



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

November 7, 2019
Boardroom
125 Worth Street, Room 532
10:00am

AGENDA

- | | | |
|------|--|---|
| I. | Call to Order | Gordon J. Campbell |
| II. | Adoption of May 16, 2019
Strategic Planning Committee Meeting Minutes | Gordon J. Campbell |
| 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 |

CALL TO ORDER

Mr. Gordon Campbell, Chairman of the Strategic Planning Committee, called the May 16th meeting of the Strategic Planning Committee (SPC) to order at 11:05 A.M. The minutes of the March 19, 2019 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: Q3 FY2019 (January-March 2019) and a discussion of two selected measures: percentage of people left without being seen in the Emergency Department and inpatient care satisfaction overall rating.

Public Policy Update

Mr. Siegler reported that the disproportionate share hospital (DSH) program is listed as the public policy priority number one, two and three for both Health + Hospitals and the broader hospital community in New York State. As such, the cuts to this program initially included in the Affordable Care Act have been delayed several times and are scheduled to come up again in October of 2019. Mr. Siegler explained the potential impact of the cuts is quite significant because New York State is the largest recipient in the country, and New York City Health + Hospitals is the largest recipient in New York State. Mr. Siegler noted that Health + Hospitals provides care for over 400,000 uninsured New Yorkers and spends over a billion dollars a year on behavioral health care, which is under-reimbursed in the Medicaid program and often unreimbursed entirely. Needless to say that DSH program is a very significant and vital source of funding for us. Mr. Siegler stated that while the impact of the cuts would be severe, we are optimistic that the cuts will be pushed off.

Mr. Siegler reported that, last time the DSH cuts were delayed under unified Republican control of the Congress and the executive branch. Due to the current Democratic control in the House, there have been very strong statements on the bipartisan basis that these cuts should be delayed. Over 300 members of the House of Representatives have urged leadership to delay the cuts. Mr. Siegler reiterated that there is bipartisan support for pushing these cuts off. Congressman Engel has been the key leader requesting the delay of DSH cuts but his letter urging the leadership to delay the cuts is cosigned by a conservative republican member from Texas, Pete Olson. Speaker Pelosi has also been very clear that the cuts should not happen and Senator Schumer is a strong supporter of the delay of the cuts. Mr. Siegler informed the Committee that Dr. Katz could not be at the meeting as he was on his way to Washington, DC and will be at a panel sponsored by America's Essential Hospitals, which is the trade association that represents public hospitals around the country, to speak about delaying the DSH cuts with congressional members and staff tomorrow on Capitol Hill. Health + Hospitals has an aggressive advocacy campaign under way and is cautiously optimistic the cuts will be delayed.

Mr. Campbell asked if there is any possibility to get beyond this dance which is happening annually. Mr. Siegler answered positively. He recalled the multi-decade dance on the Medicare doc fix, also

known as SGR. In a period where there is vastly differing opinions and great stasis on what is happening with the Affordable Act, the questions are:

1. Are we moving to expand coverage and make subsidies more generous?
2. Are we contracting the program at the federal level to reduce subsidies and therefore increasing the need for supplemental payments like this for hospitals that have uncompensated care?

Mr. Siegler stated that we are a long way from consensus and the amount of money at stake is so high that the status quo of delay will continue potentially for some time.

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 third quarter of fiscal year 2019 (see attached).

Mr. Siegler reported on some of the key measures of Q3 FY2019 performance in the Dashboard. Measures with some notable trends include:

- E-consult: Our electronic consultation system for specialty referrals, has already surpassed fiscal year 19 target from 18,000 to 21,907. Dave Chokshi, M.D., Vice President, Population Health, is hard at work accelerating the roll out in the Bronx in advance of NYC care.

Mr. Campbell asked what factors have contributed to exceeding the target from 18,000 to 21,907. Dr. Chokshi answered that part of it is attributed to a higher than anticipated number of clinics, such as Bellevue and Harlem, to go live as part of the EPIC transition.

- The percentage of MetroPlus spend at Health + Hospitals: Continuous improvement is being made in how we are attributing MetroPlus members to our primary care providers. In addition, there is a much more nuanced and focused effort to assign people to primary care doctors at the Gotham clinics. As such, we have increased towards 40 percent, which represents a \$20 million increase versus the first quarter last year. Mr. Siegler had discussed with Dr. Talya Schwartz, the newly appointed President and CEO of MetroPlus Health Plan, the need to start tracking a key measure of how many new enrollees our financial counselors and their own staff help select a primary care physician, PCP on site, at that moment.
- ERP Milestones: This is the second largest IT resource project, which is a major redesign of our payroll systems and other internal systems, jumped from 70 percent to 80 percent. This measure is on track largely because the new payroll system is slated to go live on July 1, 2019.

Mr. Siegler reported on the negative trending measures.

- The number of insurance applications submitted per quarter: This measure trended down and it is a seasonal change, as this is the first report out that is post ACA open enrollment when

there is always a surge of enrollment. To better track our progress, this measure will be reported with a quarter by quarter target that takes into account some of that seasonality. Overall versus last year, we are still 20 percent up year-to-year.

Ms. Sally Hernandez-Piñero asked: 1) What is the number of applications submitted versus the number of applications accepted; 2) The reasons why some applications ended up rejected; and 3) What are the retention figures? Mr. Siegler answered that he would expand more on these numbers at the next meeting. Ms. Hernandez-Piñero also asked about the distinction between the financial counselors and the MetroPlus representatives since both take applications at Health + Hospitals. Mr. Siegler clarified that Health + Hospitals counselors have access to more aspects of our financial system and can enroll applicants in our fee scale program, reduce their bills, and, engage and register them for visits. The MetroPlus enrollers are MetroPlus employees and therefore, have more limited visibility into our financial system. While there may be some minor regulatory reason for keeping some division, the truth of the matter is that MetroPlus and Health and Hospitals are a shared entity and we should partner and be as closely aligned and integrate resources as much as possible.

Ms. Freda Wang, Board Member, asked where are the MetroPlus enrollers located, and if the process is just duplicative. Mr. Siegler answered that MetroPlus' enrollment representatives are all over the city; they are at community events and at MetroPlus store front locations; and in some cases, at other hospitals. Meanwhile, our Financial Counselors are purely in-house, but we do have a lot of MetroPlus representation inside our hospitals, at tables and in the lobbies. The intent is to have more businesses in our lobbies directed to MetroPlus enrollers to have people screened for insurance coverage and then, if they are not eligible, our Financial Counselors will help them with enrollment options and ultimately enroll in NYC Care. Mr. Campbell requested a side by side comparison between a Health + Hospital Counselor and a MetroPlus Enroller and asked why the focus is on applications submitted as opposed to actual enrollees. Mr. Siegler replied because the number of applications submitted is what we know and what we can track. The approved or rejected application occurs at the state level and is unique to that individual; it is not necessarily tied to the hospital itself. Mr. Siegler assured the Committee that he would give that issue further consideration.

Ms. Hernandez-Piñero asked if the reported number of applications submitted is a combined number of MetroPlus' and Health + Hospitals' counselors or just Health + Hospitals'. Mr. Siegler answered that it is a combined number with MetroPlus', Health + Hospitals' and Health First's, who is also inside our facilities. Under State law, a MetroPlus or Health First representative have to help someone apply for any insurance plan he/she wants and that application is done through the exchange. Therefore, these numbers are not necessarily exclusively Health First's and MetroPlus' numbers but they are the applications processed by their representatives on-site inside our facilities. Clear data on how many of those members end up using Health + Hospitals primary care physicians are available as well as how many of their members use Health + Hospitals' primary care physicians from a different source. Relevant data from both sides are available to draw an inference between those two. Ms. Hernandez-Piñero emphasized that one of the targets is directing as many MetroPlus enrollees to Health + Hospitals' primary care physicians as we can and that any potential obstacles to do that have to be identified and dealt with.

Mr. Siegler informed the Committee that he had discussed with Dr. Schwartz the necessity to start tracking and reporting on a tool that MetroPlus gives to our financial counselors and its own staff that helps people who are newly enrolled select a primary care physician, PCP, on site, at that moment. A low percentage of people are actually on site selecting a primary care doctor, which proves that our facility's usage of that tool is not where it needs to be. While it is very good to have 90% of the members auto-assigned, you stick more closely if you are an active participant in selecting your primary care doctor. This issue will be addressed both by Dr. Schwartz and John Ulberg, Chief Financial Officer and Marji Karlin, Chief Revenue Officer, who supervise the financial counselors at the facilities.

Mr. Jose Pagàn, Board member, asked if there is a way of finding out why some of the MetroPlus members do not use Health + Hospitals for their primary care. Ms. Deborah Brown, who represented Dr. Herminia Palicio, interjected that this might align with some previous mayoral work undertaken to make those connections. Mr. Siegler added that the Mayor's public engagement unit is a key partner in the guaranteed care initiative and assists with signing people up for coverage. He noted that location is one of the factors. Ms. Hernandez-Piñero stated that the key issue for both enrollment and retention, is wait time, which is improving

Dr. Eric Wei, further explained that when they were just seeing the primary care physician it was fine. However, there could be a nine-month wait time for their first referral to see a specialist. If your primary care physician is telling you that you need to see a cardiologist and you call and they say the next appointment is nine months, you would go outside if you are worried about your heart. Dr. Wei announced that some promising results are underway with open scheduling at Bellevue and Ted Long's team is working very hard to replicate that success across the system. Dr. Wei presented the new Chief Data Officer, Mr. Alexander Izaguirre, who joined his team only two weeks ago. Dr. Wei informed the Committee that he would invite Mr. Aguirre at the next Strategic Planning Meeting to share what he has learned. Mr. Campbell said that data governance is very important and that he is looking forward to hearing from Mr. Izaguirre once settled.

- HgbA1c control < 8. Dr. Eric Wei, Chief Quality Officer informed the Committee that Dr. Dave Chokshi, Vice President and Dr. Theodore Long, Population Health Officer and the Vice President for Ambulatory Care, are driving this project. Any tiny changes in the percentage are a huge lift because it involves trying to change something across tens of thousands if not hundreds of thousands of people. While last quarter's success was due to a performance improvement project, we are about the same as last year's quarter due to common cause variation. There were very exciting lessons learned from the quarter system-wide performance improvement project, one of which is to embed clinical pharmacists into some of our Gotham sites doing just diabetes teaching, calling patients at home and following up with them. Dr. Chokshi explained that HgbA1c is a measure of diabetes control. It represents the proportion of patients who have their blood sugar controlled as indicated by an A1C less than 8 over the total denominator of diabetic patients receiving care in our facilities. Despite a number of efforts, we are not getting better on this metric over the last few months. The challenge of moving the needle on this measure would require more time to work on access, quality and innovative efforts.

Access: Ted's team is working on embedding clinical pharmacists; and is also working on and making sure that patients who are in need of specialty care have access to endocrinology through services like E-consult.

Quality: Revisit all of our clinical guidance on diabetes (including treatment algorithm) to make sure that we are providing the most up-to-date evidence-based care and making sure that all the newly approved FDA medications are on formulary and clinicians are educated about using them.

Innovation: Partnership with InquisitHealth which sets up virtual peer mentoring platform that allows people who have similar lived experience to our own patients to essentially coach them in terms of diabetes management. Shift focus on prevention and not just treatment. Working to scale up the diabetes prevention program, which is another evidence-based approach to taking care of patients with diabetes.

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



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								
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%	-	-



1. Unique primary care patients seen in last 12 months: It is a great challenge to track this metric. We are currently working through an infinite layer of complexity, which will be solved once we will be all on EPIC by October. Dr. Long shared the following which are two good proxies to think about headed in the right direction:

- a. We are right on schedule in addressing the perennial challenge of getting the number of needed providers in the system. Thirty-seven out of the projected annual 70 new primary care providers were hired in the first six months.
- b. MetroPlus' numbers, in terms of the people screened and submitted were up an impressive 9%, almost 8,000 people from comparing January to April 2018 to January April to 2019. In terms of membership, MetroPlus' membership has grown from 516,870 in December 2018 to 524,000 more recently.

Mr. Campbell pointed out that the number of the prior year same period was 425,000. Dr. Long explained that the data has an influence of EPIC as well. Dr. Wei added two more asterisks to this data point for this year:

- * When EPIC is being implemented on a new site, the volume of patients to be seen by primary care providers has to be brought down.
- * Our goals were set to reverse the loss of patients first. There was a 5% year over year decrease. Our goal is to stem that tide and then start going positive.

Mr. Campbell referred to the first asterisk and asked how long and from what period of time is there a decrease in patient visits. Dr. Long answered that it is at least a month. Specifically, it is a 50% reduction in the first week alone. He added that the trend over the last three to five years (not having anything to do with EPIC), almost every year, is 3 to 5% reduction in the number of unique patients. Therefore, even if at the end of this year after EPIC has been rolled out, if we are a little bit down, it will still be a pretty big win as we would have been otherwise down by 3 to 5%.

2. Number of E-consults completed/quarter: See above as discussed in the notable trends measures.
3. Patient Care Revenue/Expenses in this quarter is an estimated number. Data is not currently available. More details will follow at the Finance Committee next month.
4. # Insurance applications submitted/quarter: see negative trending measures discussed above.
5. % of MetroPlus medical spend at Health + Hospital: previously discussed in notable trends measures above.
6. Total AR days per month is a revenue cycle measure. Data is not yet available. Ms. Krista Olson, Senior Assistant Vice President, explained that this measure is related to having the revenue cycles and being able to measure consistently across the systems. So, unfortunately, efforts are being made to establish a methodology that can be applied retrospectively to the legacy systems that will be comparable.
7. Epic Implementation milestones: On track, bright green. A hundred percent Epic progress.
8. The ERP milestones. On track as discussed in notable trends measures above.

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

Dr. Wei reported on:

9. Sepsis 3-hour bundle: We continue to outpace the New York State average of 70.9%, which is up from 69.7% from the prior periods. Bellevue, Jacobi and Queens were recently designated as the highest performers in this category. Efforts are being made to drive that number to even 100%. Mr. Campbell inquired about the national average. Dr. Wei answered

that 63.5% is the New York State average and that he would bring back the national average at the next meeting along with Dr. Allan, who has been leading this charge for a long time.

10. Follow-up appointment kept within 30 days after behavioral health discharge: went up from 57.4% to 58.7 percent. This was a topic of a system wide performance improvement project last year. Mr. Charles Baron, Deputy Chief, Behavioral Health Administration and the Behavioral Health team continue to drive this very important initiative.

Mr. Campbell asked if this initiative is considered to be part of THRIVE or not. Ms. Brown answered negatively.

11. HgbA1c control < 8: See negative trending measures above.
12. % Left Without Being Seen in the ED: Improved from 7.5% to 6.66%. This metric shifted from a negative trending deep dive to now a positive trending deep dive. The ambitious goal is to get to the national benchmark of 4%. By definition, a patient's medical record is noted as "left without being seen" when the registered patient leaves the emergency department before being evaluated by a provider. A provider includes a licensed physician, resident physician, or advanced practice practitioner (Nurse practitioner or physician assistant). With the old model, the patient sits in the waiting room for multiple hours and then see a provider when he gets a bed in the back. The main reason patients come to the emergency department is to see a provider, not to have their vitals taken, not to be triaged. It is a huge patient experience, positive factor and a huge quality and safety factor. Therefore this quarter's improved performance is due to the following changes:

- a. Multiple EDs, such as the Queens ED, are moving towards a provider up front or provider in triage model.
- b. Lincoln is using nurse practitioners in the front.
- c. Woodhull is using physician assistants in triage, about 10 to 12 minutes wait time.
- d. No longer rounding in the ED waiting rooms and asking people to register if they are not seeking medical care.
- e. Express Care, currently live at Elmhurst and Lincoln, is decompressing our EDs of low-acuity patients.

We are working towards a behavioral modification to try to get people to self-select our Express Care. By comparing the % left without being seen from the respective emergency departments of the two facilities with Express Care mentioned above, Lincoln is just hovering around 20% all the way down to 12.8% and Elmhurst hovering mid five percent down to as low as 2% and 3% a couple months.

Other positive trends include: fast track patients with non-urgent Emergency Department visits at these two Express Care facilities are as follows: 40% to about 32% at Lincoln and about 28% to 25%, 26% at Elmhurst.

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. From January to March, the score at the top box is at 59%, which is 6.5% below the goal of 65.4%. It is the same as prior year, same period. Listed below are patient experience initiatives undertaken by Ms. Vivian Sun, Chief Experience Officer, to improve this metric:
- a. First Annual Care Experience Conference: Attended by over 186 participants system-wide. The evaluation showed that 95% were very satisfied and another 91% were pleased with the topics discussed and increased their knowledge on patient experience.

- b. Unit Challenge: Currently in progress. For each facility, three units that would have the biggest impact on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores are isolated and the facility chooses one to enter this competition. The winners will be announced at the end of the month.
- c. ICARE (Integrity, Compassion, Accountability, Respect and Excellence): So far, 64.2% of the system have attended the ICARE training. The goal is to ensure that ICARE is in the forefront, especially our leaders and supervisors because they are the role models. In collaboration with Mario Smith, Director of Communications, five leadership videos speaking about ICARE, starting with Dr. Katz, Dr. Wei, Dr. Long, Maureen McClusky (Senior Vice President) and Natalia Cineas (Chief Nursing Executive Officer) were being produced. They will share from their point of view what does ICARE mean to them and also how, as an organization, we should be embracing these ICARE values.
- d. Rounding: In the process of developing standard work. It consists of three components:
 - 1. Purposeful rounding: A video is developed surrounding the five P's that any nurse, LPN, CAN at the front line of patient care will be using to assess patients: pain, personal needs, position and personal space and most of all presence.
 - 2. Department head and unit rounding: Every team member is expected to introduce himself by name and explain their role in the patient's care.
 - 3. Executive leadership rounding: Important for employee engagement. Leadership is going to the areas where people are working to see how things are.
- e. Joy in work: Through the New York State Department of Health, Health + Hospitals received an HWRI grant for health workforce retraining initiative. The Institute for Healthcare Improvement (IHI): Joy in Work framework is adopted to bring back to staff the meaning and purpose of our work. So far, 418 ambassadors have been trained system-wide.
- f. Planetree: Preliminary stages of planning a three-year engagement in collaboration with Finance and One City Health to help with patient experience and organizational change are underway.

Ms. Hernandez-Piñero asked about the role of the joy ambassadors. Ms. Sun answered that their role is to have in their areas crucial conversations such as, "How do we bring meaning back again to our job?" They in turn report back to the Office of the Chief Experience Officer, who takes in all the insights to produce a beautiful digital collage. Dr. Wei added that basically it is to collect all the obstacles that are in the way of our staff preventing them to enjoy what they are doing as joyful activity. Mr. Siegler added that the job is to get these obstacles out of their way. More importantly, Mr. Siegler declared that the Joy Ambassadors training has been a helpful shift in orientation for him.

- 14. Ambulatory care (medical practice) Recommend Provider Office (Top Box): This target is provided by Press Ganey. 82.1% from 81.3% last quarter but still below the goal of 83.6%.
- 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 the updated goal of 86.3%.

As for the culture of safety measures, #16, 17 and 18, Dr. Wei informed the Committee that the AHRQ patient safety culture survey is slated to be administered at the end of September, early October. It is hopeful that the culture of safety has positively changed in the last year and a half because this last cycle the staff engagement was very low and was just an opportunity to show that they were unhappy. While there were no reason to resurvey them on it, there is an opportunity to

survey that one question, which is to give your work area an overall grade with some other important survey questions that could be done annually or more often.

Mr. Siegler informed the Committee that at the next Committee meeting on July 11th he will report on our year-end financial results and also present a new set of targets for FY 2020.

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 12:10 PM.

MINUTES

STRATEGIC PLANNING COMMITTEE MEETING OF THE BOARD OF DIRECTORS

MAY 16, 2019

The meeting of the Strategic Planning Committee of the Board of Directors was held on May 16, 2019 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

Jose A. Pagán, Ph.D.

Matthew Siegler, representing Dr. Mitchell Katz in a voting capacity

Sally Hernandez-Piñero

Freda Wang

Deborah Brown, representing Deputy Mayor Dr. Herminia Palacio in a voting capacity

OTHER ATTENDEES

J. DeGeorge, Office of the State Comptroller

C. Chen, Analyst, Office of Management and Budget

HHC STAFF

M. Allen, Sr. Vice President, Medical and Professional Affairs

M. Belizaire, Assistant Director, Government and Community Relations

D. Chokshi, Vice President, Population Health

C. Hercules, Corporate Secretary and Chief of Staff, Office of the Chair, Board Affairs

B. Ingraham-Roberts, Assistant Vice President, Government and Community Relations

A. Izaguirre, Chief Data Officer, Quality Utilization and Risk Management

J. Liburd, Assistant Vice President, Accreditation

T. Long, Vice President, Office of the President

J. Mancari, Director, Social Media, Office of Communications

A. Marengo, Senior Vice President, Office of Communications
S. McPherson, Senior Executive Secretary, Office of the Chair, Board Affairs
C. Miller, Senior Director, Office of Communications
K. Olson, Assistant Vice President, Revenue Budget
M. Ramirez, Senior Director, Office of Communications
V. Sun, Assistant Vice President, Quality Utilization and Risk Management
M. Smith, Director of Marketing, Office of Communications
Y. Villanueva, Vice President, HR Administration
E. Wei, Vice President, Chief Quality Officer

Strategic Planning Committee Update

Matt Siegler
SVP Managed Care and Patient Growth

Dr. Eric Wei
Chief Quality Officer

Dr. Dave Chokshi
Chief Population Health Officer

Strategic Planning Committee

November 7, 2019

Agenda

- FY 2019 Recap
- FY 2020 Dashboard Updates
- Q1 Performance

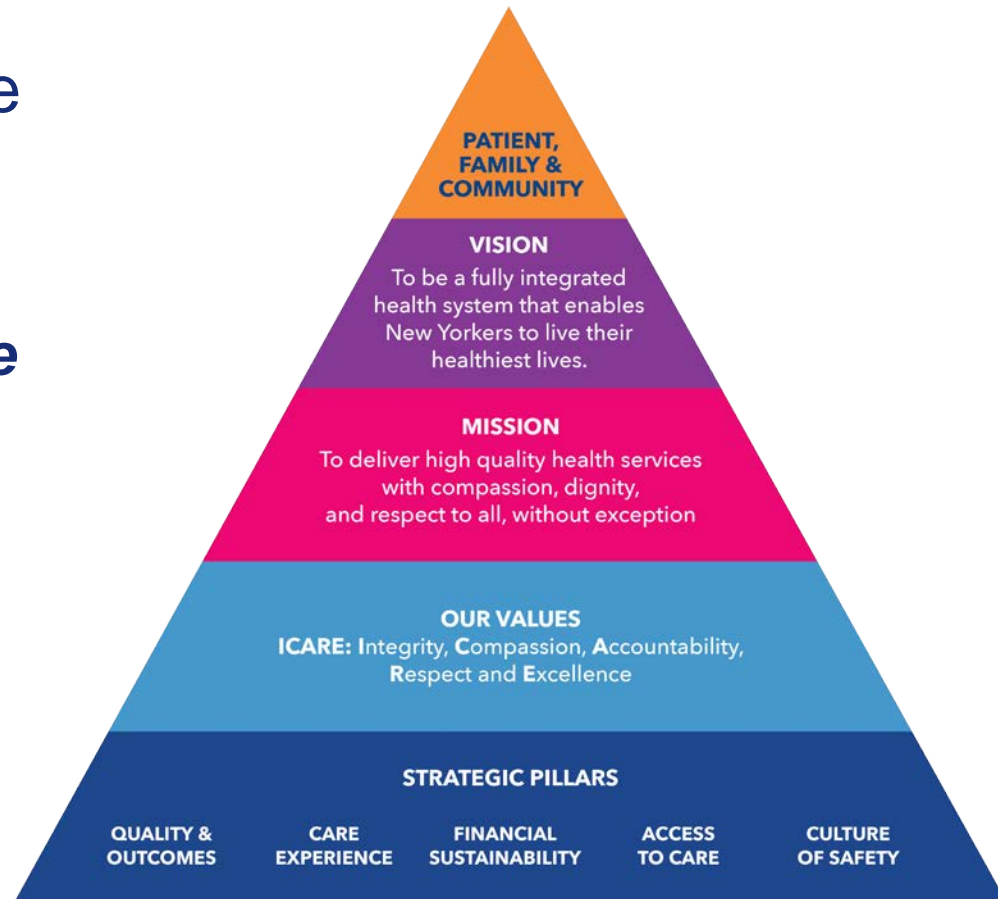
Key FY 2019 Successes

- The system has achieved great things in recent years with a focus on five strategic pillars: **1) Quality and Outcomes, 2) Care Experience, 3) Financial Sustainability, 4) Access to Care, 5) Culture of Safety**
- System leadership identified the following key successes:
 - **EHR** (clinical, financial, labs) go lives at acute, ambulatory, correctional health, and post acute facilities
 - **Financial improvements** from better billing, contracting, budgeting, insurance enrollment, partnership with Metroplus, and overall management
 - **Improving culture** through changes to quality assurance/improvement, Helping Healers Heal, empowering clinical staff, changes to central office/facility relationships, improved relations with City Hall, community advocates, and other stakeholders
 - Shifting system focus to **primary** care which enabled successful launch of NYC Care
 - **Clinical standardization or regionalization** in labs, imaging, stroke, peds trauma, bariatrics, blood bank, and rehab
 - Progress on **key initiatives** like eConsult (160K consults completed), ExpressCare (successful at Lincoln and Elmhurst), and a single system-wide transportation system
 - Innovation and city-wide leadership in **behavioral and correctional health**

2020 Strategy and Priorities

- Core priorities and strategic pillars remain the same:
 - *Improve **Quality and Outcomes***
 - *Improve **Care Experience***
 - *Achieve **Financial Sustainability***
 - *Improve **Access to Care***
 - *Build a **Culture of Safety***

- 2020: Continue to build momentum and improve execution on key projects and priorities



Updates to Metrics for FY20

- With board's guidance we will update three metrics and add a new metric in FY 2020 dashboards
- Add NYC Care goal – 10,000 Bronx patients enrolled in first six months (August 2019 – February 2020)
- Seasonally adjust insurance application metric to account for increase during ACA open enrollment period
- Adjust Epic metric once all acute care facilities go-live
 - In Q2 2020 Epic metric will change from measure of roll out progress to measure of optimization/utilization. Potential examples include – MyChart activation, percentage of practitioners using standard order sets or number of records shared across H+H facilities
- Adjust Culture of Safety metrics
 - Current metrics only report annually so updates have not been available
 - Retain acute care safety grade for annual tracking of overall performance
 - Replace post acute and ambulatory with a new measure tracked in real time:
 - Number of “good catches” reported in incident reporting system
 - Goal is to increase reporting of events where adverse event almost occurred. Indicative staff have the psychological safety to report issues

Q1 2020 Performance

■ Positive Trending Measures

- E-consult: now live at all facilities, cross-facility e-consult launched
- NYC Care enrollment: surpassed 5,000 enrolled in first two months; 7,500 enrolled as of October 30th
- Patient care revenue/expenses
- AR days per month: post Epic increase is coming down
- HbA1C control

■ Negative Trending Measures

- % left without being seen in ED
- Ambulatory Care Experience
- Follow up after BH discharge

■ Steady Trend

- % Metroplus Spend at H+H
- Insurance applications per month
- ERP and Epic implementation
- Inpatient and Post Acute Care Experience

System Dashboard – November 2019

Reporting Period – Q1 FY20 (Jul-Sept 2019)

	EXECUTIVE SPONSOR	REPORTING FREQUENCY	TARGET	ACTUAL FOR PERIOD	VARIANCE TO TARGET	PRIOR PERIOD	PRIOR YEAR SAME PERIOD	
Access to Care				FY 2019				
1	Unique primary care patients seen in last 12 months	VP AMB	Annually	418,000	N/A	N/A	425,000	
2	Number of e-consults completed/quarter	VP AMB	Quarterly	46,000	46,393	+1%	25,830	
3	<i>NYC Care (New as of Q1 FY20)</i>	VP AMB	Quarterly	10,000	5,000	New	N/A	
Financial Sustainability								
4	Patient Care Revenue/Expenses	CFO + SVP MC	Quarterly	60%	61.7%	+1.7%	59.2	
5	# insurance applications submitted/quarter	CFO + SVP MC	Quarterly	22,242	19,814	-11%	18,924	
6	% of M+ medical spend at H+H	SVP MC	Quarterly	45%	40%	-5%	37.4%	
7	Total AR days per month (excluding in-house)	CFO	Quarterly	45	51.3	+6.3	42.3	
Information Technology								
8	Epic implementation milestones	CIO	Quarterly	100%	100%	-	-	
9	ERP milestones	CIO	Quarterly	100%	80%	-20%	-	
Quality and Outcomes								
10	Sepsis 3-hour bundle	CMO + CQO	Quarterly	63.5%	71.2%	+7.7%	66.1%	
11	Follow-up appointment kept within 30 days after behavioral health discharge	CMO + CQO	Quarterly	66%	54.7%	-11.3%	51.2%	
12	HgbA1c control < 8	CPHO + VP AMB	Quarterly	66.6%	65.8	-0.8%	64.1%	
13	% Left Without Being Seen in the ED	CMO + CQO	Quarterly	4%	7.83%	-3.83%	8.66%	
Care Experience								
14	Inpatient care - overall rating (Top Box)	CQO	Quarterly	65.4%	62.6	-2.8%	61.6%	
15	Ambulatory care (medical practice) Recommend Provider Office (Top Box)	CQO + VP AMB	Quarterly	83.6%	82.3%	-1.3%	81.3%	
16	Post-acute care - likelihood to recommend (mean) [2016]	CQO + SVP PAC	Semi-Annually	86.3%	87.1%	+0.8%	N/A	
Culture of Safety								
17	Acute Care – Overall Safety Grade	CNO + CQO	Annually	76%	-	N/A	-	
18	<i>Number of Good Catches (New as of Q1 FY20)</i>	CNO + CQO	Quarterly		478	N/A	N/A	

Access to 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 |
| 2 | Number of e-consults completed/quarter | Top priority initiative and measure of specialty access |
| 3 | NYC Care – <i>(New as of Q1 FY20)</i> | Total enrollees in NYC Care program |

Financial Sustainability

- | | | |
|----------|--|--|
| 4 | 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 |
| 5 | # insurance applications submitted/month | Top priority initiative and measure of efforts to convert self-pay to insured |
| 6 | % 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 |
| 7 | Total AR days/month (excluding in-house) | Unity/Soarian. Total accounts receivable days, excluding days where patient remains admitted (lower is better) |

Information Technology

- | | | |
|----------|--------------------------------|--|
| 8 | 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. |
| 9 | ERP on track | Reflects key milestones in finance/supply chain go live, human capital management upgrade, and payroll project design |

Quality and Outcomes

- | | | |
|-----------|---|---|
| 10 | Sepsis 3-hour bundle | NYSDOH Quarterly Facility Sepsis Report-aggregated to reflect a system score; one quarter lag vs other measures |
| 11 | Follow-up appointment kept within 30 days after behavioral health discharge | Follow-up appointment kept with-in 30 days after behavioral health discharge. |
| 12 | HgbA1c control < 8 | Population health measure for diabetes control |
| 13 | % Left Without Being Seen in EDs | Measure of ED efficiency and safety |

Care Experience

- | | | |
|-----------|--|---|
| 14 | Inpatient care - overall rating (Top Box) | Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box) |
| 15 | Ambulatory care (medical practice) - Recommend Provider Office (Top Box) | Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box) |
| 16 | Post-acute care - likelihood to recommend (mean) | Press Ganey Survey. Likelihood to recommend (mean) |

Culture of Safety

- | | | |
|-----------|--|--|
| 17 | Acute Care – Overall Safety Grade | Measure of patient safety, quality of care, and staff psychological safety |
| 18 | Number of Good Catches
<i>(New as of Q1 FY20)</i> | Measure of an event that could harm the patient but caught before it touches the patient |

Positive Trending Measure: Diabetes Population Health Improvement Work 2018-19

■ Data and Performance Improvement Support

- Data reports created to track patient outreach and distributed monthly to chronic disease teams
- DM Facility Self-Assessment completed in January, and QI activities selected to address gaps in care.
- DM toolkit released 2019 that aligns with DM self-assessment and facilitates QI activities.

■ Staffing

- 29 chronic Disease Nurses hired across enterprise in July 2018 responsibilities- 50% direct patient care, 50% chronic disease QI
- Expanded educational opportunities for nursing staff including two 4-day sessions in prep for Certified Diabetes Educator Exam and three 1-day introduction to Diabetes sessions for all levels of nursing staff.

■ Medication Management and Lab Testing

- Set 90-day medication refills as our standard – New policy as of Feb 2018; also ensured availability of home glucometry/insulin for uninsured patients.
- Published detailed DM medication algorithm to support a shift in medication management (released Nov 2018) and expanded DM formulary
- POC A1c Testing now implemented at 17 facilities

■ Prevention

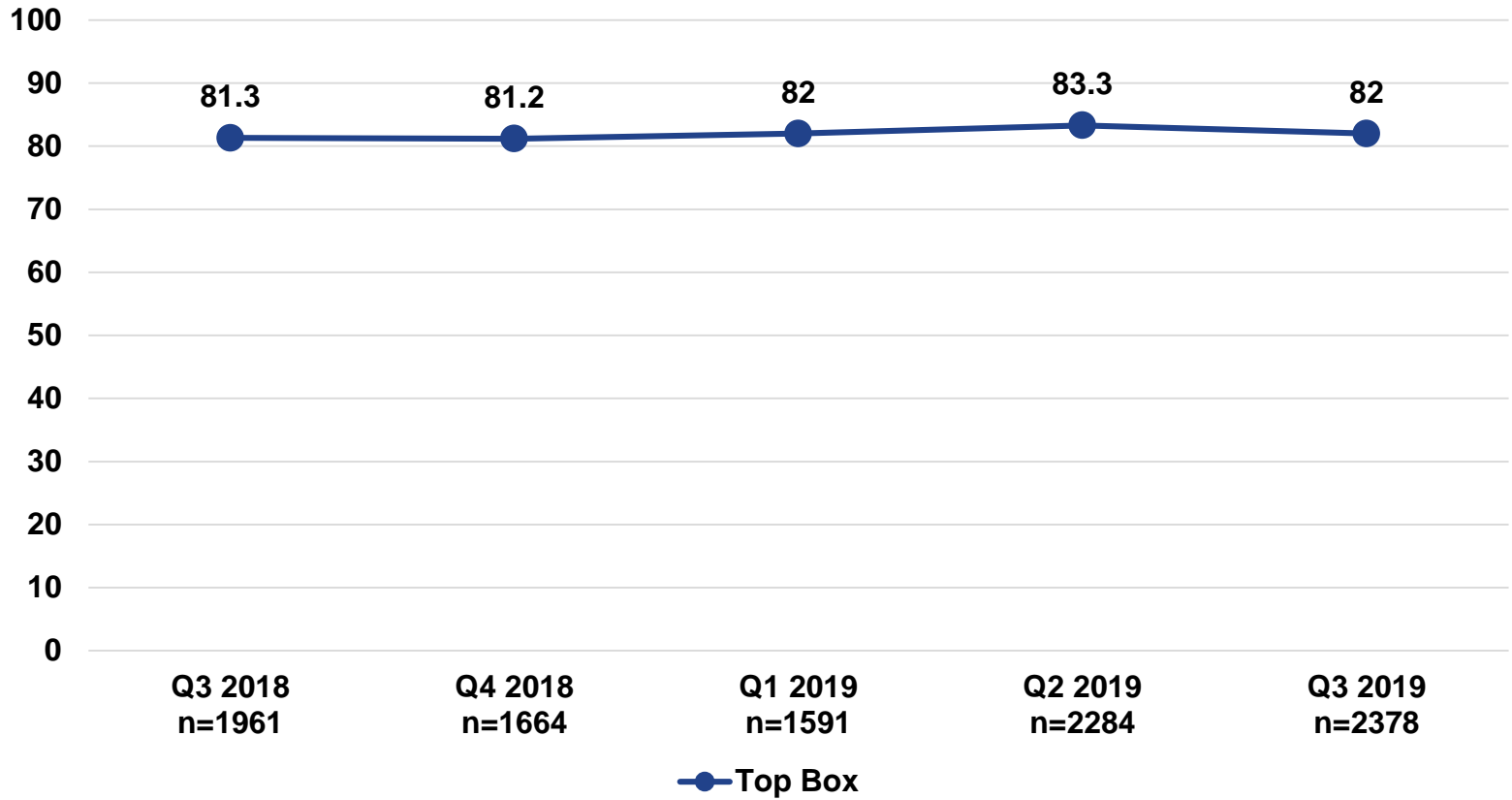
- Launched first-ever H+H obesity strategy; planning for scaled implementation of Diabetes Prevention Program; creating healthier facility food environment (e.g., sugary beverages)

■ Innovative Technology and Peer Support

- Implemented pilot of DM self-management app for 300 patients (evaluation ongoing)
- Implemented pilot of peer mentoring support (by telephone) for 300 patients (evaluation ongoing)
- Expanded MITI (Mobile Insulin Titration Intervention) – MITI expanded to two additional sites with telephone titration. Texting platform built and will be launched across enterprise beginning November 2019.

“Negative” Trending Measure – Ambulatory Care Provider Satisfaction

Recommend this Provider Office



Gotham Health Patient Experience

- Utilize Happy-Or-Not Meter scores to gauge patient feedback in real time
- Formed Gotham Patient Experience Committee, representatives from all sites meet to create a standardized approach to improving patient experience and staff engagement
- Implemented a greeting script at the front desk to welcome our patients
- Implemented “Administrative sessions” where executive director has weekly blocked times to join the clerical team in registering patients. This allows the executive director to engage with staff, model behavior, and understand resource and staff challenges firsthand to improve staff moral and patient experience

Bellevue Ambulatory Care

- 32 Happy-Or-Not Meters; 15,000-20,000 responses per quarter
- Established an Adult Primary Care Patient and Family Advisory Committee (PFAC)
- Partnered with the Beryl Institute to help drive our patient experience work in ambulatory care; to-date completed surveys of staff and created teams to complete patient experience projects (e.g. improving the bathrooms, clarifying our billing processes, and improving notifying patient of waiting times in the clinic)