NYC HEALTH + HOSPITALS | ONECITY HEALTH

COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION STRATEGY PLAN

Companion Document
2019

Queens

ABOUT THE IMPLEMENTATION STRATEGY PLAN

This Implementation Strategy Plan for NYC Health + Hospitals has been prepared to comply with federal tax law requirements set forth in Internal Revenue Code section 501(r) requiring hospital facilities owned and operated by an organization described in Code section 501(c)(3) to conduct a Community Health Needs Assessment (CHNA) at least once every three years and adopt an Implementation Strategy Plan to meet the community health needs identified in the CHNA. This Implementation Strategy Plan is intended to satisfy each of the applicable requirements set forth in proposed regulations.

This companion document to the Implementation Strategy Plan addresses the following hospitals:

Queens

- NYC Health + Hospitals/Elmhurst
- NYC Health + Hospitals/Queens

A digital copy of the Community Health Needs Asessment is available: https://www.nychealthandhospitals.org/publications-reports/2019-community-health-needs-assessment

A digital copy of this Implementation Strategy Plan is available: https://www.nychealthandhospitals.org/publications-reports/2019-implementation-strategy-plan

Community input is encouraged. Please address CHNA ISP feedback to chna@nychhc.org

For additional information on available services visit http://www.nychealthandhospitals.org

For information on insurance coverage visit: http://www.nychealthandhospitals.org/insurance

INTRODUCTION

This companion document to the 2019 CHNA Implementation Strategy Plan outlines the transformative initiatives and programs NYC Health + Hospitals' Queens hospitals and its community partners have or will implement to address the priority health needs identified in the 2019 CHNA. This document can be used as a starting point for individuals living in Queens and across New York City to understand the breadth of resources available to the community.

BUILDING HEALTHY COMMUNITIES

The priority health needs identified in the 2019 CHNA are structural and complex. Addressing them requires continued collaboration between NYC Health + Hospitals, city agencies, community partners and, crucially, patients. To ensure continued alignment with community members, NYC Health + Hospitals' Queens hospitals will co-design initiatives and programs with its Community Advisory Boards (CABs) and Patient and Family Advisory Councils (PFACs). The following strategic elements inform the transformative initiatives and programs NYC Health + Hospitals' Queens hospitals will implement to strengthen the health system for all New Yorkers.

- Tailor clinical services for populations facing health equity challenges to reduce health disparities
- Repurpose unused space for preventive care services to address life cycle-driven illness and health equity challenges
- Implement new care models to expand patient access to convenient and appropriate health care including expanding virtual care and enhancing care coordination within the NYC Health + Hospitals unified call center
- Leverage real-time data and analytics, digital health tools and Epic H2O to engage patients, families and interdisciplinary care teams for a streamlined health care experience – these data could support community-wide health promotion, quality improvement and evaluation efforts
- Connect patients, interdisciplinary care teams and social service providers through health information exchange networks to foster patient access to community resources and promote shared decision making, to support community health promotion and quality and evaluation efforts
- Increase awareness of tools to identify needed clinical services and increase understanding around health care costs and billing for both patients and providers
- Test high-value care models at NYC Health + Hospitals and scale sustainable solutions

RESOURCE COMMITMENT

NYC Health + Hospitals will commit both financial and in-kind resources during FY 2019–2021 to implement transformative initiatives and programs. Resources include clinical and nonclinical services, partnerships and innovative solutions prototyping through OneCity Health PPS Partners and NYC Health + Hospitals, including its ACO, as well as staff time devoted to advance collective work, charitable contributions and employee volunteerism.

8 county health ranking[1]
out of 62 counties in New York

81.7 years life expectancy[1]
compared to New York City average of 81.2 years

What is the community's perception?

Top 5 contributors to poor health and death in Queens[2]

Risk factors	Causes
Obesity and high BMI	Diabetes
Poverty and low-income status	Heart disease and high blood pressure
Housing access, affordability and quality	Mental health disorders, including depression
Immigration and citizenship status	Drug use, including opioids
Aging and frailty	Asthma

Leading causes of premature deaths in Queens[3]

Cancer	Heart Disease	Unintentional Injury	Diabetes	Stroke	Liver Disease
1,856 deaths	**1,442** deaths	**347** deaths	**208** deaths	**198** deaths	**137** deaths
70.0 per **100,000**	**54.8** per **100,000**	**14.6** per **100,000**	**7.8** per **100,000**	**7.6** per **100,000**	**5.3** per **100,000**

Health status in Queens[4]

41% have one or more chronic conditions

1 County Health Rankings & Roadmaps Program (2019).2019 County Health Rankings Report. Retrieved from www.countyhealthrankings.org/reports/2019-county-health-rankings-key-findings-report

2 2019 Community Health Needs Assessment Survey Findings (2019). Tabulated by OneCity Health.

3 New York State Department of Health (2018). Vital Statistics of New York State. Retrieved from www.health.ny.gov/statistics/vital_statistics/vs_reports_tables_list.htm

4 Salient Interactive Miner (2017). Based on Medicaid attributed lives and tabulated by OneCity Health.

APPENDIX: NYC HEALTH + HOSPITALS TRANSFORMATIVE INITIATIVES AND PROGRAMS BY BOROUGH: QUEENS

As of October 2019, the following initiatives and programs at NYC Health + Hospitals facilities in Queens most clearly address the priority health needs identified in the 2019 CHNA. Please note: this list is not exhaustive. For a description of each initiative and program, refer to Appendix: Glossary of NYC Health + Hospitals Transformative Initiatives and Programs.

For a current list of services, visit NYC Health + Hospitals' website and connect with NYC Health + Hospitals and OneCity Health on social media.

PRIORITY HEALTH NEED: REDUCING THE BURDEN OF LIFE CYCLE-DRIVEN ILLNESS AND HEALTH EQUITY CHALLENGES

Initiative	Facility
Pregnancy and birth outcomes	
Comprehensive maternal health programming	Elmhurst, Queens
Simulation training	Elmhurst, Queens
Airway diseases (asthma, COPD)	
DSRIP Home-Based Environmental Asthma Program	Elmhurst, Queens
Remote medication management	Elmhurst
Smoking Cessation	Elmhurst, Queens
Behavioral health (mental health, substance use disorder)	
Assertive Community Treatment (ACT)	Elmhurst, Queens
Comprehensive Psychiatry Emergency Program (CPEP)	Elmhurst, Queens
Emergency Department Addiction Leads	Elmhurst, Queens
Inpatient Consult for Addiction Treatment and Care in Hospitals (CATCH)	Elmhurst
Integrated care centers and collaborative care model	Elmhurst, Queens
Medication Assisted Therapy (MAT) expansion	Elmhurst, Queens
Partial Hospitalization (PHP)	Elmhurst, Queens
3-2-1 IMPACT!	Queens
Diet-related diseases (diabetes, hypertension)	
Diabetes Prevention Program	Elmhurst, Queens
Food and nutrition resources	Elmhurst, Queens
Shape Up NYC classes	Elmhurst
Primary care-centered diabetes management initiative	Elmhurst, Queens
30-day care transitions	Elmhurst, Queens
Treat-to-Target (T2T) Hypertension Program	Elmhurst, Queens
Aging and frailty	
Community Services, Inc. partnership	Queens
NICHE certification	Elmhurst, Queens
Palliative care	Elmhurst, Queens

Initiative	Facility
Homeless or individuals with housing instability	
Housing assistance	Elmhurst
Hospital-housing developer partnerships	Kings County, Woodhull
Respite and transitional housing	Elmhurst, Queens
Immigrants	
Interpreter services, any modality	Elmhurst, Queens
NYLAG Clinics	Elmhurst, Queens
Program for Survivors of Torture	Elmhurst
LGBTQ	
Leader in LGBTQ Healthcare Equality designation	Elmhurst, Queens
Adolescents and young adults	
100 Schools Project	Elmhurst, Queens
YouthHealth centers	Elmhurst, Queens
Survivors of domestic violence	
Family Justice Centers	Elmhurst, Queens
SAFE program	Elmhurst, Queens
Individuals with food insecurity	
Access to food and nutrition resources, including farmers markets, food coordinators, local food partnerships and medically-tailored meals	Elmhurst, Queens
Other	
Expand health care, insurance and benefits enrollment	Elmhurst, Queens
The Global Health Institute	Elmhurst
Tax preparation services	Elmhurst
Violence prevention programs (e.g. Guns Down Life Up (GDLU), Kings Against Gun Violence (KAVI))	Queens

PRIORITY HEALTH NEED: REDESIGNING HEALTH CARE FOR COMMUNITIES: RETHINKING HEALTH CARE SYSTEMS

Ease of access and navigation	
Expansion of primary care access in underserved and high-need neighborhoods	Elmhurst, Queens
Expansion of telehealth and digital coaching and monitoring expansion	Elmhurst, Queens
ExpressCare	Elmhurst
Imaging Centers of Excellence	Elmhurst, Queens
Retail pharmacy	Elmhurst, Queens
Single call center	Elmhurst, Queens

Initiative	Facility
Optimizing patient-provider relationships	
Arts in Medicine	Elmhurst, Queens
eConsult	Elmhurst, Queens
Helping Healers Heal	Elmhurst, Queens
ICARE	Elmhurst, Queens
Patient-centered scheduling and open access	Elmhurst, Queens
Health care cost and transparency	
Epic H2O MyChart consolidated billing and pre-payment options	Elmhurst, Queens
NYC Health + Hospitals' 'Find Your Insurance' tool	Elmhurst, Queens

PRIORITY HEALTH NEED: REDESIGNING HEALTH CARE FOR COMMUNITIES: AN INFRASTRUCTURE FOR SCALING

State of the workforce	
CityDoctors Scholarship	Elmhurst, Queens
Clinical Leadership Fellowship	Elmhurst, Queens
Clinician recruitment programs and campaigns	Elmhurst, Queens
Healthcare Administration Scholars	Elmhurst, Queens
Nurse Residency Program	Elmhurst, Queens
Nursing Career Ladder	Elmhurst, Queens
Professional development programs for clinicians and staff	Elmhurst, Queens
Information sharing	
Epic Care Link	Elmhurst, Queens
Epic Community Connect (OneConnect)	Elmhurst, Queens
Epic H2O and MyChart	Elmhurst, Queens
Epic Healthy Planet	Elmhurst, Queens
Patient appointment reminders	Elmhurst, Queens
Financial sustainability	
MetroPlus and GetCoveredNYC Enrollment Expansion	Elmhurst, Queens
Revenue and expense improvement opportunities	Elmhurst, Queens
NYC Health + Hospitals' Financial Transformation Plan through revenue and expense improvement opportunities	Elmhurst, Queens
System complexity and scale	
OneCity Health CBO capacity building	Elmhurst, Queens
OneCity Health primary care capacity building	Elmhurst, Queens

GLOSSARY OF NYC HEALTH + HOSPITALS TRANSFORMATIVE INITIATIVES AND PROGRAMS: QUEENS

As of October 2019, the following initiatives and programs at NYC Health + Hospitals facilities in Queens most clearly address the priority health needs identified in the 2019 CHNA. Please note: this list is not exhaustive.

For a current list of services, visit NYC Health + Hospitals' website and connect with NYC Health + Hospitals and OneCity Health on social media.

PRIORITY HEALTH NEED: REDUCING THE BURDEN OF LIFE CYCLE-DRIVEN ILLNESS AND HEALTH EQUITY CHALLENGES

Pregnancy and birth outcomes	
Initiative	**Description**
Comprehensive maternal health programming	Programming and services focused on maternal health including, but not limited to: Baby-friendly designation, Centering Pregnancy, Centering Parenting, maternal depression screening, on-site reproductive psychiatry, social work and collaborative care.
Simulation training	Sometimes referred to as IMSAL, this training focuses on obstetric emergencies including: hypertensive disorders in pregnancy, maternal hemorrhage, shoulder dystocia and cardiac arrest.

Airway diseases (asthma, COPD)	
Initiative	**Description**
DSRIP Home-Based Environmental Asthma Program	This program assigns a community health worker to support patients with frequent or severe asthma attacks. Community health workers conduct home assessments and provide services including self-management education and pest-remediation services. This program was launched in 2017 for children and is expanding to include adult patient populations.
Remote medication management	The remote medication management program ensures asthmatic patients are in compliance with medications prescribed by physicians.
Smoking Cessation	This six-week program is designed to help individuals quit smoking. The program includes group counseling and education, telephone counseling and Nicotine-Replacement Therapy (NRP) in the adult medicine and behavioral health settings.

Behavioral health (mental health, substance use disorder)	
Initiative	**Description**
Assertive Community Treatment (ACT)	The ACT program functions as a "clinic without walls," providing multidisciplinary, flexible treatment and 24/7 support to individuals with severe mental illness in their homes and communities. This evidenced-based practice uses a person-centered, recovery-based approach.
Community Advisory Board (CAB) community forums on opioids	NYC Health + Hospitals CABs continue to continue to hold open community forums on the impact of opioids in the community, including hosting opioid overdose prevention trainings (Naloxone) for community members.

Behavioral health (mental health, substance use disorder), continued	
Initiative	**Description**
Comprehensive Psychiatry Emergency Program (CPEP)	CPEP is an inpatient service that facilitates children and adults with mental health disorders receiving emergency observation, evaluation and care in a supportive environment. This program has expanded to include telehealth services at select facilities and a crisis-outreach mobile intervention, which together extend the program into the community.
Emergency Department Addiction Leads and Inpatient Consult for Addiction Treatment and Care in Hospitals (CATCH)	The Emergency Department Addiction Leads program engages peer counselors to provide support to patients with substance use disorder in the emergency department. This program launched in 2019 and is currently expanding to include social workers. The CATCH Program consults patients with substance use disorder and initiates Medication Assisted Therapy (MAT) for interested patients. These consults include linkages to treatment post-discharge.
Integrated care centers and collaborative care model	Integrated care clinics co-locate primary care, behavioral health and care for substance use disorder in one location. In addition to allowing for coordination of care, these clinics administer a universal behavioral health screening tool and perform patient outreach to engage patients.
Medication Assisted Therapy (MAT) expansion	Services for patients with substance use disorder have now expanded to all five boroughs. These services include MAT, the distribution of naloxone kits and screening for substance use disorder.
Partial Hospitalization (PHP)	PHP is a short-term alternative to an Inpatient Psychiatric Unit stay. The step-down program provides an intensive, structured treatment environment five days a week, five hours a day for mentally-ill and mentally-ill/chemically dependent adults experiencing severe psychiatric symptoms. The program decreases the patient's length of stay.
3-2-1 IMPACT!	3-2-1 IMPACT! integrates a specially trained child development professional, called a "Healthy Steps Specialist," within the primary care team. This specialist partners with families during well-child visits, coordinates screening efforts and problem-solves with parents for common and complex child-rearing and other challenges.

Diet-related diseases (diabetes, hypertension)	
Initiative	**Description**
Diabetes Prevention Program	An evidence-based lifestyle change model based on the National Diabetes Prevention Program led by the CDC, this program is for patients who are either at-risk of diabetes or diagnosed with pre-diabetes. Programming includes coaching patients in areas including healthy eating, physical activity and stress management.
Food and nutrition resources	A hospital-community partnership where patients are connected to a variety of on-site and community-based food and nutrition services. Food-insecure patients are enrolled in eligible food benefits, assisted with access to fresh produce or medically tailored meals and electronically referred to food pantries and group meals.
Primary care-centered diabetes management initiative	Programming includes: clinical pharmacists, teleretinal screening, digital peer mentoring and digital coaching.

Diet-related diseases (diabetes, hypertension), continued	
Initiative	**Description**
Shape Up NYC classes	Led by the New York City Department of Parks & Recreation, Shape Up NYC is a free, drop-in fitness program offering classes such as aerobics, yoga, Pilates and Zumba. Class registration is not required.
30-day care transitions	OneCity Health is investing in community partners to support seamless transition for patients after a hospital discharge by assisting with access to healthy food, filling prescriptions and providing transportation to and from primary care visits.
Treat-to-Target (T2T) Hypertension Program	This program – recognized by The American Heart Association and the American Medical Association – connects patients with hypertension with chronic disease nurses to support them in controlling their blood pressure.

Aging and frailty	
Initiative	**Description**
Community Services, Inc. partnership	This partnership between NYC Health + Hospitals/Queens and CBO Sunnyside Community Services, Inc. addresses caregiver support for patients suffering from Alzheimer's disease and dementia.
NICHE certification	NICHE (Nurses Improving Care for Healthsystem Elders) is the leading nurse-driven program designed to help hospitals and health care organizations improve care for older adults through the provision of sensitive and exemplary care.
Palliative care	Palliative care provides inpatient and outpatient services to help relieve pain and discomfort in patients with chronic or advanced illnesses.

Homeless or individuals with housing instability	
Initiative	**Description**
Housing assistance	Assistance includes, but is not limited to: referrals to Homebase housing, Breaking Ground partnerships, Roomfinders and outreach.
Hospital-housing developer partnerships	Selected NYC Health + Hospitals facilities convert clinical space for on-site housing through community programs and initiatives with partners including CAMBA, SKA Marin and Comunilife.
Respite and transitional housing	Investments in transitional supportive housing with respite providers to provide three different respite programs to patients with medical needs, mental health needs and intellectual and development disabilities who cannot be discharged to a home.

Immigrants	
Initiative	**Description**
Interpreter services, any modality	Interpreter services might include language lines, remote interpretation devices, rovers for American Sign Language (ASL), live interpreters, etc.

Immigrants, continued	
Initiative	**Description**
NYLAG clinics	New York Legal Assistance Group (NYLAG) clinics are available to patients to help address health-harming legal needs.
Program for Survivors of Torture	This program offers medical, mental health and social/legal services to survivors of torture and persecution overseas.

LGBTQ	
Initiative	**Description**
Leader in LGBTQ Healthcare Equality designation	The Leader in LGBTQ Healthcare Equality designation is awarded to hospitals who exemplify LGBTQ-inclusive policies of delivering equitable care to LGBTQ communities, creating an inclusive and supportive environment for employees and demonstrating public support for the community.

Adolescents and young adults	
Initiative	**Description**
100 Schools Project	A city-wide health-system and community partnership launched to meet the needs of students with emotional, behavioral and addiction challenges in middle and high schools and city colleges. This program trains school staff to identify early signs of mental illness and substance misuse and to promote wellness and prevention.
YouthHealth centers	Centers that offer primary care, Plan B, STI testing, birth control, PrEP and comprehensive physical examinations in a compassionate, confidential and safe environment.

Survivors of domestic violence	
Initiative	**Description**
Family Justice Centers	The New York City Family Justice Center (FJC) provide free, confidential assistance for survivors of domestic and gender-based violence. NYC Health + Hospitals provides on-site mental health services, including direct care, mental health support, skill-building opportunities and mentoring to Family Justice Center staff.
SAFE program	State-designated hospital program that provides specialized care to survivors of sexual assault and/or torture.

Individuals with food insecurity	
Initiative	**Description**
Access to food and nutrition resources, including farmers markets, food coordinators, local food partnerships and medically-tailored meals	Programs established across NYC Health + Hospitals that help combat food insecurity by providing patients with increased access to food through farmers markets and local food partnerships. Food coordinators assist patients with enrolling in food benefits and connecting patients to additional community resources.

Other	
Initiative	**Description**
Expand health care, insurance and benefits enrollment	Initiative to support patients in insurance, NYC Care and other benefits enrollment. Includes support through food coordinators and tax filing counselors.
The Global Health Institute	The Global Health Institute at NYC Health + Hospitals/Elmhurst supports and advances groundbreaking research, grows existing relationships with community and global partners, hosts educational events for the community and helps to improve clinical and patient experiences.
Tax preparation services	As part of NYC Free Tax Prep, led by the NYC Department of Consumer Affairs, NYC Health + Hospitals offers free tax preparation services at many of its sites for New Yorkers earning $66,000 or less last tax year.
Violence prevention programs (e.g. Guns Down Life Up (GDLU), Kings Against Gun Violence (KAVI))	GDLU prevents violence by offering after school and summer hospital-based youth development programs, underpinned by mentoring and scholastic support. The purpose of the hospital-based youth development program is to involve at-risk young people in positive activities before they become involved with violence. KAVI, a non-profit organization started by an Emergency Medicine physician, provides a holistic approach to violence intervention to communities of color in Central Brooklyn. In hospitals, KAVI connects with youth who are both perpetrators and victims of violence to help them cope with trauma, deescalate violence and serve as active leaders in their community.

PRIORITY HEALTH NEED: REDESIGNING HEALTH CARE FOR COMMUNITIES: RETHINKING HEALTH CARE SYSTEMS

Ease of access and navigation	
Initiative	**Description**
Expansion of primary care access in underserved and high-need neighborhoods	Expanding on Mayor de Blasio's Caring Neighborhoods initiative, "One New York: Health Care for Our Neighborhoods," there are eight new or renovated health centers across New York City in Bedford Stuyvesant, Brownsville, Bushwick, Crown Heights, East Tremont, Jackson Heights, Lower East Side and North Shore Staten Island. Three additional comprehensive health centers in Bushwick, Jackson Heights and Tremont will open in 2020.
Expansion of telehealth and digital coaching and monitoring	NYC Health + Hospitals is offering a variety of digital health platforms to promote access, health engagement and chronic disease self-management. These platforms include: a multi-modal appointment reminder system, a diabetes self-management app, a telephone based peer mentorship app and an asthma self-management app.
ExpressCare	ExpressCare provides the community with a new and convenient way to access health care through urgent care walk-in centers. Through ExpressCare, patients are promptly seen by a provider, connected to primary care and other services and enrolled in insurance when applicable.

Ease of access and navigation, continued	
Initiative	**Description**
Imaging Centers of Excellence	NYC Health + Hospitals is upgrading its medical imaging technology to provide patients with modernized, state-of-the-art technology that will produce faster and better image quality and lead to quicker diagnoses and treatment.
Retail pharmacy	Through pharmacy expansion, all patients will have 24/7 access to comprehensive retail pharmacy services, including specialty pharmacy and central filling services.
Single call center	Through a new 24/7 customer service center (844-NYC-4NYC), patients can make appointments and gain assistance navigating services.

Optimizing patient-provider relationships	
Initiative	**Description**
Arts in Medicine	The Arts in Medicine program aims to reduce stress, support emotional health and help address compassion fatigue, historically known as physician burnout in staff.
eConsult	eConsult can allow primary care providers to give their patients access to the advice of specialty care providers before the patient visits a specialty clinic, enabling primary care providers and their patients to immediately focus on a plan of action.
Helping Healers Heal	A "second victim program," Helping Healers Heal is a peer-led employee wellness program offering emotional first aid to health care providers who experience demanding circumstances in the workplace that can lead to stress, anxiety or depression.
ICARE	The ICARE values promote NYC Health + Hospitals' mission and vision and guide staff to offer the highest-quality, safest and most patient-centered care.
Patient-centered scheduling and open access	NYC Health + Hospitals is implementing patient-centered scheduling in conjunction with the system's call center to ensure patient-provider continuity. In addition, open access scheduling allows for more walk-in slots for patients with their interdisciplinary care team.

Health care cost and transparency	
Initiative	**Description**
Epic H2O MyChart consolidated billing and pre-payment options	With H2O MyChart, patients can view consolidated billing information, make payments and set up payment plans. In addition, patients can see expected drug and treatment costs.
NYC Health + Hospitals' 'Find Your Insurance' tool	NYC Health + Hospitals has made it easier for New Yorkers to understand whether their health insurance is accepted at NYC Health + Hospitals locations. The tool is accessible in many languages on NYC Health + Hospitals' website.

PRIORITY NEED: REDESIGNING HEALTH CARE FOR COMMUNITIES: AN INFRASTRUCTURE FOR SCALING

State of the workforce	
Initiative	**Description**
CityDoctors Scholarship	CityDoctors Scholarship awardees commit to practicing primary care medicine for at least two years at one of NYC Health + Hospitals' acute care facilities. This partnership was launched in 2012 to help address the shortage of primary care physicians and to increase educational and career opportunities for local graduates.
Clinical Leadership Fellowship	This one-year fellowship is designed for post-residency graduates interested in administrative roles. Fellows are placed in one of NYC Health + Hospitals' Central Office locations to acquire hands-on, practical work experience including participation in leadership meetings and developing and leading a substantial quality improvement or population health-oriented project.
Clinician recruitment programs and campaigns	Includes DOCS4NYC and Nurse4NYC; Mental Health Service Corps, CityDoctors Scholarship, Healthcare Administration Scholars and Clinical Leadership Fellows.
Healthcare Administration Scholars	This two-year leadership training and management program is shaping the next generation of leaders. The program requires scholars to develop quality improvement projects across the health system.
Nursing Career Ladder	NYC Health + Hospitals is offering full tuition to qualified registered nurses to earn a bachelor's degree in nursing.
Nurse Residency Program	This residency program provides newly-hired, first-time nurses with on-the-job training focused on topics including ethics, decision making, clinical leadership and the incorporation of evidence-based research into practice. The program also provides new nurses with support and mentorship proven to enhance nurse satisfaction, performance and retention.
Professional development programs for clinical and non-clinical staff	NYC Health + Hospitals and OneCity Health are offering new training and development programs including: Care Restructuring Enhancement Pilot workforce development efforts, Leadership Academy, Revenue Cycle Institute, Quality Academy and educational partnerships offering scholarships and continuing education credits.

Information sharing	
Initiative	**Description**
EpicCare Link	As NYC Health + Hospitals transfers to Epic, NYC Health + Hospitals is transferring to EpicCare Link as the primary referrals platform for community providers. This web-based platform allows providers to review their patients' charts and test and lab results, receive notifications on their care and communicate with NYC Health + Hospitals' providers. NYC Health + Hospitals is offering providers a training program as a part of the transition.
Epic Community Connect (OneConnect)	OneCity Health is offering PPS partners a sophisticated instance of Epic (OneConnect) that includes a unified patient record across NYC Health + Hospitals and the OneCity Health PPS network.

Information sharing, continued	
Initiative	**Description**
Epic H2O and MyChart	Epic H2O unifies electronic health records from over 70 locations to support clinicians in delivering high-quality, efficient care and allowing patients easy access to their records through a secure patient portal called MyChart. The new electronic health record also enables the system to better coordinate high-value care for patients.
Epic Healthy Planet	Epic Healthy Planet is a population health platform designed to identify, engage and treat high-risk and high-cost patient populations in a coordinated manner across the NYC Health + Hospitals and OneCity Health PPS networks.
Patient appointment reminders	Patient appointment reminders and other health communications are sent through an automated system based on the patient's preferred communication modality, including text, email or phone.

Financial sustainability	
Initiative	**Description**
MetroPlus and GetCoveredNYC Enrollment Expansion	With the assistance of MetroPlus Health plan and GetCoveredNYC enrollers, NYC Health + Hospitals is enrolling more New Yorkers in insurance across NYC Health + Hospitals facilities.
NYC Health + Hospitals' Financial Transformation Plan through revenue and expense improvement opportunities	NYC Health + Hospitals adopted a seven-point plan to close the $1.8 billion financial gap. The plan includes efforts to improve billing, contracting, coding and documentation; investing in patient and revenue increases; increasing health plan enrollments and reducing administrative expenses.
Value-based payment contracting	NYC Health + Hospitals and OneCity Health are designing its transformative initiatives and programs to achieve system-wide transformation to perform in value-based purchasing environments, encouraging service innovation, care model redesign and clinical quality improvements.

System complexity and scale	
Initiative	**Description**
OneCity Health CBO capacity building	OneCity Health has invested in capacity building to help community-based organization partners develop infrastructure to contract their services to hospitals and health plans based on value. As a culmination of this work, OneCity Health provided funding to community-based organizations through its Hospital-Community Partnerships initiative.
OneCity Health primary care capacity building	OneCity Health, in partnership with Primary Care Development Corporation (PCDC), offered community provider practices expert coaching with the aim of improving chronic disease prevention and management, behavioral health integration and care coordination. The aim of this work is to prepare NYC Health + Hospitals and community practices for evidence-based chronic disease management to provide sustainable mechanisms for high-value care.

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