NYC HEALTH + HOSPITALS

STRATEGIC PLANNING COMMITTEE

OF THE BOARD OF DIRECTORS

October 15, 2018
Boardroom
125 Worth Street, Room 532
12:30pm

AGENDA

I.	Call to Order	Gordon J. Campbell
II.	Adoption of July 19, 2018 Strategic Planning Committee Meeting Minutes	Gordon J. Campbell
	a. Legislative Agenda	Matthew Siegler Senior Vice President Managed Care & Patient Growth
III.	Information Items	
	a. Update and system Dashboard	Matthew Siegler Senior Vice President Managed Care & Patient Growth
		Dr. Eric Wei Vice President Chief Quality Officer
IV.	Old Business	
V.	New Business	
VI.	Adjournment	Gordon J. Campbell

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STRATEGIC PLANNING COMMITTEE MEETING
OF THE BOARD OF DIRECTORS

JULY 19, 2018

The meeting of the Strategic Planning Committee of the Board of Directors was held on July 19, 2018 in HHC's Board Room, which is located at 125 Worth Street with Mr. Gordon J. Campbell, presiding as Chairperson.

ATTENDEES

COMMITTEE MEMBERS

Gordon Campbell, Chairperson of the Strategic Planning Committee
Mitchell Katz, M.D., CEO/President
Josephine Bolus, NP-BC
Robert F. Nolan
Bernard Rosen

OTHER ATTENDEES

C. Chen, Analyst, Office of Management and Budget
J. DeGeorge, Analyst, New York State Comptroller
M. Dolan, Senior Assistant Director, DC 37
J. Graterol, Analyst, Office of Management and Budget
A. Lin, Intern, DC 37

HHC STAFF

M. Belizaire, Assistant Director, Government and Community Relations
E. Casey, Director, Population Health
J. Karageozian, Assistant Vice President, Information Technology
K. Mendez, Senior Vice President, Chief Nursing Executive
J. Reyes, Senior Director, Medical and Professional Affairs
J. Ulber, Senior Vice President, Chief Financial Officer
E. Wei, Vice President, Chief Quality Officer

CALL TO ORDER

Mr. Gordon Campbell Chairman of the Strategic Planning Committee, called the July 19th meeting of the Strategic Planning Committee (SPC) to order at 12:03 P.M. The minutes of the April 12, 2018 meeting of the Strategic Planning Committee meeting were adopted.

LEGISLATIVE UPDATE

Mr. Campbell informed the Committee that going forward the Strategic Planning Committee meeting will include a Legislative Update and invited Mr. Siegler to present this meeting's Legislative Update.

Mr. Siegler greeted and informed the Committee that he would provide city and state updates as well as updates on some ongoing federal issues.

Local Update

Mr. Siegler reported that, in the FY19 Adopted Budget, Health + Hospitals' facilities received over $14 million in capital funds from the City Council and Borough Presidents to purchase new equipment, upgrade existing ones, and renovate patient care areas. In addition, Mr. Siegler reported that, as part of Health + Hospitals' strategic effort, Health + Hospitals had received $435,000 in expense funding from the City Council to support immigrant health initiatives, including $300,000 for the New York Legal Assistance Group (NYLAG), which provides legal assistance to our immigrant patients.

Mr. Campbell asked if the $14 million capital funds received were exactly what we asked for. Mr. Siegler answered that he will inquire and get back to the Committee with a response. In addition, Mr. Rosen asked for a breakdown of the $14 million per facility. He commented that in the past, the Brooklyn Council Delegation has been extremely supportive of our Brooklyn facilities. Mr. Campbell recommended to Dr. Katz to send letters to each of the borough designated board members to ask them to reach out and thank the Council Members on behalf of Health + Hospitals. Mr. Rosen asked if Lincoln Hospital's emergency room expansion, which was the CEO's number one priority was among the list of funded projects. Mrs. Bolus informed the Committee that one of the members of the Gotham Health Boards is a former Congress Member; namely Ed Towns.

Lastly, Mr. Siegler reported that Health + Hospitals participated in City Council Hearings on FY19 Budget on May 24th; Behavioral Health on June 20th and migrant kids on July 14th. Dr. Katz provided testimony on our FY19 budget; Dr. Charles Barron provided testimony on Behavioral Health and substance abuse treatment at Metropolitan Hospital and Dr. Jennifer Haven provided testimony on children separated from their parents at the border under the Trump Administration's new policy and all the work Health + Hospitals clinicians are doing to take care of those children.

State Update

Mr. Siegler reported that 641 bills passed at the end of the legislative session with 125 of them going to the Governor's desk. Mr. Siegler reported that the major state update is that the New York State Indigent Care Workgroup, which was required by a side letter agreement between the Executive and the Legislature in the enacted State Fiscal Year (SFY) 2018 budget convened on July 11, 2018. Its description is as follows:

> "The Department will establish a temporary workgroup on hospital indigent care methodology which will make recommendations regarding Disproportionate Share Hospital (DSH) and Indigent Care Pool (ICP) funding. This workgroup will convene no later than June 1, 2018 and create a report on its finding no later than December 1, 2018."

Mr. Siegler shared the workgroup membership list with the Committee. The list includes community groups, consumers, labors and some of the major hospital systems in the area. He pointed out that the Co-Chairs are Bea Grause from the Hospital Association of New York State (HANYS); Dan Sheppard from the Department of Health (DOH) and Elisabeth Benjamin from the Community Services Society; and more importantly that Mitchell Katz, M.D., Health + Hospitals' President, and Anthony Andrews, PhD, of NYC Health + Hospitals/Queens CAB are among the workgroup members. This workgroup will be an important forum to state our case and get some alignment on how this large portion of billions of dollars of State Medicaid funds will be used going forward.

Subsequent to the brief discussion on this workgroup in the Finance Committee, Mr. Gordon asked Mr. John Ulberg, Senior Vice President, Finance Administration to elaborate on the first meeting of the Workgroup which took place on July 11, 2018. Mr. Ulberg reported that the members of the workgroup are very knowledgeable of health care in general and very well represented in the committees. The workgroup recommendations are expected late this summer or the coming fall.

Mitchell Katz, M.D., Health + Hospitals' President and CEO, requested the support of the Board members for Health + Hospitals to be the leader of nurse empowerment. He commented that 30 years ago, a nurse was able to place a test order, like EKG or medication orders such as Tylenol or a Pepto-Bismol for a patient on behalf of the physician. However, in this new era of electronic order, in real time, nurses are unable to do so because of the many steps involved below:

- Find the doctor
- Doctor would have to leave the patient and log into a nearby computer
- Pull up the medical record number
- Write the orders

Therefore the goal is to work with the New York State Nurses Association (NYSNA) to:

1. Give Registered Nurses (RNs) the right in triage situations to offer over-the-counter medications. It is not giving any right beyond what any of us has since any one of us can walk into a pharmacy and purchase Pepto-Bismol over the counter.

2. Give Registered Nurses (RNs) the right to order lab work and EKG tests as these tests have no harm and no radiation involved. Dr. Katz stated that in New York State, each practice is individually approved by the Legislature and the Governor. The most recent example is the implementation of a non-patient specific protocol for newborns. Chief Nursing Officer, Dr. Kim Mendez, interjected that the nurses would use the non-patient protocol to care for a newborn child in lieu of a doctor writing individual orders. Dr. Katz added that in New York State nurses can order HIV tests without an order.

Dr. Katz explained that in our public health care system, doctors and nurses are often stretched and the patients may not know to take Pepto-Bismol. Therefore, Dr. Katz invited the Board to support Health + Hospitals' request to be able to provide over-the-counter drugs to the patient. He added that once a drug has been made over-the-counter, it is hard to argue its scope of practice as the doctor's

prescription is no longer necessary for that particular drug. Ms. Josephine Bolus, RN, Board Member, added that by providing over-the-counter meds to the patient, the patient would feel not only that his/her treatment has already started but that you also care. On the other hand, nurses would no longer see themselves as people who take orders from the doctors, and value nursing as an independent profession that operates at the top of its license.

Mr. Campbell asked about the Doctors' Council position on nurses to order lab tests without a doctor. Dr. Katz answered that some of those lab tests would facilitate the work. However, he would not add X-Rays because of the involvement of radiation, which would require the patient consent. Dr. Kim recommended the addition of other tests that patients do all the time on their own such as pregnancy and blood glucose tests. She added that, once the nurse has an assessment of the patient, it will drive her to make a decision about those particular non-patient specific tests. To Dr. Katz' question about the inclusion of Epi-pen tests, Dr. Mendez stated that she believes in the new protocol for ambulatory care which includes post-vaccination. Dr. Katz presented the following scenario of an ER triage nurse's encounter with a child who, according to the mother, can hardly breathe after eating a bunch of peanuts. Dr. Mendez added that she would recommend adding Epi-pen tests to the nurse's scope. Dr. Katz underlined that, because the mother could also do it, the triage nurse is only replicating what we already allow other people who are not as advanced in their practice to do.

Federal Update

Mr. Siegler reported that the days of direct legislative efforts to repeal the Affordable Care Act (ACA) and the Medicaid expansion appear to be behind us for the moment. He added that federal efforts to undermine or directly sabotage enrollment through the marketplaces are ongoing. Moreover, one area of concern is that, with the choice of an antagonist of the ACA as the new Supreme Court appointment that risk will prevail for a longer term.

Mr. Siegler reported that the Government Continuing Resolution expires at the end of September. Health + Hospitals will monitor potential Opioid legislation and discussions around 340B policy changes.

Lastly, Mr. Siegler discussed Health + Hospitals' response to the Trump Administration zero tolerance immigration policy which has resulted in hundreds of children separated from their families and brought to New York City. Mr. Siegler reported that in a matter of days Health + Hospitals developed clinical pathways to help address these children's health needs. Mr. Campbell recommended that Mr. Siegler report on the aforementioned Health + Hospitals' contribution to the City's response to the Trump Administration family separation policy at the upcoming Board meeting next week. Dr. Katz emphasized that in two business days a contract was drawn to ensure that Health + Hospitals will get full payment for these children. Mr. Siegler noted that Chief Nursing Officer, Dr. Kim Mendez and Dr. Machelle Allen, Senior Vice President, Medical and Professional Affairs, were there around the clock in those negotiations.

Mr. Rosen asked if Health + Hospitals initiated contact with these children. Mr. Siegler answered that the Mayor's Office of Immigrant Affairs was the primary liaison and that Health + Hospitals worked with close collaboration with that office. Dr. Katz added that simultaneously he had also received an email from a doctor at NCB alerting him that these kids were coming in and that the public health care system did not have any set of services for them.

Mr. Campbell recommended that Mr. Siegler report on the aforementioned Health + Hospitals' contribution to the City response to the Trump Administration family separation policy at the upcoming Board meeting next week.

INFORMATION ITEM

Strategic Planning Committee Update and System Dashboard

Matt Siegler
SVP Managed Care and Patient Growth
Dr. Eric Wei
Chief Quality Officer

Dr. Wei, Chief Quality Officer, greeted members of the Committee. He reported that a strategic initiatives diagram for communication, alignment, and cascading of dashboards was created and is represented by a pyramid centered around Patient, Family & Community:
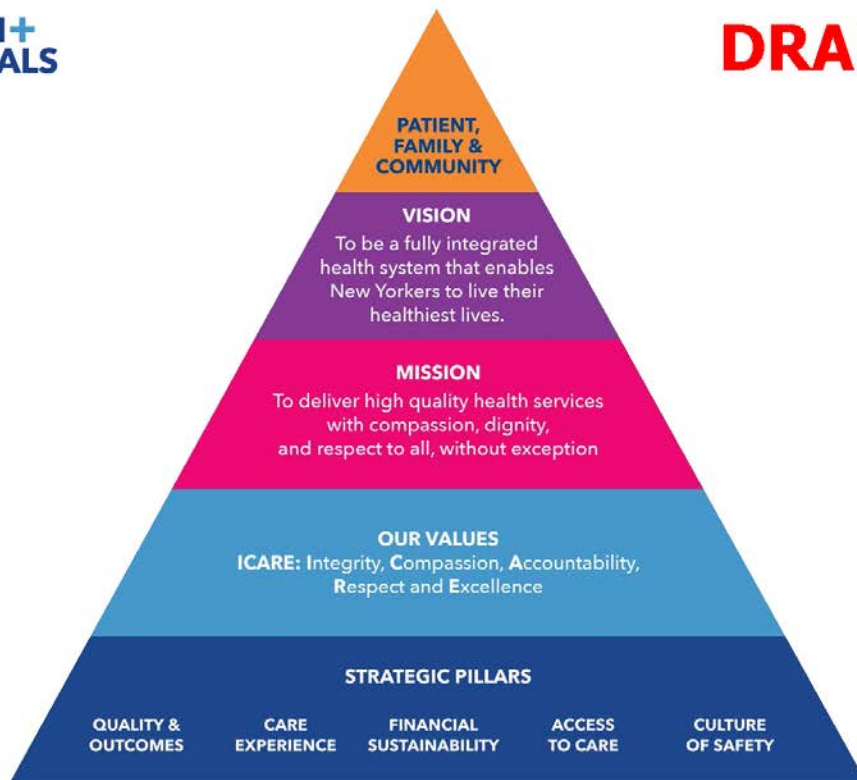
Dr. Katz explained that many times people confronted him about his priorities and how they fit with what is important to the public health care system. Dr. Katz clarified that up to now he has been talking and focusing on the three middle strategic pillars to ensure that we smile at people, the phones

are answered, callers can make an appointment (care experience); we are financially sustainable (financial sustainability); and we have available appointments (access to care). He added that his general assessment of Health + Hospitals is that quality & outcomes are pretty good and that we should continue with the ongoing quality improvement work and the work that Dr. Wei is doing with his team on the culture of safety.

Mr. Campbell referred to an earlier meeting with Dr. Theodore Long and Dr. Dave Chokshi, Vice Presidents, and Chief Nursing Officer, Dr. Kim Mendez, in which Dr. Mendez stated that ICARE was developed in consultation with front line staff, community members and labor partners. Mr. Campbell added that, because of their involvement in the process, implementation of these strategic initiatives will be easier. Also, Dr. Wei added that he has also received feedback from the CEOs, CMOs and CFOs.

Cascading of Dashboards

Dr. Wei reported on the different types of dashboards:
- System dashboard accompanies the diagram-system level metrics.
- Facility dashboard: facilities identify 3-5 metrics within each pillar that will be the facility dashboard
- Unit level dashboard
- Provider level dashboard

Next Steps

Dr. Wei announced the System Dashboard's next steps. They are:
- Communication/rollout plan
- Supporting documentation
- Harmonization of high level dashboards and metrics

Updated System Dashboard – FY 2018, July

NYC HEALTH+ HOSPITALS — Updated System Scorecard – FY 2018, July

#		EXECUTIVE SPONSOR	REPORTING FREQUENCY	TARGET	ACTUAL FOR PERIOD	VARIANCE TO TARGET	PRIOR PERIOD	PRIOR YEAR SAME PERIOD
Increase Primary Care				FY 2018				
1	Unique primary care patients seen in last 12 months	VP PC	Annually	430,000	N/A	N/A	432,000	447,000
Access to Care				Q4 2018				
2	Number of e-consults completed/quarter	CPHO	Quarterly	11,000	9,745	1,225	8,090	4,790
Financial Sustainability								
3	Patient Care Revenue/Expenses	CFO + SVP MC	Quarterly	↑	56%	N/A	55%	53%
4	# insurance applications submitted/month	CFO + SVP MC	Quarterly	20,100	17,582	-12.5%	17,473	15,105
5	% of M+ medical spend at H+H	SVP MC	Quarterly	42%	39%	-3%	37%	36%
6	Total AR days per month (excluding in-house)	CFO	Monthly	45	45.3	+0.3	45.5	47.6
Information Technology								
7	Epic implementation milestones	CIO	Quarterly	100%	100%	0	100%	N/A
8	ERP milestones	CIO	Quarterly	100%	100%	0	100%	N/A
Quality and Outcomes				CY 2018				
9	Sepsis 3-hour bundle	CMO + CQO	Quarterly	63.5%	67.7%	+4.2%	61.88%	-
10	Follow-up appointment kept within 30 days after behavioral health discharge	CMO + CQO	Quarterly	66%	64.4%	-1.6%	N/A	N/A
11	HgbA1c control < 8	CPHO + VP PC	Quarterly	66.6%	63.9%	-2.7%	64.4%	64.4%
12	% Left Without Being Seen in EDs	CMO + CQO	Monthly	4%	7%	-3%%	-	6%
Care Experience				CY 2018				
13	Inpatient care - overall rating (Top Box)	CNO + SVP AC	Quarterly	65.4%	61.9%	-3.5%	60.8%	-
14	Ambulatory care (medical practice) – Recommend Provider Office (Top Box)	CNO + SVP AC + VP PC	Quarterly	83.6%	81.8%	-1.8%	82.1%	-
15	Post-acute care - likelihood to recommend (mean)	CNO + SVP PAC	Semi-Annually	84.3%	84.1%	-0.2%	83.7%	-
Culture of Safety				CY 2018				
16	Acute Care – Overall Safety Grade	CNO + CQO + SVP AC	Annually	76%	62%	-14%	59%	N/A
17	Post-Acute Care – Overall Safety Grade	CNO + CQO + SVP PAC	Annually	74%	72%	-2%	62%	N/A
18	Ambulatory (D & TC) – Overall Safety Grade	CNO + CQO + VP PC	Annually	50%	39%	-11%	41%	N/A

Mr. Siegler reported on the first goal, which is to increase primary care visits. He explained that the goal is to stabilize and reduce the decrease in visits and build back from there. He informed the Committee that Dr. Theodore Long had already recruited 22 new clinicians and aims to recruit another 55 this year. Mr. Siegler noted that the Gotham Health Vanderbilt Health Center in Staten Island is open and is expected to see as many as 40,000 visits a year.

Mr. Siegler reported on the progress of eConsults completed during this quarter. He stated that there were approximately 9,700 eConsults, an increase of 1,225 from the last period.

Mr. Campbell recommended to have variances for each one of the above goals whereas green, yellow and red are built in to quickly see where we are heading or exceeding our mark (green), where we need to be concerned (yellow) or where it is flashy or there is a need to really push the pause button (red). Secondly, Mr. Campbell asked if we have variances for each of the indicators to show what rises to the red for patient care revenue as opposed to EPIC implementation. Mr. Siegler answered that it is a learning process and that Dr. Chokshi and his team are working on adding them on the next report including the threshold.

At the request of Mr. Rosen, Board member, Dr. Wei clarified that electronic consults are correspondence between primary care and specialty physicians through the Electronic Medical Record (EMR) about medication or a simple question about a patient's condition. The service chief in the cardiology department, for example is the reviewer and answers all the eConsults. The reviewer could suggest to get additional tests before the visits so that the visit is more useful or answer the question

to simply avoid a visit altogether. The idea is to discontinue the practice of arthritis patients who are not near surgery seeing orthopedist surgeons. They should be handled by the primary care physician. As such, eConsult helps improve access to specialty care by eliminating unnecessary visits.

Mrs. Bolus commented that primary care doctors would need to be re-educated because they are so used to sending patients to a specialist as opposed to offering them remedy in their particular fields. Dr. Katz interjected that eConsult does that very well. He explained that over time a predictable pool of questions is collected as primary care doctors ask the same questions over and over again; and, similarly, over time the reviewer gets better at answering them. Mrs. Bolus would like to know what an eConsult response looks like and how long it takes to get an answer. Dr. Katz answered that the process is that the specialist would advise the primary care doctor or the nurse practitioner on sending the patient to physical therapy, increasing the dose of iron, or trying to put the patient on ace inhibitor, etc. If the specialist feels that the patient needs to be seen this week or this month based on the acuity, he will be directed to the call center to book the patient's first appointment and contact the patient afterwards. Dr. Katz cautioned Committee members that we are not there yet and that at least a two to three-year implementation is required to get to that level.

Dr. Wei warned members of the Committee not to confuse eConsult with Telehealth, whereas, for example, a stroke patient needs to get to a neurologist in real time. With the new process in place, this patient does not need to see a cardiologist for that need. Mr. Rosen asked if the eConsult is being used at all the hospitals or is it being rolled in slowly. Mr. Siegler answered that it is being used in at least one clinic in every acute care hospital this year.

As for the financial sustainability metrics, which include patient Care Revenue/ Expenses, the number of insurance applications submitted per month, the percentage of MetroPlus medical spend at Health + Hospitals and the total AR days per month (excluding in-house), Mr. Siegler reported that modest improvements were made on patient care revenue/expenses, as well as for the number of insurance applications submitted per month. The percentage of MetroPlus medical spend at Health + Hospitals is at 39% for Q1 of 2018 from 37% last quarter and 36% a year ago. He noted that the total account receivable days per month dropped down to 45.3 from 47.6.

At Mr. Campbell's request, Mr. Siegler clarified that the target for MetroPlus medical Spend at Health + Hospitals is 42%. He added that MetroPlus is deeply a part of a new standardized centralized business planning process. The facilities need to expand their services to invest in something new. MetroPlus is working with Health + Hospitals to make sure that they can steer their members into those services. Health + Hospitals has a standardized process to submit that information and to estimate whether revenues exceed expenses, our ultimate goal. On the other hand, Mr. Siegler expressed to Mrs. Bolus that Health + Hospitals, is working closely with Health First. However, they are not as deeply involved in that part of the process.

Considering that the target for the total account receivable days per month is 45, and that we are already at 45.3, Mr. Campbell made the recommendation to lower the target. John Ulberg, Senior Vice President, Finance concurred. Mr. Siegler explained that targets are not updated at the end of each quarter and that these numbers were maintained from the scorecard presented in October 2017.

Janet Karageozian, Assistant Vice President, Business Applications, reported that both EPIC implementation and ERP milestones are on target. She outlined the ERP Implementation milestones as follows:

1. Phase I of the ERP has been completed. The 1-5 phases includes: PeopleSoft's Finance (Accounts Payable/General Ledger), & Supply Chain modules across all NYC Health + Hospitals locations.
2. Cost Accounting is on track for go-live in September 2018.
3. Phase 2 – PeopleSoft Payroll/Time & Labor/Absence Management/Electronic Time Capture:
   a. Payroll Go-Live on track for January 2019
   b. Time and Labor/Absence Management on track for May 2019
   c. Electronic Time Capture on track for June 2019
4. Clairvia Clinical Scheduling in progress and expected to go live in Spring 2019

For the Quality and Outcomes metric, Dr. Wei reported that Sepsis 3 hour bundle compliance increased from 61.8% in Q4 2017 to 67.7%. Follow-up appointment kept within 30 days after behavioral health discharge is at 64.4 % in Q1. Hemoglobin A1C control is at 63.9%, a slight decrease from 64.4%. The percentage of people left without being seen in EDs rose from 6% to 7% mainly because of the bad flu season and the change of structure of performance improvements in the EDs.

Considering that there is a need across the system for Express Care, Mr. Campbell stated that he would prefer for the metric to measure how many patients are diverted from the EDs without being seen. Dr. Wei explained that Express care and observation and utilization management in the EDs are all important and will help drive this number down. He noted that this number shows that patients are choosing Health + Hospitals but yet we were not able to provide services to them.

Chief Nursing Officer, Dr. Kim Mendez reported on the Care Experience Metric:
- Inpatient, Rate the Hospital 0-10, the average is 61.5; the target 65.4 and the stretch 70.1.
- Post-Acute Care, Likelihood of Recommending, the Average is 84.1, the target 84.3 and the stretch 85.9
- Medical Practice – Recommend this Provider Office, the average is 82.2, the target 83.6 and the stretch 85.9

For Culture of Safety, Dr. Wei reported that the overall safety grades for Acute Care, Post-acute care and Ambulatory (D&TC) grades are 62%, 72% and 39% respectively. Respondents were asked to give their work area or unit an overall safety grade A-F. The grade represents the percentage of respondents that rated their area A or B. He informed the Committee that the 47 long question survey is given every other year and was given at the end of July of last year. As for this year, the survey has been revised with only one question and will be going out to staff. Updated numbers are expected for the next quarter. The new targets for 2018 are 76% for Acute Care, 74% for Post-Acute Care and 50% for Ambulatory (D&TC).

As part of the five strategic pillars, Dr. Wei proposed to bring increase to primary care metric under access to care pillar. Mr. Campbell asked about the keeper of the dashboard. Dr. Wei answered that He along with Mr. Siegler were in charge of updating the system's dashboard. He explained the process as follows: executive owners or their designees have access to a live document via SharePoint where they can access the document in real time to update and save the numbers, which are later compiled in one chart for debriefing and presentation purposes.

Mr. Rosen referred to #15 under Care Experience on the System Dashboard and asked if the Post-Acute Care – likelihood to recommend – is a survey, conversation or an email sent to patients who were recently at the hospital to find out how pleased they were with the care and would they recommend the hospital. Dr. Mendez answered that for post-acute care, the patients are centered at the facility. However, in an inpatient setting, through an outside vendor, Press Ganey, a survey with

10 specific outlined questions compared to the Hospital Consumer Assessment of Healthcare Providers and Systems (HCHAPS) is mailed to a random number of patients until a certain number of minimum responses is reached.

Mr. Rosen referred to Mr. Siegler's Legislative Update earlier and asked if he will be presenting such update to the Committee going forward. Mr. Siegler answered positively only on an interim basis. Mr. Campbell reminded the Committee that in agreement with Dr. Katz, it is expected that at each Strategic Planning Committee Meeting to highlight the metrics where we are doing well and where improvements are needed.

CARE EXPERIENCE

Dr. Kim Mendez
Chief Nursing Officer

Dr. Mendez reported that improvements were made on rating the hospitals and noted that NYC Health + Hospitals/Queens Hospital at 75.9% is way above the stretch goal of 70.1. Other outstanding facilities are: NCB at 70.1; and Metropolitan at 66.3. She noted that because these hospitals were above the target of 65.4, they were able to bring up the system as a whole.

Dr. Mendez also discussed improvements made on rating the post-acute facilities. NYC Health + Hospitals/Carter is at 91.3, /McKinney at 90.6 and /Sea View at 85.3; all three exceeding the stretch goal of 85.9. For the facilities that are not doing well, Mrs. Bolus would like to know if it is due to the fact that the surveys are not completed or returned. Dr. Mendez stressed that there is a target number of responses to be reached; until then, they continue to send out the surveys until that number is reached.

Dr. Mendez reported on Ambulatory Care/Medical Practice satisfaction. She explained that the Average is 82.2; target 83.6 and stretch 85.9. She noted that Morrisania is at 92.5. At the request of Mr. Campbell, Dr. Mendez agreed to include the national benchmark as well going forward.

Dr. Mendez reported that the HAPPY or NOT Meters consist of four smileys with different face expressions and the Happy Index is a summed up score calculated as the weighted average of the four smileys. Happy or Not Kiosks were only launched on June 18th and are being used at our facilities to help track their performance in different areas at certain period of the day. Dr. Mendez noted that overall, we are at 80 in the Happy Index. She also pointed out that HAPPY or NOT meters can help the facilities to collect data showing where the patients are the most happiest by the day and hour of the day. As indicated by the Hourly Distribution schematic, Wednesday at 10:00 am is the happiest day and time for the patients. She added that the HAPPY or NOT kiosks are positioned in certain units for a certain period of time and there are about four at each facility.

Dr. Mendez reported on the Patient Experience Initiatives accomplishments as outlined below:

1. Human Experience Council, comprised of doctors' council, physicians, CEOs and CNOs, as well as labor partners, meets every month.
2. Patient Experience Officer (PXO) Council. Each facility has a PXO. The team is educated on how to use Press Ganey, how to collect and run the data and what the data mean, where to get solutions to the data and how the data drives you.
3. Skills Assessment of all PXOs
4. Creation of Share Drives

5. Education on Press Ganey Portal and how to interpret Data. Continuous Education to PXOs
6. Assessment and Inventory of all Patient Experience Activities
7. Patient Experience Week
8. Patient Experience Day (2018)
9. Happy-or-Not Meter Launch for the Ambulatory Care
10. ICARE was launched in May 2018 and is expected to roll out to all the facilities.

Dr. Mendez reported on the 11 patient experience initiatives followed by a timeline of events from August/September 2017 to date and outlined the next steps for the upcoming months as follows:

-   October 2018 – Conduct Assessment/Design of IHI Joy in Work Rollout
-   November 2018 – Development of Standardized Purposeful Rounding
-   December 2018 – All Facilities Have a Patient and Family Advisory Council (PFAC)
-   March 2019 – Patient Experience Day

Dr. Mendez stated that Press Ganey provides healthcare performance improvement products such as:

-   Value Based Purchasing Calculator
-   Key Driver Report – Priority Index
-   InfoEdge
-   Comment Report
-   Webinars
-   Advisory Days
-   Point of Care
-   Improvement Portal

Dr. Mendez pointed out that Info edge is used to analyze data and can give a heat map of the facility or the unit down to the leader of the unit as well as the areas that need immediate attention. Comment reports can capture the patient's voice and can be used for improvements during floor huddles. The point of care is being used in some areas. For example, when doing rounds, hospital staff use IPads and ask patients five questions in order to identify key areas that the patients may need and to be able to give a more real time response.   If for example, the patient answers that his food was cold, that answer is immediately forwarded to the cafeteria and a warm platter is brought immediately to the patient.

Dr. Mendez concluded her presentation by sharing the Care Experience next steps with the Committee. They are:

-   Integration of ICARE values across the system. Each initial helps define "What we stand for" and serves as a basis for our mission, strategy and other key decisions.

    Integrity
    Compassion
    Accountability
    Respect
    Excellence

    Dr. Mendez reported that since May 2018, more than1500 front line staff were trained and there are 147 "train the trainers" across the system in each of the facilities. She announced that by September 2018, every new employee will be trained on ICARE. The training provides an overview of service behaviors; how, as a system we should be responding to, not only our

patients, but also to each other, as well as providing an overview on how to identify areas where service recovery is needed and how to provide such recovery in the moment. Dr. Mendez noted that anybody can do service recovery.

- Continue to leverage Press Ganey data analysis & resources

- Joy in Work

- Standardize Purposeful Rounding. Dr. Mendez explained that rounding is an opportunity for leadership to go out and get feedback and input from front line staff and middle managers. She explained that there are three levels of rounding conducted by the executive team, management team and the front line team.

  Mr. Rosen referred back to Dr. Mendez's HAPPY or NOT survey that starts from 7:00 am through 7:00 pm and stated that the happiest moment for any patient is at the time of signing the discharge papers indicating that he will be leaving the hospital in the next 15 minutes or so. As such, he added that, every patient wants to get home; therefore, the patient appreciates whatever can be done to facilitate and expedite the process to exit the hospital.

- System-wide Patient and Family Advisory Councils – December 2018

- Patient Experience Day – March 2019

Mr. Campbell referred back to the exceeding rates of Queens for inpatient, Carter for post-acute care and Morrisania for medical practice and asked what specifically contributed to their success. Dr. Mendez answered that while the other facilities have other types of service behavior models in place, for Queens it is mostly because the ICARE is embedded in their leadership team. At NYC Health + Hospitals/Queens, they do rounds and use the point of care. In addition, Queens has a PXO who looks at data on a frequent basis, hone in on the heat map and looks at the metrics that are not going well. Dr. Mendez commented that the other facilities just did not have the frame working structure. Dr. Mendez stated that in order to move forward, we need to stay on target with the basics of fundamental work. She stressed that there is no need for a new initiative. What is needed is sustainability and to continue doing the work that is proven to be working, i.e., rounding on patients and rounding on staff and educate new employees as they come on board.

Mr. Campbell recommended that any time we are celebrating a good indicator, it would be appropriate to bring that facility, division or staff member for the Board to recognize and appreciate their work.

Mr. Rosen informed the Committee that the Governor announced a few weeks ago that he is supportive of the New York State Nurses Association's (NYSNA) position for more nurses. Mr. Siegler stated that the Quality and Safe Staffing legislation needs some refinement and added that Health + Hospitals is supports safe staffing and is awaiting the details of the bill.

ADJOURNMENT

There being no further business, the meeting was adjourned at 1:23 PM.

Strategic Planning Committee Update and System Scorecard

Matt Siegler
SVP Managed Care and Patient Growth

Dr. Eric Wei
Chief Quality Officer

Strategic Planning Committee
October 15, 2018

Agenda

- Insurance Enrollment Update

- Dashboard Changes and Next Steps

- Discussion of Q4 FY 2018 Performance

- Glossary + Dashboard

- Discussion of Selected Measures
  - Econsult
 - 30-day Behavioral Health Follow Up

Insurance Enrollment Update

- In August, H+H rolled out a new insurance enrollment effort across our facilities

- Goal is to screen 100% of self pay patients for eligibility through the NY State of Health web portal

- H+H reduced cost of Options fee scale for lowest income patients – now aligned with Medicaid and the Essential Plan

Outpatient Insurance Enrollments

- Total of 18,916 insurance applications submitted by H+H, Metroplus and Healthfirst
    - Up 15% from last month and 26% from same month last year
    - Highest ever outside of an open enrollment period, third highest ever
    - 14% below more aggressive FY 19 target

Insurance Applications Submitted
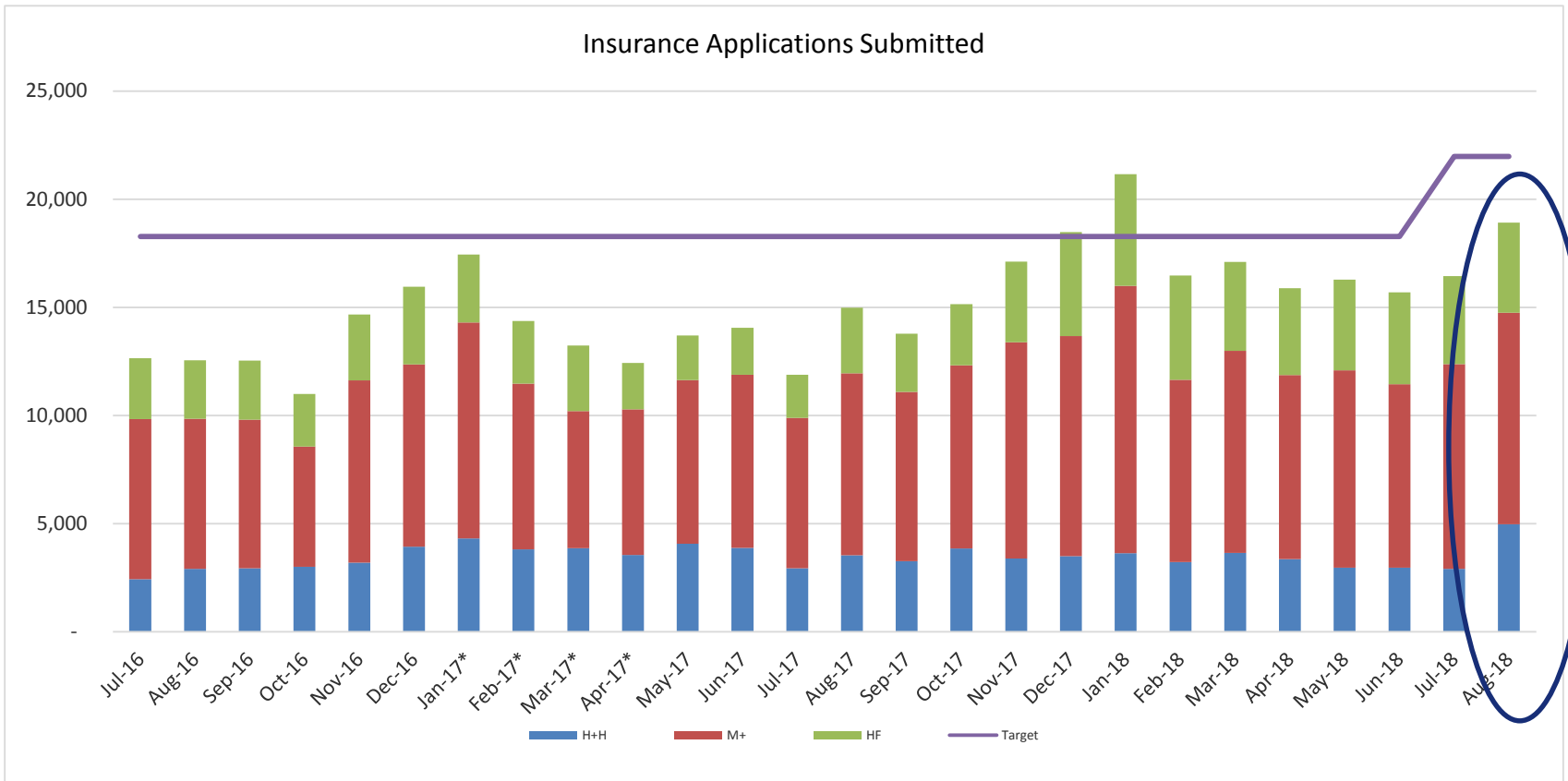
Dashboard Changes and Next Steps

- Adjusted metrics to Fiscal Year, quarterly measures wherever possible
  - Insurance applications/month and A/R days/month are reported for month of June 2018
  - % of Metroplus spending measure and e-consults were previously calendar year measures.
- Reporting period = Q4 2018 (April-June)
- Added Red, Yellow, Green indicators for off track/at risk, on track/goal not achieved, and on track/goal achieved
- Next Steps:
  - January meeting will include FY 19 targets and stretch goals

Q4 Fiscal Year 2018 Performance

- Primary care target and actuals adjusted. Removed duplicates from prior data, adjusting target to fiscal year for next report.
- Positive trending measures:
  - Econsult: doubled from prior period last year; see slides 7-8 for detailed discussion
  - Metroplus spending: up $50m from prior year same period, % of spend expected to improve with more members assigned to H+H primary care doctors; further work under way on jointly developed business plans, improving leakage dashboards, engaging community physicians
  - AR days
  - Care experience
- Negative trending measures:
  - Insurance applications: negative trend likely seasonal; up 15% vs prior year same period; new enrollment efforts began August 2018
  - Sepsis 3-hour bundle: Down 1.7%,
    - Kings County had a 10.2% drop for overall bundle compliance
    - A significant drop of 17.5% for Blood Cultures at Metropolitan
    - Timely antibiotics were a consistent challenge for multiple acute sites including Bellevue, Elmhurst, and Coney Island
    - If you look at the denominators (# of raw cases) Kings County & Elmhurst had a decrease in cases identified causing percentages to trend downward
    - As a system, we are looking at 19 raw cases for the quarter that if we enhanced chart review, documentation, or timing of clinical intervention we would have matched the 68% from the previous quarter
    - As a trend, the 4Q 2017 68% was higher than previous months
    - QMed workflow from Bellevue will be spread to the remaining QMed sites (minus Woodhull)
  - HbA1c >8: down 0.4%, likely common cause variation, 14 clinical pharmacists approved for 5 ambulatory sites to focus on DM management
  - ED LWBS: up 0.94%, negative trend likely common cause variation, staffing improving, leadership structure clarified, local PI teams

System Dashboard Glossary – October 2018
Reporting Period: Q4 FY 2018, April-June

Increase Primary Care		
1	Unique primary care patients seen in last 12 months	Measure of primary care growth and access; measures active patients only, period = FY 17
Access to Care		
2	Number of e-consults completed/quarter	Top priority initiative and measure of specialty access
Financial Sustainability		
3	Patient Care Revenue/Expenses	Measures patient care revenue growth and expense reduction adjusting for changes in city/state/federal policy or other issues outside H+H management's control
4	# insurance applications submitted/month	Top priority initiative and measure of efforts to convert self-pay to insured
5	% of M+ medical spend at H+H	Global measure of M+ efforts to steer patient volume to H+H, removes pharmacy and non medical spend
6	Total AR days/month (excluding in-house)	Unity/Soarian. Total accounts receivable days, excluding days where patient remains admitted
Information Technology		
7	Epic implementation milestones	Reflects updated deployment schedule: Enterprise validation and build + four acute care + one ambulatory facility live; testing and training at two other acute care and two ambulatory facilities on track.
8	ERP on track	Reflects key milestones in finance/supply chain go live, human capital management upgrade, and payroll project design
Quality and Outcomes		
9	Sepsis 3-hour bundle	NYSDOH Quarterly Facility Sepsis Report-aggregated to reflect a system score
10	Follow-up appointment kept within 30 days after behavioral health discharge	Follow-up appointment kept with-in 30 days after behavioral health discharge.
11	HgbA1c control < 8	Population health measure for diabetes control
12	% Left Without Being Seen in EDs	Measure of ED efficiency and safety
Care Experience		
13	Inpatient care - overall rating (Top Box)	Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)
14	Ambulatory care (medical practice) - Recommend Provider Office (Top Box)	Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)
15	Post-acute care - likelihood to recommend (mean)	Press Ganey Survey. Likelihood to recommend (mean)
Culture of Safety		
16	Acute Care – Overall Safety Grade	Measure of patient safety, quality of care, and staff psychological safety
17	Post-Acute Care – Overall Safety Grade	Measure of patient safety, quality of care, and staff psychological safety
18	Ambulatory (D & TC) – Overall Safety Grade	Measure of patient safety, quality of care, and staff psychological safety

System Dashboard – October 2018
Reporting Period: Q4 FY 2018, April-June

		EXECUTIVE SPONSOR	REPORTING FREQUENCY	TARGET	ACTUAL FOR PERIOD	VARIANCE TO TARGET	PRIOR PERIOD	PRIOR YEAR SAME PERIOD
Increase Primary Care				**FY 2018**				
1	Unique primary care patients seen in last 12 months	VP PC	Annually	N/A	**417,000**	N/A	N/A	425,000
Access to Care								
2	Number of e-consults completed/quarter	CPHO	Quarterly	9,000	**9808**	+8.98%	7,939	4,848
Financial Sustainability								
3	Patient Care Revenue/Expenses	CFO + SVP MC	Quarterly	56%	**59%**	+3%	56%	56.2%
4	# insurance applications submitted/quarter	CFO + SVP MC	Quarterly	20,100	**17,421**	-13.33%	19,676	14,833
5	% of M+ medical spend at H+H	SVP MC	Quarterly	42%	**39.34**	-3%	39%	36%
6	Total AR days per month (excluding in-house)	CFO	Quarterly	45	**42.3**	-2.7	45.3	47.0
Information Technology								
7	Epic implementation milestones	CIO	Quarterly	100%	**100**		100%	-
8	ERP milestones	CIO	Quarterly	100%	**85**	-15%	100%	-
Quality and Outcomes								
9	Sepsis 3-hour bundle (1Q18)	CMO + CQO	Quarterly	63.5%	**66.0**	+2.5%	67.7%	-
10	Follow-up appointment kept within 30 days after behavioral health discharge	CMO + CQO	Quarterly	66%	**57.8**	-8.2%	60.9%	62.3%
11	HgbA1c control < 8	CPHO + VP PC	Quarterly	66.6%	**63.5**	-3.1%	63.9%	63.2%
12	% Left Without Being Seen in EDs	CMO + CQO	Quarterly	4%	**7.94**	-4.6%	7%	7.46%
Care Experience								
13	Inpatient care - overall rating (Top Box)	CNO + SVP AC	Quarterly	65.4%	**62**	-3.4%	61.9%	61%
14	Ambulatory care (medical practice) – Recommend Provider Office (Top Box)	CNO + SVP AC + VP PC	Quarterly	83.6%	**82.1**	-1.5%	81.8%	81.9%
15	Post-acute care - likelihood to recommend (mean) [2016]	CNO + SVP PAC	Semi-Annually	84.3%	**85**	+0.7%	84.1%	82.6%
Culture of Safety								
16	Acute Care – Overall Safety Grade	CNO + CQO + SVP AC	Annually	76%	**-**	-14%	62%	-
17	Post-Acute Care – Overall Safety Grade	CNO + CQO + SVP PAC	Annually	74%	**-**	-2%	72%	-
18	Ambulatory (D&TC) – Overall Safety Grade	CNO + CQO + VP PC	Annually	50%	**-**	-11%	39%	-

Specialty Clinic eConsult Expansion

- Now live in nearly 80 specialty clinics across 7 acute care facilities
  - More than doubled since February 2018

- Current focus on adult medical and surgical subspecialties
  - Engaging Pediatrics and Behavioral Health for future expansion
  - Incorporating new referral sources – Gotham and Long Term Care sites

- Between August 2016 and July 2018:
  - Approximately 45,000 referrals have been triaged in eConsult clinics. On average:
    - Each referral was reviewed within ~3 days
    - ~15% triaged to receive eConsult
    - ~85% triaged to receive a face-to-face appointment
      - One fifth were "high priority"

Expansion Timeline

- Goal: Expand use of eConsult to all specialty clinics at NYC Health + Hospitals facilities within three years.
  - **End of Year 1 – CY 2018**
    - Governance and implementation infrastructure established;
    - Two specialties live at each acute care facility;
    - SPC Workgroups established to support expansion to additional specialties.
  - **End of Year 2 – CY 2019**
    - Continued expansion of adult and pediatric medical and surgical specialties at all hospital and Gotham sites;
      - System Scorecard goal: 54,000 eConsult referrals in FY19
    - Community eConsult system launched;
    - Inter-facility eConsult in use at Epic sites.
  - **End of Year 3 – CY 2020**
    - Adult and pediatric med/surg and behavioral health specialties live at all hospital and Gotham sites;
    - eConsult available for all care settings;
    - Regionalized eConsult management in use.

Behavioral Health 30-Day Follow-Up

- Transition to a new data stream:
  - The 30-Day Follow-Up measure recently transitioned to a new data source from utilizing a report provided by the MCOs to an internal database called the Psychiatric Discharge Monitoring System (PDMS) that was built to manage requirements from a settled case back in 1987
  - The MCO report, which is utilized for VBP-QIP, only captures MetroPlus, Emblem Health, Medicaid and Medicare patients which does not represent the full patient mix and discharge population
    - The MCO reports are also flawed at times as you cannot 100% attribute any specific patient to our hospital system as it tracks the entire "visit life" of the patient including other hospitals/systems that are part of our PPS network (+/- credit)
  - PDMS is used for the Quality Assurance Committee of the Board of Directors report and the system-wide performance improvement initiative as it is felt to be a more realistic illustration of our disposition pool without exclusions
  - PDMS data is manually entered and self-reported by each facility after every single patient that is discharged from an inpatient setting is followed-up on
    - The dataset includes every patient that is discharged and followed despite insurance status, payer source, and billing data
  - PDMS as a database can help facilities meaningfully drill down on patient population data, various disposition placement information, clinical treatment opportunities, as well as risk factors
  - PDMS can be further leveraged to support robust conversations between leadership and clinical staff to inform an enhanced process as the data can be generated in-house and at the Central Office level with a quicker turnaround than the MCO report

Behavioral Health 30-Day Follow-Up

- Scorecard Analysis:
    - Due to the transition to the new data source the scorecard is comparing the previous quarter (64.4%), which was utilizing the MCO report, to the newly identified PDMS data stream
    - PDMS System-Wide Data (30-Day Follow-Up Compliance):
        - 4Q 2017 – 58.6%
        - 1Q 2018 – 60.9%
        - 2Q 2018 – 57.8%
    - While there was still a 3.1% decrease from the previous quarter it is not as significant when you align the data sources
    - We saw a decrease in connection to care with 5 out of the 11 acute care hospitals during the current reporting period
        - Bellevue, Harlem, Kings County, NCB, and Queens
    - On average, the NYC Health + Hospitals consistent low performers for follow-up care are Bellevue, Metropolitan, & Coney Island
    - When reaching out to the facilities that are challenged by connecting their psychiatric patients to care within 30-days they site the below reasons as their barriers:
        - Homeless population – a significant percentage of inpatients are within the shelter system and are unable to be tracked after discharge
        - High utilizers – patients frequently use the CPEP/PES and inpatient services as respite instead of connecting to their next level of care
        - Substance users – a majority of the acute sites stated that when they drill down on diagnostic challenges substance users frequently do not connect to care
        - Social determinants outside of the control of the treatment team

Behavioral Health 30-Day Follow-Up

- Percentage of System-Wide Internal (H+H) vs. External (Non-H+H) Referrals:
  - 1Q 2018
    - 39.4% referred to internal H+H outpatient services
    - 60.6% referred to non-H+H outpatient resources
  - 2Q 2018
    - 36.1% referred to internal H+H outpatient services
    - 63.9% referred to non-H+H outpatient resources
- Internal vs. External Referrals and Connection to Care:
  - 1Q 2018
    - 46.2% of patients made it to their internal H+H appointment
    - 71.2% of patients made it to their external (non-H+H) appointment
  - 2Q 2018
    - 49.1% of patients made it to their internal H+H appointment
    - 55.1% of patients made it to their external (non-H+H) appointment