

**STRATEGIC PLANNING COMMITTEE MEETING
OF THE BOARD OF DIRECTORS**

**SEPTEMBER 9, 2014
10:00 A.M.
HHC BOARD ROOM
125 WORTH STREET**

AGENDA

I. CALL TO ORDER **JOSEPHINE BOLUS, RN**

**II. ADOPTION OF JULY 8, 2014
STRATEGIC PLANNING COMMITTEE MEETING MINUTES** **JOSEPHINE BOLUS, RN**

III. SENIOR VICE PRESIDENT'S REPORT **LARAY BROWN**

IV. INFORMATION ITEM

i. WORLD TRADE CENTER HEALTH PROGRAM UPDATE

**TERRY MILES, ASSISTANT VICE PRESIDENT
HHC'S WORLD TRADE CENTER ENVIRONMENTAL HEALTH CENTER**

V. OLD BUSINESS

VI. NEW BUSINESS

VII. ADJOURNMENT **JOSEPHINE BOLUS, RN**

MINUTES

STRATEGIC PLANNING COMMITTEE MEETING OF THE BOARD OF DIRECTORS

JULY 8, 2014

The meeting of the Strategic Planning Committee of the Board of Directors was held on July 8, 2014 in HHC's Board Room located at 125 Worth Street with Josephine Bolus presiding as Chairperson.

ATTENDEES

COMMITTEE MEMBERS

Josephine Bolus, NP-BC, Chairperson of the Committee
Ram Raju, M.D.
Anna Kril
Robert F. Nolan
Bernard Rosen

OTHER ATTENDEES

J. DeGeorge, Analyst, New York State Comptroller
M. Dolan, Senior Assistant Director, DC 37
C. Fiorentini, Analyst, New York City Independent Budget Office
E. Lee, Intern, DC 37
K. Sieverding, Senior Vice President of Operations, Simpler North America, LLC

HHC STAFF

P. Albertson, Senior Assistant Vice President, Operations
M. Belizaire, Assistant Director of Community Affairs, Office of Intergovernmental Relations
C. Barrow, Assistant Director, Lincoln Medical and Mental Health Center
L. Brown, Senior Vice President, Corporate Planning, Community Health and Intergovernmental Relations
T. Carlisle, Associate Executive Director,
D. Cates, Chief of Staff, Office of the Chairman
L. Guttman, Assistant Vice President, Office of Intergovernmental Relations
L. Hansley, Director, Organizational Innovation, and Effectiveness

N. Holder, Intern, Corporate Planning Services
C. Jacobs, Senior Vice President, Patient Safety, Accreditation & Regulatory Services
L. Johnson, Senior Assistant Vice President, Medical and Professional Affairs
S. Kleinbart, Director of Planning, Coney Island Hospital
Z. Liu, Senior Management Consultant, Corporate Planning Services
P. Lockhart, Secretary to the Corporation, Office of the Chairman
K. Madej, Director of Social Media, Communications and Marketing
A. Marengo, Senior Vice President, Communications and Marketing
R. Mark, Chief of Staff, President's Office
H. Mason, Deputy Executive Director, Kings County Hospital Center
A. Martin, Executive Vice President and Chief Operating Officer, President's Office
I. Michaels, Director, Media Relations, Communications and Marketing
J. Omi, Senior Vice President, Organizational Innovation and Effectiveness
K. Park, Associate Executive Director, Finance, Queens Health Network
C. Pean, Associate Director, Harlem Hospital Center
S. Penn, Deputy Director, World Trade Center Environmental Health Center
N. Peterson, Senior Associate Director, Woodhull Medical and Mental Health Center
C. Philippou, Assistant Director, Corporate Planning Services
E. Russo, Assistant Director, Corporate Planning Services
S. Russo, Senior Vice President and General Counsel, Office of Legal Affairs
W. Saunders, Assistant Vice President, Office of Intergovernmental Relations
J. Wale, Senior Assistant Vice President, Behavioral Health
K. Whyte, Senior Director, Corporate Planning, Community Health and Intergovernmental Relations
M. Williams, Assistant Vice President, Affirmative Action/EEO

CALL TO ORDER

The meeting of the Strategic Planning Committee was called to order at 10:15 a.m. by the Strategic Planning Committee Chairperson, Josephine Bolus, NP-BC. The minutes of the June 10, 2014 meeting of the Strategic Planning Committee were adopted.

SENIOR VICE PRESIDENT REMARKS**Federal Update**World Trade Center Health Program Legislation

Ms. Brown reported that, in preparation for a possible reauthorization of the James Zadroga 9/11 Health and Compensation Act of 2010 in fall 2014, HHC was preparing its recommendations for changes that would be needed in the law. She reminded the Committee that HHC administers the World Trade Center Health Program's Clinical Center of Excellence (CCE) for Survivors. Ms. Brown explained that more than 7,000 individuals had been enrolled in the HHC-administered Survivor program; and that they receive WTC-related health care services at HHC's CCE sites, which are located at Bellevue and Elmhurst Hospitals and Gouverneur Diagnostic and Treatment Center. Ms. Brown informed the Committee that 9/11 Responders receive treatment at FDNY and Mount Sinai Hospital. She also informed the Committee that there was a WTC nationwide network program, which also provides health care services for individuals who had been harmed by the 9/11 terrorist attack. Ms. Brown stated that, it was anticipated that the New York State Congressional Delegation would introduce a reauthorization bill in Congress on September 11, 2014.

Ms. Brown stated that the James Zadroga 9/11 Health and Compensation Act of 2010 needed to be modified in two areas. The first modification would be to repeal the requirement of checking the names of program enrollees of both the Survivor and Responder programs against the Terrorist Watch List. Ms. Brown explained that the current bill called for the names of individuals who were enrolled in both the Survivor and Responder programs would be checked against the Terrorist Watch List that is maintained by the Department of Homeland Security. HHC recommends that this language be excluded from a reauthorization bill because it is intimidating to enrollees and may become a barrier/obstacle for individuals seeking and obtaining health care services. HHC's second recommendation is the addition of a provision to provide coverage and/or support for transportation services for program enrollees served by HHC's CCE. Ms. Brown clarified that the existing bill had language concerning transportation but only for the national network program. The existing bill states that transportation would be covered by the program if individuals who are seeking care lived within a specific geography or within a specified distance from their care provider. This benefit does not exist for program enrollees who are receiving care at any of the New York City-based Responder or Survivor programs. HHC has prepared proposed language for Congressional Delegation's consideration. The proposed language has been submitted to Dr. Raju, HHC's President and to Mayor's Office staff for their consideration and to inform their conversations with Legislators who are working on the bill.

City Update

FY 15 City Budget Adopted

Ms. Brown reported that the City Council had formally passed the \$75 billion spending plan for Fiscal Year 2015 at the end of June 2014. Ms. Brown explained that the \$75 billion spending plan maintained the same level of financial support for HHC that had been proposed in the Executive Budget. In addition, funding for City Council initiatives that were base lined last year was also maintained, which includes support for HHC's Child Health Clinics, Expanded HIV Testing Initiative, Behavioral Health Programs, and HHC's Unrestricted Subsidy. Ms. Brown stated that the Council had also approved new expense funding, which included:

- \$100,000 for Lincoln Medical Center's Guns Down Life Up Program; and
- \$60,000 for HHC's Hepatitis B and Hepatitis C Education and Awareness Initiative

Ms. Brown informed the Committee that, of the \$31 million new capital needs funding request that HHC had presented to the City Council, HHC received \$13 million. These funds will support the purchase of new equipment and fund needed renovations at several HHC facilities. Ms. Brown commented that HHC was very appreciative of the support that the City Council and the Mayor had provided to HHC in this year's budget. She shared with the Committee some examples of facility specific capital funding allocations that were made by the City Council which included:

- \$600,000 to fund necessary improvements for North Central Bronx (NCB) Hospital's Labor and Delivery service. This funding will enable NCB to resume its Labor and Delivery services in the fall. Ms. Brown commented that Mr. Nolan, Committee Member, had been in attendance at a press conference that was convened by Council Members Torres and Kings to announce the provision of funds to support NCB's Labor and Delivery Services.
- \$3 million for the renovation and expansion of Elmhurst Hospital Center's Adult Emergency Department
- \$1 million to fund the purchase of radiology equipment at Kings County Hospital Center
- \$2.1 million for the renovation and outfitting of the first floor of Metropolitan Hospital Center's outpatient building to create a state-of-the-art full service LGBT Comprehensive Family Health Center. Ms. Brown reminded the Committee that Metropolitan Hospital had opened a small LGBT clinic last month, which is currently located in a shared space. Ms. Brown noted that the funds will be used to create a separate and expansive space for the clinic. This new space will support the expansion of the clinic's capacity as the demand for services grows.
- \$800,000 to fund the purchase of a 64 Slice CT Scanner for Metropolitan Hospital
- \$600,000 to modernize the Pediatric suite at Segundo Ruiz Belvis Diagnostic and Treatment Center. These funds will be used to upgrade nurses' and physicians' work stations, to enhance the pediatric waiting area and to renovate the public restrooms to meet the needs of the disabled patient population.
- \$200,000 to repair and improve the roadways on the campus of Sea View Hospital Rehabilitation Center and Home (Sea View). Ms. Brown informed the Committee that Sea View had an expansive

campus; and the facility would usually depend on the Department of Transportation to repair the roadways on its campus. She noted that this allocation of funds was not only important for Sea View but would also benefit providers and participants of the vast number of community services/activities that are provided on Sea View's campus. Ms. Brown reminded the Committee that activities including large public events and community board meetings were held on Sea View's campus. She commented that there was a public bus route that runs through the campus.

Ms. Brown reported that HHC had applied for \$213 million in Interim Access Assurance Funding (IAAF) made available through the MRT Waiver but had only received \$152 million. Ms. Brown informed the Committee that, while HHC was grateful for 61% of the total available IAAF pool of \$250 million, HHC would have liked for the funding award to be more proportional to the role that HHC played in the State. Notwithstanding, HHC appreciates having received \$152 million.

INFORMATION ITEM

2014 New York State Legislative Session Update Presentation

Wendy Saunders, Assistant Vice President Office of Intergovernmental Relations

Ms. Brown introduced and invited Wendy Saunders, Assistant Vice President of the Office of Intergovernmental Relations to present her update on the 2014 New York State Legislative session. Ms. Saunders began her presentation by announcing that the Legislative Session had adjourned on June 20, 2014; and that this was the second year of a two-year legislative session. She commented that, because it was an election year for all legislators, more bills were passed. She summarized the session as the following:

- 15,911 bills introduced
- 802 bills passed Senate only
- 458 bills passed Assembly only
- 658 bills passed both Houses
- HHC actively tracking 1,083 bills

Ms. Saunders reported on the following bills that were of importance to HHC:

Safe Patient Handling Bill

[A.2180C \(Gunther\)/S.1123C \(Maziarz\)](#)

This bill would require hospitals, nursing homes and clinics to establish an internal committee charged with developing a specific Safe Patient Handling Program for their facility. The internal committee must include nurses and other direct care workers. Additionally, it must be comprised of half front-line and non-managerial employees. The committee must review best practices and sample policies that would be developed by a new State Health Department Safe Patient Handling Work Group. Moreover, facilities must conduct annual assessments of the policy and provide training for employees. Ms. Saunders reported that this bill was enacted as part of the state budget. She also noted that health care facilities would have to implement the program by January 1, 2017.

Staffing Ratios:[A.6571 \(Gottfried\)/S.3691A \(Hannon\)](#)

This bill imposes mandatory nurse staffing ratios for hospitals and nursing homes. It would require HHC to hire 3,200 new nurses, at a cost of more than \$388 million just for the hospitals. Ms. Saunders reported that this legislation was the top priority for the NYS Nurses Association and that they would continue to push hard for it next year. Ms. Saunders commented that the legislation would be the most costly health care mandate in memory with a statewide cost for hospitals at more than \$3 billion. Ms. Saunders added that the legislation did not pass either House.

Medical Malpractice:[A.1056A \(Weinstein\)/S.7130 \(Libous\)](#)

Ms. Saunders reported that, although the Trial Bar had pushed a number of measures, this bill was their focus this year. The Medical Malpractice bill extends New York's statute of limitations from thirty months from the date of the alleged malpractice, to thirty months from whenever the alleged malpractice is discovered. Ms. Saunders clarified that discovery included both the injury and the knowledge that it was caused by a negligent act. As a result, this could have the effect of extending the deadline for filing claims almost indefinitely. Ms. Saunders noted that this legislation was amended to clearly apply to HHC and other public facilities. She added that the hospital trade associations had estimated that this would increase malpractice costs by 15-25%. Ms. Saunders informed the Committee that this legislation did not pass either House.

Mrs. Bolus inquired about the names of the Legislators who had amended this bill. Ms. Saunders responded that the sponsors were New York City's Assemblyman Weinstein and Senator Libous from the Binghamton area. She added that there were many other sponsors who were from the City. A list of their names could be provided if needed. Ms. Saunders cautioned HHC to continue to be vigilant on this and other bills related to malpractice.

Job Order Contracts:[A.8757A \(Abbate\)/S.6618A \(Savino\)](#)

This bill would limit use of Job Order Contracts (JOCs), which is an important procurement tool for HHC. It allows for exceptions for work needed due to Hurricane Sandy or future State disaster emergencies. Ms. Saunders reminded the Committee that there was a similar JOCs bill that had passed both Houses last year, but was vetoed by the Governor. This legislation would limit the use of JOCs, which HHC uses for renovation, repair and maintenance projects where traditional contracting would be impractical. Ms. Saunders explained that, because JOCs provided a streamlined process for designing, engineering and contracting multiple projects all at once, these projects were more efficient because they are completed more quickly and are estimated to save 8-15%, compared to traditional contracting methods. Ms. Saunders emphasized that these projects must still follow a competitively bid process, pay prevailing wages and comply with Wick's Law requirements. Ms. Saunders reported that the bill had passed the Assembly and was very close to passing in the Senate, but it died at the last minute. She added that HHC had worked closely with the Mayor's Office and opponents of the legislation to determine if there could be changes made to the bill that would make it less problematic for HHC. This bill was passed only in the Assembly.

HHC Specific Legislation

1. [A.130 \(Cusick\)/S.2474 \(Lanza\)](#)
2. [A.135 \(Cusick\)/S.2481 \(Lanza\)](#)

Ms. Saunders reported on two bills that were specific to HHC. These bills were both sponsored by Assemblyman Cusick and Senator Lanza. Ms. Saunders informed the Committee that these bills were introduced every year. The first bill would require HHC to spend 10% of its operating budget in every borough, including Staten Island. In the last year, that bill had passed the Senate only. The second bill called for HHC to finance the operations of at least two Emergency Departments on Staten Island. This bill was moved by the Assembly to the Ways and Means Committee, where it died. Ms. Saunders noted that this has been the outcome of these two bills over the past two years. Notwithstanding, HHC will remain attentive to the possibility that either House could do something unexpected.

Legislation Concerning Hospitals

1. [Information for Visually Impaired Patients \(A.746A \(Rosenthal\)/S.328A \(Avella\)](#)
2. [Maternal Depression \(A.9610B, Gottfried\)/S.7234B, Krueger\)](#)
3. [Quality Assurance for Trauma and Emergency Care \(A.9611, Gottfried /S.7272, Hannon\)](#)

Ms. Saunders reported that the first bill would require hospitals to offer visually impaired patients large print or audio recordings of pre-admission and discharge information. This bill would take effect 90 days after it is signed into law. The Maternal Depression bill is similar to the bill that was vetoed by the Governor last year. She explained that the bill would require the State Department of Health (SDOH) to develop education and screening materials on Post-Partum Depression. Hospitals would have to screen new mothers and provide education and materials that will be developed by SDOH. Ms. Saunders reported that the third bill concerning quality assurance for trauma and emergency care would make it easier for hospitals to conduct quality assurance for care provided to trauma patients and in the Emergency Department (ED). This would be accomplished by requiring coroners and medical examiners to provide autopsy reports to hospitals for that purpose. Ms. Saunders noted that this legislation would take effect immediately. Ms. Saunders informed the Committee that three these bills had passed both Houses but they have not yet been delivered to the Governor.

Mr. Robert Nolan, Board Member, asked which of the three bills had the best chance of being signed by the Governor. Ms. Saunders responded that all of the bills were likely to be signed by the Governor. Notwithstanding, she added that the Maternal Depression bill was most questionable. While a couple of tweaks had been made to that legislation, it remains unclear if the bill had been modified enough to satisfy the Governor's concerns.

Legislation Concerning Professional Issues

1. [Mental Health Whistleblower Protections: \(A.7909 \(Gunther\)/S.6183 \(Carlucci\)](#)
2. [Standing orders for Hepatitis C Testing: \(A.9124A \(Zebrowski\)/S.6871 \(Hannon\)](#)
3. [Adult Immunizations: \(A.9561A \(Paulin\)/S.7253 \(Hannon\)](#)

Ms. Saunders reported on three bills concerning professional issues. The Mental Health Whistleblower Protections Legislation would protect employees of the State Office of Mental Health (SOMH) or the State Office of Alcohol and Substance Abuse Services (OASAS) licensed-facilities from retaliation for reporting abuse, neglect or maltreatment. Ms. Saunders noted that, should this bill be signed into law, it would take effect immediately.

Ms. Saunders reported that the second bill concerning standing orders for Hepatitis C testing would require physicians and nurse practitioners to issue non-patient specific prescriptions called standing orders. This would allow nurses to perform the screening test for Hepatitis C. Ms. Saunders noted that this practice was important as it would help to facilitate the new law which required all Baby-Boomers receiving primary care to be offered the screening test. Ms. Saunders added that the legislation would take effect 90 days after it becomes law.

Ms. Saunders reported that the third bill would require registered nurses and pharmacists to record within the immunization registry (currently used for children) all immunizations that they provide to adults who are 19 years or older, with patients' oral consent. Ms. Saunders added that this requirement would be optional for all other providers. This bill would take effect upon enactment.

Ms. Saunders informed the Committee that all three bills had passed both Houses.

Legislation Concerning Health Insurance

1. [Coverage for Telehealth: A.9129A \(Russell\)/S.7852 \(Young\)](#)
2. [Coverage for Ostomies: A.8137A \(Magnarelli\)/S.5937A \(Valesky\)](#)
3. [Alcohol and Substance Abuse Parity: A.10164 \(Cusick\)/S.7912 \(Seward\)](#)

Ms. Saunders presented three health insurance related bills that had passed both Houses. The first bill would require insurers including Medicaid managed care plans to provide coverage for Telemedicine and Tele health. The second bill would require health insurers to provide coverage for equipment and supplies related to the treatment of ostomies. Ms. Saunders explained that there was also a companion bill by the same sponsors that would mandate the same requirements for policies sold via the Health Insurance Exchange.

The third bill called for health insurance parity for alcohol and substance abuse treatment, which is similar to recent laws that were passed to ensure parity for mental health services. In addition to requiring coverage for treatment services, the bill also mandates expedited reviews of requests for treatment. Ms. Saunders explained that this last bill had been included in a package of 11 bills that were created to combat the growing problem of opioid abuse, most notably heroin. Other bills in the package called for new demonstration programs for outpatient treatment models; wrap-around services for those in treatment; equipping family members, homeless shelters and police with the "antidote" for a heroin overdose; and the creation of public awareness and education campaigns. This package of bills was signed into law. Ms. Saunders added that the provisions of these new health insurance coverage laws would apply to policies issued or renewed after January.

Other Important Legislation:

1. [Medical Marijuana: A.6357E \(Gottfried\)/S.7923 \(Savino\)](#)
2. [Surveys of Outpatient Mental Health Services: A.9768A \(Gunther\)/S.7481A \(Hannon\)](#)
3. [Prescription Refills: A.8162A \(McDonald\)/S.6449A \(Hannon\)](#)

Ms. Saunders reported on other legislation that had passed both Houses that were of importance to HHC. She stated that the Medical Marijuana bill created a certification process for patients with a limited number of serious medical conditions. Physicians who register with the SDOH would be able to prescribe a specific dosage of medical marijuana for their patients, after first checking the I-STOP system to ensure that their

patients are not medical marijuana abusers. Health insurers are not required to cover medical marijuana. Ms. Saunders added that medical marijuana would be provided by up to five organizations that can grow, distribute and dispense it from up to four dispensaries each (for a total of 20). They must comply with strict security and quality requirements. This bill was signed into law.

Ms. Saunders discussed the bill that would eliminate duplicative outpatient mental health and substance abuse services surveys conducted by SOMH and SOASAS, when those services are being provided by a hospital that had already been surveyed to achieve national accreditation. Ms. Saunders noted that HHC would welcome this bill as this was currently the case for inpatient services.

Ms. Saunders reported that, in order to reduce waste and improve medication adherence, the Prescription Refill bill prohibited pharmacies from automatically mailing prescription refills to patients. The legislation requires pharmacies to contact patients at least every six months to ensure that there was a continued need for that medicine, rather than automatically sending it.

Mr. Rosen asked for clarification regarding the issue of prescription refills in the absence of this legislation. Ms. Saunders explained that mail order pharmacies have been sending out prescriptions, month after month, without hearing from patients with regard to their continued need for the medicine. Ms. Saunders clarified that this legislation would only target mail-order and other home delivery services.

Mrs. Bolus thanked Ms. Saunders for her presentation.

ACTION ITEM

Joanna Omi, Chief Innovation Officer, Senior Vice President, Organizational Innovation and Effectiveness

Ms. Omi was invited by Ms. Bolus, Committee Chair, to present the action item concerning the execution of a contract with Simpler North America, LLC (Simpler) to provide Lean consultative services aimed at furthering the implementation of Breakthrough/Lean across the corporation. Ms. Omi presented the resolution to the Committee as the following:

“Authorizing the President of the New York City Health and Hospitals Corporation (The “Corporation”) to negotiate and execute a contract with Simpler North America, LLC (“Simpler”) to provide “Lean” coaching, consultation and training services in support of the further implementation of Breakthrough throughout the Corporation, as well as for the acceleration of independence from outside expertise. This contract shall be for a total amount not to exceed \$10,494,000 for the period from November 1, 2014 through October 31, 2017, with two one-year options for renewal, solely exercisable by the Corporation, subject to additional funding approval by the Corporation’s Board of Directors.”

Ms. Omi informed the Committee that EEO approval had been received for Simpler and Vendex approval was still pending.

Ms. Omi began her presentation by informing the Committee that her presentation would focus more on the proposed contract with Simpler North America, LLC because the Committee was already familiar with HHC's Breakthrough initiative.

Ms. Omi defined Breakthrough as being a [principled operating system](#) with powerful tools for improvement and change founded in a philosophy of [continuous improvement](#) and [respect for people](#). We strive to effectively provide [high quality services to customers without waste](#). Breakthrough is transforming the way we conduct business at HHC; we are becoming a community of [empowered problem solvers](#) that embraces innovation in the pursuit of [zero defects](#).

Ms. Omi described HHC's Breakthrough transformation journey. Ms. Omi stated that it was originally projected that it would take ten years for HHC to achieve culture change. Ms. Omi reported that HHC was on target with its transformation journey. She reminded the Committee that Breakthrough had been deployed across the facilities at different points in time over the last seven years. Some facilities have been implementing Breakthrough for a period of two years while others began their journey in late 2007/ early 2008.

Ms. Omi described the Breakthrough cycle, which starts with the development of a vision and strategy. This work begins with Dr. Raju, HHC's President, and then cascades throughout the organization so that the system architecture can be built for the Breakthrough Operating System. Ms. Omi explained that the Breakthrough Operating System was comprised of many approaches and essential tools including A3 thinking to identify and understand the root causes of problems and rapid improvement events (RIEs) to make specific changes for stair stepping improvements throughout the organization. Ms. Omi stated that, over the last few years, HHC had deployed a Daily Management System (DMS) strategy, which supported further incremental improvements and allowed for more people throughout the organization to become engaged in Breakthrough. DMS includes many different types of support for the infrastructure including Gemba walks (defined as an opportunity to see the work in action), an extensive training program, and a committee and accountability structure to enable sustainment. Results are sustained after completing all these steps.

Ms. Omi reminded the Committee that Breakthrough was about eliminating waste. She explained that the process begins with value stream (VS) mapping or the identification of a series of processes to reach patient flow. Ms. Omi explained that the goal of a rapid improvement event (RIE), which is a weeklong event, is to identify the root cause of a specific problem, to eliminate waste and to implement new changes and solutions. Ms. Omi emphasized that RIEs produced stair steps improvements. However, if a DMS strategy is not implemented to support those improvements, degradation of the improvements would occur, which would result in the need to rebuild each time. The addition of a DMS strategy produces much more stabilization and ensures continuous improvements.

Ms. Omi described the financial benefits that HHC had gained as a result of the Breakthrough initiative. She reported that, to date, Breakthrough had generated new revenues and cost savings totaling \$465 million. For every contract dollar authorized, HHC has identified an average of \$18.67 in financial benefit. Ms. Omi reported on employee participation/engagement in the Breakthrough initiative. To date, nearly 12,000 employees have participated in different types of Breakthrough training and events. Nearly 23,000 employees have participated in the Breakthrough initiative through multiple levels of trainings including the Breakthrough Awareness Workshop and the Green, Bronze, Silver, Gold and Platinum training courses. Ms.

Omi informed the Committee that HHC had assumed complete responsibility for the Breakthrough Training Program in Fiscal Year 2014.

Ms. Omi provided the Committee with some examples of the results that Simpler had achieved through their work with HHC facilities across the corporation. These examples are the following:

- **Harlem Hospital Center** achieved a 100% decrease in trays with missing or defective instruments for Perioperative Services. Ms. Omi explained that Harlem Hospital's Breakthrough journey began only two and a half years ago. Harlem Hospital's Breakthrough work is being sustained through the creation of standard work and improved communication between the Operating Room (OR) and Central Sterile. Other facilities have learned from Harlem Hospital's Breakthrough experience.
- **Kings County Hospital Center** achieved a 37.5% decrease in cycle time from request for patient transport from the ED to patient rooms; and an 88% decrease in patients not ready to be transported. Patient readiness has now improved significantly.
- **Bellevue Hospital Center** achieved an 86% reduction in patient wait time for pharmacy services, from 4 hours to 34 minutes. This stellar improvement rate is attributable to the following:
 - Creation of two flow cells
 - 6S conducted to improve flow
 - New standard work for labeling/bagging
 - Installation of a patient alert system
- **Jacobi Medical Center** achieved a 38.6% increase in first case on-time start for Perioperative Services. Delayed starts for first cases in the Operating Rooms (OR) produce extensive patient wait times and inefficient utilization of room, instrument, physician, nursing and staff times.

Ms. Omi described the achievements gained as a result of the implementation of DMS at six HHC sites. She reported that, between 2013 and 2014, DMS strategies were implemented in 55 of a total of 250 areas. Ms. Omi explained that an area could be a pod in a patient clinic, a complete small clinic, an inpatient unit or an emergency room. She added that DMS strategies would be implemented in the remaining areas over the next couple of years. Ms. Omi stated that the benefits of DMS are detected as early as the first month or two. The DMS results that were achieved at six HHC sites include:

- **Kings County Hospital:** Patients seen by their Primary Care Provider in the Adult Practice increased from 75% to 95%
- **Bellevue Hospital:** Patients leaving within 15 minutes of being identified for discharge increased from 86% to 93%
- **Metropolitan Hospital:** Urgent care patients seen by provider within 30 minutes increased from 30% to 52%
- **Lincoln Medical Center:** Patient cycle time in the Adult Medicine Clinic reduced an average of 25 minutes

- **Queens Hospital Center:** Percent of self-pay patients who were in contact with a Financial Counselor increased by 260%, from 27% to 97%
- **Elmhurst Hospital Center:** Percent of patients seen within one business day of admission increased 58%, from 36% to 57%

Ms. Omi described HHC's contract history with Simpler as the following:

- Breakthrough first initiated in November 2007
- Simpler was procured via a competitive RFP
 - Scope: Lean consultation and support services
 - Term: 3 years (2007—2010 with 2 one-year optional renewals)
 - Original budget: \$5million
 - First amendment: Increase total to \$7 million; no change in term (January 2010)
 - First option renewal and amendment (October 2010)
 - Exercise first one-year renewal option (Year 4)
 - Add \$3.1 million for Year 4
 - Add a third optional renewal year to the contract (for a total potential of 6 years)
 - Second option renewal and amendment: (October 2011)
 - Exercise second one-year renewal option (Year 5)
 - Added \$4.9 million for year 5
 - Third option renewal and amendment (October 2012)
 - Exercise third and final one-year renewal option (Year 6)
 - Added \$5.5 million for year 6
 - Contract total: \$20.5 million for 6 years
 - Sole source contract (October 2013)
 - One year term (through October 2014)
 - Value: \$4.4 million (20% reduction from the prior year contract amount of \$5.5 million)

Ms. Omi reported that HHC had initiated a competitive bid process seeking Lean consultative services because there was a larger pool of vendors that provided LEAN consultation in the healthcare delivery sector compared to eight years ago, when HHC first launched Breakthrough with Simpler. Therefore, the decision to initiate an RFP process is not a negative reflection on Simpler. HHC has developed a very good relationship with Simpler but HHC wanted to ensure that it pursued/engaged the best of the best. Ms. Omi added that six of the 43 vendors that received HHC's RFP submitted formal proposals. All of the proposals that were received were deemed to be worth reviewing. The Selection Committee comprised of staff from across many disciplines corporate-wide and included senior vice presidents, executive directors, chief operating officers, chief medical officers and chiefs of service. The Selection Committee evaluated and scored all of the proposals that were submitted in response to the RFP. Simpler's proposal ranked highest compared to all of the other proposals.

Ms. Omi described HHC's proposed new contract with Simpler as the following:

- Period: November 1, 2014 through October 31, 2017 (3 years)
- Contract amount: \$10,494,000
 - CY 2015= \$4,404,000
 - CY 2016=\$3,323,500
 - CY 2017=\$2,766,500

(CY 2017 amount is 37% less than CY 2014 contract amount)

- Projected Financial Return: For every \$1 spent on this contract, HHC will collect and report
 - \$ 20.49 in new revenues and cost savings

Ms. Omi described Simpler's contract deliverables as summarized below:

DELIVERABLE SUMMARY	Year One		Year Two		Year Three		TOTAL	
	Delivery Weeks	Annual Cost	Delivery Weeks	Annual Cost	Delivery Weeks	Annual Cost	Delivery Weeks	3 Year Cost
Enterprise Strategy Support - 'Setting Direction'	44	\$748,000	34	\$578,000	28	\$476,000	106	\$1,802,000
Infrastructure Support - 'Building Capability'	10	\$256,000	6	\$188,000	6	\$188,000	22	\$632,000
Network / Site Support - 'Creating Flow'	96	\$1,800,000	70	\$1,312,500	62	\$1,162,500	228	\$4,275,000
Staff Level Support - 'Developing Discipline'	94	\$1,500,000	76	\$1,185,000	60	\$900,000	230	\$3,585,000
Enterprise Opportunities - 'Lean Innovation'	5	\$100,000	3	\$60,000	2	\$40,000	10	\$200,000
Total Weeks and \$ Investment	249	\$ 4,404,000	183	\$ 3,323,500	152	\$ 2,766,500	584	\$10,494,000

Ms. Omi described how HHC will collaborate/partner with Simpler over the course of the new contract as the following:

	Simpler	Purpose	HHC
VISION AND STRATEGY	Teach/coach leadership on hoshin kanri	Set and align organizational strategy and business goals; establish approach for collaborative achievement	Adopt multi-year goals and plans for annual achievement
ARCHITECTURE AND INFRASTRUCTURE	Teach/coach Simpler Business System (SBS)	Establish a comprehensive system for setting vision, planning, managing, improving and sustaining gains in which all employees contribute to the mission and goals of the organization. Embrace development of people as a fundamental priority.	Modify SBS to create Breakthrough—the HHC Operating System; Create training and development programs.
VALUE STREAMS	Teach A3 thinking and tools --VSA, VVSM, RIE, 2P	Establish the approach and component parts of the operating system -- tools and processes.	Develop internal capacity for continuous and sustained improvement.
DAILY IMPROVEMENT	Teach and coach managing for daily improvement	Enable managers throughout HHC to operate through a standardized program of behaviors, tasks and administrative actions.	Develop and implement the Daily Management System with just in time modular expansions.

Ms. Omi described Simpler's future role/contract scope as the following:

Utilizing the full bench strength of Simpler and Truven, deploy expertise to sites and the corporate office:

- Visioning and Strategy:

- Deploy lean Leadership Institute for senior leaders
- Coach leadership in Hoshin Kanri application
- Create innovation model
- Architecture and Infrastructure:
 - Create a Human Development strategy
 - Create model value streams in areas of strategic priority
- Value Stream Activity
 - Ensure facility Breakthrough office staff and leaders have a deep understanding of Breakthrough, are expert on tools and techniques and can move easily between different applications
 - Establish model value streams in areas of strategic priority
 - Establish flow cells in all value streams
 - Strengthen enterprise and site level analytic and evaluative capacity, including ROI
- Daily Management System
 - Accelerate spread of DMS with the goal of implementing in 250 areas
 - Add audit boards, leader standard work, "idea generation"

Ms. Omi described HHC's Fiscal Year 2015 goals as the following:

- Improve alignment of Breakthrough resources to strategic business goals
 - Deepen application of Hoshin Kanri
 - Identify enterprise-level strategic value streams
 - Establish enterprise-wide measures and targets
 - Prioritize resource allocation
- Improve spread of best practices and sustainment of improvements
 - Establish and spread standard work (what good looks like)
 - Create process and repository for use of tested and validated solutions ("Yokoten" repository)
- Embed Breakthrough expertise more broadly across the organization to grow independence from external expertise
 - Accelerate spread of DMS and model value streams
 - Spread capacity for Bronze and Silver training to facilities
 - Conduct leader and manager training
 - At least 4 (now 2) sites will rely only on the Enterprise Breakthrough Office for coaching and consultation

Ms. Omi concluded her presentation with the following quote from Dr. John Toussaint, Founder and CEO of Thedacare Center for Healthcare Value:

"The core work of the transformation is changing the culture--- changing how we respond to problems, how we think about patients, how we interact with each other...When Lean thinking goes only skin deep and management does not change, improvements cannot be sustained."

Ms. Omi introduced Mr. Keith Sieverding, Simpler's Senior Vice President of Operations.

Mr. Rosen, Board Member, inquired about the expected rate of return on investment for the new contract. He inquired about HHC's confidence in achieving the 20 to 1 rate of return. He further asked if HHC would

run the risk of that rate being diminished over time. Ms. Omi responded that the rate of return would continue to grow because not all of the achievements and successes that have been achieved through Breakthrough were either monetized or advertised. Ms. Omi added that HHC's internal capacity for improvement had escalated significantly. She was hopeful that HHC would get better at monetizing and advertising.

Mr. Rosen recalled a phrase from the Office of Management and Budget (OMB) which states: "It is very easy to count inputs; but it very hard to quantify outputs." While the recurring revenues are easily identified, the hardest part remains to quantify the cost savings. Mr. Rosen added that the expected rate of return was a big number. Ms. Omi responded that the number could have been far smaller but would still be considered a huge benefit.

Mrs. Bolus, Committee Chairperson, commented that HHC's current challenge was access to health care. She added that, to date, there had not been enough improvements made in that area. She asked Ms. Omi how the new contract with Simpler would address that issue. Ms. Omi's response was twofold. She explained that at individual facilities, there had been significant decreases in wait times and in non-value added activities that HHC required patients to go through in order to be seen by a provider. As a result of Breakthrough, there have been significant reductions in those types of activities and in wait times, particularly in ambulatory care, ED, admissions and in other areas including surgery. She stated that it was hard to quantify because of the way things were being measured. However, there will be changes in the future. She added that, because wait times were being measured differently at each facility, she is not able to report to the Board that wait times had been reduced by x number through Breakthrough. She stated that she was hopeful that she would be able to provide that information in the future because the volume of activities would be greater and the metrics focused on wait times would be standardized. Ms. Omi emphasized that significant work was being done to improve access.

Ms. Omi informed the Committee that Denver Health, which was a few years ahead of HHC on its Lean journey, had done tremendous work. Denver Health began to see significant financial benefits at five years into their Lean journey. Denver Health realized that for any service such as a patient coming in for an ambulatory care visit either with an appointment or walk-in, the patient had to go through the same cycle. The patient had to be registered, assessed, treated and eventually discharged. Ms. Omi explained that this flow, which had many steps, may also include dozens more steps for the patient. Until an impact is made in every single one of those steps, there will always be a challenge. Even with an improved registration process there will be some wasted activities in assessment and treatment, which will not improve health care access. Ms. Omi emphasized that improvements must be made in the entire value stream for the patient before significant changes can be realized.

Mr. Rosen commented that if patients have a good rapport with their primary care physicians, they would not get so quickly upset about the wait time. Mr. Rosen provided an example concerning his personal internist who had a busy practice and was always apologizing to his patients about the wait. He also recalled a presentation made to the Board of Directors about ophthalmology visits and that he had to wait even longer to see his own ophthalmologist. Mr. Rosen concluded that once the patient had confidence in the provider and had built a rapport with that provider, the patient would be more willing to wait.

Ms. Omi shared with the Committee that a key DMS observation had been that patients felt that they were much more attended to in areas where DMS strategies had been implemented because staff appeared to be much more engaged. Improvements are continuously made based on data that are being collected every

day. Ultimately, that sense of being part of the solution is empowering and makes happier employees. Happier employees make happier patients.

Mr. Nolan referred to the Employee Engagement Chart that was displayed on presentation slide# 18. He commented that for several fiscal years, the number of employees that had participated in Breakthrough training had more than doubled from FY'13 to FY'14. He asked why the modest increase over the years had suddenly doubled. Ms. Omi responded that a key reason was that the definition of employee engagement had been changed. She explained that the number of engaged staff was generated from a small number of taught courses and the number of RIEs that were being conducted. As Breakthrough becomes more embedded, the staff begins to use Breakthrough every day but those activities have never been included in the count of staff engagement. Staff daily activities including DMS, workshops and other activities that are still making significant changes are now counted. Ms. Omi informed the Committee that HHC offered an online Breakthrough Awareness course, which had prompted staff to complete the Green training, which is a daylong basic training workshop. In the past, all Green trainings were being conducted at Central Office. Over the past year and a half, HHC facility staff have been certified to offer the Green training course, which makes the training more accessible to staff. Ms. Omi added that the increase in the number of staff engagement was mainly due to an increase in the number of training opportunities and the spread of DMS.

Mrs. Bolus asked if HHC was using less external support for those training courses and rapid improvement events. Ms. Omi responded that most of the training courses were adopted from Simpler's materials. To date, HHC staff provides all of the eight formal courses represented, except for the platinum courses. She added that with the exception of the Breakthrough Awareness course that is available online and the Green course offered at the facilities, staff of the Office of Organizational Innovation and Effectiveness provided all the other courses, except for the highest level course, which is the Platinum training course.

Mrs. Bolus thanked Ms. Omi for her presentation. The Committee voted and approved the Simpler contract for presentation to the Board of Directions for final approval.

ADJOURNMENT

There being no further business, the meeting was adjourned at 11:15 AM.

HHC World Trade Center Environmental Health Center

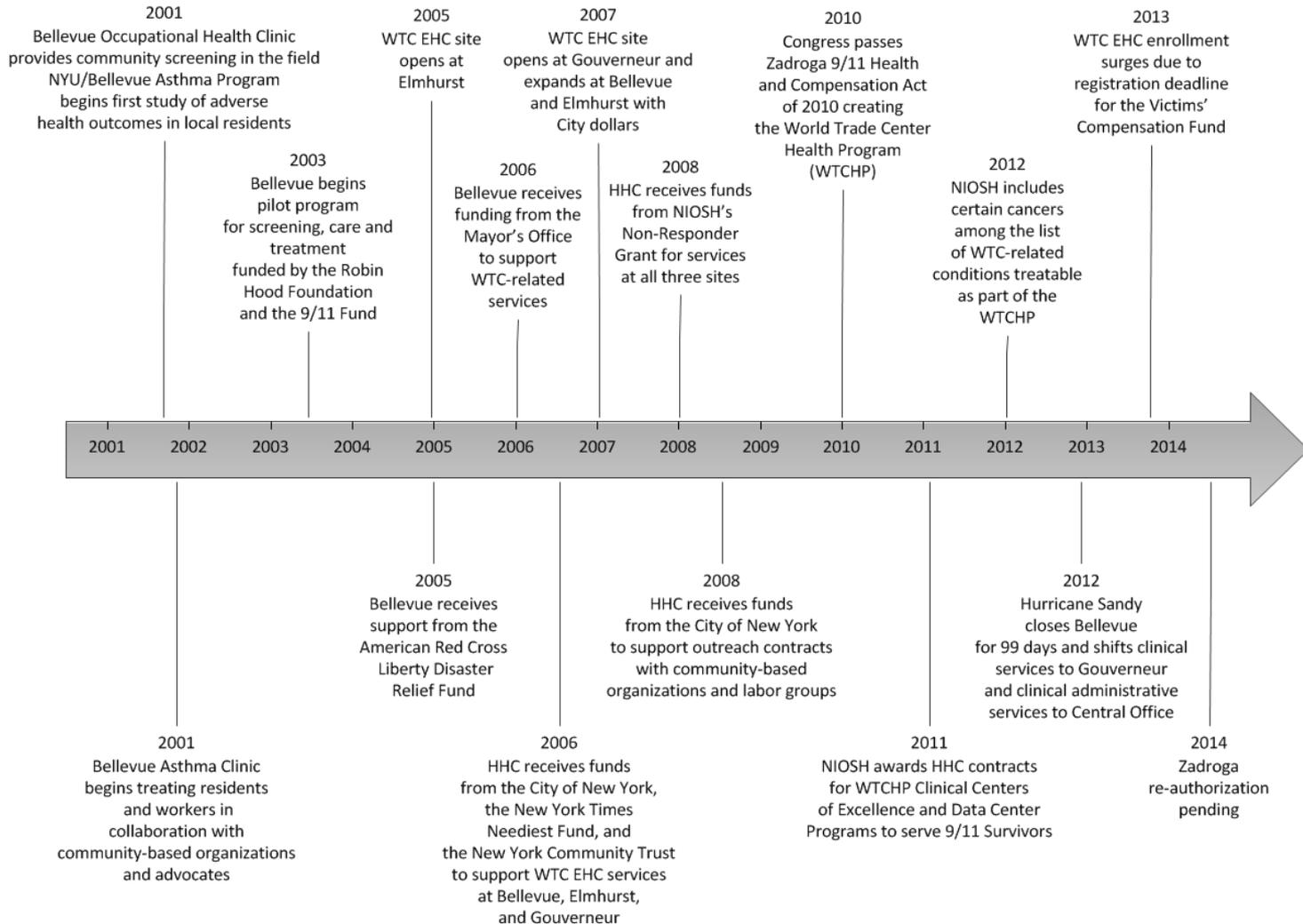


Terry Miles
Executive Director
September 9, 2014

Overview

- Timeline of WTC-Related Care and Funding
- The James L. Zadroga 9/11 Compensation Act
- Who we are and what we do
- Who we serve
- Program changes Pre and Post Zadroga
- Revenue and Expenses
- Reauthorization of the Zadroga Act

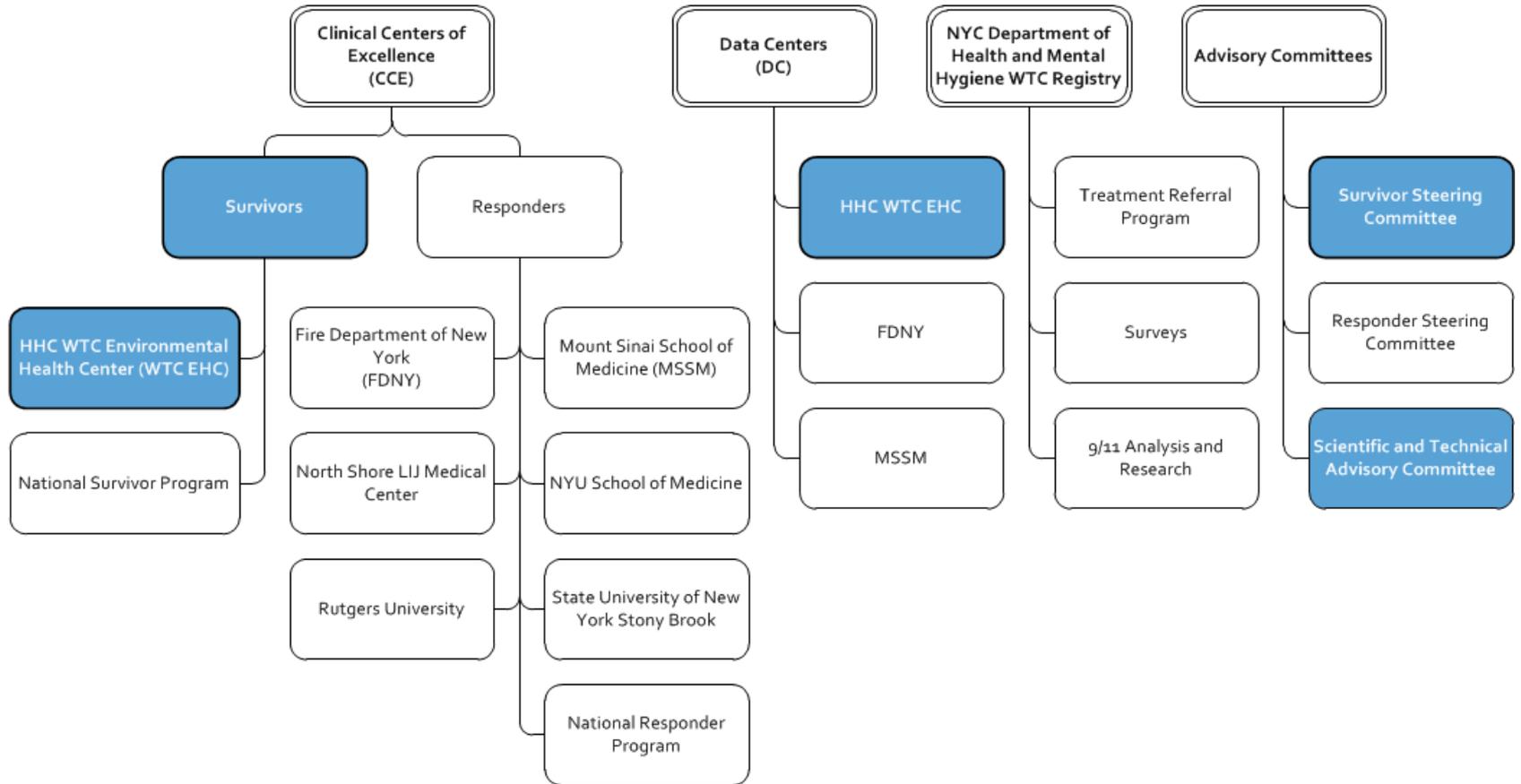
Timeline of WTC-Related Care and Funding



The Zadroga Act

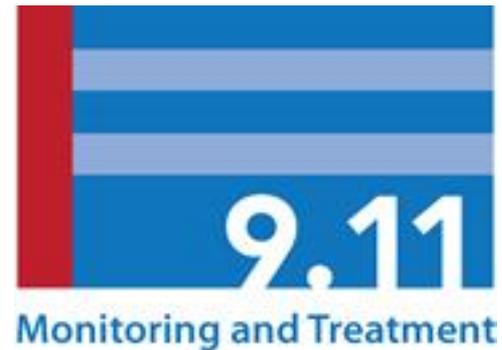
- The World Trade Center Health Program (WTCHP) was congressionally established by the James L. Zadroga 9/11 Health and Compensation Act of 2010 and became operational on July 1st of 2011
- Administered by the National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control (CDC)
- The WTCHP provides medical and mental health services for WTC responders, and community members still sick from the aftermath of 9/11
- The WTCHP includes:
 - 7 Clinical Centers of Excellence (CCEs) in the New York City Area
 - National Program serving individuals who live throughout the United States including responders to the Pentagon and Shanksville, PA
 - 3 Data Centers (DCs)
- HHC Operates one of the 7 CCEs and one of the 3 DCs

World Trade Center Program Structure



WTC EHC Management Team

- Terry Miles
Executive Director
- Joan Reibman, MD
Medical Director
- Nomi Levy-Carrick, MD
Mental Health Director
- Scott Penn
Deputy Director
- Edith Davis
Data Center Director



WTC EHC Description

- HHC's World Trade Center Environmental Health Center (WTC EHC) is the only WTCHP Center of Excellence for Non-Responders
- Community "Survivor" program provides health care for local workers, residents, children, passersby and clean-up workers below Canal Street in Manhattan and the Brooklyn Heights waterfront
- WTC EHC is located at Bellevue, Elmhurst, and Gouverneur
- The WTC EHC is a multidisciplinary treatment program for individuals with WTC-related illnesses
- WTC EHC patients incur no out-of-pocket expenses for treatment at the WTC EHC
- Medical and Mental Health conditions need to be "certified" by NIOSH for a patient to continue treatment

Bellevue



Elmhurst



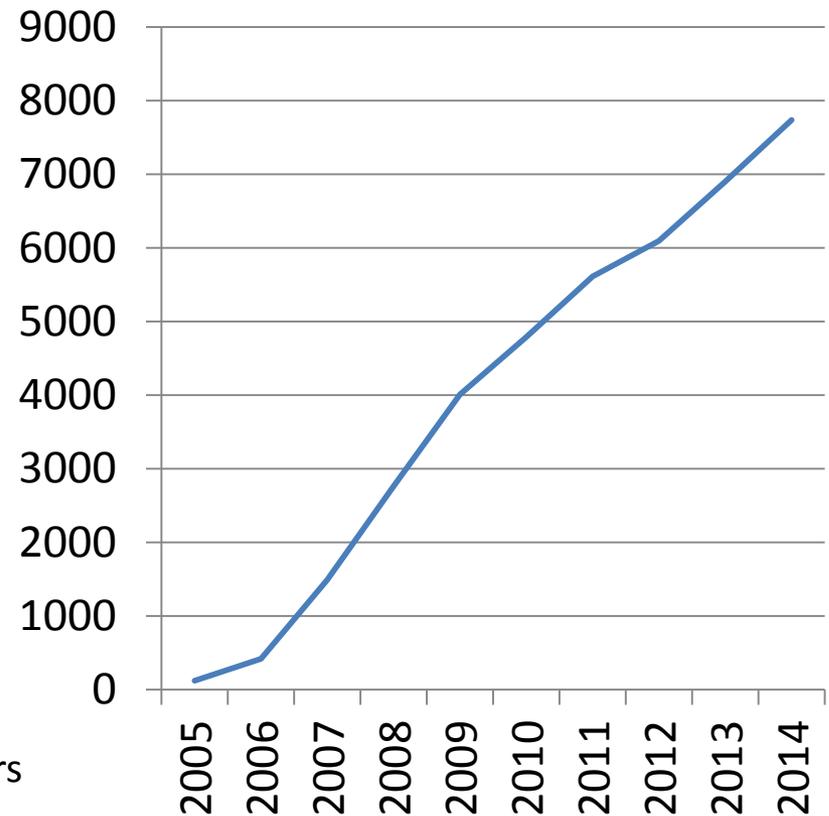
Gouverneur



Current Patients

- 7,735 patients currently enrolled
- 4,055 active* patients
 - Bellevue 67%
 - Elmhurst 9%
 - Gouverneur 24%

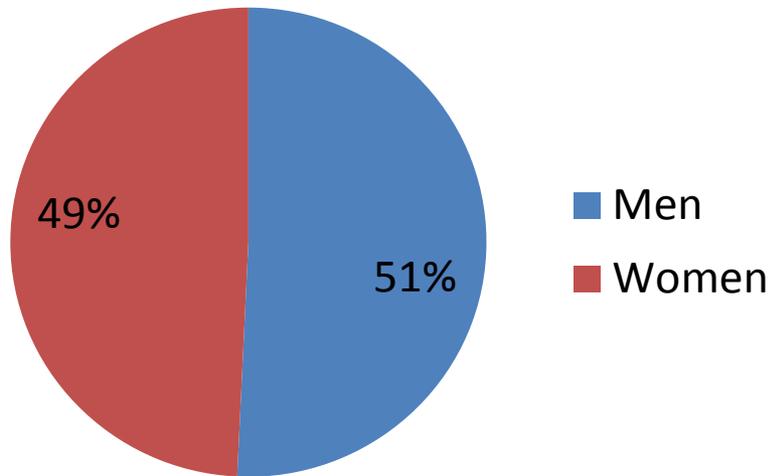
Cumulative Enrollment



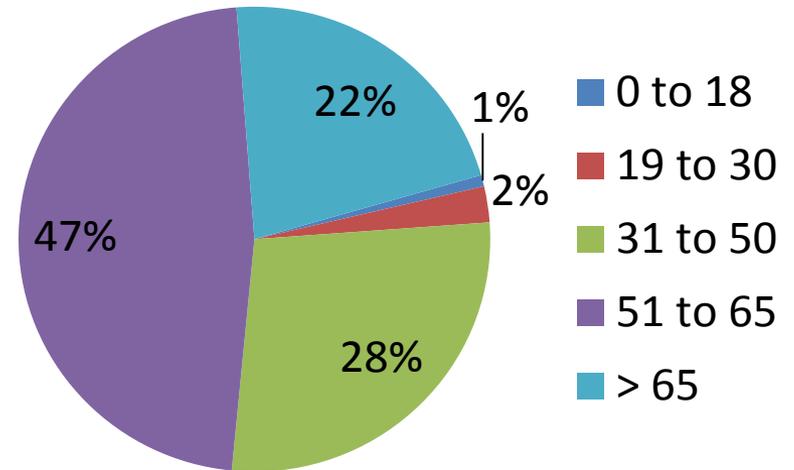
*Active = at least one visit within the past 3 years

Patient Gender and Age

Gender



Age



67 patients \leq 18 years as of 8/22/2014

95 patients \leq 18 years at the date of their initial visit

Current Certified Conditions

Certified Condition	% of Patients with Certified Conditions
Medical Conditions	
Obstructive airway disease	51%
Upper respiratory disease	39%
Gastroesophageal reflux disease	38%
Cancer	6%
Interstitial lung disease	1%
Sarcoidosis	1%
Mental Health Conditions	
Post-traumatic stress disorder	22%
Adjustment reaction	21%
Depression	20%
Anxiety	13%
Substance Abuse	5%

- Conditions are not mutually exclusive
- 63% of patients have more than one Certified Condition

Current Cancer Certifications

Cancer Type	# of Patients with this Cancer Certification	% of Patients with any Cancer Certification
Breast	52	20%
Thyroid	33	13%
Lymphoma	32	12%
Trachea, Bronchus and Lung	29	11%
Prostate	26	10%
Head and Neck	20	8%
Leukemia (Lymphoid and Myeloid)	20	8%
Skin	19	7%
Multiple Myeloma	17	6%
Kidney	13	5%
Colon and Rectum	12	5%
Bladder	11	4%
Other	39	15%

- 263 patients have at least 1 cancer certification
- 60 patients are certified for more than 1 cancer

Eligibility and Outreach

	Pre-Zadroga	Post-Zadroga
Catchment area	Manhattan south of 14 th Street and Northwest Brooklyn	Manhattan south of Houston Street and Brooklyn Heights waterfront (11201)
Survivor programs	WTC EHC was program where “Non-Responders” could receive care supported by Federal funds	National Survivor Program provides care for “Survivors” (Non-Responders) living outside of the New York Metropolitan Region
Pediatric services	Pediatric services were unique to the WTC EHC and allowed children of Responders to receive care	Children of Responders are excluded from the Survivor Program
Outreach	Using NYC grant, HHC funded grassroots outreach through local community-based organizations and labor	Federal government funds outreach through an open contracting process nationwide

Enrollment and Certification

	Pre-Zadroga	Post-Zadroga
Enrollment	WTC EHC managed enrollment locally using a streamlined and exposure-specific intake assessment	Federal government manages enrollment using <ul style="list-style-type: none"> • Legislatively mandated exposure requirements; • Extensive documentation including “proof”; and • Enrollees must pass Terrorist Watch List
Condition Certification	WTC EHC physicians determined the WTC-relatedness of patients’ conditions within the dynamics of the clinical visit based on type of condition and temporal sequence.	Each WTC-related condition must be certified by the WTCHP before treatment can be reimbursed. Certification requires submission of complex form that details: <ul style="list-style-type: none"> • Exposure history; • Time of onset of each symptom; and • Physician attestation

Claims

Pre-Zadroga	Post-Zadroga
Federal government treated Survivors and Responders the same way vis-à-vis support for direct care	Direct care for Survivors must be billed to Third Party Payers first while direct care for Responders is only billed to the WTCHP
Federal funding supported the costs of providing WTC EHC direct care services and all visits to the WTC EHC were eligible for reimbursement.	WTCHP pays for a direct care visit only if one of the visit diagnoses is for a WTC Certified Condition and/or an permissible visit category*
HHC invoiced the Federal government for direct care via line items in a grant budget	HHC first files claims to any Third Party Payer the patient may have and then to the WTCHP after Third Party Payer responds

*The WTCHP is the only Federal health program that requires a match between a claim and a certified condition in order to bill

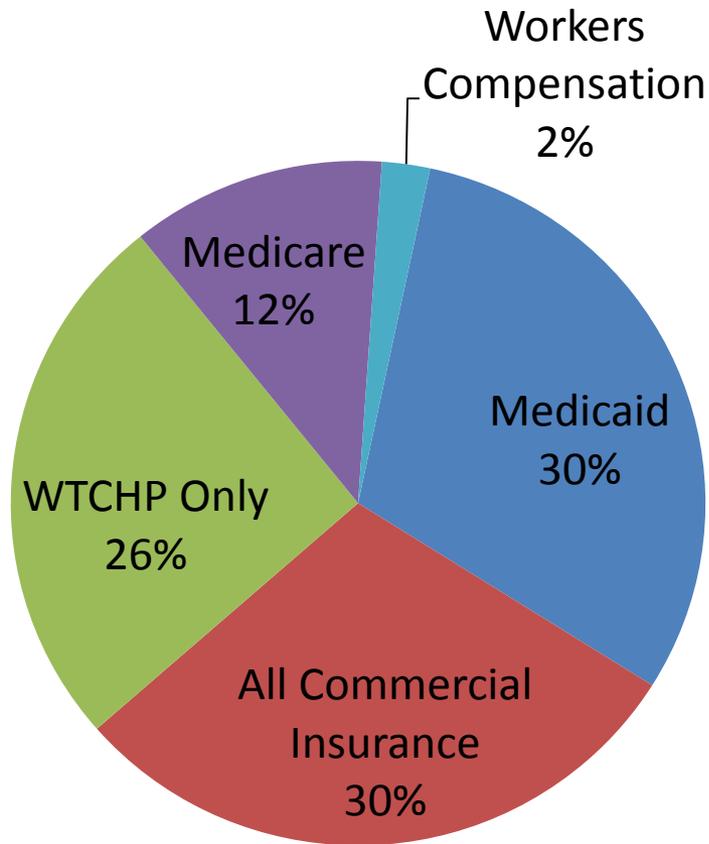
Funding and Reporting

	Pre-Zadroga	Post-Zadroga
Funding source	WTC EHC funded by grants from City of New York and Federal government	WTC EHC has four funding streams: <ul style="list-style-type: none"> • WTCHP Clinical Centers of Excellence Contract; • WTCHP Data Center Contract; • Fee for Service paid by Third Parties; and • Fee for Service paid by WTCHP
Distribution of funding streams	Total program expenses – including direct care – supported by grants	Direct care is paid for by Fee for Service revenue with Zadroga the last payer in a coordination of benefits process
Reporting	One quarterly report and one quarterly invoice	<ul style="list-style-type: none"> • Two monthly reports; • Two monthly invoices; and • Frequent <i>ad hoc</i> reports

Administrative Changes

- The Federal government made the decision that cancer care could take place outside of the CCE construct
- The WTCHP is considering moving to a fixed price contract model
- The WTCHP application is being revised – including removal of the government ID request
- Quality Assurance review criteria decreased from 22 items to 8
- Correction by the WTCHP to include musculoskeletal coverage
- The WTCHP's liaisons to HHC (the Contracting Officer and Contracting Officer's Representative) have changed three times

Payer Mix



Primary Payer

- Medicaid
- All Commercial Insurance
- WTCHP Only
- Medicare
- Workers Compensation

FY 14 Revenue and Expenses

Revenue

Item	Amount
CCE Contract	\$5,111,012
DC Contract	\$1,252,577
FFS Revenue	\$1,061,301
Total Revenue	\$7,424,890

Expenses

Item	Amount
All CCE Services	\$4,560,564
All DC Services	\$1,252,577
Direct Care	\$1,351,163
Total Expenses	\$7,164,304

The Clinical Centers of Excellence (CCE) Contract supports member services (e.g., social work and case management) and administrative services (e.g., program management and claims processing)

The Data Center (DC) contract supports data gathering, analysis, and reporting

*Figures are preliminary as of 8/22/2014

Upcoming Reauthorization

Pre-Zadroga	Post-Zadroga	Requested Changes in Reauthorization
No Terrorist Watch List requirement	Terrorist Watch List verification requirement	Requesting that Terrorist Watch List requirement be removed
Local patient travel assistance available with non-Federal funds for hardship cases	No federal funds available for local patient travel assistance	Requesting federal funds to be available for patient travel coverage in hardship cases
Year to year federal appropriations and time-limited philanthropic funds	Authorization for 5 years	Requesting authorization through 2041
Competitive proposals for philanthropic and grant funds – supplemented by City of New York dollars	CCE and DC funding required Competitive Proposals in response to government RFP	Requesting that no competitive proposals from current CCE and DC contract holders be required