on the modeling of leadership teamwork between the physician and nursing leads.

7. Credentialing

The HHC Centralized Clinical Credentialing Project is proceeding according to schedule.
Key benefits of the new system will be:
1. Greater efficiency: - standardized, automated processes will speed up credentialing and re-credentialing. In addition it will facilitate credentialing of providers at more than one site, as we increasingly network services.
2. Emergency Readiness: capability to rapidly credential HHC medical staff at other facilities
3. Far more convenient for providers to use a web interface to manage their applications

The first Go-Live is at the Queens Healthcare Network on December 16. The remainder of HHC will be added one network at a time, with completion by the end of April. Office of Healthcare Improvement will provide training to key personnel as well as on-site support for medical staff offices during their Go-Live weeks

8. Flu Vaccination for employees and patients

Implementation of the NYS regulations for the wearing of a mask for any health care workers who are not immunized is gathering momentum. We have already vaccinated many more employees than last year and many employees who have not previously chosen to be vaccinated. We were initially slowed by slow delivery of vaccine supplies but all sites currently have sufficient supply for patients and staff.

9. Leadership Changes in the Division of Medical & Professional Affairs

I have great pleasure in announcing the appointment of Dr. Machelle Allen as Senior Assistant Vice President and Deputy Corporate Chief Medical Officer. Dr. Allen will commence on or after October 21 and will head the Office of Healthcare Improvement. This office will expand its functions to include Women's Health, Patient Centered Medical Home and Research, with all the current staff involved in those functions being re-aligned to this revised structure.

In addition, Dr. Christina Jenkins becomes the Senior Assistant Vice President heading the new office of QA, Performance and Innovation. This is based on the existing QA office but will now include Clinical Risk, as well as the current innovation projects Dr. Jenkins is leading (access to ambulatory services, physician compensation & productivity and tele-radiology). The focus on performance will be through strengthening our quality data by hoping to harness the benefits of the corporate business intelligence project to provide timely and accurate performance reports to the local level.

In addition, following the retirement of Ms. Susan Meehan after 26 years at HHC and I would like to thank her for her service. Ms. Karen Mattera is acting corporate coordinator of Emergency Preparedness and Ms. Diane Toppin is acting divisional administrator.

I would like to congratulate Drs. Allen and Jenkins and also to thank Karen Mattera and Diane Toppin for "stepping up" so effectively. Finally, I would like to recognize the long service that Susan Meehan has provided to HHC and wish her well in retirement.

METROPLUS HEALTH PLAN, INC.

Arnold Saperstein, MD, Executive Director presented to the Committee. Dr. Saperstein informed the Committee that the total plan enrollment as of October 2nd, 2013 was 422,472. Breakdown of plan enrollment by line of business is as follows:

Medicaid	360,019
Child Health Plus	12,217
Family Health Plus	33,813
MetroPlus Gold	3,289
Partnership in Care (HIV/SNP)	5,410
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MLTC	419

Attached are reports of members disenrolled from MetroPlus due to transfer to other health plans, as well as a report of new members transferred to MetroPlus from other plans.

This month, we lost approximately 3,700 members. We continue our efforts to address our membership losses and have recently completed a closer look at the application submission and acceptance process to HRA and are seeking to improve this process.

In October, the NY State of Health, the Official Health Plan Marketplace went live, offering health insurance options for consumers. As of October 24th, nearly 174,000 New Yorkers completed the full application process and were determined eligible for health insurance plans. New York State's completed applications make up more than 30 percent of the total applications completed nationwide. Additionally, as of October 24th, 37,030 New Yorkers have fully enrolled for health insurance through the NY State of Health marketplace. By media reports this number includes 23,717 in Medicaid and 13,313 in a Qualified Health Plan. The Medicaid enrollments are being held by the state and will be shared with the plans in December. NYS has started transmitting enrollments to the plan via a '834 Transaction File'. As of the writing of this report, MetroPlus has received 1,200 members that have selected MetroPlus as their plan. The plan has been informed that the processing of the enrollment transactions has been delayed, so we do not know the actual number of individuals that have chosen our plan. Additionally, NYS held a series of train-the-trainer sessions this month to allow state managed care plans and others to train Certified Application Counselors (CACs). The State mandated that training sessions could only commence upon receipt of a state- approved training curriculum. MetroPlus has received its training curriculum from NYS and will immediately begin training our Facilitated Enrollers (FEs) to serve as Certified Application Counselors (CACs).

This month, MetroPlus has entered into an agreement with eleven HHC facilities to offer a grant for MetroPlus Care Managers. This grant funds 17 positions as part of an expansion of the current HHC Emergency Department (ED) Care Case Management Project. The new MetroPlus Care Managers will be on site at each facility and will be a fully integrated and engaged member of the Inpatient Project RED and ED Care Management Interdisciplinary Teams. These care managers will facilitate MetroPlus' patient's progress during their stay in the inpatient or ED setting. The current program is showing encouraging results and we expect that this expansion will continue to positively impact our members as they are admitted and discharged at our HHC facilities.

MetroPlus is preparing for the carve-in of the nursing home population. Beginning in January 2014, Medicaid recipients in New York City newly requiring long term nursing home placement will enroll in, or remain in, a managed care plan. Plans will be required to pay, at minimum, the current nursing home fee-for-service rate, which will include the nursing home capital component and the nursing home quality add-on, for two years. Based on workgroup recommendations, DOH is developing guidance on eligibility determination periods, network adequacy requirements, authorizations, and credentialing. The department recommended close coordination among plans and nursing homes with hospital providers, Health Homes, New York City Human Resources Administration (HRA) and Local Districts of Social Services (LDSS) around discharge planning and care management. MetroPlus' internal preparation to service this population is well underway and we anticipate no issues with this implementation.

ACTION ITEM:

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to negotiate and enter into a contract with Dyntek Services, Inc., McAfee's authorized reseller and maintenance provider for security hardware, software licenses, related maintenance and professional services through a NYS Office of General Services ("NYS OGS") contract, for a term of 2 years and 9 months, in an amount not-to-exceed $11,360,499.

McAfee Enterprise Licensing Agreement

The accompanying resolution requests approval to negotiate and enter into a contract with Dyntek Services, Inc. to purchase hardware, software, related maintenance and professional services on an on-going basis in an amount not to exceed $11,360,499 for 2 years and 9 months.

Through this program (McAfee's Enterprise License Agreement or "ELA"), HHC is undertaking an important initiative to protect its critical assets including ePHI (electronic patient health information), comply with regulatory requirements and improve the operational efficiency of its security and risk management operations while reducing its security expenditures. HHC is facing an overwhelming task of dealing with complex security issues, targeted attacks, more stringent regulatory requirements (HIPAA/HITECH) and increased risk of data breaches. In addition, as HHC continues with the consolidation of its data centers and prepares for EMR/EPIC, it is extremely important that the correct security controls are in place at the hospitals as well as the data centers.

HHC spent almost $3.4 million for the GRM data breach in FY 2011. Most recent statistics by the Ponemon Institute put data breaches at $214 per record and on average $7.2 million per data breach. For the amount of patient data HHC deals with, this could have a detrimental impact to the Corporation. The Encryption, Intrusion Prevention System (IPS), and Data Loss Prevention (DLP) projects were undertaken to reduce the likelihood of such breaches, provide protection against new threats and safeguard our data centers from the outside as well as inside. The encryption project has been completed as of 9/15/2013, the IPS project is 7.6% complete (2 out of the 26 facilities) and the DLP proof of concept has been kicked off as of 8/1/13. As part of the ELA, HHC can complete these projects and avoid almost $27.6 million in costs

The Enterprise License Agreement will allow HHC to procure, implement and manage security controls in a cost effective manner. The agreement provides approximately 70% discount over list price and provides payments for the hardware, software, services and support in a fixed annual payment schedule. In addition, the program will (i) improve HHC's ability to prevent and respond to cyber security incidents, (ii) pass on to Dyntek the responsibility for hiring and retention of skilled security staff and (iii) provide access to McAfee's (Intel) state of the art technology and research. Having access to the right information and resources at the right time can make all the difference when dealing with a cyber-attack.

Over the past three fiscal years (FY 11, 12 and 13), HHC spent on an average $2.88 million per year with McAfee for software, hardware and maintenance. As part of the ELA, HHC will be spending approximately $4.1 million per year for the duration of the contract. The additional $2.7 million over 2 year and 9 months will allow HHC to avoid $27.6 million in costs for approved and in progress security projects, reduce the risk of data breaches, provide security assurance to the business and elevate its overall security posture. Below is a cost comparison with and without the ELA for finishing currently approved projects, maintenance, professional services and new security solutions:

	With ELA	Without ELA	Cost Avoidance
Intrusion Prevention System Deployment; Data Loss Prevention; Maintenance; Services; New Security Solutions	$11,360,499.34	$39,048,134.79	$27,628,631.61

A solicitation was sent out and Dyntek Services, Inc. was selected as the winner based on lowest pricing.

INFORMATION TECHNOLOGY SERVICES

Bert Robles, Senior Vice President, Information Technology Services provided the following updates:

1. ICIS Electronic Health Record (HER) Program Update:

   a. The Epic Foundation Database was loaded on HHC servers and is operational and accessible for HHC EITS staff members.

   b. Full EPIC certification for 102 EITS staff in their respective modules. In order to achieve certification, the collective group has taken and completed 781 scored projects and exams. HHC staff has achieved 43 perfect scores of 100 on first attempts and the team has 185 Epic certifications: with 44 people earning more than one certification and many earning 3 or more. This group should all be commended.

   c. The fourth Workflow Preview session was held on September 23 and 24th at 160 Water Street, Bellevue and Harlem Hospitals. While there were hundreds of participants at 160 Water Street over the two days, over 500 participants attended Bellevue Hospital on Day 1 and 210 at Harlem Hospital on Day 2. Included were sessions covering Medication Ordering and Administering, consults in Long Term Care, Nuclear Street Testing and Medication Dispensing.

   d. There is one last set of sessions scheduled for Wednesday, October 16th for the Behavioral Health Emergency Department team. It will include four workflow sessions: Psych ED Provider Workflow/Documentation, Psych ED Nurse and Support Staff, Psych ED Patient Flow and Psych ED to Inpatient and Extended Observation Unit.

   e. To date 250 Workflow Preview sessions have been held with more than 2,000 workflows previewed. Approximately 70% of the workflows have been approved.

   f. An Operations ICIS EHR Kick-Off Meeting for HHC Senior Leadership was held on Tuesday, October 8th at Harlem Hospital Center. The purpose of this event was to provide a high level overview of the Electronic Health Record program as well as delineate the individual and departmental roles for HHC Leadership. The morning session provided a comprehensive review for all attendees with HHC leadership remaining in the afternoon for an in-depth hands-on demonstration by the Epic team on the reporting capabilities of the application.

   g. Facility Sequencing: Elmhurst and Queens Hospital Centers will be the first two HHC sites to convert from Quadramed to Epic. Jacobi Medical Center and North Central Bronx Hospital will be the second go-live sites. The corporation is currently reviewing the sequence for remaining sites and will present a proposed rollout sequence to the leadership later this fall. Sequencing will be dependent upon several key initiatives and dependencies noted below:

   h. There are several key dependencies which can impact HHC's anticipated scheduled November 2014 go-live. They are:

- Soarian (Scheduling, EMPI, registration, interfaces & billing deployment must be stable at these sites for at least six (6) months after live activation .
- North Shore-Long Island Jewish lab for rapid response and routine labs must be deployed with Epic.
- ICD-10 implementation date is October 1, 2014. HHC's overall migration from ICD-9 to the new system must be reasonably stable.

These are all large projects. HHC will migrate to the new Joint Venture lab as the Epic Rollout progresses. Each facility will come up on EPIC and the new Joint Venture lab at the same time since lab results must flow into the core system on day one.

2. Fire Department of New York and Wireless Access at HHC Facilities:

Sal Guido, AVP for Infrastructure, recently met with the Deputy Commissioner and CIO of the New York City Fire Department to review wireless access at all HHC Facilities.

A plan has been put in place to install wireless access points at all HHC hospital facility emergency rooms over the next 30 days. Bellevue Hospital Center was completed on September 30th and Kings County Hospital underwent testing of its network during the week of October 7th.

The wireless access is being deployed throughout HHC facilities to allow for document transmissions for registration and vital information directly from the ambulance to the hospital facility, emergency room and eventually to HHC electronic medical record system to eliminate paper and increase patient care.

We are targeting completion by the end of October.

A press conference was held with the Mayor, FDNY leadership and HHC at Jacobi Medical Center to announce this initiative last week.

3. SunGard Safeguards Following Superstorm Sandy:

Superstorm Sandy did not negativity effect HHC's ability to provide computing services from our central data centers at Jacobi, located in the Bronx, or SunGard, located in NJ. HHC conducted a risk analysis on the SunGard facility and found that water levels around the building elevated to approximately 6 feet above normal conditions. SunGard has provided HHC engineering plans that will protect against a 500-year storm as defined by the Army Corps of Engineers. HHC contracted BASE Tactical, an engineering company, to review SunGard's plan to protect against such a storm. We are awaiting the base tactical final report on the viability of SunGard's plan.

Safety and Human Development

Caroline Jacobs, MPH, MS. Ed Senior Vice President

One of the enterprise-wide strategic priorities this year has been increasing staff engagement in TeamSTEPPS by an aggregate 20% (goal was to engage 4700 staff). We chose TeamSTEPPS because healthcare is a team "sport". The goal is to create a shared mental model in the patient care unit so everyone on the team is on the same page with what is going on in the unit. We engaged about 5600 staff in TeamSTEPPS in FY13. All the work has been done internally. No external consultants have been hired. A significant amount of time was spent training the trainers. The challenge is to relate the knowledge acquired to patient outcomes. A pilot study was done at Bellevue to assess retention and implementation of TeamSTEPPS concepts after the training.

Medication Safety – rate of medication reconciliation was assessed and the trend has decreased. There are no medication reconciliation benchmarks. IHI says a rate of 10% is acceptable. Our goal is zero. Mei Kong, IT, and Dr. Mondul have been working on standardizing electronic medication intervention categories across all the facilities. Automated reports are created monthly based on inputted data by the pharmacists from the facilities.

We have created a lot of resources for our providers, one of which is the Opioid Handbook. We have continued the partnership with the NYS Partnership for Patients (in NY it is a collaboration between GNYHA and HANYS, funded by CMS).

HHC's rate of elective early deliveries has decreased. We are continuing our Labor Management Collaboration with the Committee of Interns and Residents. We are engaging the residents in a survey to better understand their interpretation of patient safety in the organization and the types of information they feel they need to be better at assuring patient safety. The next conference will be based on the findings of this survey.

We finalized (and it is out for review) our Policy on Communication of Adverse Events to Patient and Families. Queens and Jacobi are going to be LeapFrog Award Winners for 2013 for their patient safety work.

Dr. Stocker asked if there is an effort to transfer patient safety to outpatient care (i.e. perform medication reconciliation for outpatients). Caroline Jacobs said the literature does not offer a lot of information on the patient safety domain in the ambulatory care setting. We have been trying to figure out ways to go into the patient's home so we can perform medication reconciliation. Dr. Stocker said the second highest reason for readmission within 30 days is medication safety. Caroline Jacobs commented that a project was done at KCH on CHF patients. Pharm-Ds were sent to the patients' homes to perform medication reconciliation; this was very effective in reducing CHF readmission. Mr. Bert Robles suggested using the capabilities of smart phones (i.e. FaceTime, which 60% of our patients have today) to perform medical reconciliation on outpatients. Mei Kong said we are currently trying to set standards for collecting medication reconciliation so that everyone does it the same way; Poly Pharmacy is another project (ex: you can give patients ten prescriptions, but in reality they would only be willing to take five.

We have to decide if that is appropriate and speak to the patients about what they are really intending to do). We will be talking to residents about Poly Pharmacy and see if we really need to give patients ten medications versus what are the five most important ones?

Dr. Wilson said that we run the risk, with many of these ideas, to create another group of people doing a particular function – that is not sustainable. The key issue here is to integrate functions into what we have. If there is a group of patients who need someone in their homes, we need to identify them early. Everyone needs to see their primary care doctor within a week or 14 days. That is why we are working so hard to make PCMH work. If we combine this with TeleMedicine going forward, a lot can be achieved.

Dr. Wilson believes that these conversations show the maturing of the agenda on patient safety – how we redesign the system to get it right. He stated that embracing the Triple Aim and Hoshin Kanri have helped in embracing the Population Health agenda and that if the employees are not engaged in their work, they are not the people who can engage/ "activate" the patients.

There being no further business the meeting was adjourned at 11:39 am

MetroPlus Health Plan, Inc.
Report to the
HHC Medical and Professional Affairs Committee
November 7th, 2013

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MetroPlus Health Plan

New Member Transfer From Other Plans

	2012_11		2012_12		2013_01		2013_02		2013_03		2013_04		2013_05		2013_06		2013_07		2013_08		2013_09		2013_10		TOTAL
	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	
AETNA	0	23	0	12	0	20	1	30	2	14	6	29	4	24	6	16	2	25	2	12	4	29	0	0	261
Affinity Health Plan	15	190	7	128	19	152	19	138	15	141	21	170	11	128	16	149	13	172	13	137	18	189	1	3	1,865
Amerigroup/Health Plus/CarePlus	36	280	22	188	24	211	21	204	22	236	28	271	21	259	17	217	29	251	21	192	35	262	0	8	2,855
BC/BS OF MNE	5	65	3	40	5	30	2	36	2	24	1	47	4	36	2	30	1	26	5	26	3	27	0	0	420
CIGNA	1	27	0	25	1	25	3	32	6	16	4	12	4	27	4	20	3	29	4	19	2	16	0	0	280
Fidelis Care	23	284	11	158	6	164	11	191	15	197	21	251	14	195	16	233	25	216	15	167	15	176	2	8	2,414
GROUP HEALTH INC.	2	32	3	17	2	22	2	30	1	25	5	19	0	20	3	19	3	32	1	13	3	29	0	0	283
Health First	18	190	5	117	14	147	11	148	18	162	15	182	14	150	13	171	32	288	24	224	26	282	2	12	2,265
HEALTH INS PLAN OF GREATER N	1	34	1	39	2	27	5	33	3	20	4	30	2	34	1	21	4	19	4	22	4	28	0	0	338
HIP/NYC	4	104	5	52	6	78	5	94	7	82	9	91	10	73	2	90	3	82	2	68	3	73	0	2	945
Neighborhood Health Provider PHPS	19	193	13	110	18	130	19	157	11	128	11	118	11	99	10	141	0	5	0	0	0	0	0	0	1,193
OXFORD INSURANCE CO.	1	19	0	8	3	17	2	18	3	17	2	10	0	10	0	8	2	13	1	14	0	23	0	0	171
UNION LOC. 1199	14	50	8	21	13	36	10	40	6	35	8	35	12	41	7	37	22	72	14	27	11	39	0	1	559
United Healthcare of NY	5	150	6	111	7	109	15	104	18	120	10	150	8	152	9	128	15	134	12	97	15	112	0	7	1,494
Unknown Plan	1,765	13,464	1,185	7,178	1,380	9,094	1,701	11,784	1,352	8,618	1,730	10,213	1,542	9,761	1,670	9,389	1,839	10,245	1,643	8,744	2,020	10,794	1,660	8,657	137,428
Wellcare of NY	18	82	8	70	5	91	16	107	18	90	18	102	13	51	16	101	22	117	25	109	6	136	0	1	1,222
TOTAL	1,927	15,187	1,277	8,274	1,505	10,353	1,843	13,146	1,499	9,925	1,893	11,730	1,670	11,060	1,792	10,770	2,015	11,726	1,786	9,871	2,165	12,215	1,665	8,699	153,993

Report ID: MHP1268C
Report Run Date: 10/15/2013

Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 10/14/2013

Other Plan Name	Category	2012_11		2012_12		2013_01		2013_02		2013_03		2013_04		2013_05		2013_06		2013_07		2013_08		2013_09		2013_10		TOTAL
		FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	
AETNA	INVOLUNTARY	0	5	0	2	0	0	0	2	1	5	1	0	0	1	0	4	2	116	0	5	0	1	0	0	145
	VOLUNTARY	0	1	0	0	0	0	0	0	1	1	1	4	0	1	0	1	1	0	0	0	0	1	0	1	13
	TOTAL	0	6	0	2	0	0	0	2	2	6	2	4	0	2	0	5	3	116	0	5	0	2	0	1	158
Affinity Health Plan	INVOLUNTARY	1	2	2	0	0	3	1	5	0	6	0	8	1	5	1	10	0	2	0	1	0	0	0	0	48
	VOLUNTARY	21	152	7	87	9	86	24	123	13	156	17	155	19	129	12	108	11	110	13	77	17	114	15	120	1,595
	TOTAL	22	154	9	87	9	89	25	128	13	162	17	163	20	134	13	118	11	112	13	78	17	114	15	120	1,643
Amerigroup/ Health Plus/CarePlus	INVOLUNTARY	0	8	0	4	0	3	1	13	4	17	1	9	3	9	3	32	0	6	0	4	0	4	0	0	121
	UNKNOWN	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	VOLUNTARY	17	211	11	168	20	161	25	208	18	196	31	225	20	228	15	210	27	234	13	177	17	222	18	171	2,643
	TOTAL	17	219	11	172	20	165	26	221	22	213	32	234	23	237	18	242	27	240	13	181	17	226	18	171	2,765
BC/BS OF MNE	INVOLUNTARY	2	6	0	2	1	3	1	5	0	8	0	4	0	6	2	5	0	203	0	1	0	0	0	1	250
	VOLUNTARY	1	4	1	0	0	0	1	1	0	2	0	0	1	0	0	3	0	1	0	0	0	3	1	0	19
	TOTAL	3	10	1	2	1	3	2	6	0	10	0	4	1	6	2	8	0	204	0	1	0	3	1	1	269
CIGNA	INVOLUNTARY	2	2	1	5	0	2	0	5	1	3	0	2	1	6	0	3	0	321	1	4	0	0	0	1	360
	VOLUNTARY	0	0	0	1	0	0	1	1	1	1	3	2	0	0	1	3	0	0	0	0	0	0	0	0	14
	TOTAL	2	2	1	6	0	2	1	6	2	4	3	4	1	6	1	6	0	321	1	4	0	0	0	1	374
Fidelis Care	INVOLUNTARY	0	13	0	9	1	4	1	18	1	14	2	10	3	7	8	48	0	9	0	2	0	2	0	0	152
	UNKNOWN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	2
	VOLUNTARY	79	875	40	549	84	637	72	712	65	646	95	753	56	592	71	529	91	669	67	487	57	672	43	466	8,407
	TOTAL	79	888	40	558	85	641	73	730	66	660	97	763	59	599	79	577	91	679	67	489	57	675	43	466	8,561

MetroPlus Health Plan

Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 10/14/2013

		2012_11		2012_12		2013_01		2013_02		2013_03		2013_04		2013_05		2013_06		2013_07		2013_08		2013_09		2013_10		TOTAL
		FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	
GROUP HEALTH INC.	INVOLUNTARY	1	4	0	7	0	1	1	4	0	4	1	1	0	3	0	4	0	135	0	1	0	1	0	1	169
	VOLUNTARY	1	1	0	1	0	0	1	1	0	1	1	2	0	1	0	2	0	0	1	1	1	1	0	0	16
	TOTAL	2	5	0	8	0	1	2	5	0	5	2	3	0	4	0	6	0	135	1	2	1	2	0	1	185
Health First	INVOLUNTARY	0	17	1	17	0	13	3	12	4	14	1	20	1	26	10	62	1	25	0	3	0	1	0	1	232
	UNKNOWN	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
	VOLUNTARY	74	931	63	663	58	776	60	844	63	855	83	1,006	67	817	70	812	94	1,049	59	769	78	1,054	75	766	11,186
	TOTAL	74	948	64	680	58	789	64	857	67	869	84	1,026	68	843	80	874	95	1,074	59	772	78	1,055	75	767	11,420
HEALTH INS PLAN OF GREATER NY	INVOLUNTARY	2	4	0	9	0	3	0	10	0	7	0	3	0	3	0	6	0	159	0	0	0	1	2	1	210
	VOLUNTARY	0	1	0	2	0	0	1	1	1	1	0	1	0	1	1	2	0	0	1	0	0	1	0	0	14
	TOTAL	2	5	0	11	0	3	1	11	1	8	0	4	0	4	1	8	0	159	1	0	0	2	2	1	224
HIP/NYC	INVOLUNTARY	0	2	0	1	0	0	0	3	0	8	0	3	0	0	0	4	0	2	0	0	0	0	0	0	23
	VOLUNTARY	17	91	6	68	5	82	13	80	4	85	10	83	3	69	10	72	4	66	5	71	7	88	6	67	1,012
	TOTAL	17	93	6	69	5	82	13	83	4	93	10	86	3	69	10	76	4	68	5	71	7	88	6	67	1,035
Neighborhood Health Provider PHPS	INVOLUNTARY	0	7	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9
	VOLUNTARY	14	169	5	61	4	115	17	121	0	33	0	0	0	0	0	0	0	0	0	0	0	0	0	0	539
	TOTAL	14	176	5	61	4	117	17	121	0	33	0	0	0	0	0	0	0	0	0	0	0	0	0	0	548
OXFORD INSURANCE CO.	INVOLUNTARY	0	0	0	1	0	3	0	7	0	5	0	0	0	1	0	2	0	42	0	0	0	0	0	1	62
	VOLUNTARY	0	0	0	0	0	0	0	0	0	1	1	0	0	0	1	0	0	0	1	0	0	1	0	0	5
	TOTAL	0	0	0	1	0	3	0	7	0	6	1	0	0	1	1	2	0	42	1	0	0	1	0	1	67
UNION LOC.	INVOLUNTARY	1	7	0	2	0	5	3	6	1	7	2	11	0	7	0	3	0	233	1	3	1	2	0	3	298

MetroPlus Health Plan

Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 10/14/2013

		2012_11		2012_12		2013_01		2013_02		2013_03		2013_04		2013_05		2013_06		2013_07		2013_08		2013_09		2013_10		TOTAL
		FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	
UNION LOC. 1199	UNKNOWN	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	VOLUNTARY	12	29	4	22	3	25	8	27	6	13	12	15	12	16	6	11	10	13	8	19	17	28	5	20	341
	TOTAL	13	36	4	24	3	30	11	33	8	20	14	26	12	23	6	14	10	246	9	22	18	30	5	23	640
United Healthcare of NY	INVOLUNTARY	3	9	0	5	0	10	2	10	1	17	2	7	1	13	2	27	1	341	1	5	0	0	0	1	458
	VOLUNTARY	21	144	12	74	17	85	13	137	17	113	18	151	14	111	18	108	4	139	9	111	9	121	14	79	1,539
	TOTAL	24	153	12	79	17	95	15	147	18	130	20	158	15	124	20	135	5	480	10	116	9	121	14	80	1,997
Wellcare of NY	INVOLUNTARY	4	12	0	5	0	0	2	8	2	6	1	12	0	6	7	30	0	1	0	0	0	0	0	0	96
	VOLUNTARY	3	45	2	24	4	25	3	38	3	21	9	26	4	33	2	28	3	30	3	17	0	29	0	23	375
	TOTAL	7	57	2	29	4	25	5	46	5	27	10	38	4	39	9	58	3	31	3	17	0	29	0	23	471
Disenrolled Plan Transfers	INVOLUNTARY	16	98	4	69	2	52	15	108	15	121	11	90	10	93	33	240	4	1,595	3	29	1	12	2	10	2,633
	UNKNOWN	0	0	0	0	0	1	1	1	1	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	6
	VOLUNTARY	260	2,654	151	1,720	204	1,992	239	2,294	192	2,125	281	2,423	196	1,998	207	1,889	245	2,311	180	1,729	203	2,335	177	1,713	27,718
	TOTAL	276	2,752	155	1,789	206	2,045	255	2,403	208	2,246	292	2,513	206	2,091	240	2,129	249	3,907	183	1,758	204	2,348	179	1,723	30,357
Disenrolled Unknown Plan Transfers	INVOLUNTARY	2	28	0	73	2	51	9	26	1	50	5	22	2	17	3	91	5	189	2	17	1	20	2	13	631
	UNKNOWN	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	2
	VOLUNTARY	0	93	0	54	1	28	0	68	1	94	1	92	0	93	1	70	3	67	0	58	2	51	1	46	824
	TOTAL	2	121	0	127	3	79	9	95	2	144	6	114	2	110	4	161	8	256	2	75	3	72	3	59	1,457
Non-Transfer Disenroll Total	INVOLUNTARY	1,214	10,459	152	5,486	132	3,776	1,625	12,368	1,902	15,760	925	9,485	1,088	10,179	1,067	9,468	921	9,204	1,014	9,811	991	10,170	947	9,721	127,865
	UNKNOWN	2	2	0	5	0	2	6	7	1	2	0	5	2	3	4	1	2	1	0	3	3	3	0	0	54
	VOLUNTARY	0	82	0	53	0	56	0	88	0	86	2	83	2	71	8	187	4	79	0	117	2	104	2	60	1,086

Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 10/14/2013

		2012_11		2012_12		2013_01		2013_02		2013_03		2013_04		2013_05		2013_06		2013_07		2013_08		2013_09		2013_10		TOTAL
		FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	
Non-Transfer	**TOTAL**	1,216	10,543	152	5,544	132	3,834	1,631	12,463	1,903	15,848	927	9,573	1,092	10,253	1,079	9,656	927	9,284	1,014	9,931	996	10,277	949	9,781	129,005
Total MetroPlus Disenrollment	INVOLUNTARY	1,232	10,585	156	5,628	136	3,879	1,649	12,502	1,918	15,931	941	9,597	1,100	10,289	1,103	9,799	930	10,988	1,019	9,857	993	10,202	951	9,744	131,129
	UNKNOWN	2	2	0	5	0	3	7	9	2	2	0	5	2	3	4	1	2	2	0	3	3	5	0	0	62
	VOLUNTARY	260	2,829	151	1,827	205	2,076	239	2,450	193	2,305	284	2,598	198	2,162	216	2,146	252	2,457	180	1,904	207	2,490	180	1,819	29,628
	TOTAL	1,494	13,416	307	7,460	341	5,958	1,895	14,961	2,113	18,238	1,225	12,200	1,300	12,454	1,323	11,946	1,184	13,447	1,199	11,764	1,203	12,697	1,131	11,563	160,819

MetroPlus Health Plan

Membership Summary by LOB Last 7 Months

October-2013

		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13
Total Members	Prior Month	432,979	432,674	431,143	429,895	428,646	426,639	426,157
	New Member	15,436	14,607	14,533	15,663	13,285	15,808	11,287
	Voluntary Disenroll	3,094	2,548	2,548	2,897	2,278	2,885	2,192
	Involuntary Disenroll	12,647	13,590	13,233	14,015	13,014	13,405	12,780
	Adjusted	7	11	20	53	341	1,450	0
	Net Change	-305	-1,531	-1,248	-1,249	-2,007	-482	-3,685
	Current Month	432,674	431,143	429,895	428,646	426,639	426,157	422,472
Medicaid	Prior Month	370,340	370,090	368,985	368,035	366,495	364,610	363,674
	New Member	12,697	12,047	11,809	12,726	10,733	12,664	8,766
	Voluntary Disenroll	2,598	2,162	2,146	2,457	1,904	2,489	1,819
	Involuntary Disenroll	10,349	10,990	10,613	11,809	10,714	11,111	10,602
	Adjusted	9	6	10	41	314	1,380	0
	Net Change	-250	-1,105	-950	-1,540	-1,885	-936	-3,655
	Current Month	370,090	368,985	368,035	366,495	364,610	363,674	360,019
Child Health Plus	Prior Month	12,862	12,830	12,724	12,644	12,549	12,395	12,284
	New Member	450	447	462	393	351	438	468
	Voluntary Disenroll	43	31	26	20	36	51	38
	Involuntary Disenroll	439	522	516	468	469	498	497
	Adjusted	-6	-6	-5	-5	0	1	0
	Net Change	-32	-106	-80	-95	-154	-111	-67
	Current Month	12,830	12,724	12,644	12,549	12,395	12,284	12,217
Family Health Plus	Prior Month	34,339	34,200	33,741	33,454	33,603	33,551	33,868
	New Member	1,872	1,646	1,768	2,001	1,766	2,143	1,659
	Voluntary Disenroll	284	198	216	252	180	207	180
	Involuntary Disenroll	1,727	1,907	1,839	1,600	1,638	1,619	1,534
	Adjusted	0	1	1	0	2	25	0
	Net Change	-139	-459	-287	149	-52	317	-55
	Current Month	34,200	33,741	33,454	33,603	33,551	33,868	33,813

MetroPlus Health Plan

Membership Summary by LOB Last 7 Months

October-2013

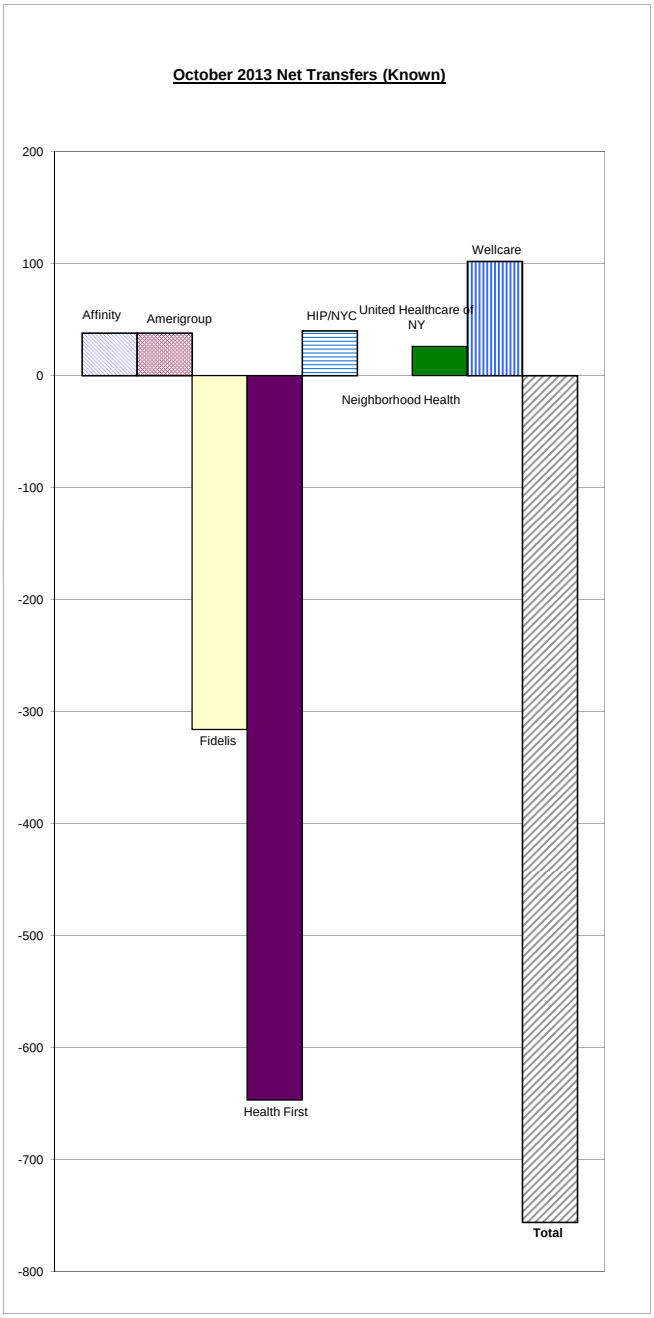
		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13
HHC	Prior Month	3,229	3,256	3,273	3,312	3,348	3,304	3,309
	New Member	42	30	44	58	19	26	4
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	15	13	5	22	63	21	24
	Adjusted	3	9	14	14	24	41	0
	Net Change	27	17	39	36	-44	5	-20
	Current Month	3,256	3,273	3,312	3,348	3,304	3,309	3,289
SNP	Prior Month	5,541	5,512	5,496	5,457	5,457	5,451	5,421
	New Member	91	92	92	103	79	89	64
	Voluntary Disenroll	41	30	44	44	32	38	25
	Involuntary Disenroll	79	78	87	59	53	81	50
	Adjusted	1	1	1	2	2	2	0
	Net Change	-29	-16	-39	0	-6	-30	-11
	Current Month	5,512	5,496	5,457	5,457	5,451	5,421	5,410
Medicare	Prior Month	6,614	6,687	6,780	6,795	6,936	7,040	7,231
	New Member	239	291	292	313	293	350	264
	Voluntary Disenroll	128	127	116	124	126	100	130
	Involuntary Disenroll	38	71	161	48	63	59	60
	Adjusted	0	0	0	0	0	0	0
	Net Change	73	93	15	141	104	191	74
	Current Month	6,687	6,780	6,795	6,936	7,040	7,231	7,305
Managed Long Term Care	Prior Month	54	99	144	198	258	288	370
	New Member	45	54	66	69	44	98	62
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	0	9	12	9	14	16	13
	Adjusted	0	0	-1	1	-1	1	0
	Net Change	45	45	54	60	30	82	49
	Current Month	99	144	198	258	288	370	419

Disenrollments TO Other Plans		Oct-13			Nov-12 to Oct-13		
		FHP	MCAD	Total	FHP	MCAD	Total
	INVOL.	0	0	0	6	42	48
	VOL.	15	120	135	178	1,417	1,595
Affinity Health Plan	TOTAL	15	120	135	184	1,459	1,643
	INVOL.	0	0	0	12	109	121
	VOL.	18	171	189	232	2,411	2,643
Amerigroup/Health Plus/CarePlus	TOTAL	18	171	189	244	2,521	2,765
	INVOL.	0	0	0	16	136	152
	VOL.	43	466	509	820	7,587	8,407
Fidelis Care	TOTAL	43	466	509	836	7,725	8,561
	INVOL.	0	1	1	21	211	232
	VOL.	75	766	841	844	10,342	11,186
Health First	TOTAL	75	767	842	866	10,554	11,420
	INVOL.	0	0	0	0	23	23
	VOL.	6	67	73	90	922	1,012
HIP/NYC	TOTAL	6	67	73	90	945	1,035
	INVOL.	0	0	0	0	9	9
	VOL.	0	0	0	40	499	539
Neighborhood Health	TOTAL	0	0	0	40	508	548
	INVOL.	0	1	1	13	445	458
	VOL.	14	79	93	166	1,373	1,539
United Healthcare of NY	TOTAL	14	80	94	179	1,818	1,997
	INVOL.	0	0	0	16	80	96
	VOL.	0	23	23	36	339	375
Wellcare of NY	TOTAL	0	23	23	52	419	471
	INVOL.	2	10	12	116	2,517	2,633
	VOL.	177	1,713	1,890	2,535	25,183	27,718
Disenrolled Plan Transfers:	TOTAL	179	1,723	1,902	2,653	27,704	30,357
	INVOL.	2	13	15	34	597	631
	VOL.	1	46	47	10	814	824
Disenrolled Unknown Plan Transfers:	TOTAL	3	59	62	44	1,413	1,457
	INVOL.	947	9,721	10,668	11,978	115,887	127,865
	UNK.	0	0	0	20	34	54
	VOL.	2	60	62	20	1,066	1,086
Non-Transfer Disenroll Total:	TOTAL	949	9,781	10,730	12,018	116,987	129,005
	INVOL.	951	9,744	10,695	12,128	119,001	131,129
	UNK.	0	0	0	22	40	62
	VOL.	180	1,819	1,999	2,565	27,063	29,628
Total MetroPlus Disenrollment:	**TOTAL**	**1,131**	**11,563**	**12,694**	**14,715**	**146,104**	**160,819**

Disenrollments FROM Other Plans	Oct-13			Nov-12 to Oct-13		
	FHP	MCAD	Total	FHP	MCAD	Total
Affinity Health Plan	16	157	173	183	1,851	2,034
Amerigroup/Health Plus/CarePlus	25	202	227	301	2,772	3,073
Fidelis Care	22	171	193	193	2,403	2,596
Health First	15	180	195	205	2,239	2,444
HIP/NYC	8	105	113	64	992	1,056
Neighborhood Health	0	0	0	112	1,080	1,192
United Healthcare of NY	8	112	120	128	1,477	1,605
Wellcare of NY	12	113	125	177	1,169	1,346
Total	106	1,040	1,146	1,363	13,983	15,346
Unknown/Other (not in total)	1,578	7,741	9,319	19,692	119,048	138,740

Data Source: RDS Report 1268a&c Updated 10/21/2013

Net Difference	Oct-13			Nov-12 to Oct-13		
	FHP	MCAD	Total	FHP	MCAD	Total
Affinity Health Plan	1	37	38	-1	392	391
Amerigroup/Health Plus/CarePlus	7	31	38	57	251	308
Fidelis Care	-21	-295	-316	-643	-5,322	-5,965
Health First	-60	-587	-647	-661	-8,315	-8,976
HIP/NYC	2	38	40	-26	47	21
Neighborhood Health	0	0	0	72	572	644
United Healthcare of NY	-6	32	26	-51	-341	-392
Wellcare of NY	12	90	102	125	750	875
Total	-73	-683	-756	-1,290	-13,721	-15,011



ICIS Program Update

Medical & Professional Affairs/IT Committee
November 7, 2013

"Make Every Click Count"

Accomplishments to Date

icis

- Epic Foundation Database has been loaded on HHC servers and is operational and accessible for HHC EITS staff members

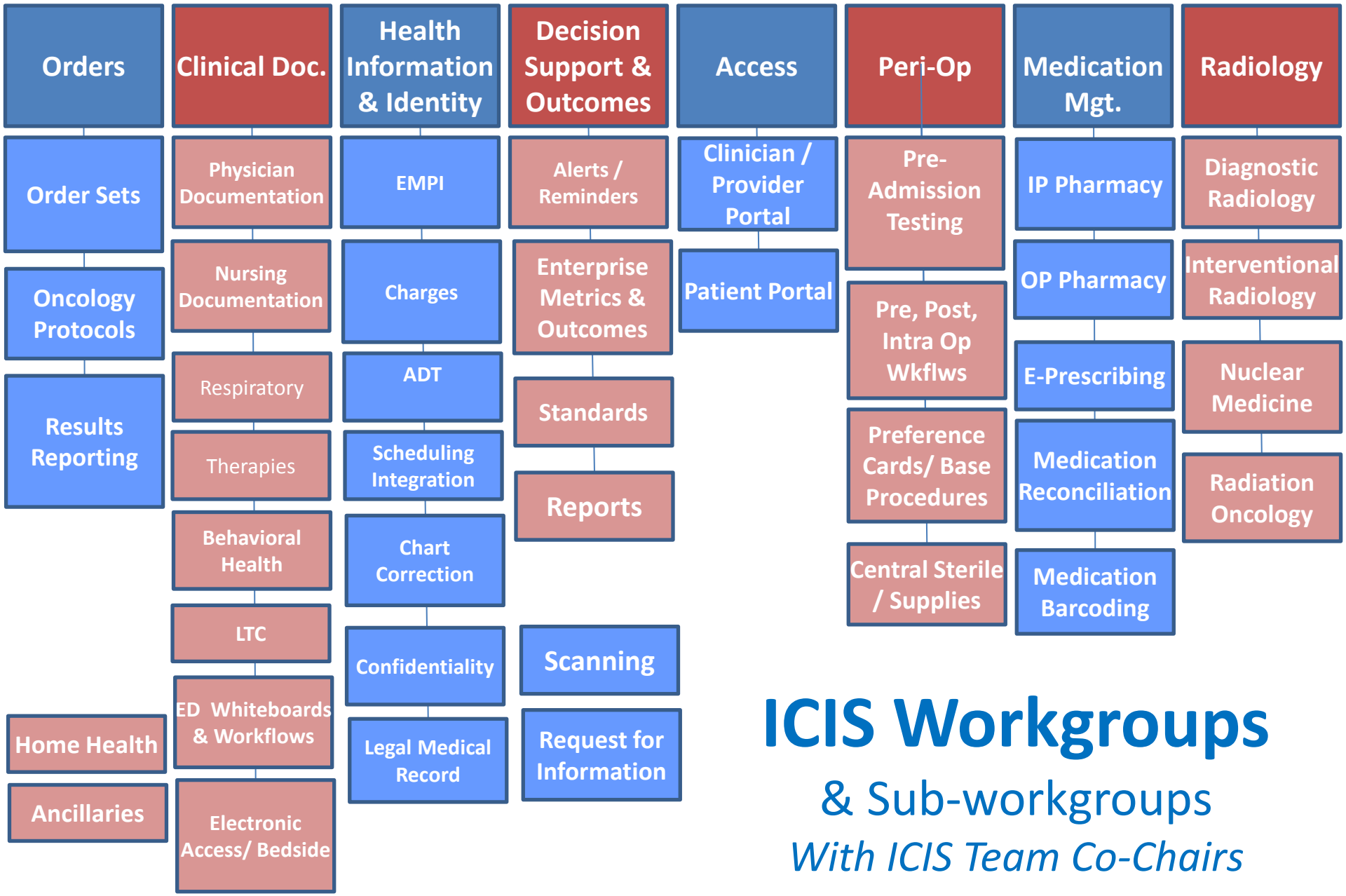
- > 95 EITS Staff have been Epic Certified in their respective modules

- Four Rounds of Workflow Preview Sessions have been completed to review the Epic Foundation functionality
  - Over 220 sessions
  - Over 2,000 workflows reviewed
  - Over 70 % consensus
  - Over 1100 Parking Lot Actions

Accomplishments to Date

icis

- Established weekly SOARIAN/ICIS leadership meetings
- Shared Soarian EMPI file
- Shared Soarian Facility Structure
- Conducted workshop on Medical Record clean-up and sustainment
- Identified charging data elements by service
- Scoped out interface issues
- Reorganized Soarian timeline to coordinate with EPIC (Elmhurst and Queens scheduled for April 2014)



ICIS Workgroups

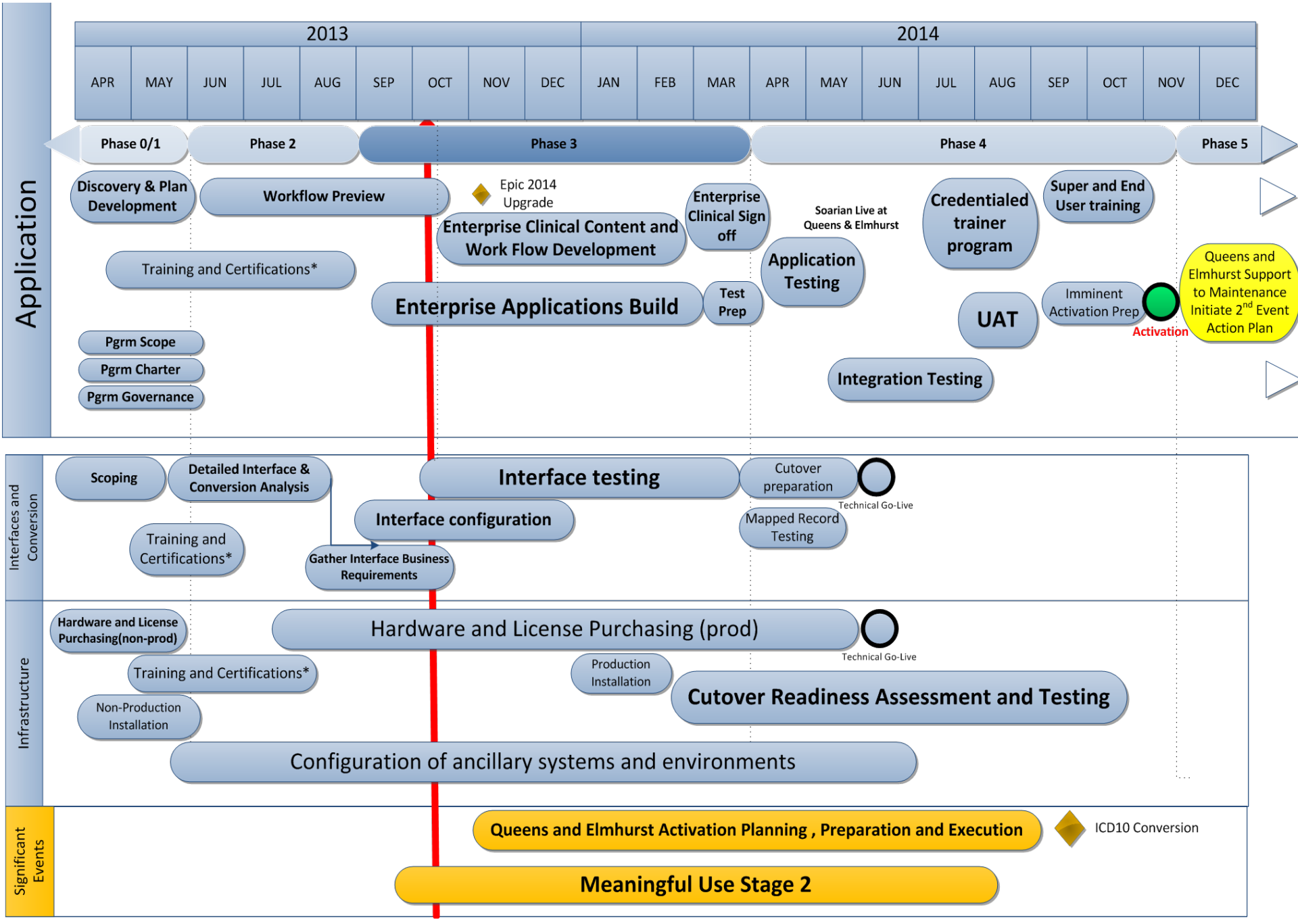
& Sub-workgroups

With ICIS Team Co-Chairs

Workgroup Focus Areas

icis

- Nursing Orders
- Policy and Procedures for Patient Portals
- Transfers and Handoffs
- Formulary Standardization
- EMPI Management
- Ambulatory Specialty Templates (Pain Mgt., WTC, Nutrition, HIV)
- Organ Procurement
- Charging
- Materials Management Linkages
- Medication Administration
- Intraoperative Orders and Blood Administration


2013
2014
APR
MAY
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JUL
AUG
SEP
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NOV
DEC
JAN
FEB
MAR
APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
DEC
Application
Phase 0/1
Phase 2
Phase 3
Phase 4
Phase 5
Discovery & Plan Development
Workflow Preview
Epic 2014 Upgrade
Enterprise Clinical Content and Work Flow Development
Enterprise Clinical Sign off
Soarian Live at Queens & Elmhurst
Credentialed trainer program
Super and End User training
Training and Certifications*
Application Testing
Enterprise Applications Build
Test Prep
UAT
Imminent Activation Prep
Activation
Queens and Elmhurst Support to Maintenance Initiate 2nd Event Action Plan
Pgrm Scope
Pgrm Charter
Pgrm Governance
Integration Testing
Interfaces and Conversion
Scoping
Detailed Interface & Conversion Analysis
Interface testing
Cutover preparation
Technical Go-Live
Interface configuration
Mapped Record Testing
Training and Certifications*
Gather Interface Business Requirements
Infrastructure
Hardware and License Purchasing(non-prod)
Hardware and License Purchasing (prod)
Technical Go-Live
Training and Certifications*
Production Installation
Cutover Readiness Assessment and Testing
Non-Production Installation
Configuration of ancillary systems and environments
Significant Events
Queens and Elmhurst Activation Planning , Preparation and Execution
ICD10 Conversion
Meaningful Use Stage 2

Soarian Next Steps

- Final Scheduling Install week of November 16, 2013
- Long Term Care Facilities installed for financials starting December 2013 concluding in February 2014
- Acute Facilities installed for financials starting April 2014 concluding in March 2015

HHC's Care Plan Management System
Deploying the Patient Portal

Paul Contino, CTO
Medical & Professional Affairs/InformationTechnology Committee
November 7, 2013

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
nyc.gov/hhc

Care Plan Management System

What it is: web-based platform providing access to care plan and care coordination transactions to the care team and to patients via respective portals

What the provider portal does: tracks patient engagement and self-management progress toward self-defined health goals

What the patient portal does: offers patients access to their care plan, discharge information, tailored preventive health recommendations, personal health information

How data is populated: either manually entered or pulled from Quadramed, UNITY and shared with the RHIO

What it is not: CPMS has patient information but it is not a full medical record

Patient Portal Deployment

- **HHC Goal: Every patient will be engaged in their care; every patient will have easy access to their health information**

- **Portal Governance will be provided by an Oversight Committee responsible for decisions regarding:**
  - Strategy for engaging patients and incorporating patient preferences in portal development
  - Recommending standard work for portal implementation and provider engagement strategies
  - Establishing unified messaging and communications about the patient portal
  - Establishing metrics for monitoring patient engagement and ensuring HHC goals and objectives are met

- **Committee Representation:**
  - Communications, Marketing, Information Technology, Consumers, Nursing and Clinical staff from inpatient and ambulatory care

HHC Challenge: Engaging both Patient & Provider

Patient Engagement Requires:

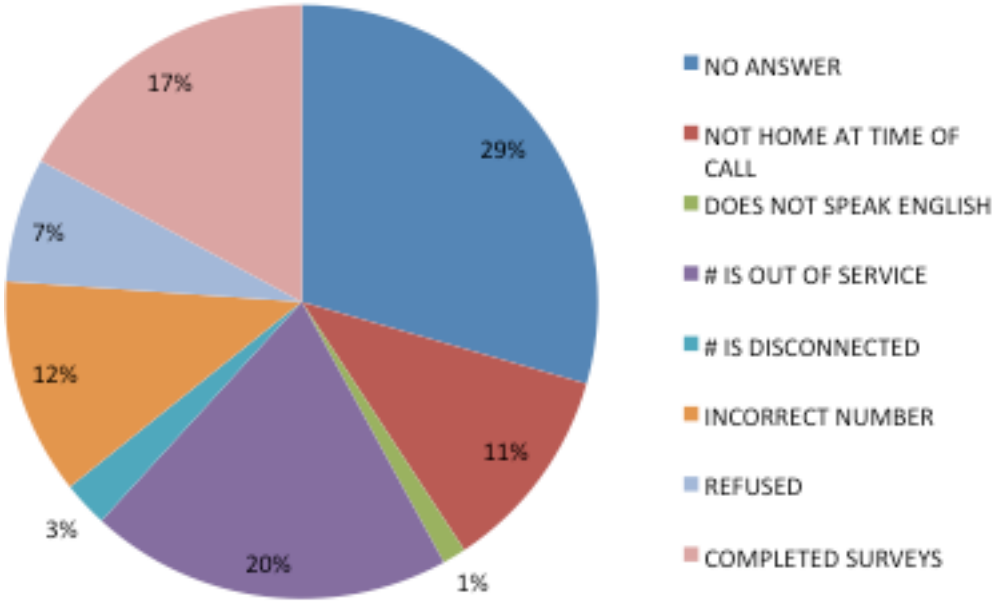
- **Process for continuous patient input in:**
  - ✓ Portal design
  - ✓ Services / Information value
  - ✓ Portal performance
- **Educating patients on use of portal**
  - ✓ Who's job will it be
  - ✓ How will it become standard work
- **Tools for educating patients**
  - ✓ Print media, video, posters, online tutorials, email, smart phone apps

Provider Engagement Requires:

- **Demonstrate how portal can be used as a patient education tool**
- **Effectively communicate how portal**
  - ✓ Benefits the patient
  - ✓ make their work easier
  - ✓ Improves patient outcomes and patient satisfaction scores
- **Make part of standard discharge process**
- **Make part of standard patient encounter**

Patient Portal Survey Results

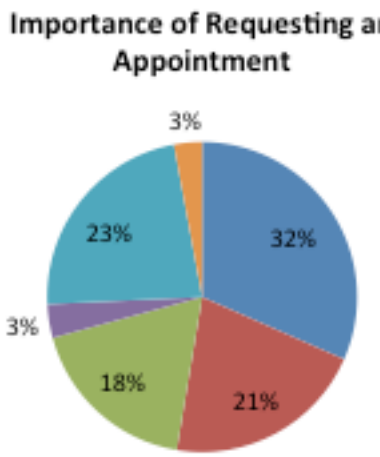
TOTAL PATIENTS CALLED	1160
COMPLETED SURVEYS	200
BREAKDOWN OF UNSUCCESSFUL OUTCOMES	960

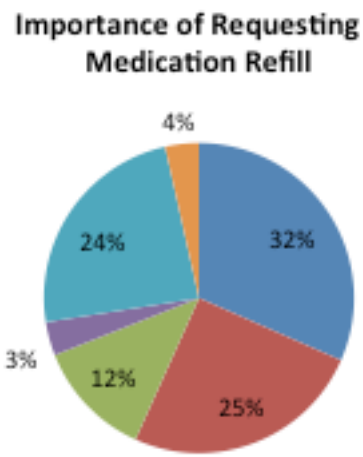


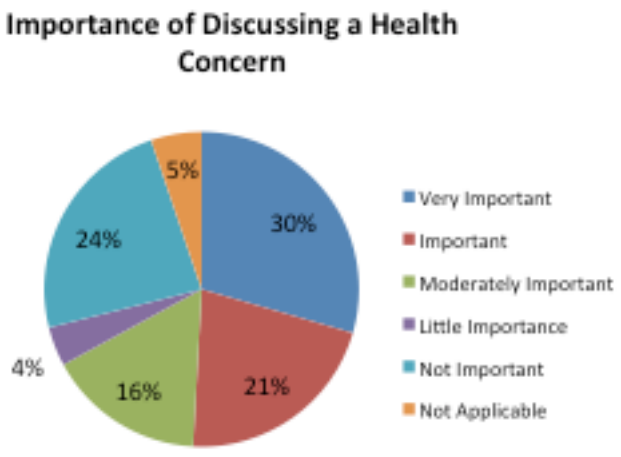
PURPOSE:
The focus of this survey was to collect PCMH patient survey responses in relation to their usage of a "patient portal". Patient portal is defined as a patient's digital access to their personal health record.

COLLECTION:
A total of 1160 patients were called to complete 200 surveys. Two hundred (200) total surveys were completed; however some patients did not answer all questions. Eight Health Home staff conducted surveys for a total of 94 hours.

Key Findings







- **70.8% of patient's say it is moderately important to very important for them to be able to request an appointment through the portal**
- **69.1% of patient's say it is moderately important to very important for them to be able to request medication refills through the portal**
- **66.1% of patient's say it is moderately important to very important for them to be able to discuss a health concern through the portal**

Additional Key Findings

- **71.7% of patient's would use the website to do the following if it could be done more quickly rather than doing so in person: refill requests, referral requests or communicate with their provider**

- **77.3% of patient's say they would attend a free training on how to use the website to improve their health**

- **72.5% of patient's want someone they trust, like a family member or close friend, to access the patient portal on their behalf**

What Patients Want

- Scheduling of Appointments
- Prescription Refills
- Communication with their Care Team / Provider
- Targeted Patient Education
- Reminders and Alerts (email, txt)

PHR Opportunities –

- eVisits - Telemedicine
- Remote Patient Monitoring

Patient Portal
DEPLOYMENT AND IMPLEMENTATION TIME LINE

- **Oct 2013** — Patient Portal Oversight Committee Established
- **Nov 2013** — Patient Portal Oversight Work Plan and Time Line approved
- **Dec 2013** — Standard Work for engaging patients in use of portal to access care plans
- **Dec 2013** — Standard Work for engaging patients in discharge process
- **Jan 2014** — Pilot Kiosk and tablets for patient portal access
- **Feb 2014** — Patients assisted in accessing patient portal prior to discharge and in ambulatory care
- **Mar 2014** — Process for reporting patient engagement on portal begins
- **Apr 2014** — Community providers offered access to care plan
- **Apr 2014** — Attestation for Meaningful Use

Measure 6 of 16 (Patient Electronic Access)

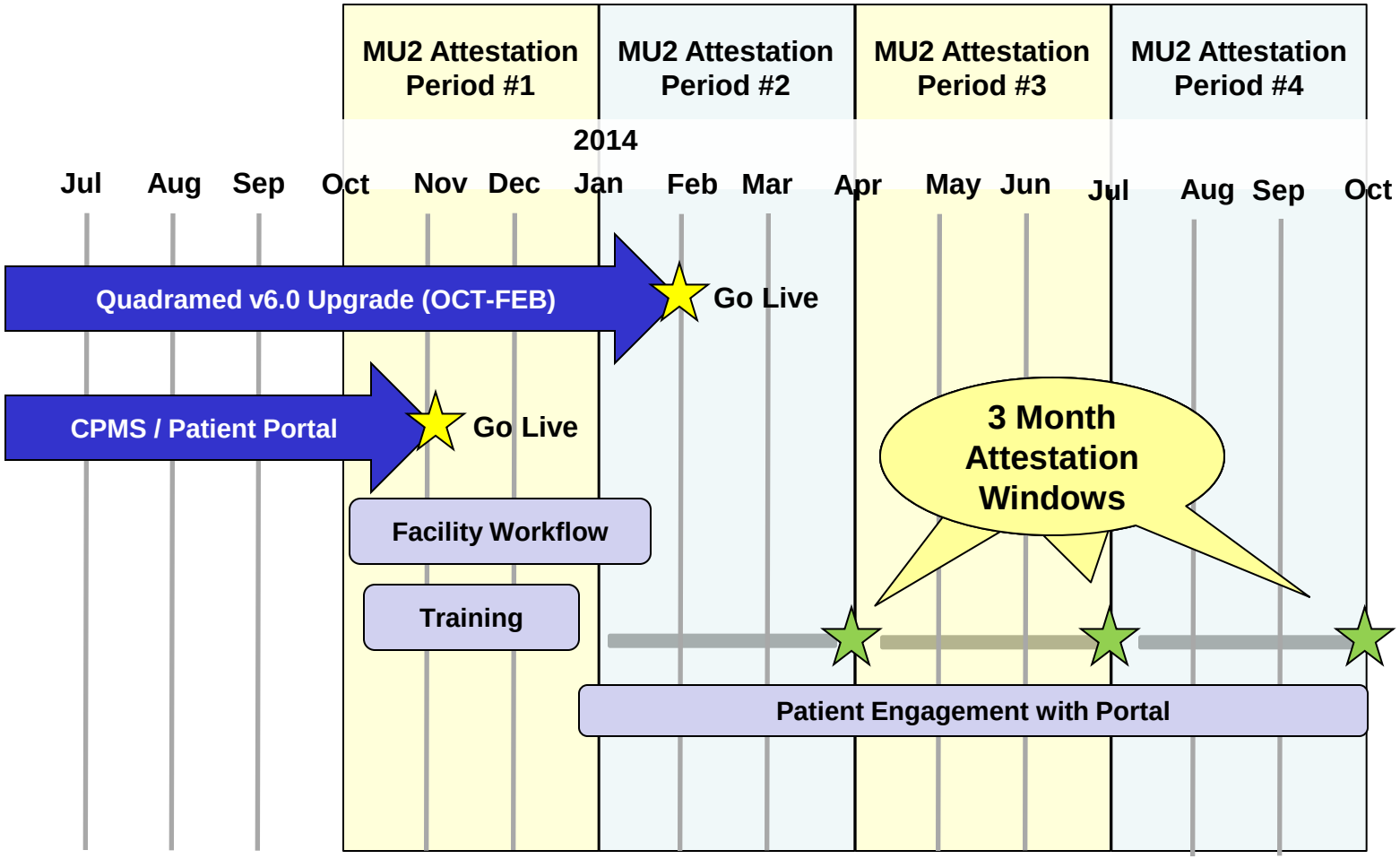
Objective: Provide patients the ability to view online, download and transmit information about a hospital admission.

Measure:

•More than 50 percent of all unique patients discharged from the inpatient or emergency departments of the eligible hospital or CAH (POS 21 or 23) during the EHR reporting period have their information available online within 36 hours of discharge.

•More than 5 percent of all unique patients (or their authorized representatives) who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH view, download or transmit to a third party their information during the EHR reporting period.

Meaningful Use Timeline Considerations



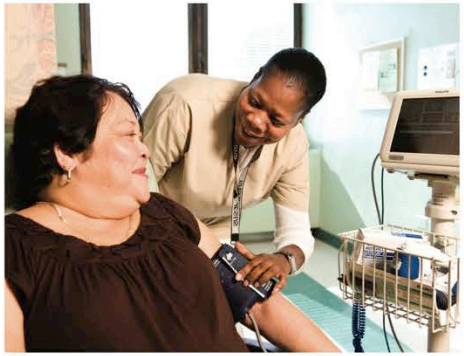
Refresh Language

HHC nyc.gov/hhc

I'm *home.*
The Patient-Centered Medical Home

POWERED BY InstantPHR™





Your Personal Health Record

A simple, powerful tool to manage your health
from the New York City Health and Hospitals Corporation (HHC)

PATIENTS

HHC can assist you in managing your health.

If you are a **RETURNING USER**
Click the **SIGN IN** button to continue to your Personal Health Record.

SIGN IN

If you are a **NEW USER**
Click the **SIGN UP** to begin your Personal Health Record.

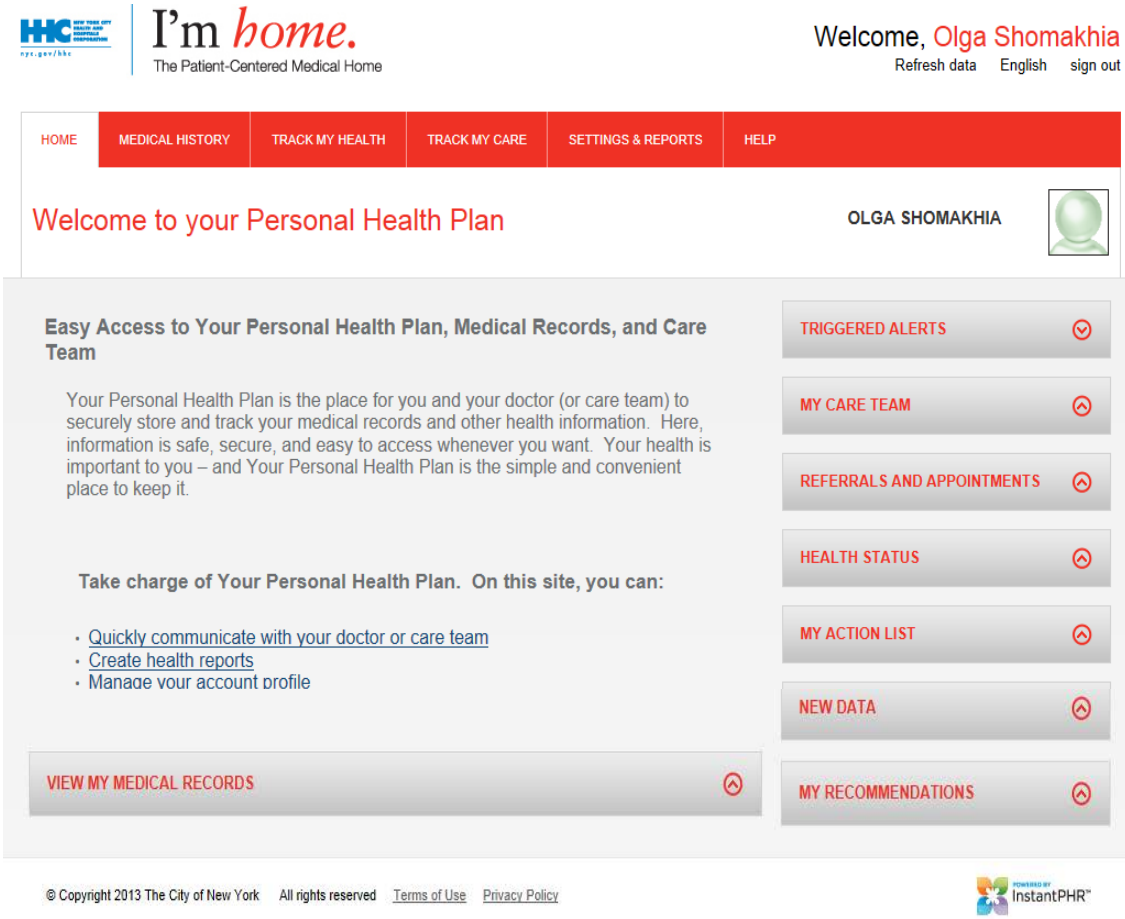
SIGN UP

PROVIDERS

HHC enables you to keep track of your clients health and help them achieve their goals.

Click the **SIGN IN** button to continue to your Personal Health Record.

SIGN IN


I'm home.
The Patient-Centered Medical Home
Welcome, Olga Shomakhia
Refresh data English sign out
HOME
MEDICAL HISTORY
TRACK MY HEALTH
TRACK MY CARE
SETTINGS & REPORTS
HELP
Welcome to your Personal Health Plan
OLGA SHOMAKHIA
Easy Access to Your Personal Health Plan, Medical Records, and Care Team
Your Personal Health Plan is the place for you and your doctor (or care team) to securely store and track your medical records and other health information. Here, information is safe, secure, and easy to access whenever you want. Your health is important to you – and Your Personal Health Plan is the simple and convenient place to keep it.
Take charge of Your Personal Health Plan. On this site, you can:
Quickly communicate with your doctor or care team
Create health reports
Manage your account profile
VIEW MY MEDICAL RECORDS
TRIGGERED ALERTS
MY CARE TEAM
REFERRALS AND APPOINTMENTS
HEALTH STATUS
MY ACTION LIST
NEW DATA
MY RECOMMENDATIONS
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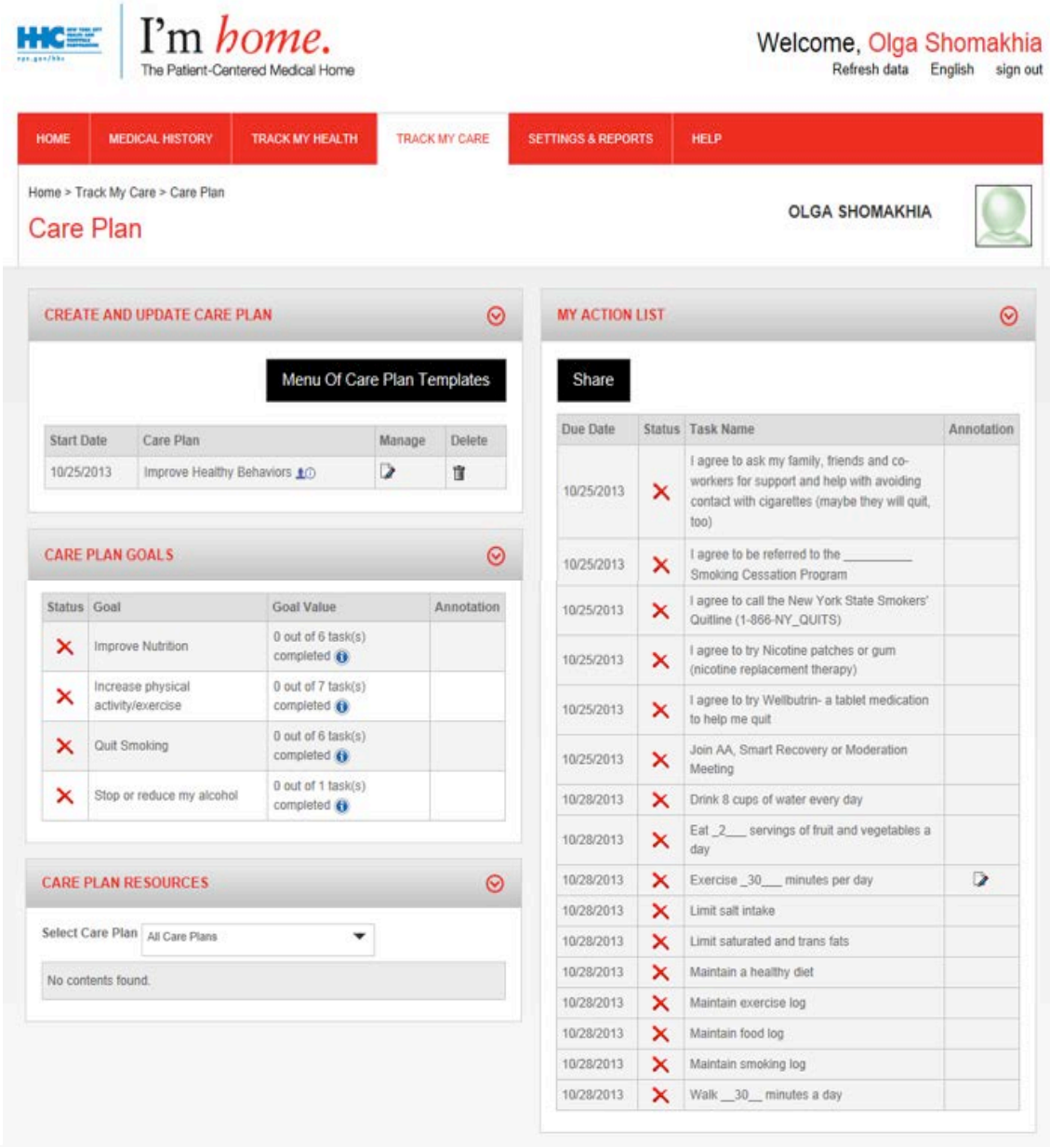
InstantPHR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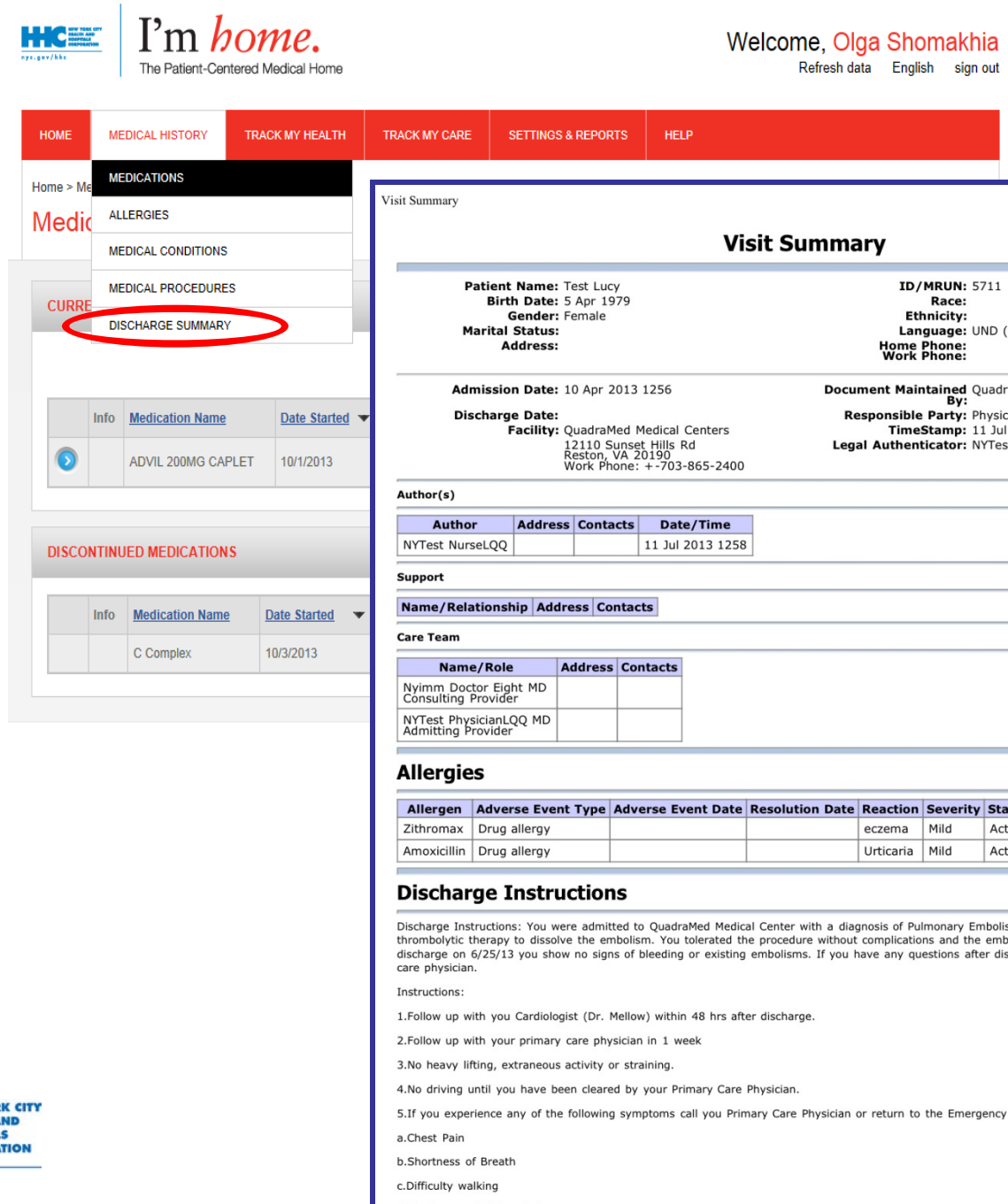
Welcome, Olga Shomakhia
Refresh data English sign out
HOME
MEDICAL HISTORY
TRACK MY HEALTH
TRACK MY CARE
SETTINGS & REPORTS
HELP
Home > Track My Care > Care Plan
Care Plan
OLGA SHOMAKHIA
CREATE AND UPDATE CARE PLAN
Menu Of Care Plan Templates
Start Date
Care Plan
Manage
Delete
10/25/2013
Improve Healthy Behaviors
CARE PLAN GOALS
Status
Goal
Goal Value
Annotation
Improve Nutrition
0 out of 6 task(s) completed
Increase physical activity/exercise
0 out of 7 task(s) completed
Quit Smoking
0 out of 6 task(s) completed
Stop or reduce my alcohol
0 out of 1 task(s) completed
CARE PLAN RESOURCES
Select Care Plan
All Care Plans
No contents found.
MY ACTION LIST
Share
Due Date
Status
Task Name
Annotation
10/25/2013
I agree to ask my family, friends and co-workers for support and help with avoiding contact with cigarettes (maybe they will quit, too)
10/25/2013
I agree to be referred to the _____ Smoking Cessation Program
10/25/2013
I agree to call the New York State Smokers' Quitline (1-866-NY_QUITS)
10/25/2013
I agree to try Nicotine patches or gum (nicotine replacement therapy)
10/25/2013
I agree to try Wellbutrin- a tablet medication to help me quit
10/25/2013
Join AA, Smart Recovery or Moderation Meeting
10/28/2013
Drink 8 cups of water every day
10/28/2013
Eat _2___ servings of fruit and vegetables a day
10/28/2013
Exercise _30___ minutes per day
10/28/2013
Limit salt intake
10/28/2013
Limit saturated and trans fats
10/28/2013
Maintain a healthy diet
10/28/2013
Maintain exercise log
10/28/2013
Maintain food log
10/28/2013
Maintain smoking log
10/28/2013
Walk __30__ minutes a day



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Services

Questions & Answers