AGENDA

MEDICAL AND PROFESSIONAL AFFAIRS/ INFORMATION TECHNOLOGY COMMITTEE

Meeting Date: December 13, 2012
Time: 10:00 AM
Location: 125 Worth Street, Room 532

BOARD OF DIRECTORS

CALL TO ORDER	**DR. STOCKER**
ADOPTION OF MINUTES *-October 11, 2012*	
CHIEF MEDICAL OFFICER REPORT	**DR. WILSON**
CHIEF INFORMATION OFFICER REPORT	**MR. ROBLES**
METROPLUS HEALTH PLAN	**DR. SAPERSTEIN**

ACTION ITEMS:

1. Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to purchase storage hardware, software, and associated maintenance through New York State Office of General Services (OGS) contract (s) from manufacturers and various authorized resellers on an on-going basis in an amount not to exceed $6,600,000 for a one year period.	**MR. ROBLES**
2. Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to purchase the EMR Project Hardware Platform through New York State Office of General Services (OGS) contract (s) from IBM and various authorized resellers in an amount not to exceed $21,900,000 for a five year period.	**MR. ROBLES**
3. Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to purchase computer workstations, laptops, and IT peripherals for the entire Corporation through Third Party Contract (s) from various vendors on an on-going basis in an amount not to exceed $8,500,000, over a 12 month period.	**MR. ROBLES**

INFORMATION ITEMS:

1. Behavioral Health	**MS. WALE/ DR. WILSON**
2. Nursing Sensitive Indicators	**MS. JOHNSTON/ DR. WILSON**

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

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NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

MINUTES

MEDICAL AND PROFESSIONAL AFFAIRS/ INFORMATION TECHNOLOGY COMMITTEE BOARD OF DIRECTORS

Meeting Date: October 11, 2012

ATTENDEES

COMMITTEE MEMBERS:

Michael A. Stocker, MD, Chairman
Alan D. Aviles
Josephine Bolus, RN
Christina Jenkins, MD
Amanda Parsons, MD (representing Thomas Farley, MD)

OTHER BOARD MEMBERS PRESENT:

Ian Hartman O'Connell (representing Linda Gibbs, Deputy Mayor)

HHC CENTRAL OFFICE STAFF:

Florence Burrell, Director, Clinical Affairs
Deborah Cates, Chief of Staff, Board Affairs
Christina Coiro, Director, Office of Research Management
Corey Cush, Assistant Vice President, Infrastructure Services
Juliet Gaengan, Senior Director, Clinical Affairs
Paul Contino, Chief Technology Officer
Marisa Salamone-Greason, Assistant Vice President, EITS
Lauren Johnston, Senior Assistant Vice President/Chief Nursing Officer, Patient Centered Care
Mei Kong, Assistant Vice President, Patient Safety
Robert Kurtz, MD, Senior Clinical Advisor, Office of Health Care Improvement
JoAnn Liburd, Senior Director, Accreditation & Regulatory Services
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
Susan Meehan, Assistant Vice President, Medical & Professional Affairs
John Morley, MD, Deputy Chief Medical Officer
Charlotte Neuhaus, Senior Management Consultant, Corporate Planning Services
Bert Robles, Chief Information Officer
Salvatore Russo, Senior Vice President & General Counsel, Legal Affairs
Brenda Schultz, Senior Director, IT Financial Management
Ross Wilson, MD, Senior Vice President/Corporate Chief Medical Officer
Marlene Zurack, Senior Vice President & Chief Financial Officer

FACILITY STAFF:

Machelle Allen, MD, Associate medical Director, Bellevue Hospital Center
Ernest Baptiste, Executive Director, King County Hospital Center
Marie Elivert, Sr. AED, Queens Hospital Center
Elizabeth Gerdts, Chief Nursing Officer, North Central Bronx Hospital
John Maese, MD, Chief Medical Office, Coney Island Hospital
Sharon Neysmith-Crawford, Sr. AED, Woodhull Medical & Mental Health Center
George Proctor, Senior Vice President, Central & Northern Brooklyn Network
Arnold Saperstein, Executive Director, MetroPlus Health Plan, Inc.
Denise Soares, Executive Director, Harlem Hospital Center
Arthur Wagner, Senior Vice President, Southern Brooklyn/SI Network
William Walsh, Senior Vice President, North Bronx Healthcare Network

OTHERS PRESENT:

Moira Dolan, Senior Assistant Director, DC 37, Research & Negotiations Department
Melissa Dubowski, Analyst, Office of Management and Budget
Scott Hill, Account Executive, QuadraMed Corp.
Richard McIntyre, Key Account Executive, Siemens
Megan Meagher, Analyst, Office of Management and Budget
Tamara Robinson, CIR/SEIU

**MEDICAL AND PROFESSIONAL AFFAIRS/
INFORMATION TECHNOLOGY COMMITTEE
Thursday, October 11, 2012**

Michael A. Stocker, MD, Chairman of the Board, called the meeting to order at 12:41 P.M. The minutes of the September 20, 2012 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. Meningococcal Vaccination Campaign

At the request of Commissioner Farley, HHC is participating in an effort to vaccinate a sub-population of HIV+ patients against meningococcal disease, following a cluster of cases. The DOHMH is publicizing the effort with the recommendation that HIV+ men consult with their primary physician to obtain the vaccine but if they either do not have a primary care physician, or the PCP does not have the vaccine, it can be obtained at HHC HIV clinics. This effort is projected to last approximately 6 months.

This is a different clinical problem than the publicly reported meningitis cases due to fungal contamination of a methylprednisolone preparation, that has been used for epidural injection in pain management. HHC facilities have not purchased that preparation from the implicated supplier, and hence no HHC patient has been injected with the preparation.

2. Office of Emergency Management

September 2012 marks the ninth annual National Preparedness Month, sponsored by the Federal Emergency Management Agency (FEMA) in the US Department of Homeland Security. One goal of Homeland Security is to educate the public about how to prepare for emergencies, including natural disasters, mass casualties, biological and chemical threats, radiation emergencies, and terrorist attacks.

Throughout September there were activities held across the country to promote emergency preparedness. More than 3,000 organizations – national, regional, and local public and private organizations – are supporting emergency preparedness efforts and encouraging all Americans to take action.

The focus of this year's National Preparedness Month is building a community approach to emergency management, "from Federal, State, local, and tribal governments to the private sector, nonprofits, and faith based organizations, and the general public."

To support this initiative, HHC facilities conducted various educational and training programs and/or distributed information regarding personal preparedness (Ready campaign which includes information on communications, having a plan, go bag and sheltering in place).

Disasters can strike at any time. HHC emergency preparedness efforts are conducted year round to improve our ability to respond to all hazards events. Hospital specific readiness efforts included conducting mass casualty exercises, hospital specific training (Haz Mat decontamination, Hospital Emergency Response Team – HERT), and FEMA on-line training.

Lincoln Medical & Mental Health Center conducted a Mass Casualty/Patient Surge exercise with a Metro North train wreck scenario with 87 casualties presenting in the Emergency Department. 25 senior staff members participated along with ED, Ambulatory Care, and Finance Registration Departments.

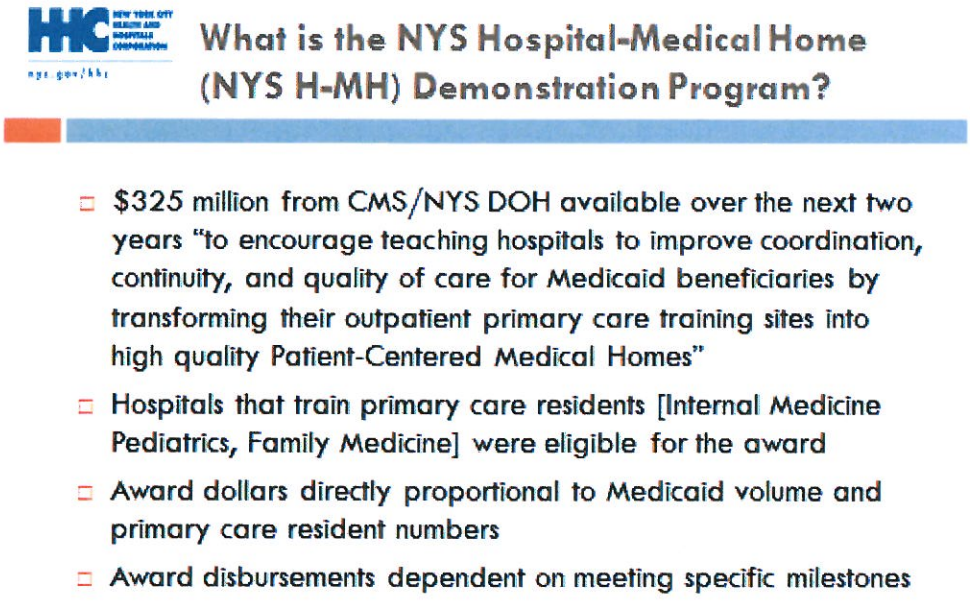
Elmhurst Hospital Center and Queens Hospital Center participated in a Mass Casualty/Patient Surge exercise along with other partners in the Queens County Emergency Preparedness Healthcare Coalition (QCEPHC). 10 hospitals participated in the exercise. The scenario was multiple explosions in a major Queen's subway station with street and building collapses. In addition, Queens Hospital Center distributed Family Preparedness Plan information and emails to all staff.

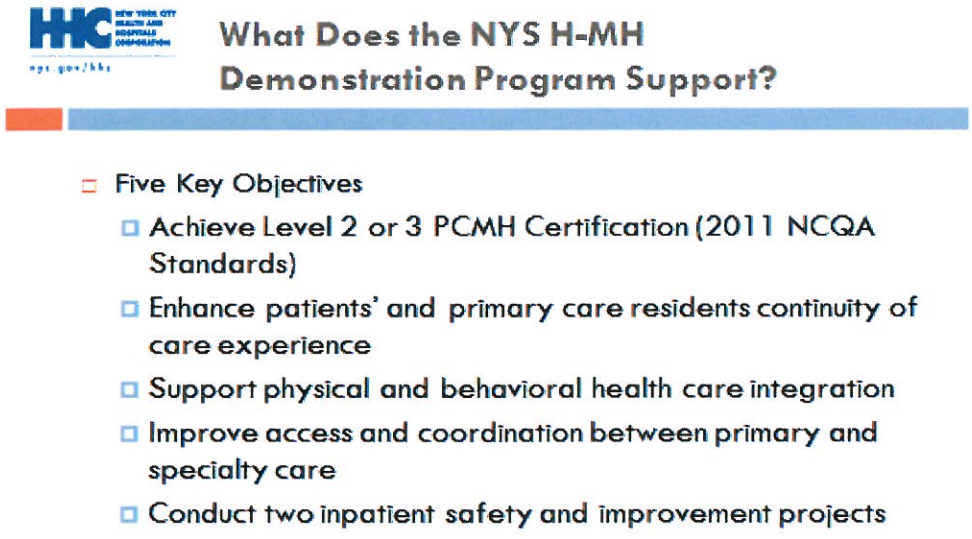
Metropolitan Hospital Center conducted a drill with the Metropolitan Transportation Authority (MTA) and the Second Avenue subway contractors.

Woodhull Medical & Mental Health Center activated their Command Center for a planned electrical system repair. They used the activation as a training opportunity for staff. They also distributed Ready NY information to staff and visitors in the main lobby and had a guest speaker from the Counterterrorism Division of the NYPD present to staff on Active Shooter Incidents. A Go Bag was given to staff that correctly responded to a questionnaire on community and home emergency preparedness.

3. NY State DOH Hospital-Medical Home Demonstration Project

HHC has been successful is attracting more than $20m in funding for our facilities to further the work on Patient Centered Medical Home (PCMH). Details below:





4. The HHC Hypertension Control Initiative

As part of our work on improving outcomes for patients with chronic disease, the following initiative is part of the HHC 2012-2015 Hoshin Kanri strategic initiatives. This builds on considerable work over the past 6 years and the development of a registry for hypertension, hyperlipidemia and diabetes. A brief summary follows:

Aim: To achieve benchmark performance in hypertension control at HHC: 80% of HHC patients at target within 3 years.

Current State: 44% of HHC patients without diabetes are controlled. 38% of diabetics have BP <130/80 (approximately 65-70% of diabetics have BP below the less stringent cutoff of 140/90).

Overarching Strategy: To build upon the platform of PCMH at HHC to implement integrated best practice strategies for *all* chronic illnesses, starting with hypertension and then proceeding to diabetes, hyperlipidemia, depression and other prevalent chronic illnesses.

Key Elements of Care:

Element of Care	Description	Rationale
Audit/Feedback	Automated reporting of performance metrics at the patient, physician, and facility level; provision of feedback to physicians	• Identify and target low performing PCPs • Identify high risk populations
Treat-to-Target	Pathways in which RNs work closely with	• Achieve target rapidly

Collaborative Team Care	patients to achieve chronic illness control: • Adjust medication under direction of PCP, based on PCP's care plan • Frequent monitoring of BP (e.g. every 2 weeks) until control is achieved	• Not dependent on PCP access
Adherence Counseling and Education	Standard approach to identifying and addressing causes of adherence	• Large % of uncontrolled BP is due to medication non-adherence • Uncovering and promoting adherence requires specific skill development
Self-Management Support	• Home blood pressure monitoring • Lifestyle coaching	• Home monitoring improves adherence/engagement

METROPLUS HEALTH PLAN, INC.

Dr. Arnold Saperstein, Executive Director, MetroPlus Health Plan, Inc. presented to the Committee. Dr. Saperstein informed the Committee that the total plan enrollment as of September 27, 2012 was 435,564. Breakdown of plan enrollment by line of business is as follows:

Medicaid	369,107
Child Health Plus	15,383
Family Health Plus	36,267
MetroPlus Gold	3,087
Partnership in Care (HIV/SNP)	5,766
Medicare	5,954

Dr. Saperstein reported that this month, MetroPlus lost 2,546 members. MetroPlus's largest loss was in their Medicaid line of business. MetroPlus lost 15 Medicare enrollees.

Dr. Saperstein provided the Committee with 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.

In the last two months, MetroPlus lost 2,018 members to Fidelis Care and 2,076 members to Health First. This month, their loss decreased slightly from last month; 890 members to Fidelis Care and 975 members to Health First. After more research, while it appears that the MetroPlus dental transition to Healthplex in July may have been a contributing factor, we are still working to identify other potential causes for these significant losses. The losses are not focused at any particular provider site.

At the end of August, MetroPlus completed a telephone survey to assess the disenrollment reasons for the initial loss of membership to Health First and Fidelis Care. A segment of MetroPlus's disenrolled members were successfully contacted. Approximately half of the members that MetroPlus contacted that disenrolled to Fidelis Care stated that they left MetroPlus because their dentist was not in the Healthplex network. Approximately one-third the members that MetroPlus contacted that disenrolled to Health First stated they left MetroPlus because their dentist was not in the Healthplex network. MetroPlus's hope is that the losses due to dental will now subside in the fourth month after transitioning to Healthplex.

MetroPlus continues to work to meet the HHC Enterprise goal of doubling the current Medicare membership. To date, MetroPlus' Medicare growth has been modest and they are currently implementing strategies to increase their membership. This Fall, in addition to MetroPlus' usual print ad campaigns in newspapers and subway advertisements, they will be launching a Spanish language television campaign on Telemundo and Univision. The television ads will run for 11 weeks, airing for four weeks this Fall and resuming in late Winter/early Spring 2013.

Industry-wide, it has been proven that member retention and member satisfaction in Medicare markets are closely tied to constant 'touches' to the membership. The MetroPlus retention department will be increasing the number of 'touches' to our Medicare membership this open enrollment season.

Additionally, the MetroPlus Medicare marketing team will be offering lunch and learn activities in HHC facilities to increase referrals of dual eligible members. HHC data shows that there are approximately 20,000 dual-eligible members receiving services at HHC that are eligible to join MetroPlus. These lunch and learn activities are designed to educate the staff about MetroPlus and its relationship to HHC and institute referral processes to allow MetroPlus marketing staff to educate this eligible membership on their options. This Fall, the HHC facilities will be sending a mailing to the same dual eligible members signed by the facility Chief Medical Officers encouraging them to explore their options for joining a Medicare managed care plan.

Each year before a CMS Medicare bid is submitted, MetroPlus completes a detailed analysis of the benefit packages offered by competitive managed care plans in their market. For 2013, MetroPlus's benefit package is competitive to others in the market.

Each year, CMS posts quality ratings of Medicare Advantage Programs based on a star scale to provide Medicare beneficiaries information about plans offered in their area. MetroPlus has just been certified as a 3-star plan for 2013. In general, MetroPlus scored well on the measures related to clinical care, but scored poorly on measures related to access. In 2013, MetroPlus will receive 3.0% Quality Bonus Payment and 58.3% rebate percentage. The rebate amount decreased from 2012 where MetroPlus received a 66.7% rebate percentage. MetroPlus must be certified as a 4 –star plan in 2015 in order to receive a Quality Bonus Payment. Plans with less than 4- stars will not receive a Quality Bonus Payment.

MetroPlus continues to work very closely with HHC towards the successful implementation of the HHC Health Home. To date, there are 29 MetroPlus members in the HHC Health Home. MetroPlus has 15 members which are billable to the State. The remaining 14 members are in CIDP/COBRA case management programs, which are billed directly by HHC. MetroPlus expects to increase MetroPlus membership in the HHC Health Home in the coming months.

Dr. Saperstein is happy to report that MetroPlus has executed a contract with the state to initiate a Managed Long Term Care plan. MetroPlus will begin educating the public of this new benefit immediately and will begin enrollment on November 1, 2012.

CHIEF INFORMATION OFFICER REPORT

Bert Robles, Chief Information Officer provided the Committee with updates on the following initiatives:

1. Electronic Medical Record- Next Steps

At the September 27th Board meeting, HHC's Board of Directors unanimously voted to approve a resolution authorizing HHC to contract with the EPIC Corporation to provide HHC with a new Electronic Medical Record System. However, this decision is contingent upon review by the Procurement Review Board following a complaint issued by Allscripts.

Notwithstanding this review, Enterprise IT Services (EITS) is moving aggressively with the planning process. As outlined to this committee and to the full Board last month, several additional contracts will be presented to the Board of Directors through the course of the implementation. We anticipate early on that there will be a sole source contract for Electronic Prescribing Provider estimated at $5 million; Device Integration Software and related services estimated at $32 million; initial hardware installation estimated at $68 million; Medical library references (also due for renewal) of $10 million; and a requirements contract for Professional Services to support implementation estimated at $40 million/year over five years. In addition, additional space will be required to house new staff specifically hired for the EMR implementation.

2. Soarian Go-Live at Coney Island Hospital

Soarian went live at Coney Island Hospital on Monday, September 24th. This implementation was the culmination of months of preparation which included training staff, building scheduling templates, working on PC configuration and connectivity issues. Over 250 users at the facility were trained along with an off-site vendor that does scheduling for some clinics, and the number of users continues to grow daily. Overall, the transition proved to be very smooth and users are scheduling appointments without disruption.

A team of Siemens project/support staff along with Revenue Management was on site for the week to resolve any issues encountered by the CIH staff. As with any implementation, some of the challenges identified either prior or during the go-live have been resolved while others continue to be worked on.

Following the Coney Island go-live, Gouverneur is scheduled next on October 15th followed by Bellevue on October 29th and Metropolitan on November 12th. A full Soarian update will be presented to this Committee at the November 20th meeting.

3. Meaningful Use (MU) –Year 2 of Stage 1

HHC is in Year 2 of Stage I of Meaningful Use and will continue to maintain MU measures for the next twelve (12) months. HHC has already achieved $17million of $30 million incentive dollars for the first year. However, in order to qualify for all of the incentive money, HHC must meet all nineteen (19) objectives for the entire year. We continue to work to actively meet the Stage 2 requirements in the latter part of calendar year 2013. We will keep the Board apprised of our progress.

4. EITS Workforce Development-Roll-Out of SkillSoft On-Line Training:

As part of the overall Corporate Workforce Development initiative, EITS implemented an IT Training and Professional Development program for its 600+ full time staff located at Central Office and all HHC facilities. The program includes foundational and advanced courses, aimed at further developing core competencies needed to support HHC's strategic goals and was designed to help individuals build technical, desktop, business and professional development skills. As the program matures instructor-led courses will be developed and offered to employees as well.

SkillSoft was selected as EITS' e-learning vendor, providing more than 2600 courses, including various certification tracks. As part of the program, EITS employees are also eligible to use SkillSoft's Books 24x7, which provides online access to thousands of digital titles on a variety of useful topics. Staff can access the Skillsoft courses and Books 24x7 either at work or from home. All EITS staff was provided an overview of the program at their specific sites as well as a one (1) hour introductory session on how to access the on-line program.

Deployment of this program to HHC Central Office and facilities began in early May 2012 and was completed on August 31st.

ACTION ITEM:

1. Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to negotiate and execute a renewal and amendment to the contract with SunGard Availability Services renewal and amendment to the contract with SunGard Availability Services (SunGard) for an alternate data center for disaster recovery, business continuity and associated professional services. Funding for the four-year renewal term per the Corporation's exercise of its renewal options under the existing contract is $5,321,880 annually, for a total amount not to exceed $25,550,000 which includes a 20% contingency of $4,262,480.

The Corporation currently uses SunGard as its alternate data center under an existing contract originally awarded via a Greater New York Hospital Association (GNYHA) contract. SunGard hosts mission critical servers and computer systems for the Corporation. It is a Tier 4 Backup Data Center. Data center tier standards measure the quality and reliability of a data center's server hosting ability. Tier 4 data centers are considered the most robust and are less prone to failures. SunGard has provided customized solutions for the Corporation for the last five years without any service interruption.

It will cost approximately $43 million to build a replacement data center and migrate the current data center to a new facility. Such a migration would take between eighteen months to two years to complete. The cost to migrate to another existing data center site versus building a new data center would be approximately $26 million. Not securing a contract with the existing back up site data center would also present a potential financial risk up to $60 million in lost Federal incentives stemming from the Electronic Medical Record program.

Due to the cost to build a replacement Tier 4 Backup Data Center, the cost to migrate off the current SunGard Tier 4 Backup Data Center to a new facility, and the need for additional power for new Information Technology capital projects including the Electronic Medical Record (EMR), renewing the SunGard contract is in the best interests of the Corporation.

This presentation and the accompanying resolution requests approval to negotiate and execute a renewal and amendment to the contract with SunGard Availability Services (SunGard) for an alternate data center for disaster recovery and business continuity including cabinet space, caged cabinets, power, cabling, and professional services. Funding for the four-year renewal term per the Corporation's exercise of its renewal options under the existing contract is $5,321,880 annually, for a total amount not to exceed $25,550,000 which includes a 20% contingency of $4,262,480.

The contingency is needed if the Corporation requires additional power and space to support growth, and in the event of an emergency, to enable the Corporation to secure managed services for disaster recovery.

The resolution was approved for the full Board of Directors consideration.

INFORMATION ITEM:

1. HHC Patient Satisfaction

Presenting to the Committee was Lauren Johnston, Senior Assistant Vice President/Chief Nursing Officer, Office of Patient Centered Care. Press Ganey has been HHC's partner in our survey process since January

2012. Both emergency department (ED) and outpatient tools are proprietary so I cannot go back to compare how we were using Health Stream data. Ms. Johnston provided the Committee with a slide that displayed the emergency department (ED) overall adult patient satisfaction scores for the first half of 2012 from the Press Ganey (PG) database which represents more than 1,600 hospitals across the county – see attachment A. {Note: this data is for adult patient's only, behavioral health and pediatrics has been separated out]. ED patient satisfaction mean scores for the questions asked in the survey ranged from 67 to 77.9. The data shows we are holding steady between the 1st quarter and second quarter of 2012 and learning how to use this tool and how to spread this information out to staff. The question categories included: overall assessment; personal issues; personal/insurance information; family or friends; tests; doctors; nurses; arrival. See Attachment B for details.

The recommended focus section for each facility is outpatient access. The following four questions make up the access section of the survey: ease of getting through to the clinic on the phone; convenience of office hours; ease of scheduling your appointment; and courtesy of staff in the registration area. The peer group comparison uses the ALL facilities database which consists of 778 facilities across the country. The data shows a little gab but with a trend upwards through August 2012. The next slide illustrated additional questions asked in the outpatient setting such as: overall assessment at 78.4; personal issues at 80.9; care provider at 79.6 and access at 69.7. Was encouraged to see these scores as a little progress is being made, but it is still a little too soon to tell as we considered the first quarter as a transition due to some data transfer issues which are resolved, the sample sizes are larger than they use to be with old vendor but we are encouraged that we are making progress.

The Value Based Purchasing initiative is specifically targeted on the inpatient care and there is far more control over what we ask our patients and the manner in which we ask them on the inpatient side – it is very regulated. This is the CMS mandated survey that will ultimately be used to determine how much reimbursement will be at risk at the facility level, ie. Value Based Purchasing (VBP). Current VBP performance period is April 1 – December 31, 2012. January 1, 2013 starts new performance period to determine amount of DRGs at risk for 2015 payments. Data is represented as "Top Box" which is the percent of patients who gave you the highest score of the scale. This is the only score that CMS uses. This data is only rated 9-10 and applies to the 'rate the hospital' question. The peer group comparison uses the ALL Press Ganey Database which consists of 1724 hospitals and health systems across the country. Attachment C provides the rating on the questions required by CMS.

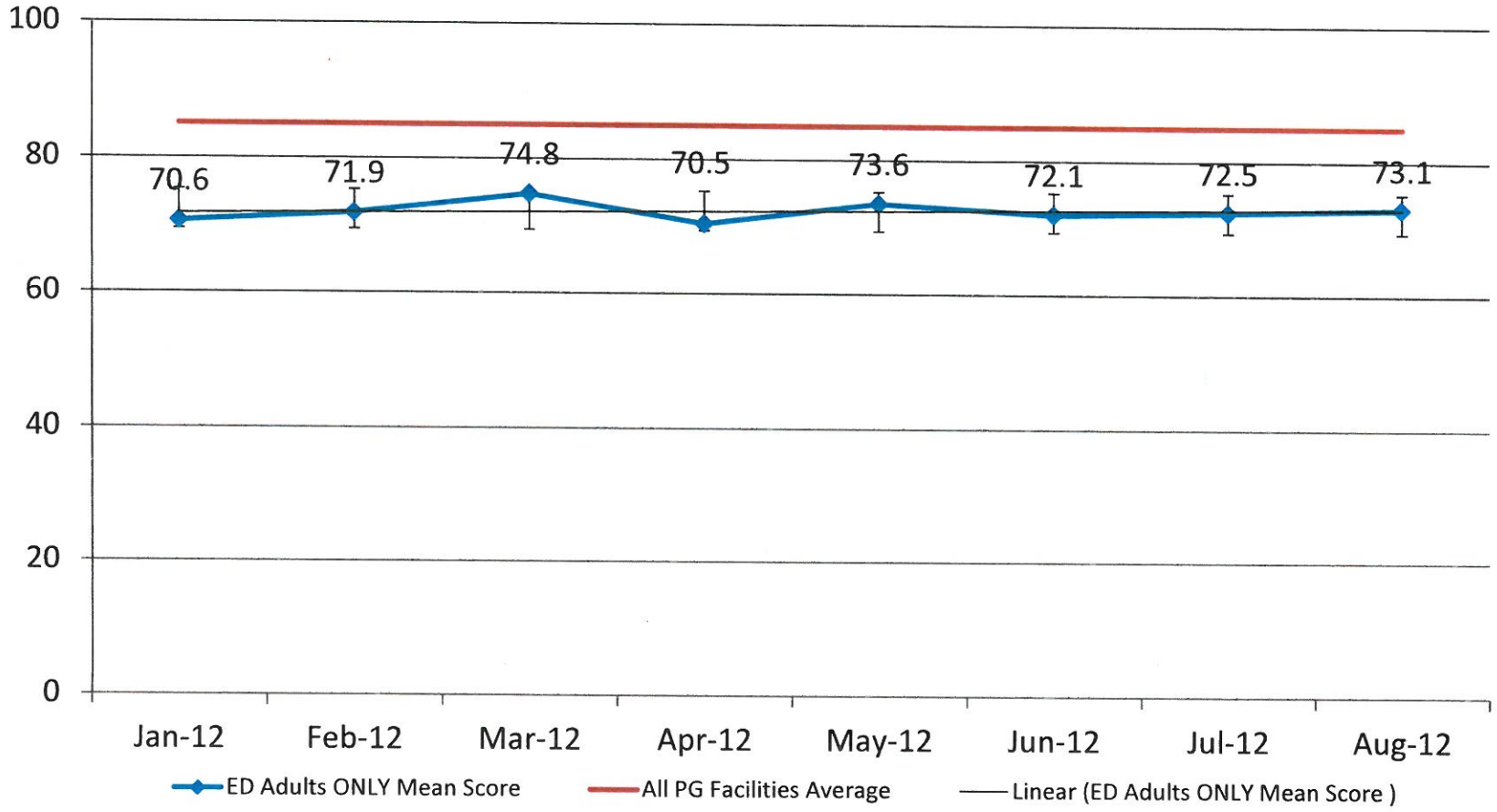
The next several slides demonstrated the overall ratings per borough as publically reported by CMS in September 2011 as follows: Coney Island Hospital, Kings County Hospital and Woodhull Medical & Mental Health Center rated the highest out of the 13 Brooklyn hospitals; Elmhurst and Queens Hospital Centers were ranked 2nd and 3rd out of the 8 hospitals in Queens; Metropolitan Hospital Center was 6th, Bellevue Hospital Center was 8th and Harlem Hospital Center was ranked 9th out of the 12 hospitals in Manhattan; and North Central Bronx Hospital rated 1st, Jacobi Medical Center 3rd, and Lincoln Medical and Mental Health Center as 4th out of the seven hospitals in the Bronx. Our goal is to meet or exceed the U.S. average of 68% versus the New York State rate of 60%. Source of data was pulled from www.hospitalcompare.hhs.gov on 10/2/2012.

Ms. Johnston then provided the Committee with an update on the action plan for 2012 –2013. The selection and engagement of the new patient experience survey vendor (Press Ganey) occurred in December 2011. Parameters for surveying patients was reviewed and revised in January 2012. The number of languages in which surveys will be offered to better meet the needs of patients was expanded in March 2012. The survey sample size was expanded and behavioral health patient surveys were added. Leadership and staff education regarding patient centered care mission and newly available management tools available through Press Ganey began March 2012. Determination of 2013 goals and priority focus areas occurred in September 2012. Harlem Hospital Center and Metropolitan Hospital Center were selected as pilot facilities for dedicated

improvement work in September 2012. The 2013 inpatient priority focus areas are: focus question is 'Rate hospital 9-10'; goal – 50th Percentile All PG Database = 69.3 Top Box; and key drivers include nurse/physician communication and responsiveness of hospital staff. The 2013 outpatient focus areas are: focus section = access; goal – 50th Percentile All Facilities Database = 87.8 Mean Score; and the key drivers are east of getting through to the clinic on the phone, ease of scheduling your appointment and courtesy of staff in the registration area. The 2013 emergency department priority focus areas are: focus section is overall assessment; Goal – 50th percentile all PG database = 85 Mean Score; and the key drivers include waiting time before staff noticed your arrival, waiting time before you were brought to the treatment area, waiting time in the treatment area before you were seen by a doctor, and information about waits and delays.

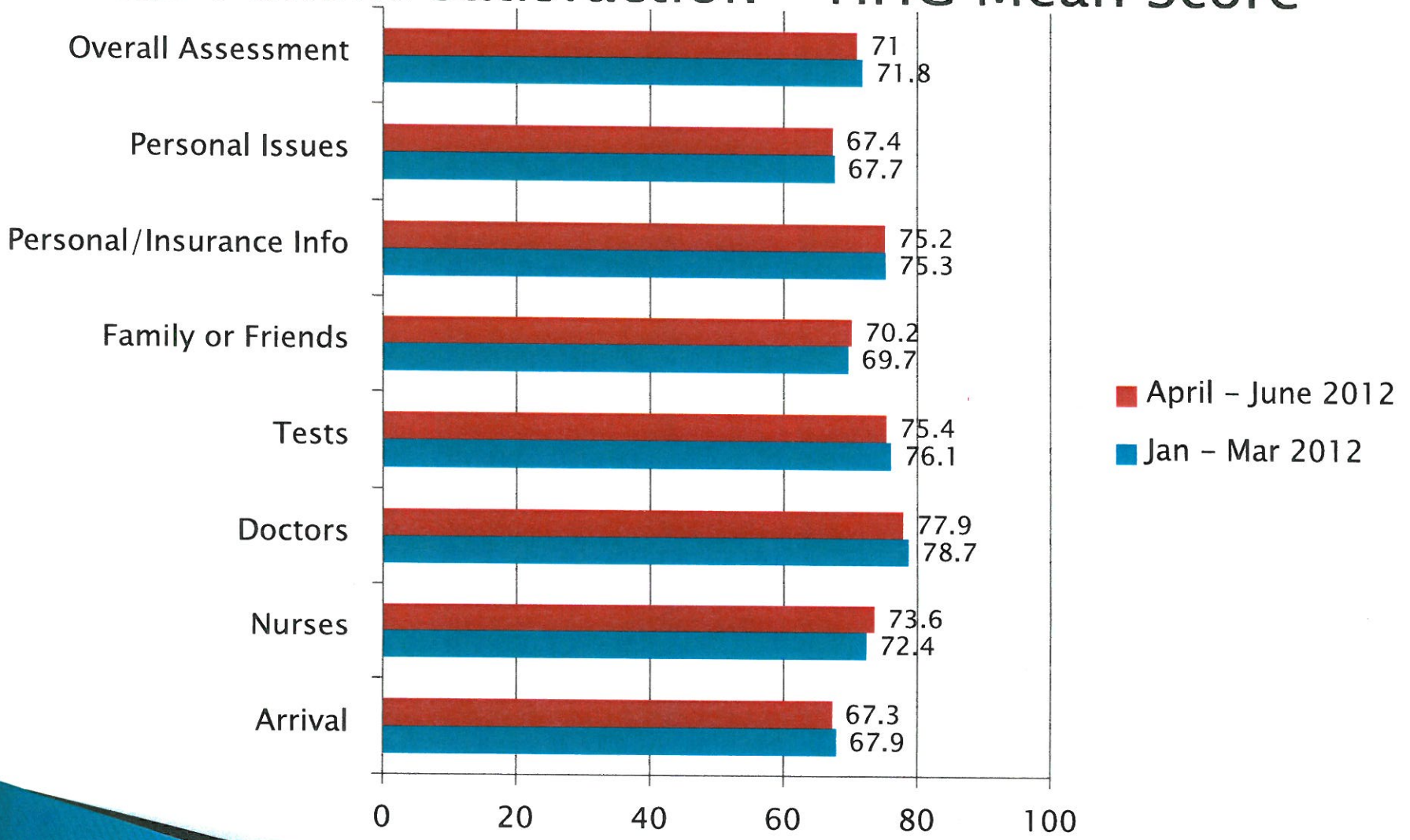
There being no further business the meeting adjourned at 1:56 P.M.

Attachment A
ED Overall Patient Satisfaction
Corporate-wide



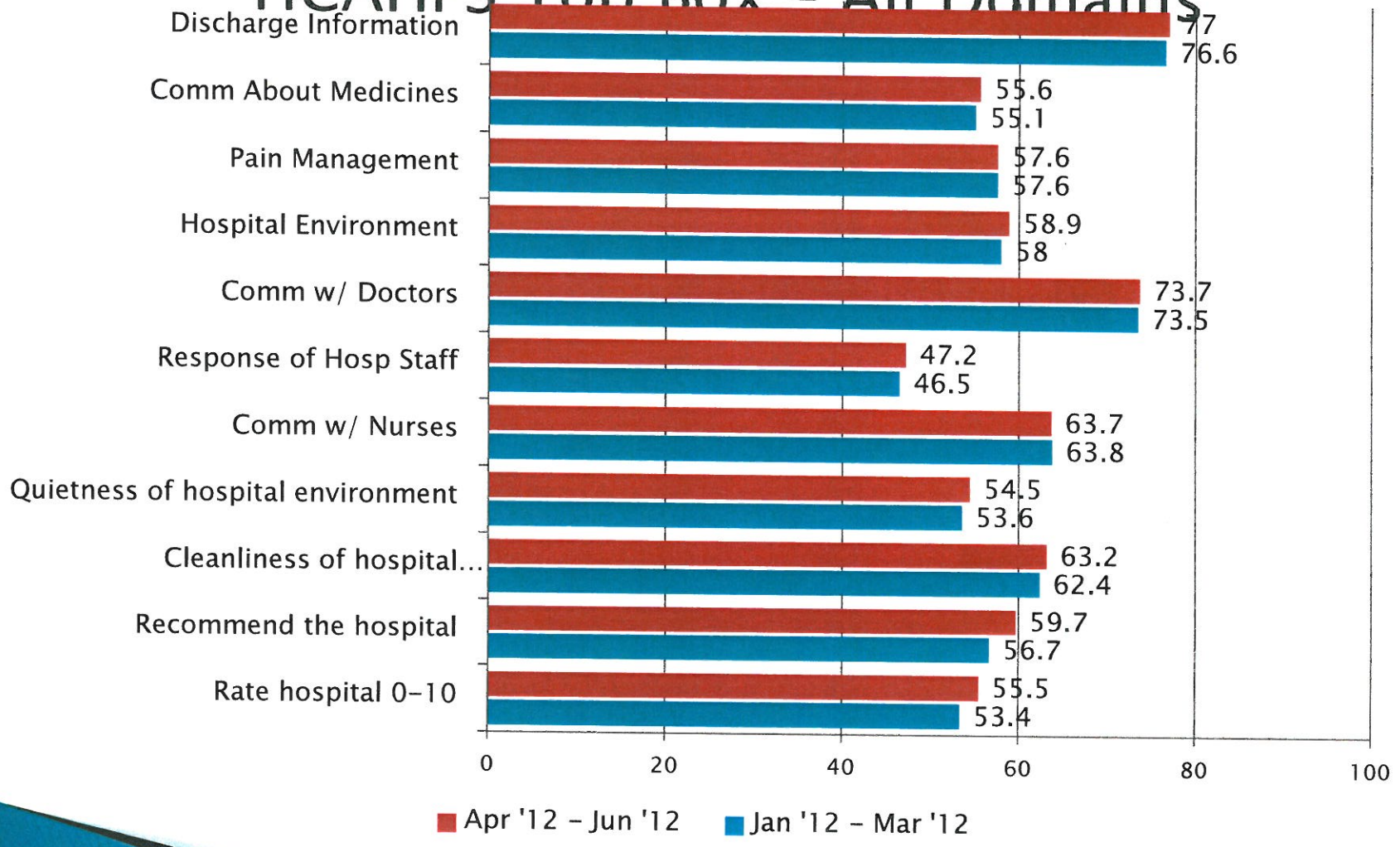
*Adult Patients Only
*Data displayed by Discharge Date
*YTD 2012 as of August 31, 2012
*All PG Facilities represent [illegible] throughout the US who use Press [illegible]

Attachment B
ED Patient Satisfaction - HHC Mean Score



*Adult Patients Only
*Data displayed by Discharge Date

Attachment C
Inpatient Satisfaction
HCAHPS Top Box – All Domains



*Data displayed by Discharge Date
*YTD 2012 as of August 31, 2012

Bert Robles
Senior Vice President, Information Technology Services
Report to the M&PA/IT Committee to the Board
Thursday, December 13, 2012 – 10:00 AM

Thank you and good morning. I would like to provide the Committee with the following updates:

1. <u>Hurricane Sandy:</u>

I want to publicly commend the EITS staff for their dedication and hard work during the past month in dealing with the destruction and displacement caused by Hurricane Sandy and her aftermath. As all HHC employees rose to the challenge and showed their dedication and perseverance in dealing with the events that followed, the EITS staff came together and went above and beyond the call of duty. As our emergency disaster plans went into effect, Central Office IT staff, Network CIOs and EITS staff at the facilities worked tirelessly to ensure that systems remained on line so that all HHC staff could remain connected. We witnessed first hand what procedures worked for us as well as what we need to improve so that we can be better prepared the next time a disaster strikes. Hospital EITS staff opened their facilities to their displaced colleagues and welcomed them, offering them a place to work from. I am grateful for everyone's assistance and appreciate the work accomplished by the EITS staff during this disaster.

2. Availability of Records During Hurricane Sandy:

Prior to Hurricane Sandy, the EITS team developed a portal which provided the ability for HHC provides and staff to access HHC applications from remote HHC facilities and alternate locations. We could not have anticipated the critical impact of having this capability for staff, providers and patients in order to maintain the continuum of care once Sandy hit.

For HHC, when power was unavailable in some sites, this allowed the care providers to look to other areas within the hospital to access patient information. When patients and/or staff were relocated to other locations, this same solution allowed for the care of patients to be on-going without interruption regardless of patient and/or provider locations.

In addition, a unique patient care situation arose during the storm where chart review access was needed by non-HHC physicians outside of the HHC network to ensure the appropriate care for a highly critical patient. EITS quickly responded to this call and made available the technology for the providers to review charts electronically outside of the HHC network. In the end, the technical restrictions placed on the non-HHC physician's by their computer system would not allow them to access the charts. Ultimately, these providers relied on phone conversations with HHC providers, staff and family members to get the necessary information. However, technology restrictions aside, EITS was prepared and able to facilitate the access of necessary clinical information needed for patient care to outside providers.

3. PeopleSoft Employee Self-Service (ESS) Deployment Progress:

I'd like to report that Phase I of PeopleSoft Employee Self-Service (ESS) was successfully deployed on Monday, October 29th in three (3) Pilot networks: Central Office, North Brooklyn and Queens Health Networks. ESS allows HHC employees in these three networks to review and update their personal information and perform actions such as:

- Name, address, emails and ethnicity changes
- Emergency contact information updates
- View current job information
- Enroll and modify health benefits
- View and update dependent information
- Attach scans of supporting documentation (i.e., SSN card, birth certificates and marriage licenses)

The second phase of ESS is currently being worked on and will be deployed on February 25, 2013 which will include new functionality. This will include:

- Updates to the employee's profile (i.e., degrees, licenses, certifications)
- Life and job events that effect benefits (i.e., marriage, birth, adoption)
- Performance documents (employees will be to view their current and past performance evaluations)
- Independent learning (Once Employees have met with their managers, they will be able to enroll themselves in training on the PeopleSoft Enterprise Learning Management (ELM) System.

Deployment of PeopleSoft ESS will continue throughout 2013, with all HHC networks gaining access and having the ability to utilize these services. The PeopleSoft team continues to look to expand application functionality and deploy additional self service modules. Analysis and requirements gathering are underway.

We will keep the Board apprised of our progress.

4. Electronic Protected Health Information (ePHI) Encryption Progress:

In an effort to ensure **HIPAA compliance** and to **protect sensitive data** including electronic Protected Health Information (ePHI) from unauthorized access resulting from a **loss or theft** of a desktop, laptop, or any other removable media device, Enterprise IT Services also initiated an enterprise encryption project in conjunction with the Windows 7 project. To date we have encrypted over 19,000 workforce computing devices (**19,031 corporate workstations** and **330 laptops**) and have also standardize encryption on any removable media device (i.e., **thumb drives** and **portable hard drives**). We also anticipate this project being completed by the 2nd quarter of 2013 which will significantly improve our security posture and lower or risk of any sensitive or protected health information failing into the wrong hands.

As mandated by **Operating Procedures 250-16**, **19,** and **20,** the Corporation backup policy includes a requirement that we encrypt backups for all systems containing ePHI and confidential information that are sent to

off-site storage in event of disaster. At the present time, we are encrypting 882 out of 918 (**business** and **clinical**) systems which means **96%** of our electronic patient health information and confidential files are secured. For the remaining 4% (**36** systems), there are a series of issues stemming from old technology and applications which do not support encryption to the Food and Drug Administration regulated software and hardware. FDA regulated equipment will not allow non-approved software to be installed unless it is first tested and approved by the FDA which can be a lengthy process. We are currently working with non-compliant vendors to explore different options, such as application version upgrades and architectural changes to their application, which will allow us to incorporate the backup of those systems into our Enterprise Backup Environment.

This completes my report to the Committee today. Thank you.

MetroPlus Health Plan, Inc.
Report to the
HHC Medical and Professional Affairs Committee
December 13th, 2012

Total plan enrollment as of November 26th, 2012 was 439,703. Breakdown of plan enrollment by line of business is as follows:

Medicaid	373,229
Child Health Plus	15,514
Family Health Plus	35,983
MetroPlus Gold	3,097
Partnership in Care (HIV/SNP)	5,741
Medicare	6,139

This month, we added 2,862 members. We experienced a modest gain in Medicare, gaining 113 enrollees.

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.

As of October 29th, MetroPlus operations were severely impacted by Hurricane Sandy. Our main offices at 160 Water Street were inaccessible due to flooding and damage, and we will be unable to return to the building until at least February 2013. Immediately following the hurricane, MetroPlus formed an Incident Management Team and I assigned MetroPlus COO, Stanley Glassman to lead the team. MetroPlus instantly began implementing our previously designed business resumption plan and worked day and night to resume our operations. We initially used our answering service to accept all incoming calls which were then elevated to key staff members via cell phone. We were able to resume our Call Center Operations at SunGard in Carlstadt, New Jersey by the Monday following the storm. The call volume was extremely high, up to 10,000 customer service calls per day.

Due to a partial failure in our backup server at SunGard, we needed to move our main server from the 160 Water Street location to Carlstadt, NJ so that we would have access to all of our data and phone systems. The move was successful and within the week after the storm, we had access to all of our data systems. Our phone systems though were only accessible at SunGard locations. We are porting all of our phone numbers away from Verizon to Optimum lightpath which will allow us to resume our phone operations at other locations. Due to this limitation, we currently have 150 Customer Service and Utilization management staff working at Carlstadt, NJ, and 135 Claims, Eligibility and HIV Services staff working at the Long Island city location of SunGard.

HHC has been very generous to open their doors to displaced MetroPlus staff and we have our other business functions operating out of Kings County Hospital, Woodhull Hospital, Elmhurst Hospital, 125 Worth Street, and 346 Broadway.

The staff working out of Carlstadt, New Jersey have had to endure very long commutes each day. We have arranged for several round trip rides in buses from various points in the City to the facility, as well as breakfast and lunch served daily for all of the staff working out of the SunGard locations. In an effort to regroup, consolidate our business functions, and eliminate hardship for our staff, MetroPlus sub-leased temporary space at 40 Wall Street.

On a much more positive note, I am thrilled to report that The New York State Department of Health released the 2012 Consumer's Guide to Medicaid Managed Care in New York City. MetroPlus is again the #1 rated plan in New York City based on Quality of Care and Patient Satisfaction. This makes us the #1 plan in New York City for seven out of the last eight years. This is quite an accomplishment. Through these results, MetroPlus Health Plan proves again its relentless commitment to providing members with high quality care and customer satisfaction.

In October, MetroPlus was preparing for our 2012 Article 44 audit on November 26th- November 30th, 2012. Because of the storm, the state has delayed our audit until 2013. MetroPlus was also preparing for a November 14th, 2012, CMS financial audit. This audit was also delayed until 2013.

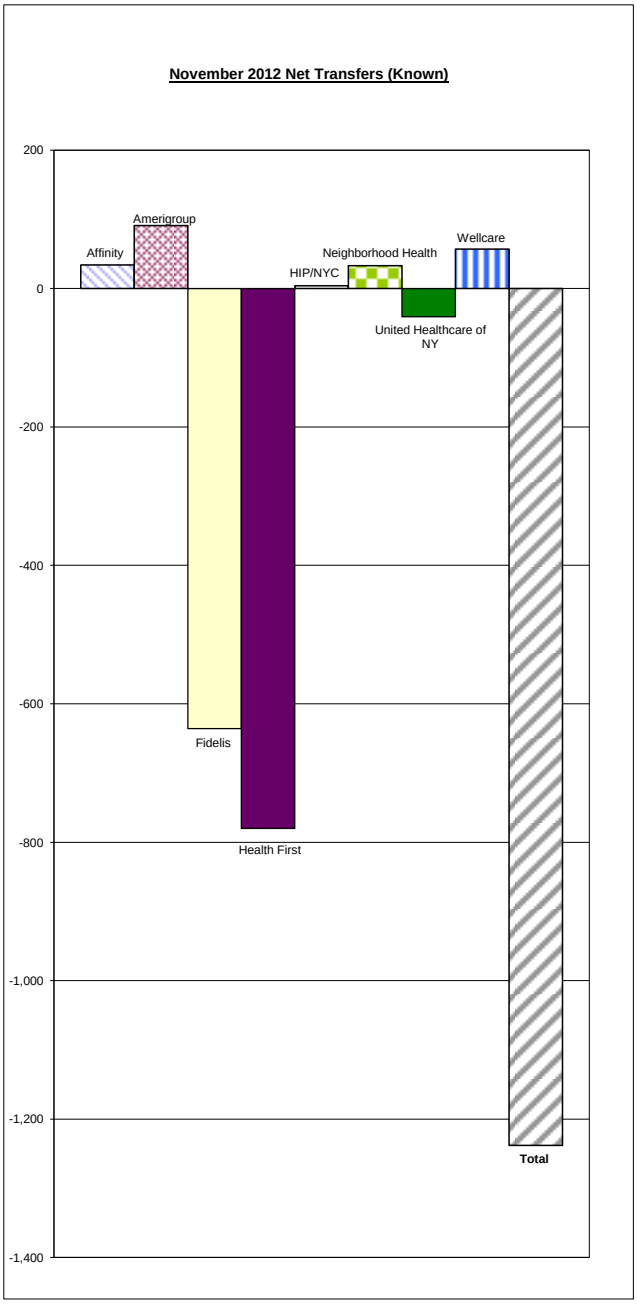
Last month, CMS had issued guidance that Plans need to file with CMS by November 14th if we intend to expand our service area or offer a new product type for 2014. MetroPlus successfully filed our proposal for the CMS dual eligible demonstration project. In addition, the New York State Department of Health also submitted a proposal. In that way, MetroPlus has the opportunity to participate both directly with CMS, and through the New York State program.

Disenrollments TO Other Plans		Nov-12			Dec-11 to Nov-12		
		FHP	MCAD	Total	FHP	MCAD	Total
	INVOL.	0	0	0	0	2	2
	VOL.	21	150	171	153	1,342	1,495
Affinity Health Plan	TOTAL	21	150	171	153	1,344	1,497
	INVOL.	0	0	0	3	20	23
	VOL.	17	210	227	217	2,590	2,807
Amerigroup/Health Plus/CarePlus	TOTAL	17	210	227	220	2,610	2,830
	INVOL.	0	0	0	0	13	13
	VOL.	76	869	945	671	5,513	6,184
Fidelis Care	TOTAL	76	869	945	671	5,526	6,197
	INVOL.	0	0	0	3	30	33
	VOL.	63	927	990	678	7,982	8,660
Health First	TOTAL	63	927	990	681	8,013	8,694
	INVOL.	0	0	0	0	3	3
	VOL.	16	90	106	141	1,019	1,160
HIP/NYC	TOTAL	16	90	106	142	1,022	1,164
	INVOL.	0	1	1	1	7	8
	VOL.	11	169	180	158	1,443	1,601
Neighborhood Health	TOTAL	11	170	181	159	1,451	1,610
	INVOL.	0	0	0	0	6	6
	VOL.	20	144	164	146	1,072	1,218
United Healthcare of NY	TOTAL	20	144	164	146	1,078	1,224
	INVOL.	0	0	0	2	11	13
	VOL.	2	45	47	24	320	344
Wellcare of NY	TOTAL	2	45	47	26	331	357
	INVOL.	0	1	1	9	92	101
	VOL.	226	2,604	2,830	2,188	21,281	23,469
Disenrolled Plan Transfers:	TOTAL	226	2,605	2,831	2,198	21,375	23,573
	INVOL.	5	32	37	56	520	576
	VOL.	13	127	140	177	1,033	1,210
Disenrolled Unknown Plan Transfers:	TOTAL	18	159	177	234	1,555	1,789
	INVOL.	928	9,146	10,074	13,171	118,436	131,607
	UNK.	0	0	0	33	90	123
	VOL.	0	53	53	92	1,632	1,724
Non-Transfer Disenroll Total:	TOTAL	928	9,199	10,127	13,296	120,158	133,454
	INVOL.	933	9,179	10,112	13,236	119,048	132,284
	UNK.	0	0	0	35	94	129
	VOL.	239	2,784	3,023	2,457	23,946	26,403
Total MetroPlus Disenrollment:	**TOTAL**	**1,172**	**11,963**	**13,135**	**15,728**	**143,088**	**158,816**

Disenrollments FROM Other Plans	Nov-12			Dec-11 to Nov-12		
	FHP	MCAD	Total	FHP	MCAD	Total
Affinity Health Plan	15	190	205	260	2,602	2,862
Amerigroup/Health Plus/CarePlus	36	282	318	569	5,018	5,587
Fidelis Care	24	285	309	193	2,482	2,675
Health First	18	192	210	210	2,471	2,681
HIP/NYC	4	106	110	85	1,334	1,419
Neighborhood Health	19	195	214	241	2,220	2,461
United Healthcare of NY	5	118	123	117	1,331	1,448
Wellcare of NY	18	86	104	242	1,438	1,680
Total	139	1,454	1,593	1,917	18,896	20,813
Unknown (not in total)	1,791	13,735	15,526	23,756	143,720	167,476

Data Source: RDS Report 1268a&c Updated 11/27/2012

Net Difference	Nov-12			Dec-11 to Nov-12		
	FHP	MCAD	Total	FHP	MCAD	Total
Affinity Health Plan	-6	40	34	107	1,258	1,365
Amerigroup/Health Plus/CarePlus	19	72	91	349	2,408	2,757
Fidelis Care	-52	-584	-636	-478	-3,044	-3,522
Health First	-45	-735	-780	-471	-5,542	-6,013
HIP/NYC	-12	16	4	-57	312	255
Neighborhood Health	8	25	33	82	769	851
United Healthcare of NY	-15	-26	-41	-29	253	224
Wellcare of NY	16	41	57	216	1,107	1,323
Total	-87	-1,151	-1,238	-281	-2,479	-2,760



MetroPlus Health Plan

New Member Transfer From Other Plans

	2011_12		2012_01		2012_02		2012_03		2012_04		2012_05		2012_06		2012_07		2012_08		2012_09		2012_10		2012_11		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	
Affinity Health Plan	17	189	13	207	19	191	20	254	30	242	38	296	26	239	21	180	23	200	23	212	15	202	0	2	2,659
Amerigroup/Health Plus/CarePlus	40	418	39	445	43	347	55	558	63	494	77	614	74	551	45	373	47	342	30	333	20	263	0	4	5,275
Fidelis Care	18	216	17	183	10	171	16	209	17	190	27	225	11	199	6	159	22	222	14	215	11	209	2	17	2,386
Health First	13	198	22	164	8	188	17	250	20	214	19	253	25	213	13	213	20	244	22	177	13	165	1	17	2,489
HIP/NYC	5	104	11	97	8	89	10	128	7	118	5	130	7	130	9	95	7	112	8	128	4	97	0	0	1,309
Neighborhood Health Provider PHPS	29	125	16	205	18	166	18	233	22	191	30	251	32	200	15	140	16	185	13	186	13	144	0	3	2,251
United Healthcare of NY	10	121	8	100	14	90	10	126	10	90	11	161	10	144	10	96	6	95	14	92	9	98	0	0	1,325
Unknown PLan	1,822	11,464	2,161	11,747	2,154	13,041	2,066	11,412	1,914	10,652	2,476	14,767	2,180	12,017	1,950	11,512	2,029	13,340	1,691	10,660	1,526	9,371	1,911	15,004	168,867
Wellcare of NY	15	125	19	138	14	99	31	122	23	146	15	185	27	147	19	84	32	137	13	91	16	79	0	8	1,585
TOTAL	1,969	12,960	2,306	13,286	2,288	14,382	2,243	13,292	2,106	12,337	2,698	16,882	2,392	13,840	2,088	12,852	2,202	14,877	1,828	12,094	1,627	10,628	1,914	15,055	188,146

Report ID: MHP1268C
Report Run Date: 11/15/2012

MetroPlus Health Plan

Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 11/14/2012

Other Plan Name	Category	2011_12		2012_01		2012_02		2012_03		2012_04		2012_05		2012_06		2012_07		2012_08		2012_09		2012_10		2012_11		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	
Affinity Health Plan	INVOLUNTARY	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	2
	VOLUNTARY	19	98	10	109	15	90	6	70	7	130	14	128	13	116	11	112	15	113	11	133	11	93	21	150	1,495
	TOTAL	19	98	10	109	15	90	6	70	7	130	14	129	13	116	11	113	15	113	11	133	11	93	21	150	1,497
Amerigroup/ Health Plus/CarePlus	INVOLUNTARY	0	1	0	2	0	1	0	2	0	3	0	2	1	4	0	1	0	2	2	1	0	1	0	0	23
	VOLUNTARY	27	229	11	203	18	266	14	128	20	198	33	188	23	267	11	242	18	240	11	236	14	183	17	210	2,807
	TOTAL	27	230	11	205	18	267	14	130	20	201	33	190	24	271	11	243	18	242	13	237	14	184	17	210	2,830
Fidelis Care	INVOLUNTARY	0	0	0	1	0	2	0	0	0	1	0	1	0	1	0	4	0	2	0	0	0	1	0	0	13
	VOLUNTARY	27	235	26	224	33	266	17	146	22	265	28	273	27	240	76	563	150	988	99	792	90	652	76	869	6,184
	TOTAL	27	235	26	225	33	268	17	146	22	266	28	274	27	241	76	567	150	990	99	792	90	653	76	869	6,197
Health First	INVOLUNTARY	0	1	1	5	0	1	1	0	1	3	0	3	0	3	0	5	0	4	0	0	0	5	0	0	33
	UNKNOWN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
	VOLUNTARY	39	461	26	515	42	550	31	300	52	478	61	637	46	601	77	781	114	996	69	909	58	827	63	927	8,660
	TOTAL	39	462	27	520	42	551	32	300	53	481	61	640	46	604	77	787	114	1,000	69	909	58	832	63	927	8,694
HIP/NYC	INVOLUNTARY	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	3
	UNKNOWN	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	VOLUNTARY	11	87	11	92	9	91	9	54	15	113	14	99	16	84	11	83	6	85	10	89	13	52	16	90	1,160
	TOTAL	11	87	11	92	10	92	9	54	15	114	14	99	16	84	11	83	6	85	10	90	13	52	16	90	1,164
Neighborhood Health Provider PHPS	INVOLUNTARY	0	1	0	2	0	1	0	0	0	1	0	0	0	0	0	0	0	1	1	0	0	0	0	1	8
	UNKNOWN	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	VOLUNTARY	14	130	15	94	11	122	9	75	14	94	13	139	17	106	8	118	23	140	13	133	10	123	11	169	1,601

MetroPlus Health Plan

Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 11/14/2012

		2011_12		2012_01		2012_02		2012_03		2012_04		2012_05		2012_06		2012_07		2012_08		2012_09		2012_10		2012_11		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	
Neighborhood	TOTAL	14	131	15	96	11	123	9	76	14	95	13	139	17	106	8	118	23	141	14	133	10	123	11	170	1,610
United Healthcare of NY	INVOLUNTARY	0	0	0	1	0	0	0	1	0	1	0	0	0	0	0	1	0	2	0	0	0	0	0	0	6
	VOLUNTARY	16	74	14	70	8	81	7	50	8	68	13	102	11	69	13	110	18	129	11	91	7	84	20	144	1,218
	TOTAL	16	74	14	71	8	81	7	51	8	69	13	102	11	69	13	111	18	131	11	91	7	84	20	144	1,224
Wellcare of NY	INVOLUNTARY	0	0	0	1	0	0	0	0	0	1	2	5	0	0	0	2	0	1	0	0	0	1	0	0	13
	VOLUNTARY	2	29	0	20	2	25	2	13	1	17	3	27	0	30	4	15	2	38	3	30	3	31	2	45	344
	TOTAL	2	29	0	21	2	25	2	13	1	18	5	32	0	30	4	17	2	39	3	30	3	32	2	45	357
Disenrolled Plan Transfers	INVOLUNTARY	0	3	1	12	0	6	1	3	1	11	2	12	1	8	0	14	0	12	3	2	0	8	0	1	101
	UNKNOWN	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	3
	VOLUNTARY	155	1,343	113	1,327	138	1,491	95	836	139	1,363	179	1,593	153	1,513	211	2,024	346	2,729	227	2,413	206	2,045	226	2,604	23,469
	TOTAL	155	1,346	114	1,339	139	1,497	96	840	140	1,374	181	1,605	154	1,521	211	2,039	346	2,741	230	2,415	206	2,053	226	2,605	23,573
Disenrolled Unknown Plan Transfers	INVOLUNTARY	3	26	3	43	4	36	6	31	7	84	8	59	3	33	11	34	2	33	4	20	0	89	5	32	576
	UNKNOWN	0	0	0	0	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
	VOLUNTARY	18	117	7	52	7	80	15	69	27	73	5	38	31	102	9	73	20	106	16	105	9	91	13	127	1,210
	TOTAL	21	143	10	95	12	117	21	101	34	157	13	97	34	135	20	107	22	139	20	125	9	180	18	159	1,789
Non-Transfer Disenroll Total	INVOLUNTARY	1,155	10,165	1,161	10,307	1,018	10,237	1,252	10,186	1,062	9,786	1,077	9,304	1,270	10,972	971	9,727	1,189	9,718	1,194	10,134	894	8,754	928	9,146	131,607
	UNKNOWN	1	6	1	5	1	14	2	13	2	15	3	9	5	5	8	6	5	1	2	3	3	13	0	0	123
	VOLUNTARY	2	60	2	82	1	63	78	781	2	98	7	133	0	92	0	76	0	67	0	75	0	52	0	53	1,724
	TOTAL	1,158	10,231	1,164	10,394	1,020	10,314	1,332	10,980	1,066	9,899	1,087	9,446	1,275	11,069	979	9,809	1,194	9,786	1,196	10,212	897	8,819	928	9,199	133,454
Total MetroPl	INVOLUNTARY	1,158	10,194	1,165	10,362	1,022	10,279	1,259	10,220	1,070	9,881	1,087	9,375	1,274	11,013	982	9,775	1,191	9,763	1,201	10,156	894	8,851	933	9,179	132,284

Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 11/14/2012

		2011_12		2012_01		2012_02		2012_03		2012_04		2012_05		2012_06		2012_07		2012_08		2012_09		2012_10		2012_11		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	
Total MetroPlus Disenrollment	**UNKNOWN**	1	6	1	5	3	15	2	15	2	15	3	9	5	5	8	7	5	1	2	3	3	13	0	0	129
	VOLUNTARY	175	1,520	122	1,461	146	1,634	188	1,686	168	1,534	191	1,764	184	1,707	220	2,173	366	2,902	243	2,593	215	2,188	239	2,784	26,403
	TOTAL	1,334	11,720	1,288	11,828	1,171	11,928	1,449	11,921	1,240	11,430	1,281	11,148	1,463	12,725	1,210	11,955	1,562	12,666	1,446	12,752	1,112	11,052	1,172	11,963	158,816

MetroPlus Health Plan

Membership Summary by LOB Last 7 Months

November-2012

		May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12
Total Members	Prior Month	428,754	434,657	435,756	436,907	438,914	438,003	436,841
	New Member	21,458	18,233	17,050	19,106	15,872	13,502	17,777
	Voluntary Disenroll	2,138	2,053	2,593	3,469	3,065	2,574	3,196
	Involuntary Disenroll	13,417	15,081	13,306	13,630	13,718	12,090	11,719
	Adjusted	3	0	-8	38	578	1,397	0
	Net Change	5,903	1,099	1,151	2,007	-911	-1,162	2,862
	Current Month	434,657	435,756	436,907	438,914	438,003	436,841	439,703
Medicaid	Prior Month	360,865	366,567	367,823	369,045	371,665	371,465	370,793
	New Member	17,833	14,969	14,045	16,186	13,271	11,086	15,075
	Voluntary Disenroll	1,764	1,707	2,174	2,902	2,593	2,188	2,792
	Involuntary Disenroll	10,367	12,006	10,649	10,664	10,878	9,570	9,847
	Adjusted	2	1	0	40	568	1,363	0
	Net Change	5,702	1,256	1,222	2,620	-200	-672	2,436
	Current Month	366,567	367,823	369,045	371,665	371,465	370,793	373,229
Child Health Plus	Prior Month	17,129	16,700	16,340	16,095	15,693	15,371	15,122
	New Member	503	420	451	398	437	468	441
	Voluntary Disenroll	24	22	38	53	33	35	34
	Involuntary Disenroll	908	758	658	747	726	682	15
	Adjusted	0	-2	-2	-3	-2	-13	0
	Net Change	-429	-360	-245	-402	-322	-249	392
	Current Month	16,700	16,340	16,095	15,693	15,371	15,122	15,514
Family Health Plus	Prior Month	36,300	36,813	36,825	36,887	36,669	36,306	36,018
	New Member	2,665	2,355	2,075	2,172	1,818	1,600	1,910
	Voluntary Disenroll	191	184	220	366	243	215	239
	Involuntary Disenroll	1,961	2,159	1,793	2,024	1,938	1,673	1,706
	Adjusted	1	1	-1	5	8	28	0
	Net Change	513	12	62	-218	-363	-288	-35
	Current Month	36,813	36,825	36,887	36,669	36,306	36,018	35,983

MetroPlus Health Plan

Membership Summary by LOB Last 7 Months

November-2012

		May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12
HHC	Prior Month	3,138	3,143	3,145	3,185	3,130	3,133	3,125
	New Member	31	16	73	16	25	11	0
	Voluntary Disenroll	1	0	0	0	2	0	0
	Involuntary Disenroll	25	14	33	71	20	19	28
	Adjusted	0	0	-4	-4	5	3	0
	Net Change	5	2	40	-55	3	-8	-28
	Current Month	3,143	3,145	3,185	3,130	3,133	3,125	3,097
SNP	Prior Month	5,742	5,786	5,820	5,803	5,790	5,775	5,757
	New Member	178	178	134	110	107	94	89
	Voluntary Disenroll	44	37	50	42	42	33	30
	Involuntary Disenroll	90	107	101	81	80	79	75
	Adjusted	0	0	-1	0	-1	11	0
	Net Change	44	34	-17	-13	-15	-18	-16
	Current Month	5,786	5,820	5,803	5,790	5,775	5,757	5,741
Medicare	Prior Month	5,580	5,648	5,803	5,892	5,967	5,953	6,026
	New Member	248	295	272	224	214	243	262
	Voluntary Disenroll	114	103	111	106	152	103	101
	Involuntary Disenroll	66	37	72	43	76	67	48
	Adjusted	0	0	0	0	0	5	0
	Net Change	68	155	89	75	-14	73	113
	Current Month	5,648	5,803	5,892	5,967	5,953	6,026	6,139

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to purchase storage hardware, software, and associated maintenance through New York State Office of General Services (OGS) contract(s) from manufacturers and various authorized resellers on an on-going basis in an amount not to exceed $6,600,000 for a one year period.

WHEREAS, the Corporation has over 3.5 petabytes of storage, which is utilized to store the Corporation's email, business and clinical data applications as well as surveillance video systems; and

WHEREAS, this storage is configured to be highly available and provide disaster recovery protection for mission critical business and clinical applications used for patient care; and

WHEREAS, in order to keep up with the demand of storing mission critical data and providing continuous access to our email, business and clinical data applications as well as surveillance video systems, the Corporation must continuously upgrade and add additional storage to our Storage Area Network; and

WHEREAS, the Corporation will solicit proposals from manufacturers and authorized resellers via New York State OGS contract on an on-going basis; and

WHEREAS, the NYS OGS contract prices for such equipment are discounted from market price; and

WHEREAS, the accountable person for this purchase is the Senior Vice President/ Corporate Chief Information Officer.

NOW, THEREFORE, be it:

RESOLVED, THAT the President of New York City Health and Hospitals Corporation
be and hereby is authorized to purchase storage hardware, software, and associated maintenance through New York State Office of General Services (OGS) contract(s) from manufacturers and various authorized resellers on an on-going basis in an amount not to exceed $6,600,000 over a one year period.

Executive Summary –
On-Going Purchases for Storage Hardware, Software and Maintenance via New York State Office of General Services (OGS) Contract(s)

The accompanying resolution requests approval to purchase storage hardware, software and maintenance through New York State Office of General Services (OGS) contract(s) from manufacturers and authorized resellers on an on-going basis in an amount not to exceed $6,600,000 million for enterprise wide projects and end of life equipment for a one year period. Enterprise IT Services (EITS) will provide an interim spending update to the Board of Directors for these purchases during this 12 month period.

The Corporation has over 3.5 Petabytes (equivalent to about four times the data volume of the Google database) of storage which is utilized to store the Corporation's email, business and clinical data applications as well as surveillance video systems. This storage is configured to be highly available and provide disaster recovery protection for mission critical business and clinical applications used for patient care. Of the total amount of storage specifically dedicated to mission critical applications, there is approximately 21.0% of this storage available. At the current consumption rate, the Corporation would run out of this storage in 13 months if no other projects or storage migrations took place.

In order to keep up with the demand of storing mission critical data and providing 24x7x 365 access to our applications and systems we need to continuously upgrade and add additional storage to our Storage Area Network. A **Storage Area Network** (**SAN**) is a dedicated network that provides access to consolidated, block level data storage. SANs are primarily used to make storage devices, such as disk arrays, tape libraries, and optical jukeboxes, accessible to servers so that the devices appear like locally attached devices to the end user.

Under this program, multiple solicitations will be conducted via NYS OGS contract(s) to procure storage equipment on an on-going basis for the Corporation's data center SAN's. Enterprise Information Technology Services will solicit manufacturers and authorized resellers via NYS OGS contract. The Corporation is able to procure equipment at the same low price offered to other public agencies via NYS OGS contract. A minimum of three resellers will be solicited for each purchase. A purchase order will be issued to the lowest responsive bidder for each purchase.

The NYS OGS Contract offers discounted pricing compared to the market price for such equipment. For example, a PACS Storage Hardware and Software Upgrade was purchased for $144,976, a savings of 54% off the list price of $268,700. By soliciting vendors via State contract, the Corporation can obtain a potential savings of approximately 40% up to 60% off list pricing for storage hardware and software purchases.

CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

Contract Title: Storage Hardware, Software, and Maintenance

Project Title & Number: Storage Hardware, Software, and Maintenance

Project Location: Enterprise-Wide

Requesting Dept.: Enterprise IT Services

Successful Respondent:

Multiple Vendors – On-Going Procurement via NYS OGS Contract

Contract Amount: $6,600,000

Contract Term: 12 months

Number of Respondents: Multiple Vendors (NYS OGS Contracts)
(If Sole Source, explain in Background section)

Range of Proposals: $ Not Applicable to $

Minority Business Enterprise Invited: **Yes** If no, please explain:

Funding Source: **X** General Care Capital
Grant: explain
Other: explain

Method of Payment: Lump Sum Per Diem Time and Rate
X Other: explain Upon acceptance

EEO Analysis:

Compliance with HHC's McBride Principles? Yes No

Vendex Clearance Yes No **X N/A**

(Required for contracts in the amount of $100,000 or more awarded pursuant to an RFP, NA or as a Sole Source, or $100,000 or more if awarded pursuant to an RFB.)

Background *(include description and history of problem; previous attempts, if any, to solve it; and how this contract will solve it):*

The Corporation has over 3.5 Petabytes (equivalent to about four times the data volume of the Google database) of storage which is utilized to store the Corporation's email, business and clinical data applications as well as surveillance video systems. This storage is configured to be highly available and provide disaster recovery protection for mission critical business and clinical applications used for patient care. Of the total amount of storage specifically dedicated to mission critical applications, there is approximately 21.0% of this storage available. At the current consumption rate, the Corporation would run out of this storage in 13 months, if no other projects or storage migrations took place.

In order to keep up with the demand of storing mission critical data and providing 24x7x 365 access to our applications and systems, we need to continuously upgrade and add additional storage to our Storage Area Network. A **Storage Area Network** (**SAN**) is a dedicated network that provides access to consolidated, block level data storage. SANs are primarily used to make storage devices, such as disk arrays, tape libraries, and optical jukeboxes, accessible to servers so that the devices appear like locally attached devices to the end user.

Contract Review Committee
Was the proposed contract presented at the Contract Review Committee (CRC)? (include date):

CRC reviewed this submission on 11/28/12.

Has the proposed contract's scope of work, timetable, budget, contract deliverables or accountable person changed since presentation to the CRC? If so, please indicate how the proposed contract differs since presentation to the CRC:

No.

Selection Process *(attach list of selection committee members, list of firms responding to RFP or NA, list of firms considered, describe here the process used to select the proposed contractor, the selection criteria, and the justification for the selection):*

Process used to select the proposed contractor –

Solicitations will be conducted via NYS OGS contract to procure storage hardware, software, and maintenance on an on-going basis for the Corporation's data center SAN's.

By conducting solicitations via State contract, this mechanism will ensure that HHC is promoting competition by receiving the best price for the required equipment. The NYS OGS contract offers discounted pricing compared to the market price for such equipment.

The selection criteria –

Enterprise IT Services will solicit manufacturers and authorized resellers via NYS OGS contract. A minimum of three resellers will be solicited for each purchase. A purchase order will be issued to the lowest responsive and responsible bidder for each purchase.

The justification for the selection –

A purchase order will be issued to the lowest responsive and responsible bidder for each purchase.

Scope of work and timetable:

Vendors will provide Storage Equipment on an on-going basis for the Corporation's SAN's. The anticipated project duration for these purchases is one year. Purchases will continue to occur on an annual basis based on need.

Provide a brief costs/benefits analysis of the services to be purchased.

The NYS OGS Contract offers discounted pricing compared to the market price for such equipment. For example, a PACS Storage Hardware and Software Upgrade was purchased for $144,976, a savings of 54% off the list price of $268,700. By soliciting vendors via State contract, the Corporation can obtain a potential savings of approximately 40% up to 60% off list pricing for storage hardware and software purchases. HHC received similar discounts in previous years.

Provide a brief summary of historical expenditure(s) for this service, if applicable.

FY10: Central Office and Facility Spending was approximately $6.22 million

FY11: Central Office and Facility Spending was approximately $6.32 million

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Provide a brief summary as to why the work or services cannot be performed by the Corporation's staff.

Not applicable. These purchases are for Storage Hardware, Software and Maintenance.

Will the contract produce artistic/creative/intellectual property? Who will own It? Will a copyright be obtained? Will it be marketable? Did the presence of such property and ownership thereof enter into contract price negotiations?

No.

Contract monitoring (include which Senior Vice President is responsible):

Bert Robles, Senior Vice President/Corporate CIO.

Equal Employment Opportunity Analysis *(include outreach efforts to MBE/WBE's, selection process, comparison of vendor/contractor EEO profile to EEO criteria. Indicate areas of under-representation and plan/timetable to address problem areas):*

Received By E.E.O. _____ ***Not Applicable***
Date

Analysis Completed By E.E.O._____
Date

_____
Name

Presentation Narrative
On-Going Purchases for Storage Hardware, Software and Maintenance via New York State Office of General Services (OGS) Contract(s)

The Corporation has over 3.5 Petabytes (equivalent to about four times the data volume of the Google database) of storage which is utilized to store the Corporation's email, business and clinical data applications as well as surveillance video systems. The accompanying resolution requests approval to purchase storage hardware, software and maintenance through New York State Office of General Services (OGS) contract(s) from manufacturers and authorized resellers on an on-going basis in an amount not to exceed $6.6 million for enterprise wide projects and end of life equipment for a one year period.

Under this program, multiple solicitations will be conducted via NYS OGS contract(s) to procure storage equipment on an on-going basis for the Corporation's data center SAN's. A purchase order will be issued to the lowest responsive bidder for each purchase.

On-Going Purchases for Storage Hardware, Software and Maintenance

Medical & Professional Affairs/ IT Committee

Thursday, December 13, 2012

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

nyc.gov/hhc

Storage Hardware, Software & Maintenance Purchases – Background

The Corporation has over 3.5 Petabytes (equivalent to about four times the data volume of the Google database) of storage which is utilized to store the Corporation's email, business and clinical data applications as well as surveillance video systems.

This storage is configured to be highly available and provide disaster recovery protection for mission critical business and clinical applications used for patient care.

Storage Hardware, Software & Maintenance Purchases – Procurement Process

Multiple solicitations will be conducted via NYS Office of General Services (OGS) contracts to procure storage equipment (including hardware, software and maintenance) on an on-going basis.

EITS will solicit manufacturers and authorized resellers via NYS OGS contracts. A purchase order will be issued to the lowest responsive bidder for each purchase.

By soliciting vendors via State contract, the Corporation can obtain a potential savings off list pricing for storage hardware and software purchases.

The request for spending authority is for $6.6 million for a 12 month period.

Questions

Questions?

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to purchase the EMR Project Hardware Platform through New York State Office of General Services (OGS) contract(s) from IBM and various authorized resellers in an amount not to exceed $21,900,000 for a five year period.

WHEREAS, the Corporation is entering into a contract with Epic Systems Corporation to purchase an Electronic Medical Records (EMR) system and the Corporation is required under the agreement to purchase the hardware, storage and associated software, services and maintenance for such hardware; and

WHEREAS, this infrastructure platform is configured to be highly available and provide disaster recovery protection for mission critical business and clinical applications used for patient care; and

WHEREAS, the Corporation will solicit proposals from IBM and authorized resellers via New York State OGS contract(s) on an on-going basis; and

WHEREAS, the NYS OGS contract prices for such equipment are discounted from market price; and

WHEREAS, the accountable person for this purchase is the Senior Vice President/ Corporate Chief Information Officer.

NOW, THEREFORE, be it:

RESOLVED, THAT THE President of New York City Health and Hospitals Corporation be and hereby is authorized to purchase the EMR Project Hardware Platform through New York State Office of General Services (OGS) contract(s) from IBM and various authorized resellers in an amount not to exceed $21,900,000 for a five year period.

Executive Summary –
EMR Project Hardware Platform via
New York State Office of General Services (OGS) Contract(s)

The accompanying resolution requests approval to purchase hardware, storage, and associated software, services and maintenance through New York State Office of General Services (OGS) contract(s) from IBM and its authorized resellers over the next five years in an amount not to exceed $21.9 million for the EMR Project. Enterprise IT Services (EITS) will provide an interim spending update to the Board of Directors for these purchases during this five year period.

The Corporation is entering into a contract with Epic Systems Corporation to purchase an electronic medical record (EMR) system which will be implemented in a project lasting approximately five years. The Corporation is required under the agreement to purchase equipment to run the Epic Software. This hardware platform has been designed for high performance transaction speeds and high system availability. The proposed solution is the culmination of nine months of design and system capacity testing working directly with the two short listed EMR software vendor finalists, Allscripts and Epic Systems Corporation. EITS provided sizing information to these vendors during the EMR selection process that included user counts, transaction type details, as well as data storage requirements. From this information the vendors provided a detailed hardware design that could support the Corporation's workload in a highly available and redundant fashion. The Epic hardware solution specifically had a requirement for IBM UNIX servers for main transaction processing database and application servers.

Business continuity and disaster recovery were aspects of the design that particular attention was focused. Each element of the system has been designed for high performance and reliability. The selected hardware includes redundant componentry wherever possible. Major system elements such as servers, storage, and network equipment have been arranged in a fault tolerant redundant configuration following industry best practices for high availability. Major elements of the solution can fail, or be taken offline for service, with the workload being moved automatically to another piece of equipment with zero impact to the end user. Additionally the design includes a fully duplicated running system located in secondary data center. Should a catastrophic event impact the primary data center, a disaster recovery process can be initiated which would allow for full system processing to be switched to a secondary facility within a 1 to 2 hour time frame with data loss of less than 1 minute.

The design of the hardware platform considered two different approaches. The first was an all IBM hardware solution. The second was a hybrid solution whereby the hardware platform was comprised of hardware from several different leading hardware vendors. After performing a detailed analysis, it was determined that an all IBM solution was the preferred solution.

The all IBM solution has three main features which make it the superior hardware platform for the Corporation. First by having hardware from one vendor, interoperability problems are minimized. One manufacturer, with one support organization will be responsible for all elements of the hardware platform including servers, storage, and related software, services and maintenance to implement the system. Second, IBM has superior technology with respect to performance, redundancy and data replication for Epic software. The functionality provided by IBM is required to provide the most reliable and fault tolerant system. Third, the cost of the all IBM solution was significantly less than the hybrid solution. Therefore EITS selected the all IBM solution as it provided the most reliable system at the lowest cost.

The NYS OGS Contract(s) offer discounted pricing compared to the market price for such equipment. The average discount off of list price that the Corporation has paid for similar hardware via NYS OGS contract has been approximately 25% off of list price.

Multiple solicitations will be conducted via NYS OGS contract(s) to procure the equipment. EITS will solicit IBM and multiple authorized resellers via a competitive process whereby the lowest cost solution meeting the technical requirements of the system will be selected. A purchase order will be issued to the lowest responsive bidder for each purchase.

CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

Contract Title: EMR Project Hardware Platform

Project Title & Number: EMR Project Hardware Platform

Project Location: Enterprise-Wide

Requesting Dept.: Enterprise IT Services

Successful Respondent:

IBM and authorized resellers via NYS OGS Contract(s)

Contract Amount: $21,900,000

Contract Term: Five Years

Number of Respondents: IBM or Authorized Resellers
(If Sole Source, explain in Background section)

Range of Proposals: $ Not Applicable to $

Minority Business Enterprise Invited: **Yes** If no, please explain:

Funding Source: **X** General Care Capital
Grant: explain
Other: explain

Method of Payment: Lump Sum Per Diem Time and Rate
X Other: explain Upon acceptance

EEO Analysis:

Compliance with HHC's McBride Principles? Yes No

Vendex Clearance Yes No **X N/A**

(Required for contracts in the amount of $100,000 or more awarded pursuant to an RFP, NA or as a Sole Source, or $100,000 or more if awarded pursuant to an RFB.)

Background *(include description and history of problem; previous attempts, if any, to solve it; and how this contract will solve it):*

The Corporation has selected Epic Software to provide the electronic medical record (EMR) system which will be implemented in a project lasting approximately five years. As part of the project, The Corporation is required to purchase the hardware platform to run the Epic Software. The hardware platform includes hardware, storage, service and maintenance. This hardware platform has been designed for high performance transaction speeds and high system availability. The proposed solution is the culmination of nine months of design and system capacity testing working directly with the software vendors and top tier hardware manufacturers.

Contract Review Committee
Was the proposed contract presented at the Contract Review Committee (CRC)? (include date):

CRC reviewed this submission on 11/28/12.

Has the proposed contract's scope of work, timetable, budget, contract deliverables or accountable person changed since presentation to the CRC? If so, please indicate how the proposed contract differs since presentation to the CRC:

No.

Selection Process *(attach list of selection committee members, list of firms responding to RFP or NA, list of firms considered, describe here the process used to select the proposed contractor, the selection criteria, and the justification for the selection):*

Process used to select the proposed contractor –

Solicitations will be conducted via NYS OGS contract(s) to procure hardware, storage, services and maintenance for IBM or authorized resellers. Conducting solicitations via this contract mechanism will ensure that HHC is promoting competition by receiving the best price for the required equipment.

The selection criteria –

A minimum of three resellers will be solicited for each purchase. A purchase order will be issued to the lowest responsive and responsible bidder for each purchase.

The justification for the selection –

A purchase order will be issued to the lowest responsive and responsible bidder for each purchase.

Scope of work and timetable:

Vendors will provide the hardware platform over a five year time frame to support the EMR Project. The equipment will be purchased and delivered in several pieces corresponding to specific milestones of the EMR Project timeline.

Provide a brief costs/benefits analysis of the services to be purchased.

The NYS OGS Contract(s) offer discounted pricing compared to the market price for such equipment. The average discount off of list price that the Corporation has paid for similar hardware via NYS OGS contract has been approximately 25% off of list price.

Provide a brief summary of historical expenditure(s) for this service, if applicable.

FY2010: Approximately $3.6 million for IBM hardware and related maintenance from various vendors

FY2011: Approximately $2.37 million for IBM hardware and related maintenance from various vendors

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Provide a brief summary as to why the work or services cannot be performed by the Corporation's staff.

These purchases are for hardware, storage and related softwarem services and maintenance that can only be acquired from a hardware manufacturer.

Will the contract produce artistic/creative/intellectual property? Who will own It? Will a copyright be obtained? Will it be marketable? Did the presence of such property and ownership thereof enter into contract price negotiations?

No.

Contract monitoring (include which Senior Vice President is responsible):

Bert Robles, Senior Vice President/Corporate CIO.

Equal Employment Opportunity Analysis *(include outreach efforts to MBE/WBE's, selection process, comparison of vendor/contractor EEO profile to EEO criteria. Indicate areas of under-representation and plan/timetable to address problem areas):*

Received By E.E.O. _____ ***Not Applicable***
Date

Analysis Completed By E.E.O._____
Date

_____
Name

EMR Hardware Platform
Presentation Narrative

Background Summary

HHC is entering into a contract with Epic Systems Corporation to purchase an electronic medical record (EMR) system which will be implemented in a project lasting approximately five years. The Corporation is required under the agreement to purchase equipment to run the Epic software. EITS is requesting spending authority of $21.9 million to purchase the hardware platform to run software. This platform consists of servers, storage and associated software, services, and maintenance for the hardware.

HHC worked over the past nine months with the two finalist EMR software vendors, and multiple leading hardware manufacturers to design the hardware platform to support high transaction speeds and system reliability. Additionally each software vendor performed system testing to validate that the specified system could support the transaction volume and user work load of HHC.

High Availability through Redundancy

When the Epic system is fully implemented, all of HHC's facilities will be running from a single instance on the specified hardware platform. Any outage or downtime would have significant impact on the clinical operations. For this reason, the system was designed for high availability by designing redundancy into every element of the system.

Solution Options

When designing the hardware platform for Epic, HHC considered two different approaches. The first was an all IBM solution. The second was a hybrid solution that included components from several different hardware manufacturers. After performing a detailed analysis, the all IBM solution was selected because it provided the most reliable system and the lower cost.

Procurement Approach

EITS plans to procure the hardware platform via multiple solicitations via the NYS OGS contract(s). Solicitations will be sent to IBM and its authorized resellers via a competitive process. The lowest cost solution meeting the technical requirements will be selected.

Projected Expenses

In FY2013, the test system will be purchased so the implementation team can get started. In FY2014 the main production system will be purchased for the Jacobi data center as well as for the SunGard facility. In subsequent years, additional hardware will be incrementally added in conjunction with more health networks going live on the system.

EMR Project Hardware Platform

Medical & Professional Affairs/ IT Committee

Thursday, December 13, 2012

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

nyc.gov/hhc

Background Summary

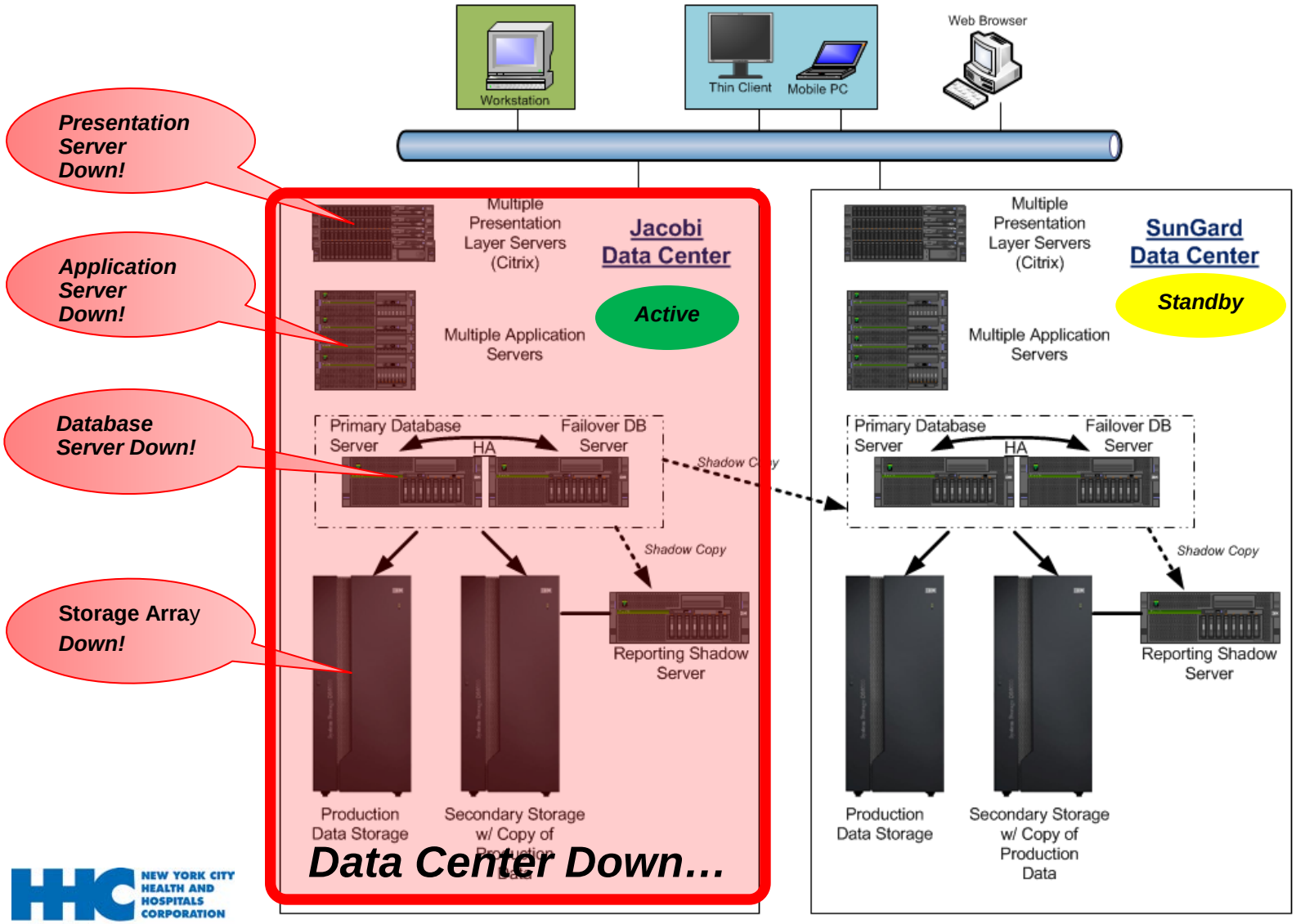
Requirements

- The Corporation selected Epic Software for its future Electronic Medical Records (EMR) system.
- As part of this project, a hardware platform to operate the software is required, which includes servers, storage, supporting software, services and maintenance.
- The EMR solution will be rolled out to facilities over the next 5 years.

Design Process

- HHC worked over the past 9 months with the two finalist EMR software vendors to design the system for high transaction speeds and system reliability.
- Leading hardware manufacturers participated in the design process.
- System testing was performed with vendors to validate that the specified system could accommodate HHC's workload.

High Availability Through Redundancy



Solution Options

All IBM Solution

- Single manufacturer providing all components minimizes interoperability and support risk.
- Superior Technology – IBM's Storage technology is the only solution currently tested and approved by Epic to provide synchronous replication of data on multiple storage arrays for a customer as large as HHC.
- Lowest cost solution.
- Selected approach since the solution provides the most reliable system at the lowest cost.

Hybrid Solution

- Hardware provided by several leading vendors including IBM, EMC, and Dell.
- At a minimum, IBM hardware is required for application, database, and reporting shadow servers.

Procurement Approach

NYS OGS Contract

- The NYS OGS contract offers discounted pricing compared to the market price for such equipment. The average discount off list price that the Corporation has paid for similar hardware via NYS OGS contract has been approximately 25% off list price.
- EITS will solicit IBM and multiple authorized resellers via a competitive process.
- The lowest cost solution meeting the technical requirements will be selected.

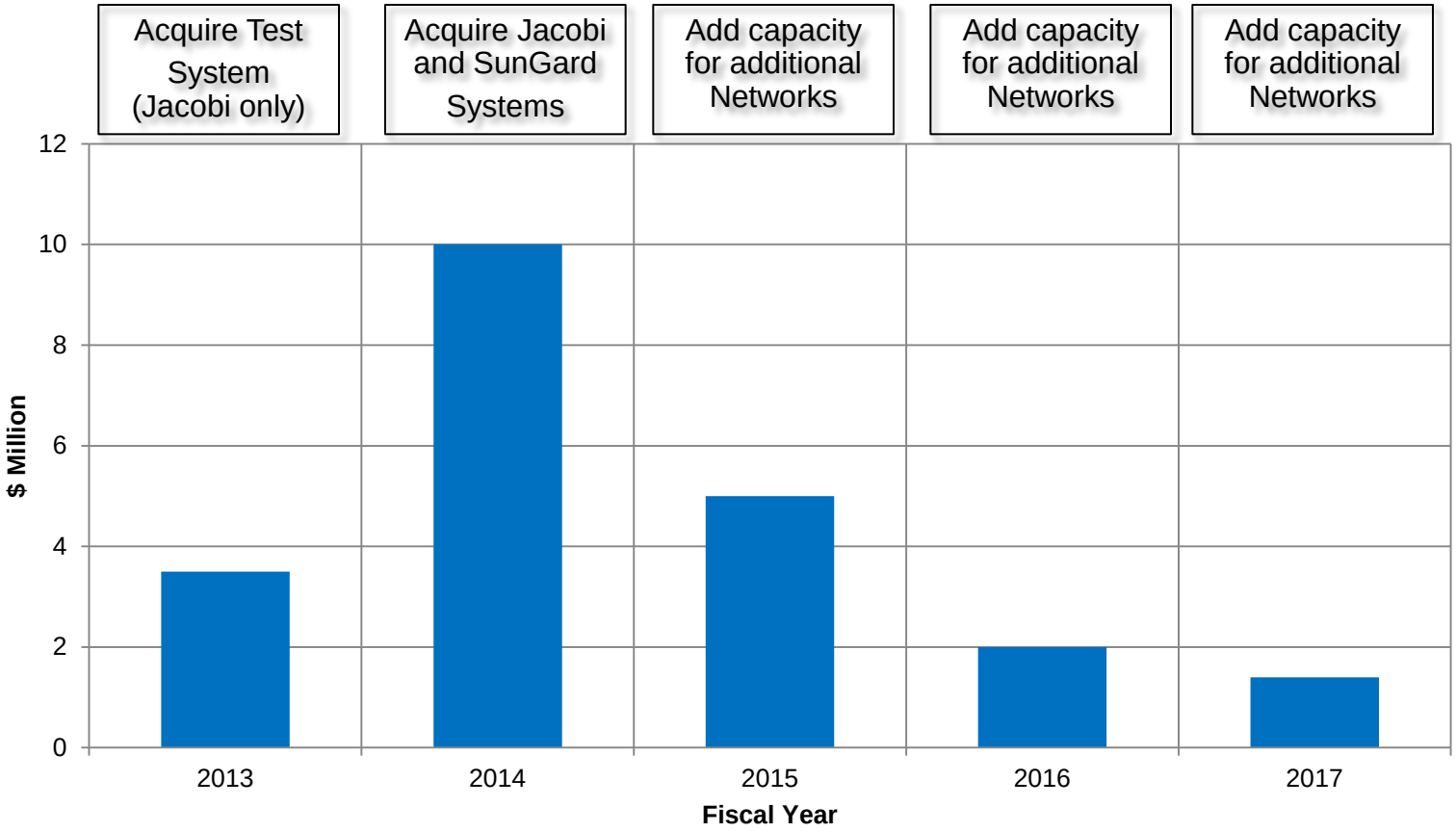
Procurement Timing

- Components of the hardware platform will be purchased over the next 5 years in conjunction with the implementation schedule of the EMR project.

Additional Procurements

- The hardware platform described herein does not contain all the components necessary for the EMR project. Additional equipment, network hardware, software, and services will be required. EITS will be submitting separate additional requests for these procurements in the future.

Projected Expenses



Total Expense = $21.9 million

Questions

Questions?

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to purchase computer workstations, laptops, and IT peripherals for the entire Corporation through Third Party Contract(s) from various vendors on an on-going basis in an amount not to exceed $8,500,000, over a 12 month period.

WHEREAS, the Corporation has an inventory of approximately 34,500 computer workstations including mobile laptops; and

WHEREAS, the recommended refresh cycle for desktop PCs is three to four years and for portable laptops is two to three years; and

WHEREAS, in Calendar Year 2013, approximately 9,500 units will be replaced, based on a four year refresh cycle. An estimated additional 1,000 new PCs/laptops may be purchased for new needs; and

WHEREAS, EITS's strategy is to standardize equipment with one manufacturer and limit the number of computer workstation models in order to maintain a standard environment; and

WHEREAS, Third Party Contracts offer discounted pricing compared to the market price for such equipment; and

WHEREAS, through volume purchasing via Third Party Contracts, EITS was able to procure PCs and Laptops with savings of approximately $3.9 million this past year; and

WHEREAS, the accountable person for this purchase is the Senior Vice President/ Corporate Chief Information Officer.

NOW, THEREFORE, be it:

RESOLVED, THAT THE President of the New York City Health and Hospitals Corporation ("the Corporation") be and hereby is authorized to purchase computer workstations, laptops, and IT peripherals for the entire Corporation through Third Party Contract(s) from various vendors on an on-going basis in an amount not to exceed $8,500,000, over a 12 month period.

Executive Summary
PC Refresh Program
On-Going Purchases via Third Party Contract(s)

The accompanying resolution requests approval to purchase computer workstations from various vendors on an on-going basis via Third Party Contract(s) for the New York City Health and Hospitals Corporation's PC Refresh Program, for an amount not to exceed $8,500,000, which includes additional new PC/Laptop needs, over a 12 month period. Enterprise IT Services (EITS) will provide an interim spending update to the Board of Directors for these purchases during this 12 month period.

As presented to the Board of Directors in 2011, EITS plans to refresh equipment on a regular basis and make volume purchases to ensure cost savings. The Corporation has an inventory of approximately 34,500 computer workstations including mobile laptops. According to information technology research and advisory companies, the recommended PC and laptop refresh cycle is typically three to four years. EITS plans to replace PCs based on a four year refresh cycle. In Calendar Year 2013, approximately 9,500 units will be replaced, based on a four year refresh cycle. An estimated additional 1,000 new PCs/laptops may be purchased for new needs.

There are a number of factors that can increase complexity within our desktop-computing environment: a variety of aging PC models from a host of manufacturers; third-party vendors sporadically changing hardware components and software drivers; a lack of standard hardware configurations; spontaneous software image updates; and improvised deployment processes. All of these factors can create an environment that drives IT support costs higher every day with increasing numbers of help desk calls, desktop visits to resolve issues, and overall management inefficiencies. Failure to take a holistic view of PC life cycle services can lead to inefficiencies, duplication, omissions and, ultimately, unnecessary cost — essentially raising total cost of ownership (TCO).

EITS strategy is to standardize on one manufacturer and limit the number of models in order to maintain a standard environment. A standardized PC infrastructure forms the foundation for desktop optimization. By standardizing desktop hardware and software components the Corporation can ultimately advance toward a more flexible, agile, and optimized infrastructure. Ad-hoc PC purchases often driven by price, or by departmental and end-user preferences can ultimately prove much more costly to the Corporation when a comprehensive view of PC lifecycle costs is taken into account. When the entire span of the PC lifecycle is viewed as a whole, from purchase through retirement, it is clear that purchase price is just one component of PC lifecycle costs.

This program targets old computers that are either past or approaching their useful life expectancy and PC/Laptop needs for new projects. IT plans to solicit various vendors via Third Party Contracts for these purchases. Third Party Contracts offer discounted pricing compared to the market price for such equipment. This past year in 2012, HHC's purchases via NYS OGS contracts resulted in savings of approximately $3.9 million.

Based on our 2012 PC Refresh Program, the average discounted price via NYS OGS contract for the Corporation for the latest standard PC model has been approximately $660 versus the projected unit price of $960 and the average discounted price for the latest standard laptop model has been approximately $760 versus the projected unit price of $1245. Through volume purchasing via Third Party Contract(s), savings of approximately $3.9 million have been realized.

CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

Contract Title: PC Refresh Program

Project Title & Number: PC Refresh Program

Project Location: Enterprise-Wide

Successful Respondent:

Multiple Solicitations via Third Party Contract(s)

Contract Amount: **$8,500,000**

Contract Term: **Anticipated 12 month period**

Requesting Dept.: Enterprise IT Services

Number of Respondents: Multiple Vendors (Third Party Contract)
(If Sole Source, explain in Background section)

Range of Proposals: $ Not Applicable to $

Minority Business Enterprise Invited: **Yes** If no, please explain:

Funding Source: **X** General Care Capital
Grant: explain
Other: explain

Method of Payment: Lump Sum Per Diem Time and Rate
X Other: (please explain)
To be determined upon acceptance

EEO Analysis:

Compliance with HHC's McBride Principles? Yes No **X** N/A

Vendex Clearance Yes No **X** N/A

(Required for contracts in the amount of $100,000 or more awarded pursuant to an RFP, NA or as a Sole Source, or $100,000 or more if awarded pursuant to an RFB.)

Background *(include description and history of problem; previous attempts, if any, to solve it; and how this contract will solve it):*

These purchases are for PCs and Laptops, which are hardware and equipment that will replace end of life equipment. The Corporation has an inventory of approximately 34,500 computer workstations including mobile laptops. According to information technology research and advisory companies, the recommended PC and portable laptop refresh cycle is three to four years. Enterprise IT Services (EITS) plans to replace PCs based on a four year refresh cycle. In Calendar Year 2013, approximately 9,500 units will be replaced, based on a four year refresh cycle. An estimated additional 1,000 new PCs/laptops may be purchased for new needs.

Contract Review Committee
Was the proposed contract presented at the Contract Review Committee (CRC)? (Include date):

CRC reviewed this submission on November 28, 2012.

Has the proposed contract's scope of work, timetable, budget, contract deliverables or accountable person changed since presentation to the CRC? If so, please indicate how the proposed contract differs since presentation to the CRC:

No.

Selection Process *(attach list of selection committee members, list of firms responding to RFP or NA, list of firms considered, describe here the process used to select the proposed contractor, the selection criteria, and the justification for the selection):*

Process used to select the proposed contractor –

Multiple solicitations will be conducted via Third Party Contract to procure computer workstations for this IT Refresh Program.
By conducting solicitations via Third Party Contract, this mechanism will ensure that HHC is promoting competition by receiving the best price for the required equipment. Third Party Contracts offers discounted pricing compared to the market price for such equipment.

The selection criteria –

Enterprise IT Services will solicit various vendors via Third Party Contract. A minimum of three resellers will be solicited for each purchase. A purchase order will be issued to the lowest responsive and responsible bidder for each purchase.

The justification for the selection –

A purchase order will be issued to the lowest responsive and responsible bidder for each purchase.

Scope of work and timetable:

Vendors will provide PCs, Laptops, IT Peripherals and Accessories. The anticipated project duration for this refresh phase is approximately 12 months (January 2013 – December 2013). This is an annual program.

Provide a brief costs/benefits analysis of the services to be purchased.

This program targets old computers that are either past or approaching their useful life expectancy. IT plans to solicit various vendors via Third Party Contract for these purchases. Third Party Contracts offer discounted pricing compared to the market price for such equipment. Based on our 2012 PC Refresh Program, the average discounted price via NYS OGS contract for the Corporation for the latest standard PC model has been approximately $660 versus the projected unit price of $960 and the average discounted price for the latest standard laptop model has been approximately $760 versus the projected unit price of $1245. Through volume purchasing via Third Party Contract, savings of approximately $3.9 million have been realized.

Provide a brief summary of historical expenditure(s) for this service, if applicable.

FY2010- Central Office *and* Facility Spending on PCs and Laptops was approximately $6.3 million.

FY2011- Central Office *and* Facility Spending on PCs and Laptops was approximately $9.7 million.

Provide a brief summary as to why the work or services cannot be performed by the Corporation's staff.

Not applicable. These purchases are for PCs and Laptops, which are hardware and equipment that will replace end of life equipment.

Will the contract produce artistic/creative/intellectual property? Who will own It? Will a copyright be obtained? Will it be marketable? Did the presence of such property and ownership thereof enter into contract price negotiations?

No.

Contract monitoring (include which Senior Vice President is responsible):

Bert Robles, Senior Vice President/Corporate CIO.

Equal Employment Opportunity Analysis *(include outreach efforts to MBE/WBE's, selection process, comparison of vendor/contractor EEO profile to EEO criteria. Indicate areas of under-representation and plan/timetable to address problem areas):*

Received By E.E.O. _____

(Not Applicable if via NYS OGS Contract; Applicable to Group Purchasing Organization (GPO) Contract.)

Analysis Completed By E.E.O._____
Date

_____
Name

Presentation Narrative
PC Refresh Program
On-Going Purchases via Third Party Contract(s)

EITS plans to refresh PCs on a regular basis and make volume purchases to ensure cost savings. The Corporation has an inventory of approximately 34,500 computer workstations including mobile laptops. The accompanying resolution requests approval to purchase computer workstations from various vendors on an on-going basis via Third Party Contract(s) for the New York City Health and Hospitals Corporation's PC Refresh Program, for an amount not to exceed $8,500,000, which includes additional new PC/Laptop needs, over a 12 month period.

EITS strategy is to standardize on one manufacturer and limit the number of models in order to maintain a standard environment. This program targets old computers that are either past or approaching their useful life expectancy.

IT plans to solicit various vendors via Third Party Contracts for these purchases. Third Party Contracts offer discounted pricing compared to the market price for such equipment.

PC Refresh Program

Medical & Professional Affairs/ IT Committee

Thursday, December 13, 2012

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

nyc.gov/hhc

PC Refresh Program – Background

The Corporation has an inventory of approximately 34,500 computer workstations including mobile laptops.

According to information technology research and advisory companies, the recommended PC and laptop refresh cycle is typically three to four years. Enterprise IT Services (EITS) plans to replace PCs based on a four year refresh cycle.

We plan to refresh approximately 9,500 computer workstations this year. We also anticipate new need PC/Laptop purchases this upcoming year.

This program targets old computer workstations that are either past or at the end of their useful life.

EITS strategy is to standardize on one manufacturer and limit the number of models in order to maintain a standard environment.

PC Refresh Program – Volume Purchases

IT plans to solicit vendors via Third Party Contract for these purchases. Third Party Contracts offer discounted pricing for such equipment. A purchase order will be issued to the lowest responsive bidder for each purchase.

Through volume purchasing via Third Party Contract, savings of approximately $3.9 million have been realized this past year.

The request for spending authority is for $8.5 million for a 12 month period.

Questions

Questions?

Medical & Professional Affairs Committee

Behavioral Health Update

December 13, 2012

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

Behavioral Health Environment

- NYC BHO OptumHealth collects data on inpatient admissions and discharges of psych and detox patients with a *focus on long-stay psych patients with complex needs*
- Reporting of Behavioral Health six core measures to CMS with future potential financial penalties – *reporting starts July 2013*.
- Need to *integrate primary and behavioral healthcare*: HEAL 17, use of TeamCare model in PCMH, Health Homes and NYS DOH Hospital Medical Home Demonstration Project

Key Opportunities for Change

- Trends are generally stable
- Need to develop effective capacity to improve guideline adherence
- Performance variation reveals continued lack of consensus on best practice

Utilization Data

Psychiatric Emergency Services – FY 2011 and FY 2012			
	FY 11	**FY 12**	**% Change**
CPEP	28,763	28,695	-0.2%
Non-CPEP	9,716	8,775	-9.7%
Total	**38,479**	**37,470**	**-2.6%**

Inpatient – FY 2011 and FY 2012									
	Beds			**Discharges**			**ALOS***		
	FY 11	**FY 12**	**% Change**	**FY 11**	**FY 12**	**% Change**	**FY 11**	**FY 12**	**% Change**
Adult	1,121	1,151	2.7%	17,629	18,140	2.9%	22.8	21.7	-4.8%
Youth	120	120	None	1,611	1,592	-1.2%	19.4	18.0	-7.5%
Forensic	82	82	None	1,239	1,004	-19.0%	16.6	20.4	22.9%
Detox	131	131	None	9,345	9,194	-1.6%	4.0	3.9	-2.5%

*AHRQ ALOS 2008 data (39 States) – **8.0** days psych, **4.8** days detox

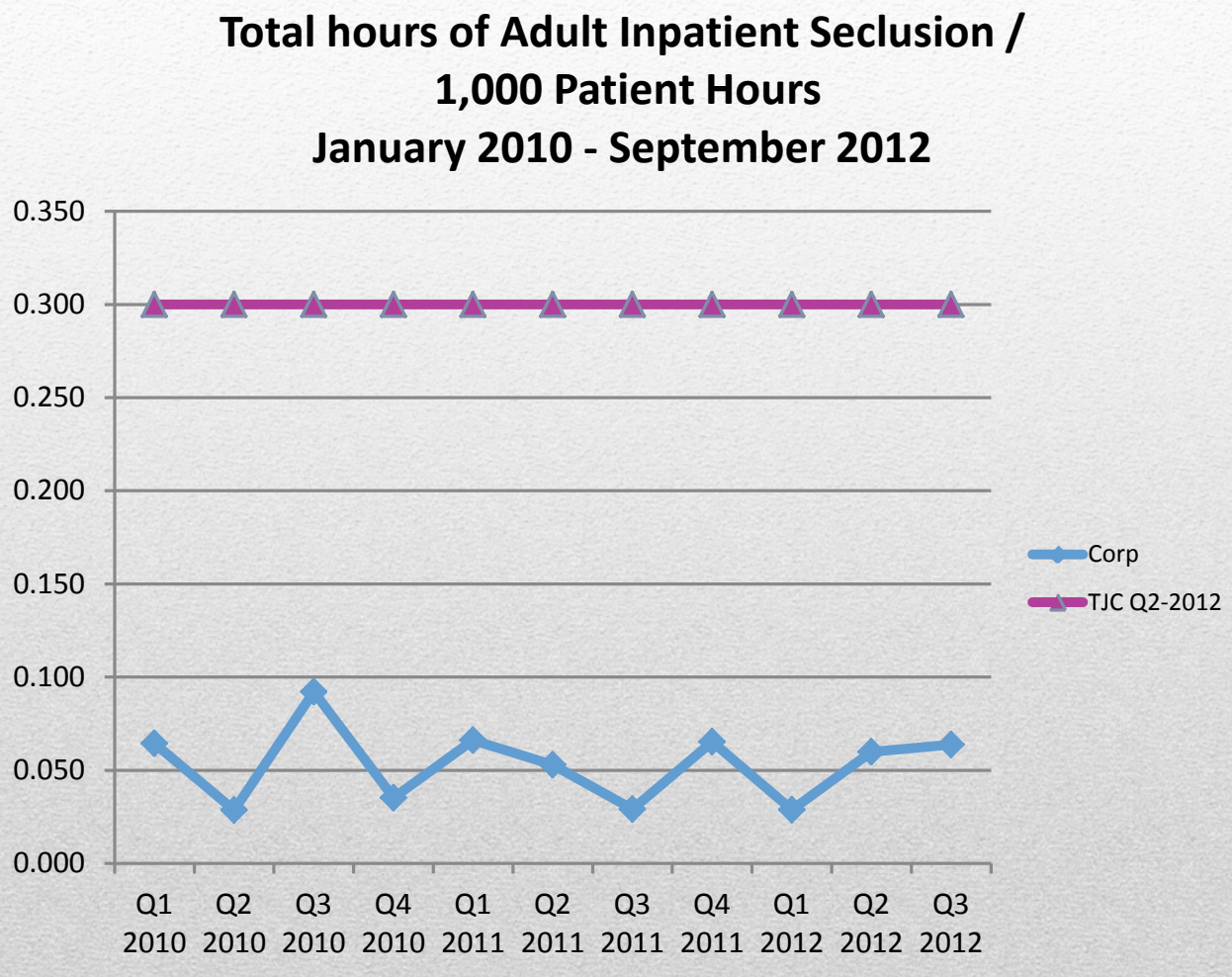
Utilization Data

30-Day Readmissions – FY 2011 and FY 2012*			
	FY 11	**FY12**	**% Difference**
Adult Psych	9%	9%	None
Detoxification	10%	9%	-1%

*National Research Institute (2011) **9%** to same facility.

Outpatient Utilization – FY 2011 and FY 2012			
	FY 11	**FY12**	**% Change**
Total BH Visits	889,424	867,627	-2.5%
--Mental Health Clinics	463,468	480,596	3.7%
--Chemical Dependency Clinics	153,139	135,711	-11.4%
--Methadone Programs	262,734	247,636	-5.7%
ACT Teams	50,950	52,592	3.2%

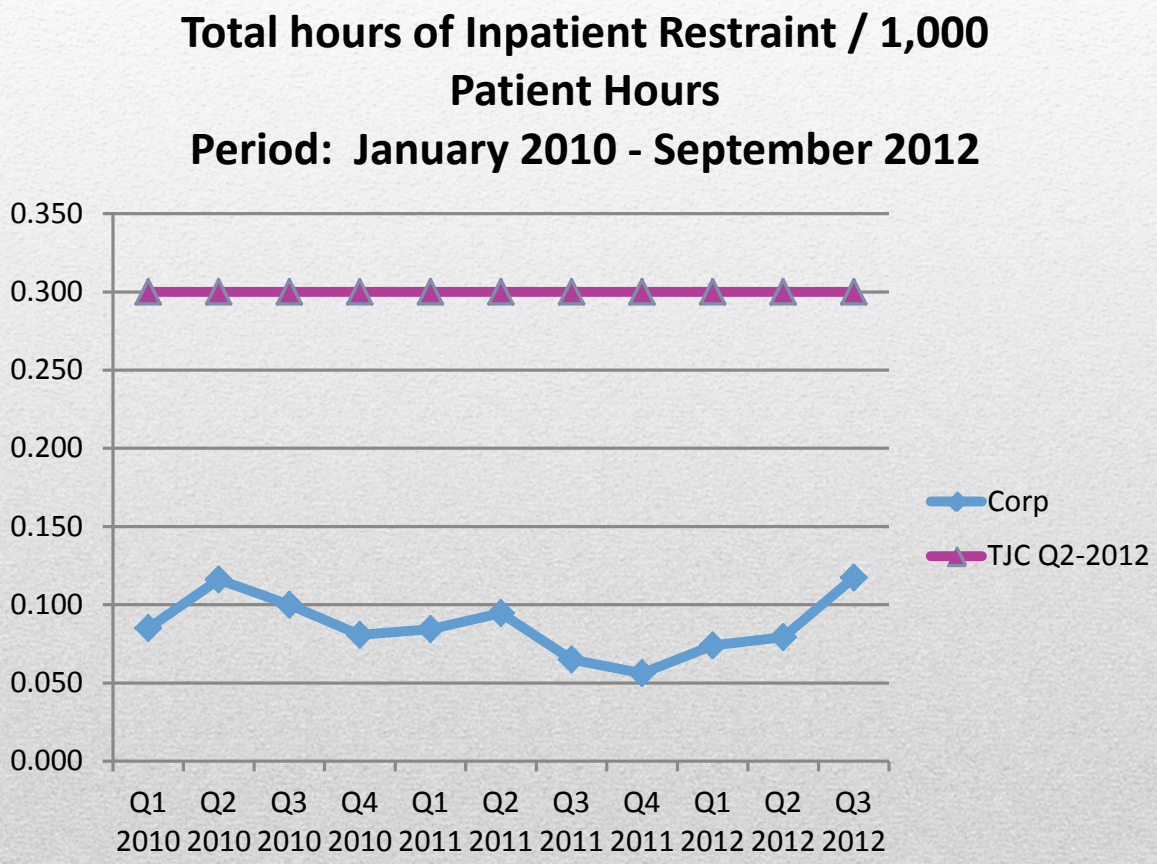
Use of Seclusion



Facility	FY11	FY12	Desired Direction
HAR*	0.000	0.000	=
KCHC*	0.000	0.000	=
EHC	0.006	0.002	▼
QHC	0.017	0.002	▼
CI	0.001	0.031	▲
BHC	0.024	0.042	▲
Corp	**0.062**	**0.046**	▼
WMC	0.067	0.047	▼
MET	0.055	0.056	▲
NCB	0.023	0.062	▲
LIN	0.204	0.069	▼
JMC	0.159	0.102	▼

*Harlem and Kings County do not use seclusion

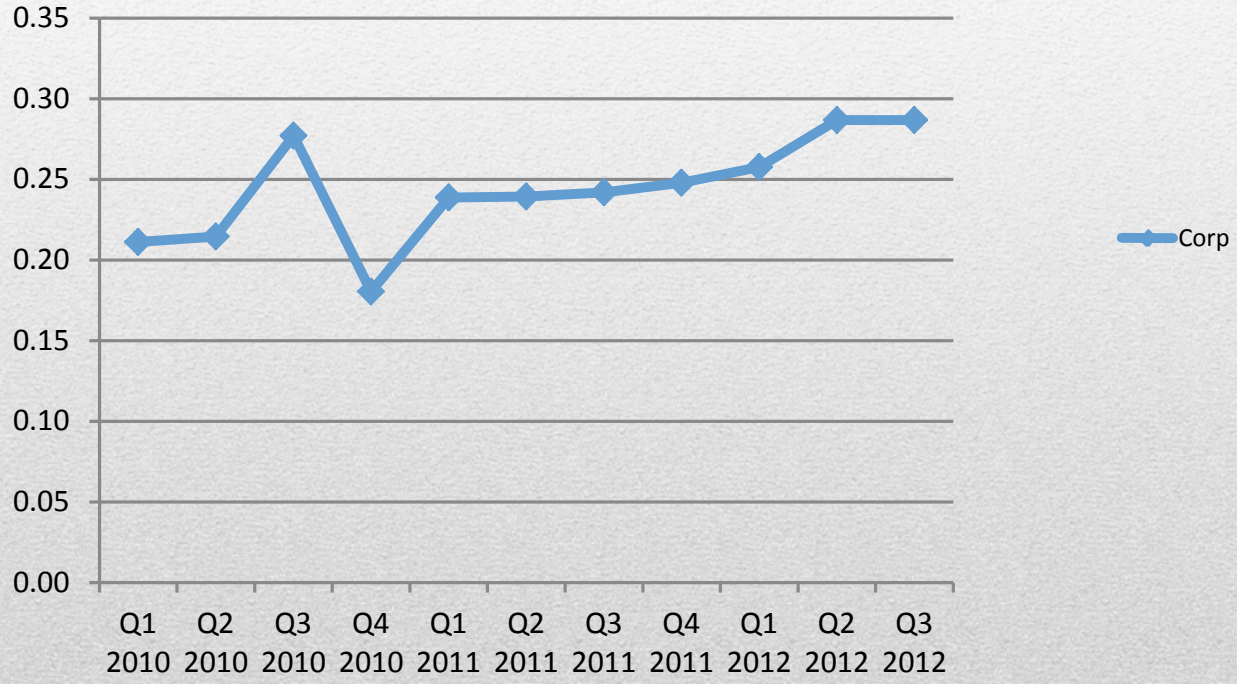
Use of Physical Restraint



Facility	FY11	FY12	Desired Direction ▼
LIN	0.000	0.000	=
MET	0.018	0.017	▼
QHC	0.057	0.019	▼
NCB	0.030	0.030	=
CI	0.176	0.037	▼
JMC	0.062	0.040	▼
BHC	0.074	0.047	▼
Corp	**0.090**	**0.069**	▼
EHC	0.037	0.092	▲
HAR	0.171	0.131	▼
KCHC	0.229	0.165	▼
WMC	0.136	0.176	▲

Assaults and Fights

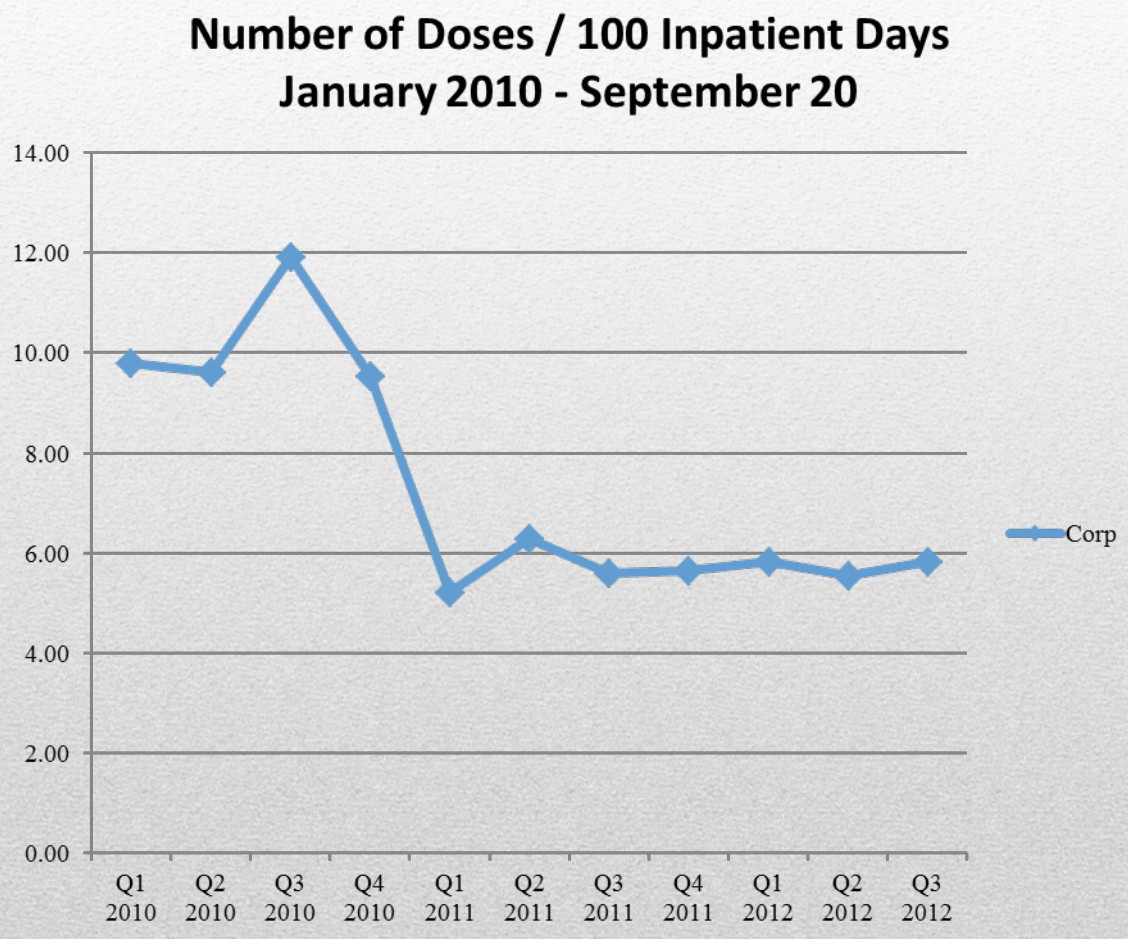
Total of NIMRS Reportable & Non-reportable Assaults & Fights / 100 Inpatient Days January 2010 - September 2012



Facility	FY11	FY12	Desired Direction
CI	0.09	0.08	▼
JMC	0.09	0.14	▲
BHC	0.14	0.15	▲
WMC	0.19	0.17	▼
QHC	0.15	0.20	▲
LIN	0.20	0.22	▲
Corp	**0.23**	**0.26**	▲
MET	0.12	0.28	▲
EHC	0.36	0.33	▼
HAR	0.63	0.38	▼
NCB	0.35	0.38	▲
KCHC	0.25	0.50	▲

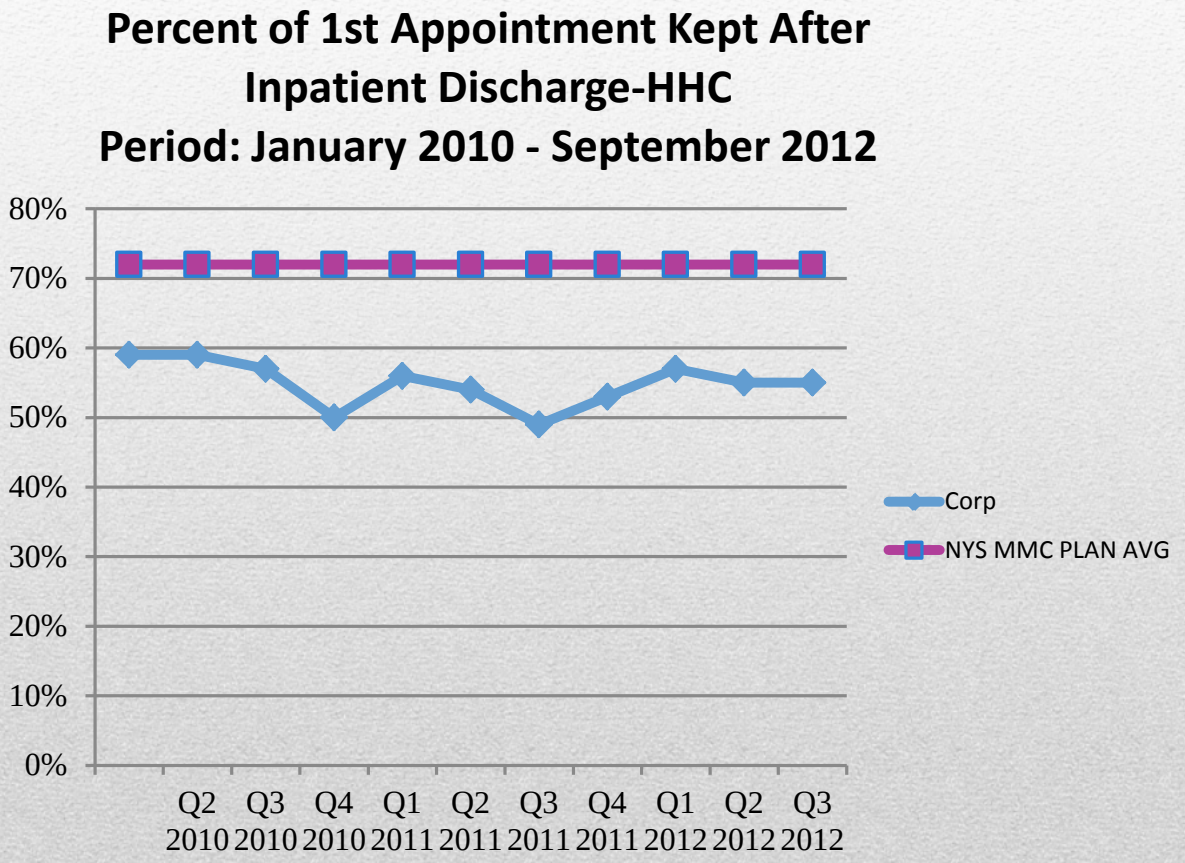
Comparison average of **0.40-0.60** aggressive incidents/100 patient days.
Bowers, L. (2007). The International Journal of Social Psychiatry, 53(1), 75.

Rate of Inpatient Psych IM Medication Use



Facility	FY11	FY12	Desired Direction
BHC	8.76	7.17	▼
CI	6.59	5.38	▼
EHC	1.28	2.88	▲
HAR	17.39	9.06	▼
JMC	4.97	5.40	▲
KCHC	5.36	4.29	▼
LIN	13.16	7.46	▼
MET	3.32	2.53	▼
NCB	12.82	8.59	▼
QHC	2.21	6.20	▲
WMC	5.85	3.31	▼
Corp	**8.25**	**5.66**	▼

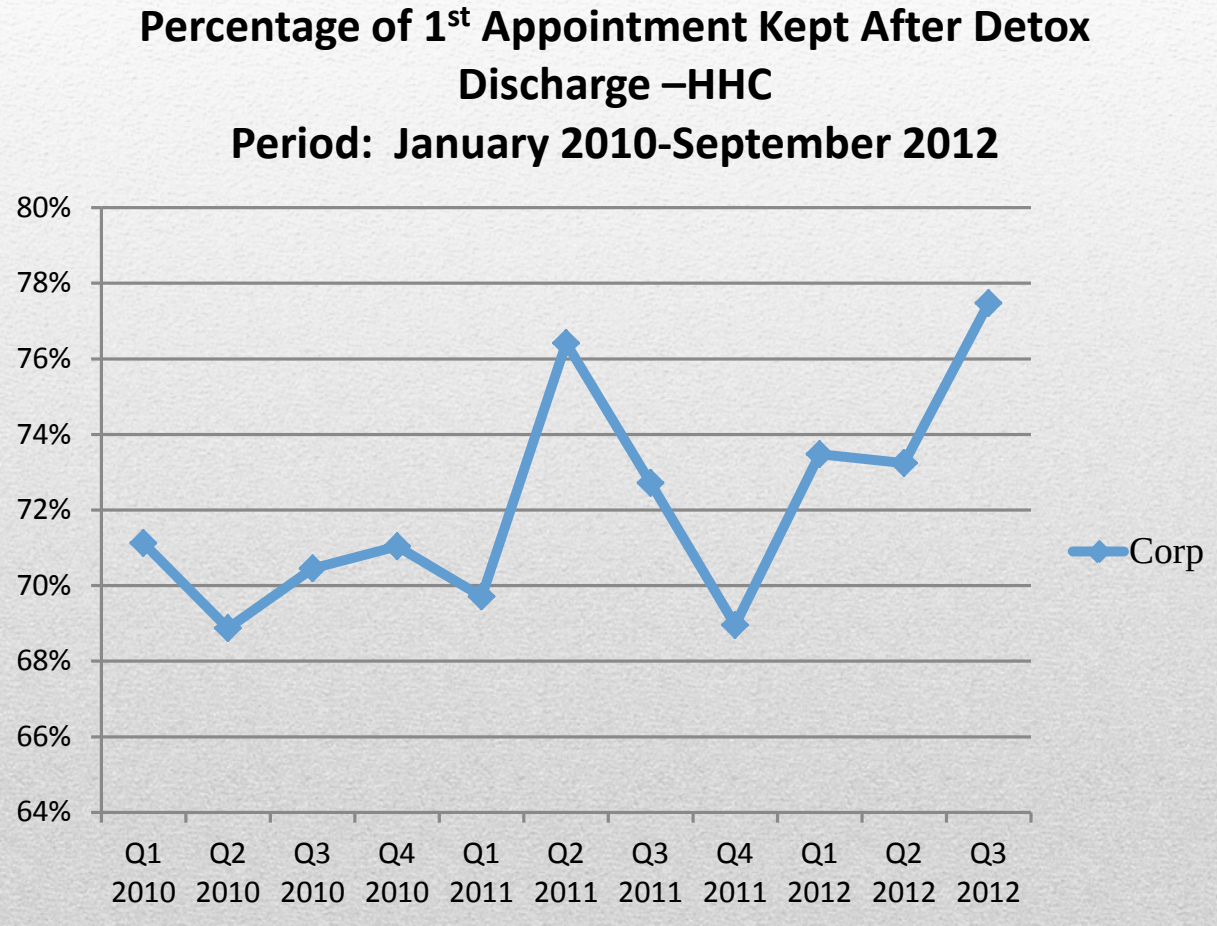
Continuity of Care – 1st Appointment Kept after Inpatient Stay (HHC Referrals)



Facility	FY11	FY12	Desired Direction ▲
H-90%ile	83%		
H-75%ile	78%		
JMC	73%	75%	▲
H-50%ile	71%		
CI	44%	65%	▲
QHC	68%	63%	▼
NCB	61%	58%	▼
EHC	52%	57%	▲
Corp	54%	54%	=
KCHC	51%	53%	▲
HAR	65%	52%	▼
BHC	38%	49%	▲
WMC	55%	47%	▼
LIN	56%	42%	▼
MET	33%	27%	▼

HEDIS 2010 percentiles related financial penalties

Detox Aftercare Met



	FY11	FY12	Desired Direction ▲
MET	84%	85%	▲
CI	71%	77%	▲
HAR	73%	73%	=
JMC	75%	72%	▼
Corp	**72%**	**72%**	**=**
BHC	56%	71%	▲
KCHC	67%	65%	▼
WMC	72%	62%	▼
QHC	75%	NA	NA

Challenges and Activities

- Increased capacity to accessible, efficient services that balance cost and quality
  - reducing inpatient LOS and readmission

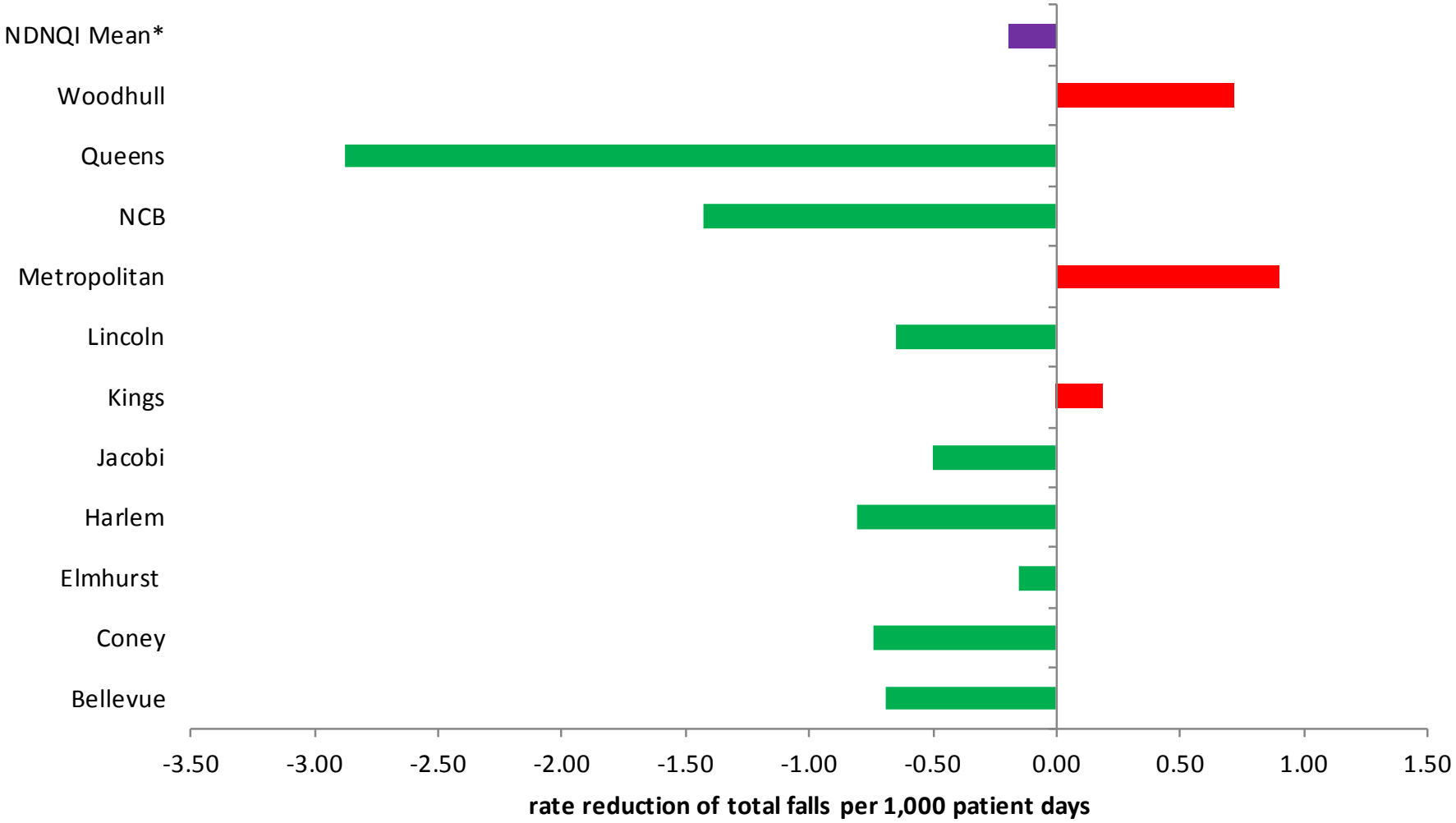
- Rightsizing and preparing the workforce
- Integration of behavioral health within medical services
- Development and implementation of a fully at-risk Special Needs Plan (SNP) for individuals with serious mental and substance use conditions

Nursing Sensitive Indicators

Lauren Johnston, RN, MPA, NEA-BC, FACHE
Corporate Chief Nursing Office
Medical & Professional Affairs Committee
December 13, 2012

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

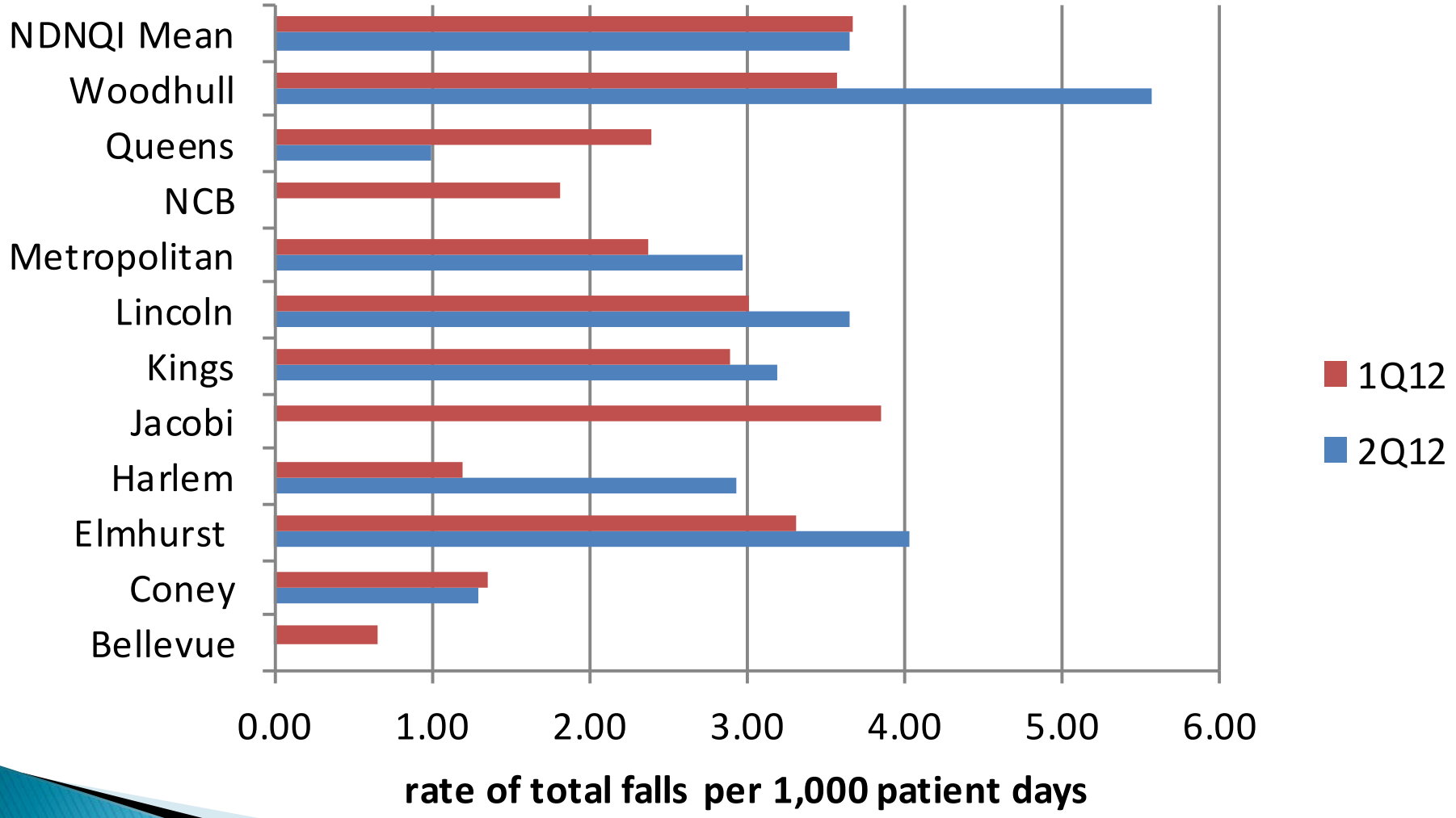
Fall Rates Change in Medical Units FY2012



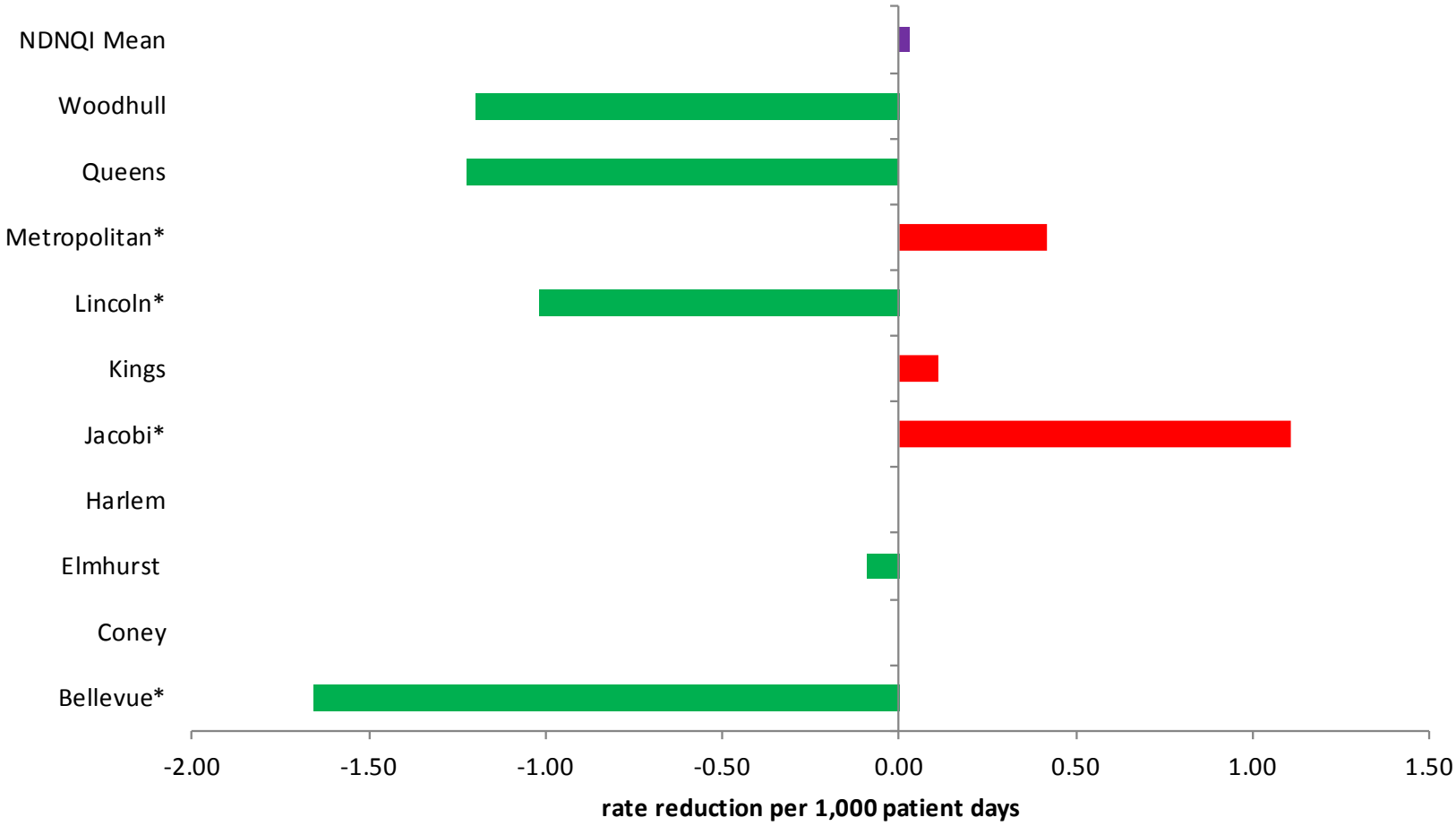
*NDNQI Mean Falls Medical Units Teaching Facilities

Falls in Med-Surg

NDNQI Q1 & Q2 2012

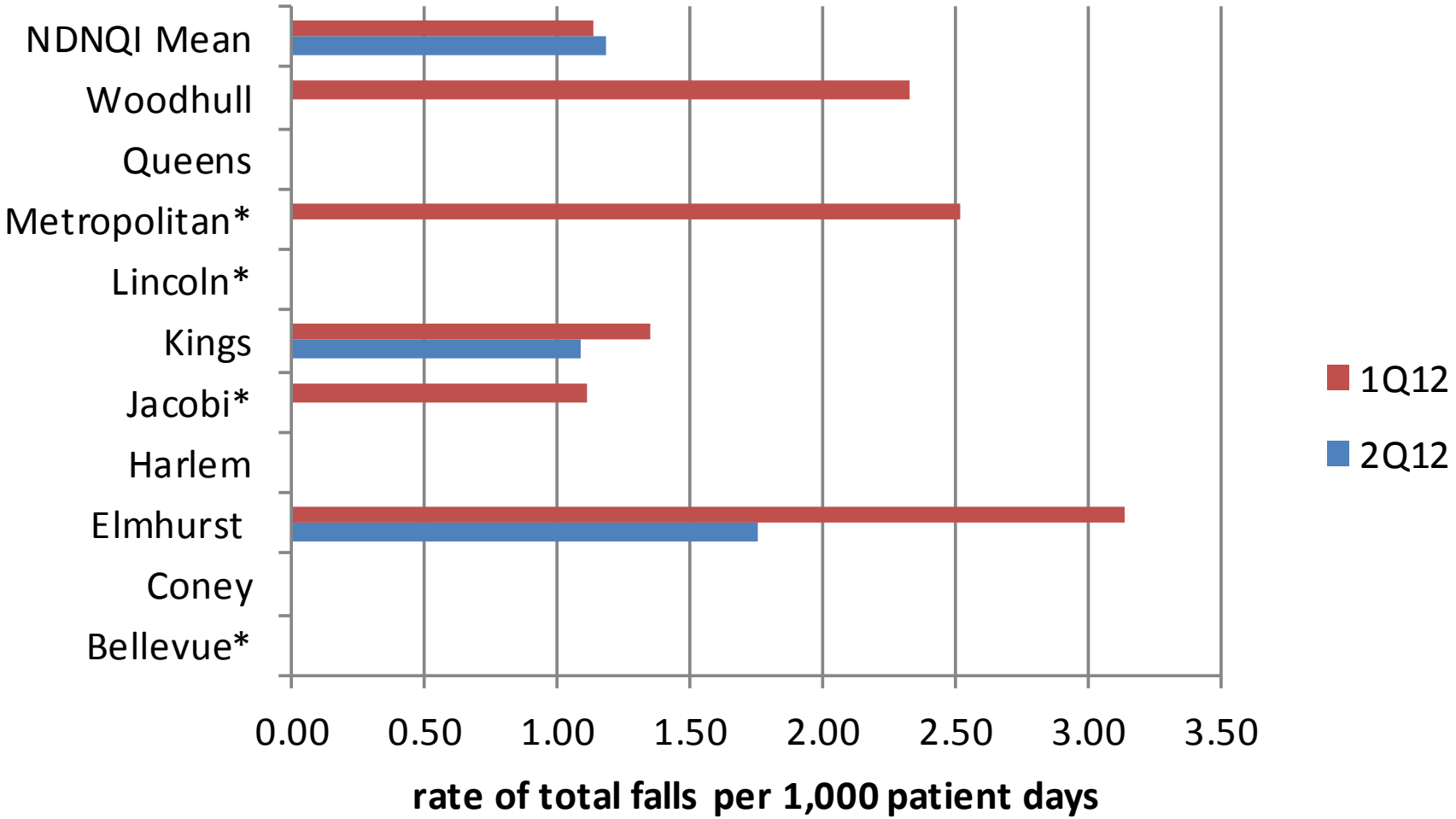


Fall Rate Change in Critical Care Units FY2012



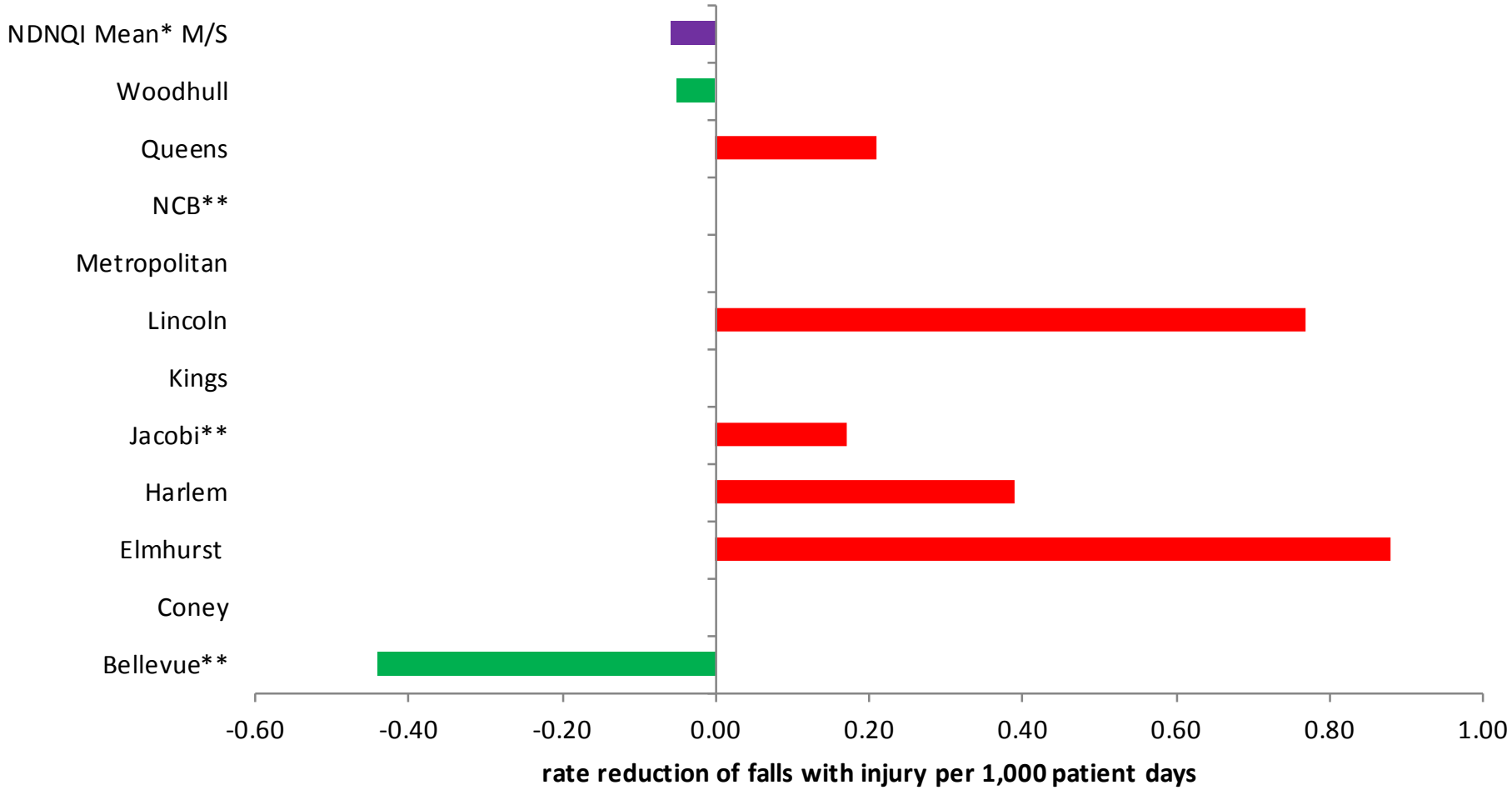
* Facility did not report 2Q2012, Rate change calculated: 3Q11 – 1Q12

Falls in Critical Care Units – NDNQI



* Facility did not report 2Q2012

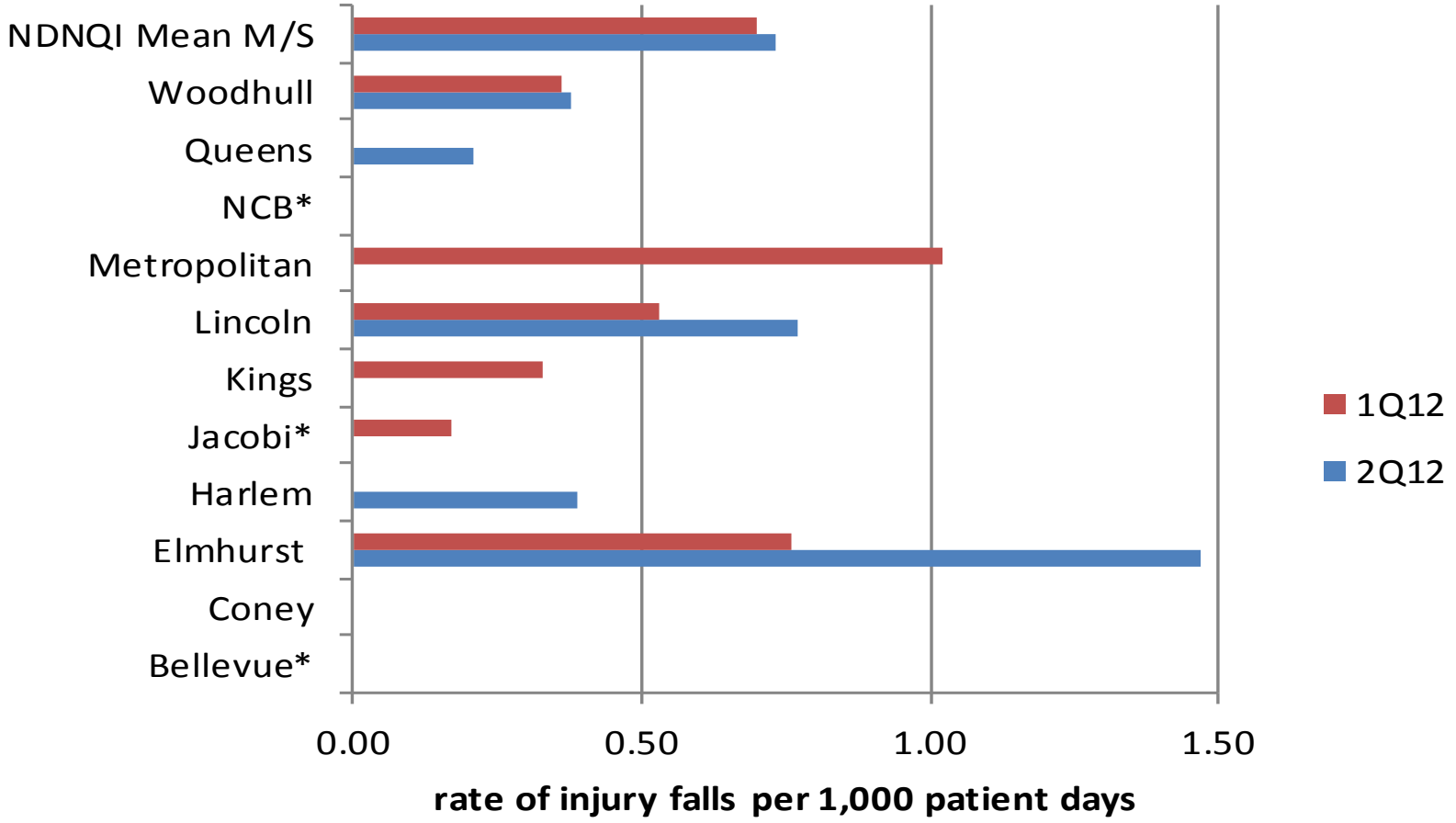
Falls with Injury Rate Change in Medical Units FY2012



*NDNQI Mean Falls with Injury Medical Units Teaching Facilities
** Facility did not report 2Q2012, Rate change calculated: 3Q11 – 1Q12

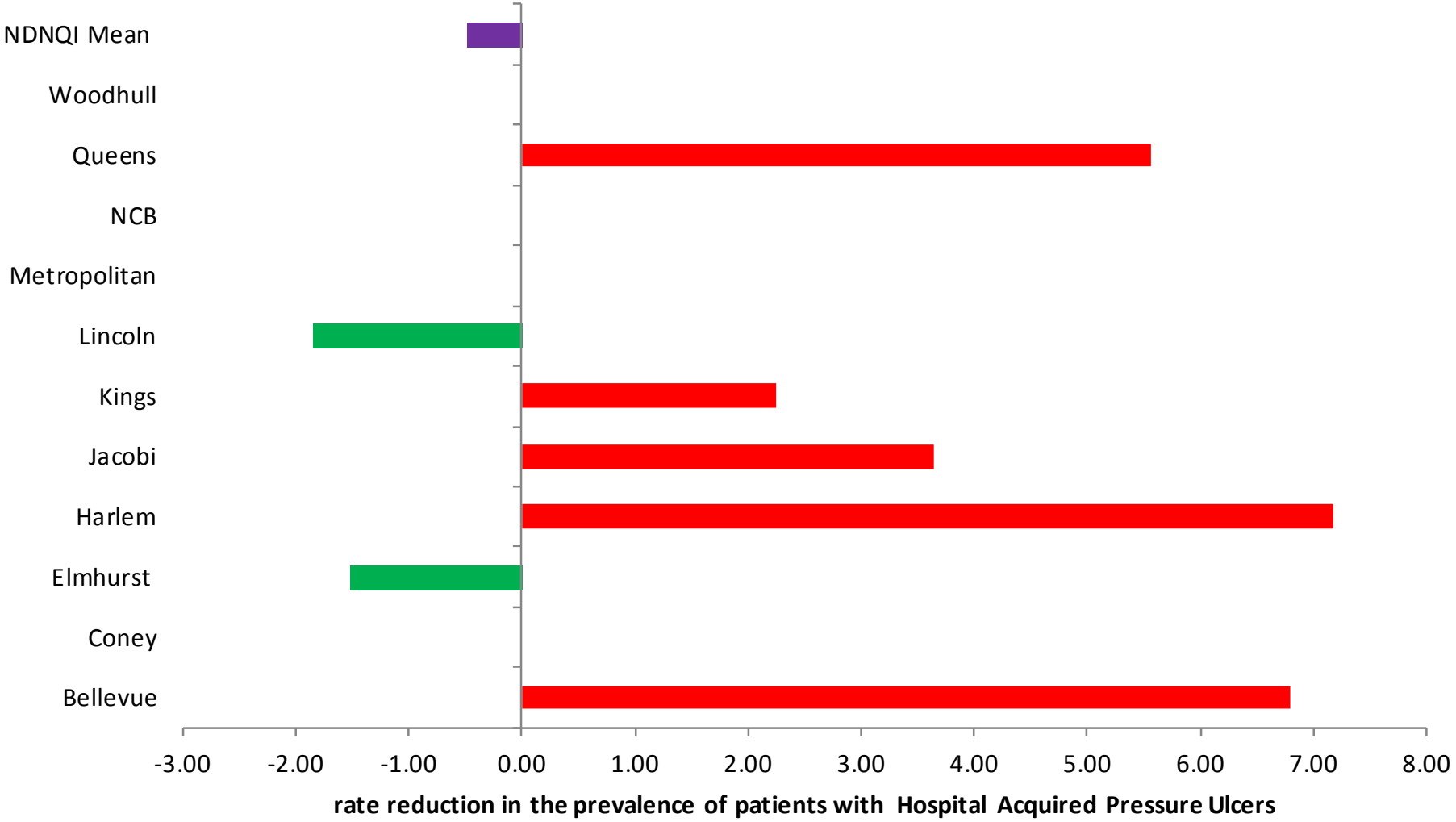
Falls with Injury Rate

NDNQI Q1 & Q2 2012



* Facility did not report 2Q2012

HAPU Rate Change in Medical Units FY 2012

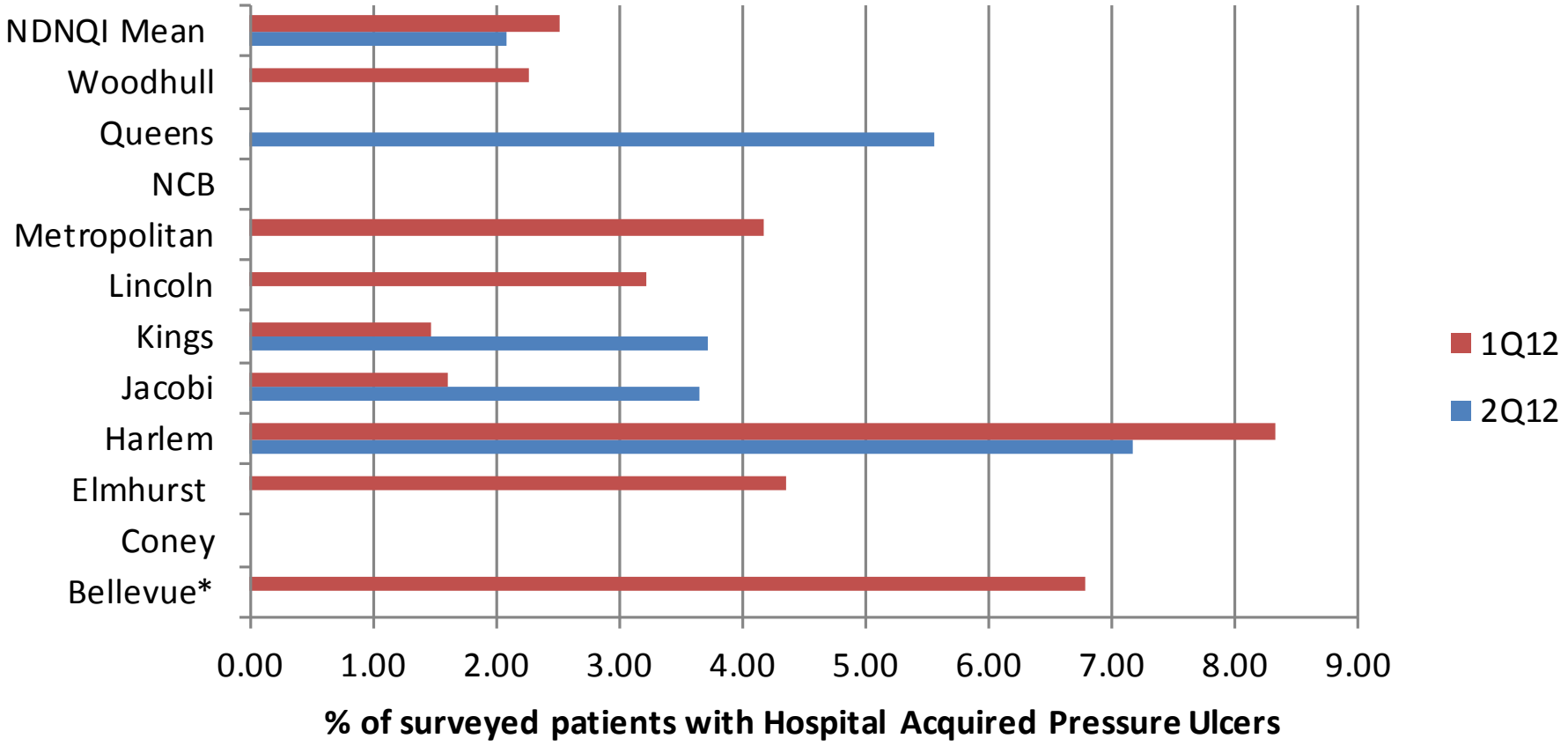


*NDNQI Mean HAPU Medical Units Teaching Facilities

Hospital Aquired Pressure Ulcer rate

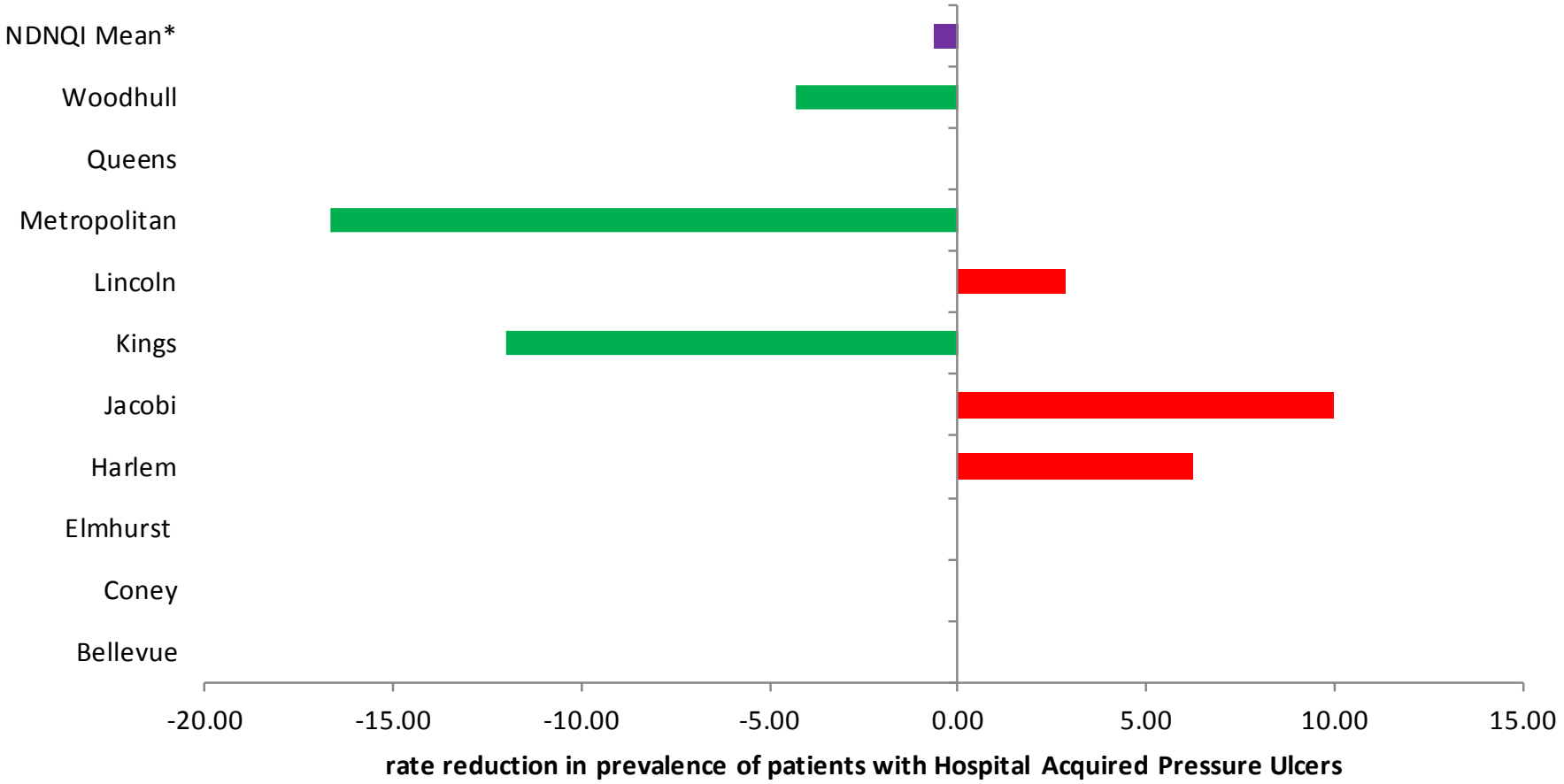
Medical Units - NDNQI

1Q2012 & 2Q2012



*No data submitted for 2Q2012

Hospital Aquired Pressure Ulcers in Critical Care Units FY 2012

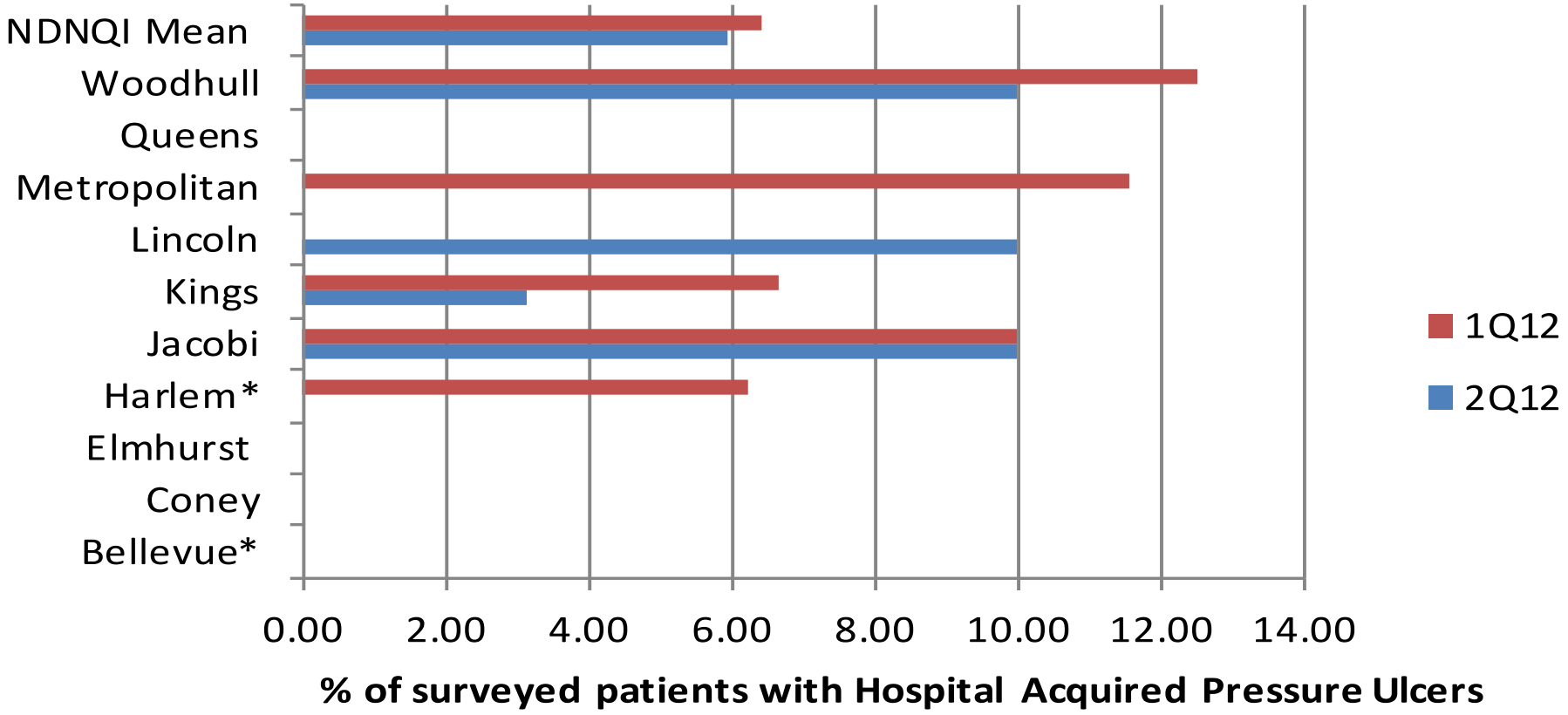


*NDNQI Mean HAPU ICU Teaching Facilities

Hospital Aquired Pressure Ulcer rate

Critical Care Units - NDNQI

1Q2012 & 2Q2012



*No data submitted for 2Q2012


TEAMWORK