STRATEGIC PLANNING COMMITTEE

OF THE BOARD OF DIRECTORS

May 16th, 2019
Boardroom
125 Worth Street, Room 532
11:00am

AGENDA

I.	Call to Order	Gordon J. Campbell
II.	Adoption of March 19, 2019 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

MINUTES

STRATEGIC PLANNING COMMITTEE MEETING
OF THE BOARD OF DIRECTORS

MARCH 19, 2019

The meeting of the Strategic Planning Committee of the Board of Directors was held on March 19, 2019 in HHC's Board Room, which is located at 125 Worth Street with Dr. Jose Pagan, presiding on behalf of Mr. Gordon Campbell, Chairperson of the Committee.

ATTENDEES

COMMITTEE MEMBERS

Jose A. Pagan, Ph.D.
Mitchell Katz, M.D.
Oxiris Barbot, M.D.
Sally Hernandez-Pinero
Freda Wang

OTHER ATTENDEES

J. DeGeorge, Office of the State Comptroller
C. Chen, Analyst, Office of Management and Budget
F. Leonard, Analyst, Office of Management and Budget

HHC STAFF

M. Belizaire, Assistant Director, Government and Community Relations
E. Guzman, Assistant Vice President, Corporate Comptroller's Office
C. Hercules, Corporate Secretary and Chief of Staff, Office of the Chair, Board Affairs
B. Ingraham-Roberts, Assistant Vice President, Government and Community Relations
J. Liburd, Assistant Vice President, Accreditation
K. Lynch, Senior Vice President, EITS Administration
A. Marengo, Senior Vice President, Office of Communications
C. Miller, Senior Director, Office of Communications
K. Olson, Assistant Vice President, Revenue Budget

M. Ramirez, Senior Director, Office of Communications
S. Ritzel, Associate Director, NYC Health + Hospitals/Kings County
M. Thompson, Associate Director, Operations
M. Siegler, Senior Vice President, Managed Care and Patient Growth
M. Smith, Director of Marketing, Office of Communications
E. Wei, Vice President, Chief Quality Officer
P. Yang, Senior Vice President, Correctional Health Services

CALL TO ORDER

On behalf of Mr. Gordon Campbell, Chairman of the Strategic Planning Committee, Dr. Jose Pagan, called the March 19th meeting of the Strategic Planning Committee (SPC) to order at 11:05 A.M. The minutes of the December 13, 2018 of the Strategic Planning Committee meeting were adopted.

LEGISLATIVE UPDATE

Mr. Siegler greeted and informed the Committee that he would provide a quick public policy update followed by the System Dashboard Reporting Period: Q2 FY2019 (October-December 2018) and a discussion of two selected measures: percentage of MetroPlus spend at Health + Hospitals and number of insurance applications submitted per quarter.

Public Policy Update

Mr. Siegler reported that the Governor's 30 day budget amendments came out with significant healthcare cuts. These cuts have been reversed in both of the One House Budget bills. The key issue that Health + Hospitals has been tracking in the budget, amongst many, is the distribution of disproportionate share hospitals (DSH) payments. The proposals that we put forward and that attracted a lot of support in the indigent care workgroup to adjust the distribution to make sure that hospitals that treat a disproportionate share of people on Medicaid and without insurance receive the indigent care pool funds were not included in the Governor's amendments or in the One House Budget bills. Included was a statement of support in the Senate legislation for protecting Health + Hospitals, should federal DSH cuts happen; a key strategic priority for Health + Hospitals. The potential impact of the DSH cuts are broken out by facility. The DSH cuts are quite substantial, ranging from $139 million for some facilities down to $35 million for some of our smaller community hospitals. A key ongoing priority will be to try to reverse those cuts at the federal level and get some protection into state policy stating that, should the cuts happen, Health + Hospitals should not bear the brunt of those cuts.

Mr. Siegler reported that, with the Legislature's action, the Governor reversed his positions on some of the key cuts that he puts in his proposal indicating that they will seek savings in other parts of the budget. Health + Hospitals will continue to have ongoing discussions with legislators and the Governor's staff about the Indigent Care Pool (ICP) and DSH funding and how our system and our proposal can be helpful as they seek to close the budget gap. Mr. Siegler concluded his legislative update stating that, as of now, it looks as if healthcare would not be a carrier for cuts to balance the state budget card this year. We will continue to monitor that closely.

Ms. Sally Hernandez-Pinero, Board Member, asked about the Governor's strategy as he chose to propose cuts that are very likely to be reversed. Mr. Siegler answered that it is a complicated relationship. Health + Hospitals, as a large entity and a large recipient of state share Medicaid funds and other health care dollars, is well known to be essential to the safety net of this city and the state overall.

INFORMATION ITEM

Strategic Planning Committee Update and System Dashboard

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

Mr. Siegler informed the Committee that the score card measures reflect the second quarter of fiscal year 2019 (see attached).

Mr. Siegler reported on some of the key measures of Q2 FY2019 performance in the Dashboard. Improving measures that are trending positively include:

- E-consult, our electronic consultation system for specialty referrals, continues to grow at a rapid pace. E-consult had an interesting coverage in the *New York Times* recently, featured as a model of how safety net systems and other systems can be more efficient, reduce specialty wait times and improve access to care. E-consult is live in over 100 clinics at all acute facilities, in at least one in all of our acute facilities and shortly in the Bronx via accelerating roll out in advance of NYC Care.
- # of Insurance Applications per Quarter. Over the years, the city has done a terrific job in boosting insurance enrollment around the city. A very big deal for the city and for the system is for Health + Hospitals to put forward and extra effort in improving its workflows and processes to boost applications inside of our facilities. We are up over 23,000 applications in January, which is a huge number with a large potential for growth.
- Patient Satisfaction/Post-acute care: Under Dr. Wei's supervision, on a patient experience perspective, and Maureen McClusky, Sr. Vice President, from our overall post-acute line of business, excellent progress was made by launching a patient experience council; putting those happy or not meters throughout the facilities to rate the patient experience so as to judge how we are doing at a unit level; and focusing on meals and their PFAC.
- HgbA1c control < 8. Dr. Wei reported that this most recent system-wide performance improvement initiative led out of the Office of Population Health with Nichola Davis, Sr. Assistant Vice President, in conjunction with our Ambulatory Care leadership included the following improvements: getting point of care HgbA1c testing (lot of patients were fallen out by not having their HgbA1c in the record for 12 months); training of nurses to be able to call patients at home before and after visits for education purposes, coaching, or going over the medication regiments as there is no time to do so in a crunched 15 minutes primary care physician visit. It is hopeful that trained Pharm Ds will take over some of the medication regiment changes as well as the education and the reinforcement, so as to use Pharm Ds at the top of their license and off-loading the nurses and physicians. Dr. Wei explained that this is a critically important clinical measure for diabetes care with tremendous revenue implications, factored into the state quality bonus programs, and into managed care quality bonus programs. Dr. Wei reported that as a result of these improvements, Health + Hospitals received $30 million in VBP QIP quality bonus revenue last year.

  Dr. Katz clarified that Pharm D's are pharmacists who have a doctoral degree. In addition, Pharm D's have four to five years of training specifically on medications. While they cannot diagnose, they can recognize the health complaints of your diagnosis and can offer on-the-spot advice and discuss your medications with you. Dr. Katz commented that Pharm D's are much

better than most primary care doctors at medications because that's their specialty and they know all of the interactions. They are also good at helping patients with adherence to medications, good at knowing when to switch and at patient education. Dr. Katz stated that because the supply for Pharm D's is not as tight as for primary care doctors, he would want to introduce them as a major part of the workforce.

Ms. Hernandez-Pinero asked how many patients with diabetes Health + Hospitals has responsibility for. Dave Chokshi, M.D., Vice President, answered that system-wide there are 60,000 patients in our diabetes registry. To get in the registry, the patients must have a sufficient number of primary care visits in the last 12 months, which means that the number of diabetes patients under our care is probably about 100,000 or more. However, the performance measures are for those who are included in the registry.

Ms. Hernandez-Pinero asked about the delta for improvement, in terms of the definition capturing this A1C for those patients who have not yet been seen in our system but have been seen elsewhere. Dr. Chokshi answered that while those numbers are not captured recently, it would be on the order of about 15 percent decrement in terms of A1C control. That is around 65 percent for those who are included in the registry. As for those who are not engaged in primary care, it would be on the order of about 50 percent.

Dr. Pagan asked what the health plan is doing and if there are any metrics connected to A1C that have to be met that are benefitting them. Dr. Chokshi answered that A1C control is a measure that is tracked in almost all the quality incentive programs that managed care has. There is revenue associated with that, not just in the VBP QIP program, but in the other payers' (Health First, MetroPlus) incentive program as well. While that does not count for the downstream effects of hospitalizations and ED visits aversion due to better care provided to a diabetic patient, there is a benefit on the risk revenue side.

Dr. Chokshi affirmed with Dr. Pagan that the $30 million do not capture the health plan benefits.

Mr. Siegler reported on the negative trending measures.

- AR days per month and Patient Care Revenues/Expenses in this quarter was raised because there was some delay in getting bills out of the door due to the EPIC roll out. As such, EPIC will have significant collection benefits going forward.
- ERP milestones. We are on track rolling out at Bellevue and Harlem and, in 12 hours and 25 minutes (as confirmed by Kevin Lynch, Sr. Vice President, EITS Administration), at several of our community health centers. EPIC is a large scale payroll finance and purchasing system redesign. There is a need to look at some key measures and data points that would be lined up across the various systems. Therefore, the decision was made to hold back some key measures until the start of the fiscal year so that we could have a smoother launch.
- The % of MetroPlus dollars that come into Health + Hospitals. After many improvements year-to-year, this measure dipped in the final quarter.

Other updates Mr. Siegler reported on are:
Unique primary care patients seen in last 12 months. Currently we are experiencing a data definition and harmonizing process due to the launch of EPIC, which added a third financial system to the previously two that track and define a primary care visit. A unified system-wide number will be available by next quarter.

Mr. Siegler explained that the Dashboard is broken down into several key strategic areas: Increasing primary care, the number of unique primary care patients we have seen in the last 12 months; a measure of specialty care, the number of E-consults completed per quarter; four key financial sustainability measures; two information technology measures and quality measures including care experience, culture of safety.

Mr. Siegler reported on the individual measures of the System Dashboard – March 2019:

System Dashboard – March 2019
Reporting Period: Q2 FY2019 (Oct-Dec 2018)

		EXECUTIVE SPONSOR	REPORTING FREQUENCY	TARGET	ACTUAL FOR PERIOD	VARIANCE TO TARGET	PRIOR PERIOD	PRIOR YEAR SAME PERIOD
Increase Primary Care				FY 2019				
1	Unique primary care patients seen in last 12 months	VP PC	Annually	418,000	N/A	N/A	414,503	425,000
Access to Care								
2	Number of e-consults completed/quarter	CPHO	Quarterly	14,000	15,341	+9.58%	12,535	6,107
Financial Sustainability								
3	Patient Care Revenue/Expenses	CFO + SVP MC	Quarterly	60%	60.4%	+0.4%	61.5%	56.5%
4	# insurance applications submitted/quarter	CFO + SVP MC	Quarterly	23,710	20,871	-9%	18,923	19,664
5	% of M+ medical spend at H+H	SVP MC	Quarterly	45%	39.5%	-5.5%	39.9	37.7%
6	Total AR days per month (excluding in-house)	CFO	Quarterly	45	54.6	+9.6	43.8	47.0
Information Technology								
7	Epic implementation milestones	CIO	Quarterly	100%	100%	-	100	-
8	ERP milestones	CIO	Quarterly	100%	70%	-30%	85	-
Quality and Outcomes								
9	Sepsis 3-hour bundle (2Q18)	CMO + CQO	Quarterly	63.5%	69.7%	+6.2%	72.6%	65.4%
10	Follow-up appointment kept within 30 days after behavioral health discharge	CMO + CQO	Quarterly	66%	57.4	-8.6%	59.6%	58.6%
11	HgbA1c control < 8	CPHO + VP PC	Quarterly	66.6%	64.7%	1.9%	64.1	64.5%
12	% Left Without Being Seen in the ED	CMO + CQO	Quarterly	4%	7.5%	-3.5%	8.67	6.93%
Care Experience								
13	Inpatient care - overall rating (Top Box)	CNO + SVP AC	Quarterly	65.4%	62.0%	-3.4%	62.0%	61.0%
14	Ambulatory care (medical practice) Recommend Provider Office (Top Box)	CNO + SVP AC + VP PC	Quarterly	83.6%	81.3%	-2.3%	81.2%	82.1%
15	Post-acute care - likelihood to recommend (mean) [2016]	CNO + SVP PAC	Semi-Annually	84.3%	87.1%	+2.8%	87.1%	N/A
Culture of Safety								
16	Acute Care – Overall Safety Grade	CNO + CQO + SVP AC	Annually	76%	-	-14%	-	-
17	Post-Acute Care – Overall Safety Grade	CNO + CQO + SVP PAC	Annually	74%	-	-2%	-	-
18	Ambulatory (D&TC) – Overall Safety Grade	CNO + CQO + VP PC	Annually	50%	-	-11%	-	-

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1. Unique primary care patients seen in last 12 months: The goal of primary care patients is to stabilize the decline we have seen in several years and then grow from there. As indicated above, the data will be available by next quarter.
2. Number of E-consults completed/quarter: E-consults are currently at 15,000 this quarter, which is up from 6,000 last year and will continue to accelerate and grow.
3. Patient Care Revenue/Expenses: It is above target.
4. # Insurance applications submitted/quarter: While the number was just under 21,000 in December 2018, in January 2019, we were over 23,000 and close to our target of 23,700.

Dr. Katz observed that people will always come to New York and that even with the best job it is difficult to hit that number. Therefore, he suggested to modify this metric in the future. Mr. Siegler agreed.

Ms. Freda Wang, Board Member, asked if these 23,710 applications are applications that are actually done when the patients come in the hospital. Mr. Siegler agreed and explained that we are over 22,000 in the outpatient setting which is really where the growth is occurring. As for inpatient people, Mr. Siegler added that the process is relatively simple because typically, everybody is eligible for something when they are inpatient. They are eligible for emergency Medicaid, and so, those applications have been fairly steady over the last several years. However, the number of outpatient applications submitted has increased significantly due to: a change in some of our work flows and significant MetroPlus resources at all our facilities to help people enroll and see what they're eligible for; and we also ask people now to walk through the application process on the New York State of Health (insurance exchange), to see if they're eligible. Mr. Siegler reiterated that, making people aware of what they are eligible for and getting them connected to that insurance has got to be a key part of our work flow. By building that in, we have seen a very big jump from August of 18 when we started this new process. The key areas for improvement include the financial counselors approach to document patient screening and coverage eligibility, whether it is pre-authorization for Medicaid or signing up for a plan on the exchange. There is a lot of room for improvement to tighten up that process and also get people before they come in; have people work with our call center; call up to the state exchange and enroll there.

Dr. Pagan asked if there is some sort of road map or a guide when it comes to financial counseling. Mr. Siegler answered that Ms. Marji Karlin, Chief Revenue Officer, has a Director of training, Mr. Michael Neofytides, who has developed robust work flows and done training across the system to help our staff understand the basics of insurance, what are the different products available to people and how to explain to someone the difference between a deductible, a copay and a premium. The key priority is to standardize those work flows across the system.

Ms. Hernandez-Pinero asked the following question: Of the 18,200 patients, 15 percent saw a financial counselor; and of that 15 percent, 27 percent of them had a documented outcome. Does that mean they were eligible for insurance or were recorded eligible and ineligible?

Mr. Siegler answered that it would be both because oftentimes, if they are ineligible for coverage, Health + Hospitals preauthorizes them for Emergency Medicaid. However, it is a different entry if they are eligible but decline to enroll.

Ms. Wang asked if the loss from the 15 percent who saw a financial counselor is due to a reluctance on the patient to go through the process. Mr. Siegler answered that it is a combination of things. There is probably some reluctance in some limited cases. Some of it is showing up an hour early for a clinic visit; it is not easy and it is not always possible to go through the full enrollment screening and application process in an hour. Ms. Wang asked if it is possible to do it over the phone. Mr. Siegler answered positively.

Oxiris Barbot, M.D., Board Member, interjected that counseling appointments can be done over the phone; they do not have to be in person. Mr. Siegler answered that Health +

Hospitals is having some discussions with the state exchange about how to build that connection more tightly and make that easier moving forward.

Dr. Katz informed the Committee that Health + Hospitals is also working on a huge undertaking by training its staff to help people understand health insurance coverage options in real time. The Health + Hospitals Options program is for people who cannot get coverage on the exchange.

Dr. Pagan asked about the efficiency of the financial counselors and would like to know if some are better than others. Mr. Siegler answered that there are several hundred financial counselors across the Health + Hospitals system and MetroPlus also has staff that fill a similar role. They are certified application counselors and are able to walk people through the process. Mr. Siegler agreed with Dr. Pagan that it would be a great idea to ask the top ten counselors why are they so good at it.

5. % of MetroPlus medical spend at Health + Hospital: There is a 2% point improvement since the end of 2017, which represents $100m in new revenue coming into Health + Hospitals. Though there was a little dip at the end of 2018, we are up from 37.7% to 39.5%. The ambitious target is at 45%. How we assign MetroPlus members into our primary care practices will continue to have a good impact. Key initiatives that Health + Hospitals has underway with MetroPlus to drive this number up are to: increase the number of new members at MetroPlus who are assigned to Health + Hospitals primary care providers which is now up to 90 % compared to 50% a year ago; work on patients retention, and get them connected to care and make sure they stick and use Health + Hospitals for delivery.

   Mr. Siegler informed the Committee that MetroPlus has a rewards program for its members who achieve certain healthy behaviors and are using their benefits well. Health + Hospitals is looking forward to replicating that program not only to help people connect to primary care appointments, but more so to market Health + Hospitals as part of that process. All insurance companies do utilization management, and check whether a service was medically necessary, deny claims back and forth between payers. As the owner of the health plan, the amount of time and work MetroPlus was spending reviewing claims with us was reduced, freeing up our staff to focus on getting everything correct for payers looking to deny every claim possible with us, as well as freeing up MetroPlus staff to focus on outside providers, who they have to monitor more closely. This is a key area of reducing administrative spending and it does help boost the amount of money spent inside Health & Hospitals.

   Ms. Hernandez-Pinero asked if our claims are less rigorously examined at MetroPlus. Mr. Siegler answered positively and added that the review is a little different than with other providers. In general, MetroPlus looks at them to ensure that they are correct. MetroPlus respects our clinicians' clinical judgment, as all insurance companies should.

   Dr. Katz interjected that it is not just that they respect our judgment but because if the patient is ours, the money is going to flow back to us anyway and that we are a salary group that has no incentive to do more procedures than necessary.

   Mr. Siegler reported that beyond that, Health + Hospitals has made investments and is exploring new investments in certain services. These include: the HIV clinic at Jacobi, which

is a big opportunity to scale back up those services and reconnect folks in the Bronx to the great care we provide; reclaim a lot of basic GI services and advanced GI services that were done outside of Health & Hospitals when we have that capability internally; making sure we are offering the right services at the right hours at the right places and keeping other big cardiology and ophthalmology services in the system.

Dr. Pagan asked about the data around ophthalmology services. Does Health + Hospitals have the capacity to serve the clusters of ophthalmology services with the help of MetroPlus and what is being done? Mr. Siegler answered that from a data perspective, MetroPlus is more advanced and has detailed claims data. Together with MetroPlus, a new, easier to use facility dashboard is being put together to have a better look of community providers referrals. One City Health and our office of Population Health also have important data tools that can help us track that. Finding ways to get the data down to where the actual decision and the referral is made is really the key next step for us.

6. Total AR days per month (excluding in-house): Due to the EPIC roll out in December, that measure jumped up to 54.6. We were down last year to 47 and even further last quarter to 43.8.
7. Epic Implementation milestones: On track. We had a very successful go live at four of our acute facilities back in October. Two will be added in ten days and, by October of this year, we will be live at all of our acute facilities and all the community health centers.
8. The ERP is lagging a little bit, but will be live at the start of the fiscal year.

Mr. Siegler turned his presentation over to Dr. Eric Wei, Chief Quality Officer, to talk about the Quality and Outcomes, Care Experience and Culture of Safety measures.

Dr. Wei reported on:

9. Sepsis 3-hour bundle (2Q18): We are at 69.7% which is well over the State benchmark of 63.5%. We had a slight drop from 72.6% of the prior period mostly due to some issues the nurses are experiencing to be able to build some order sets in Quadrimed.
10. Follow-up appointment kept within 30 days after behavioral health discharge: A slight drop from 59.6% last quarter to 57.4% of the goal of 66% due most likely to common cause variation.
11. HgbA1c control < 8: See above. Dr. Chokshi added that compared to prior periods, some modest progress are being made with the help of a major category of interventions that include better data tools; some clinical guidance including a diabetes medication guideline, as well as a quality improvement tool kit; some pharmacy changes, in addition to trying to integrate what we are doing in terms of chronic disease improvement with addressing unmet social needs that may also result in poorer diabetes control.

    Ms. Hernandez-Pinero commented that, having had several friends die from diabetes, this disease can be much more aggressive and dangerous than one thinks. Dr. Chokshi added that it is a very insidious disease and sometimes many years pass before it manifests with vision loss or serious infection or kidney problems. As a health system, part of our job is to intervene at that earlier stage to try to prevent those things from happening.

12. % Left Without Being Seen in the ED: This metric is an options metric; one that we have been challenged with. It is multifactorial because not only the metric is not being measured correctly but also because there are other buckets patients being dumped into left without being seen. To reach the 4% goal, significant improvements have to be made this year to eliminate siloes and to ensure that the ED Chief is the Captain of the ship and ultimately accountable for the clinical and operational issues in the ED. Dr. Katz agreed with Dr. Wei that it is remarkably a hard to measure this metric. He reported that there were instances when people were being registered only so that they could sit in the waiting room to be out of the rain.

13. Inpatient care – overall rating (Top Box): This target is provided by Press Ganey. Scores 9 or 10 on a scale of 1 to 10. We are at 62% of the goal of 65.4%.
14. Ambulatory care (medical practice) Recommend Provider Office (Top Box): This target is provided by Press Ganey. 81.3% of a goal of 83.6%. This metric is slowly creeping up due to its correlation to I-CARE training and the implementation of Happy or Happy Not meters in all of our ambulatory settings, as well as working on our call center, front end patient financial services and the clerks who check patients in.
15. Post-acute care – likelihood to recommend (mean) [2016]: Another target provided by Press Ganey. This metric is green. We were able to maintain that level of satisfaction at 87.1%, which is well above our goal of 84.3%.

As for the culture of safety measures, #16, 17 and 18, Dr. Wei informed the Committee that an updated data point will be provided at the next meeting. One of the questions of the AHRQ patient safety culture survey performed is to give your work area or unit an overall patient safety grade, A, B, C, D or F. The metric is the percentage that gives us A or B. The listed targets for these measures are based off the national benchmarks for the AHRQ survey.

Mr. Siegler concluded his presentation by thanking Committee members and invited guests for their time.

ADJOURNMENT

There being no further business, the meeting was adjourned at 12:00 Noon.

NYC HEALTH+ HOSPITALS

Strategic Planning Committee Update and System Dashboard

Matt Siegler
SVP Managed Care and Patient Growth

Dr. Eric Wei
Chief Quality Officer

Strategic Planning Committee
May 15, 2019

NYC HEALTH+ HOSPITALS

Agenda

- Public Policy Update
- Discussion of Q3 FY 2019 Performance
- Glossary + Dashboard
- Discussion of Selected Measures
  - Emergency Department LWBS
  - Inpatient Care – Overall Top Box Rating

NYC HEALTH+ HOSPITALS

Public Policy Update

- Federal cuts to the Disproportionate Share Hospital payment are scheduled to take effect in October 2019
  - Under current federal law and draft federal rules, New York State's DSH cut could be $650 million in FFY 2020 and $1.3 billion in FFY 2021.
  - H+H is the largest recipient of NYS DSH funds and has on average received about $700 million of the State's DSH funding.
  - Potential impact of the cuts on Health + Hospitals is significant. In the first year:

H+H impact in Brooklyn **$135 million**	**H+H impact in Manhattan** **$139 million**	**H+H impact in the Bronx** **$96 million**	**H+H impact in Queens** **$65.5 million**
Kings County = $69.5 M	Bellevue = $69.5 M	Jacobi = $48 M	Queens = $35 M
Woodhull = $43.5 M	Harlem = $43.5 M	Lincoln = $30.5 M	Elmhurst = $30.5 M
Coney Island = $22 M	Metropolitan = $17.5 M	North Central Bronx = $17.5 M	
	Carter = $8.5 M		

- Cuts have been delayed previously and there is strong bipartisan advocacy to delay them again
  - Over 250 Members of the House of Representatives, led by Rep Engel, have formally urged leadership to delay the cuts
  - Speaker Pelosi has indicated the cuts will not happen
  - Dr. Katz will participate in Americas Essential Hospitals Capitol Hill event on May 17th

NYC HEALTH+ HOSPITALS

Q3 FY 19 Performance

- Selected positive trending measures
  - E-consult
    - Surpassed FY19 target; accelerating roll out in the Bronx for NYC Care
  - Metroplus
    - Increase represents $184m vs $163m same quarter last year; new leakage tool in production
  - ERP project
- Selected negative trending measures
  - Insurance applications
    - End of open enrollment led to dip, significant improvement vs last year, Epic and upstream process interventions in progress
  - HGBA1C

NYC HEALTH+ HOSPITALS

System Dashboard Glossary – March 2019
Reporting Period: Q3 FY2019 (Jan-Mar 2019)

#	Measure	Description
Increase Primary Care		
1	Unique primary care patients seen in last 12 months	Measure of primary care growth and access; measures active patients only, N/A due to Epic data definition issue
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; one quarter lag vs other measures
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

NYC HEALTH+ HOSPITALS

System Dashboard – May 2019
Reporting Period: *Q3 FY2019 (Jan-Mar 2019)*

		EXECUTIVE SPONSOR	REPORTING FREQUENCY	TARGET	ACTUAL FOR PERIOD	VARIANCE TO TARGET	PRIOR PERIOD	PRIOR YEAR SAME PERIOD
Increase Primary Care				FY 2019				
1	Unique primary care patients seen in last 12 months	VP AMB	Annually	418,000	N/A	N/A	414,503	425,000
Access to Care								
2	Number of e-consults completed/quarter	CPHO	Quarterly	18,000	21,907	+21.7%	15,341	8,073
Financial Sustainability								
3	Patient Care Revenue/Expenses	CFO + SVP MC	Quarterly	60%	60.8% est.	+0.8%	60.4%	57.0%
4	# insurance applications submitted/quarter	CFO + SVP MC	Quarterly	23,710	20,666	-13%	21,483	19,676
5	% of M+ medical spend at H+H	SVP MC	Quarterly	45%	40%	-5%	39.5	37.4%
6	Total AR days per month (excluding in-house)	CFO	Quarterly	45	Not yet available	0	54.6	47.0
Information Technology								
7	Epic implementation milestones	CIO	Quarterly	100%	100%	-	100	-
8	ERP milestones	CIO	Quarterly	100%	80%	-20%	70	-
Quality and Outcomes								
9	Sepsis 3-hour bundle	CMO + CQO	Quarterly	63.5%	70.9%	+7.4%	69.7%	68.0%
10	Follow-up appointment kept within 30 days after behavioral health discharge	CMO + CQO	Quarterly	66%	58.7%	-7.3%	57.4%	60.9%
11	HgbA1c control < 8	CPHO + VP AMB	Quarterly	66.6%	63.7%	-2.9%	64.1	63.8%
12	% Left Without Being Seen in the ED	CMO + CQO	Quarterly	4%	6.66%	-2.6%	7.5	8.51%
Care Experience								
13	Inpatient care - overall rating (Top Box)	CQO	Quarterly	65.4%	59.0%	-6.4%	62.0%	59.0%
14	Ambulatory care (medical practice) Recommend Provider Office (Top Box)	CQO + VP AMB	Quarterly	83.6%	82.1%	-1.5%	81.3%	82.1%
15	Post-acute care - likelihood to recommend (mean) [2016]	CQO + SVP PAC	Semi-Annually	86.3%	87.1%	+0.8%	87.1%	85.3%
Culture of Safety								
16	Acute Care – Overall Safety Grade	CNO + CQO	Annually	76%	-	-14%	-	-
17	Post-Acute Care – Overall Safety Grade	CNO + CQO + SVP PAC	Annually	74%	-	-2%	-	-
18	Ambulatory (D&TC) – Overall Safety Grade	CNO + CQO + VP AMB	Annually	50%	-	-11%	-	-

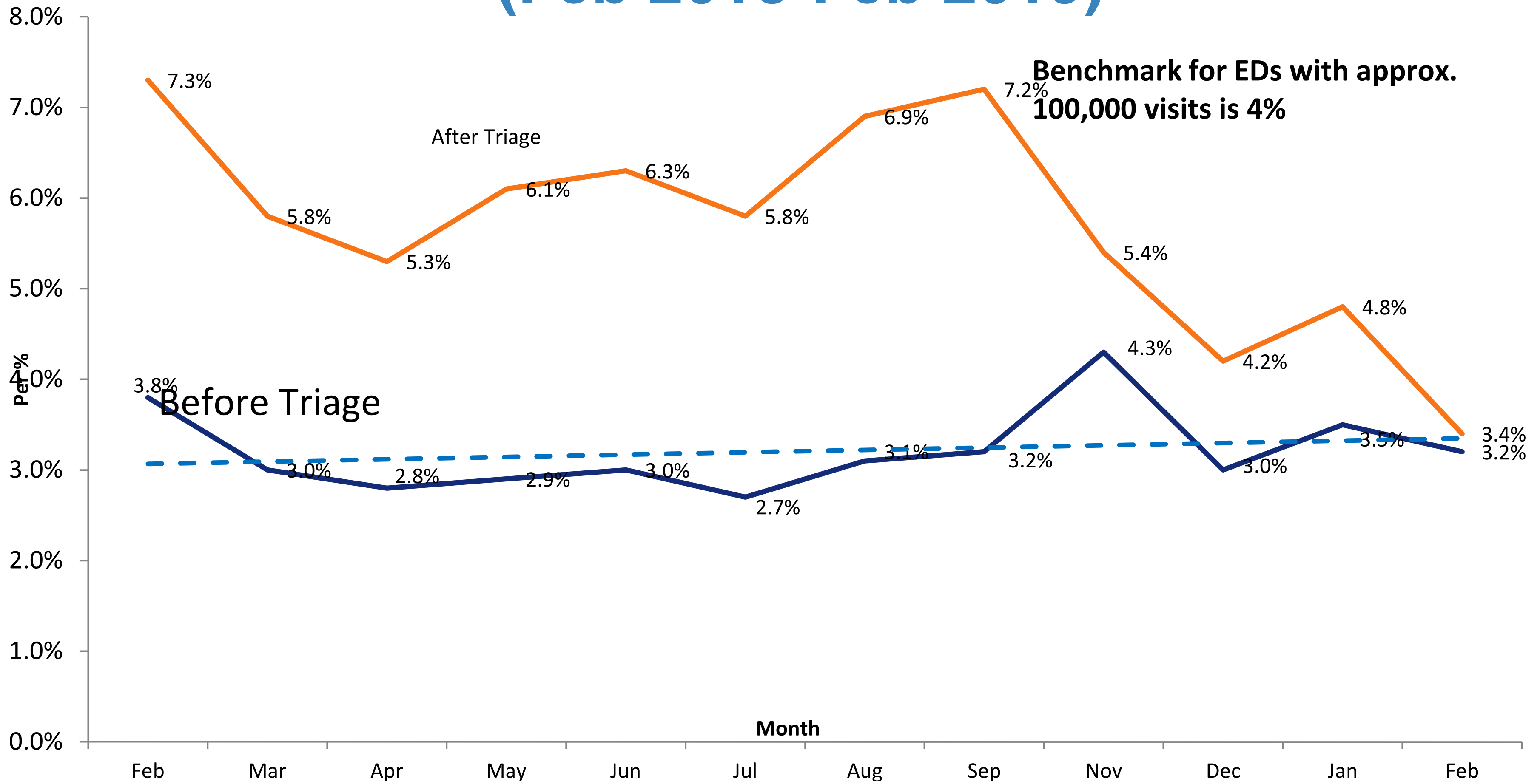
NYC HEALTH+ HOSPITALS

ED Left Without Being Seen

- Improved from 7.5% to 6.66% but still 2.7% from goal
- Test case for new data governance committee – improve data definition and accuracy
  - *A patient who registers to be evaluated in the Emergency Department who leaves the Emergency Department prior to being evaluated by a provider. A provider includes a licensed physician, resident physician, or advanced practice practitioner (nurse practitioner or physician assistant). The marker in the electronic medical record is a disposition of Left Without Being Seen.*
- Multiple Emergency Departments (Queens, Lincoln, Woodhull) piloting "provider in triage" models – puts patients in front of definitive provider shortly after arrival
- ExpressCare decompressing ED's of low-acuity patients – live at Elmhurst and Lincoln (Jacobi next)
- No longer rounding in the ED waiting rooms and asking people to register if they are not seeking medical care

NYC HEALTH+ HOSPITALS

Woodhull ED Left Without Being Seen (Feb 2018-Feb 2019)

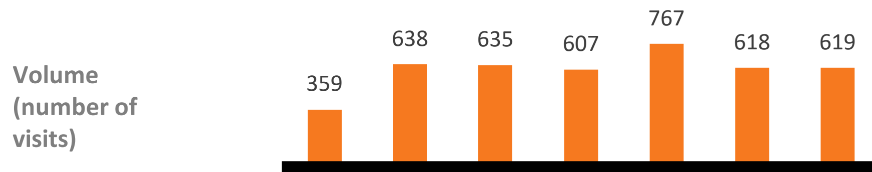


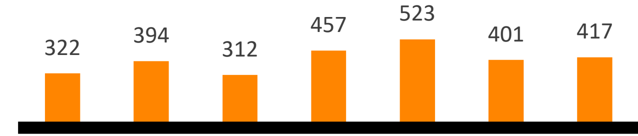
NYC HEALTH+ HOSPITALS EXPRESSCARE

Early ExpressCare Results

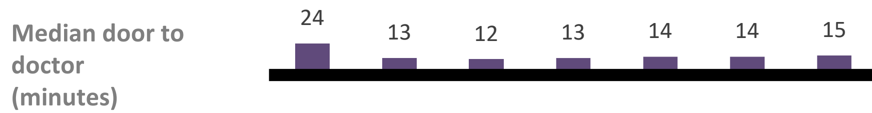
September 2018 – March 2019

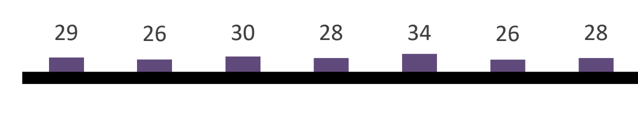
Volume (number of visits)



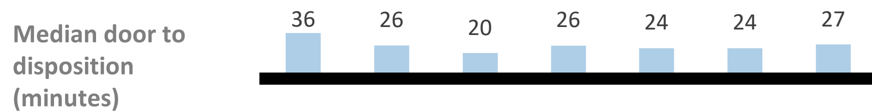


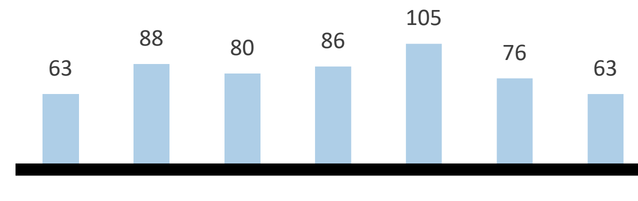
Median door to doctor (minutes)



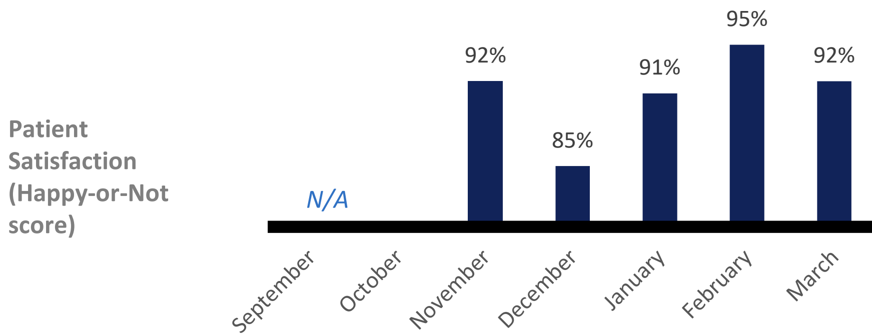


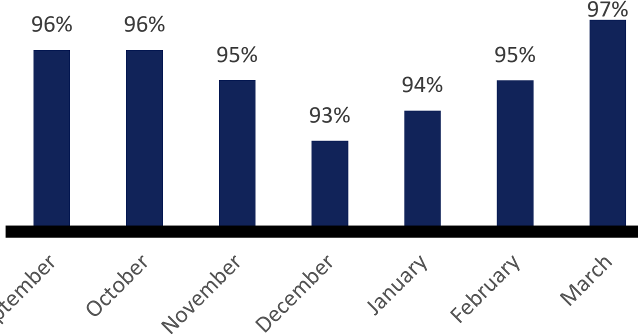
Median door to disposition (minutes)





Patient Satisfaction (Happy-or-Not score)





NYC HEALTH+ HOSPITALS | Lincoln

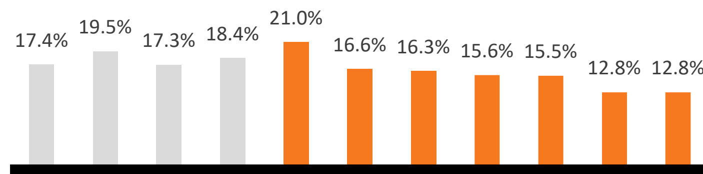
NYC HEALTH+ HOSPITALS | Elmhurst

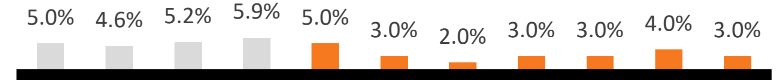
Source: NYC Health + Hospitals/Lincoln and NYC Health + Hospitals/Elmhurst ExpressCare data

NYC HEALTH+ HOSPITALS EXPRESSCARE

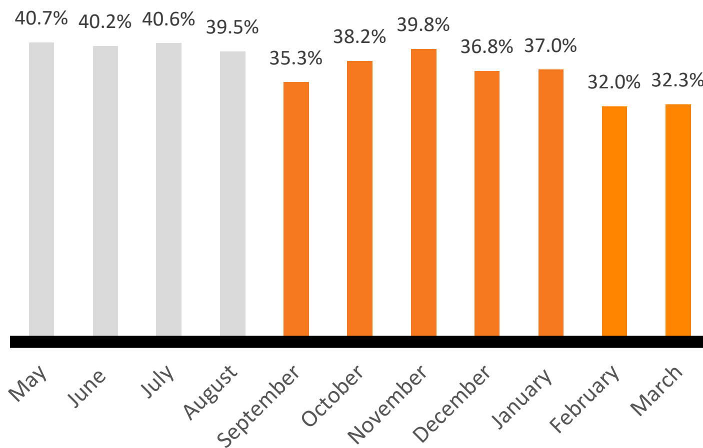
Emergency Department Metrics Pre- and Post- ExpressCare

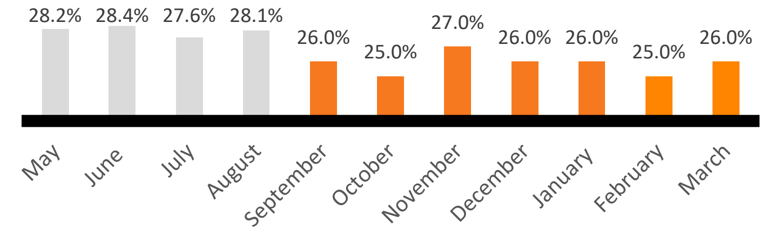
% of Patients Left Without Being Seen (Emergency Department)





ESI 4,5 % Non Urgent Emergency Department Visits





Pre-ExpressCare

Post-ExpressCare

NYC HEALTH+ HOSPITALS | Lincoln

NYC HEALTH+ HOSPITALS | Elmhurst

Source: NYC Health + Hospitals ED Dashboard

NYC HEALTH + HOSPITALS

Inpatient Care – Overall Top Box

- At 59%, which is 6.4% below goal; same as prior year same period
- Care Experience Conference – 4/4/2019
- Unit Challenge – in progress
- ICARE
  - Training – 64.2% completed
  - Bi-Weekly Managerial Tip
  - Leadership Video
- Rounding – Developing Standard Work
  - Completed Video on 5P's
  - Department Head/Unit Rounding using iRounds
  - Executive Leadership Rounding

NYC HEALTH+ HOSPITALS

Inpatient Care – Overall Top Box

- Joy in Work – received HWRI grant
  - Trained 418 joy ambassadors throughout system
  - Site visits
- Planetree – planning 3-year engagement as collaboration with Finance and OneCity