NYC HEALTH+ HOSPITALS

STRATEGIC PLANNING COMMITTEE

OF THE BOARD OF DIRECTORS

November 5, 2020

Virtual Meeting

125 Worth Street, Room 532

10:30am

AGENDA

I.	**Call to Order**	**Feniosky Peña-Mora**
II.	**Adoption of July 16, 2020** **Strategic Planning Committee Meeting Minutes**	**Feniosky Peña-Mora**
III.	**Information Items** a. **Update and System Dashboard**	**Matthew Siegler** **Senior Vice President** **Managed Care, Patient Growth,** **CEO One City Health & CEO ACO** **Dr. Eric Wei** **Senior Vice President/** **Chief Quality Officer**
IV.	**Old Business**	
V.	**New Business**	
VI.	**Adjournment**	**Feniosky Peña-Mora**

STRATEGIC PLANNING COMMITTEE MEETING
OF THE BOARD OF DIRECTORS

JULY 16, 2020

The meeting of the Strategic Planning Committee of the Board of Directors was held virtually on July 16, 2020 with Mr. Feniosky Peña-Mora presiding as Chairperson.

ATTENDEES

COMMITTEE MEMBERS

Feniosky Peña-Mora, Chairperson of the Strategic Planning Committee
Jose A. Pagán, Ph.D.
Dr. Eric Wei representing Dr. Mitchell Katz, M.D. in a voting capacity
Sally Hernandez-Piñero
Freda Wang

OTHER ATTENDEES

HHC STAFF

M. Belizaire, Director, Government and Community Relations
D. Brown, Senior Vice President, External & Regulatory Affairs
N. Cineas, Chief Nursing Executive
K. Ford, Vice President, Medical and Professional Affairs
C. Hercules, Corporate Secretary and Chief of Staff, Office of the Chair, Board Affairs
B. Ingraham-Roberts, Assistant Vice President, Government and Community Relations
M. Siegler, Senior Vice President, Managed Care, Patient Growth, CEO One City Health & CEO ACO

CALL TO ORDER

Mr. Feniosky Peña-Mora of the Board of Directors, called the July 16th meeting of the Strategic Planning Committee (SPC) to order at 10:16 AM.

Mr. Peña-Mora proposed a motion to adopt the minutes of the Strategic Planning Committee meeting held on February 6, 2020.

Upon motion made and duly seconded, the minutes of the February 6, 2020 Strategic Planning Committee meeting was unanimously approved.

INFORMATION ITEM

Strategic Planning Committee Update and System Dashboard

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

Matt Siegler, Senior Vice President for Managed Care and Patient Growth and CEO of the H+H ACO and OneCity Health presented the meeting's agenda as follows:

Mr. Siegler clarified that the data being presented on the dashboard covers the period from January 2020 through March 2020, which includes the preparation for the surge of COVID-19 patients and the early part of that surge.

He noted that the decline in non-COVID-19 volume and the shift to teleworking of a number of our staff and the overall disruption during that period impacted a number of measures on the dashboard. He further noted that looking forward into FY 21 and the remainder of CY 20, some of this disruption will continue to appear in the data. Of note is that the operational priorities around tele-medicine, telework, and in-person visits and other priorities necessary in the pre-vaccine period will change some of the targets and measures for the System.

Mr. Siegler noted that the system is continuing to closely monitor the City and State budgets as changes might have significant impacts on system finances and operations.

Dr. Wei reiterated the System's mission to provide quality care to anyone and everyone. He further explained that in light of the recent unrest in the nation around racism and injustice and systemic racism. Health + Hospitals is proud that out staff demographic is more than half female and 80% are minority in the communities and patients that we treat, which are currently battling the same social injustice and disparities in care.

He noted that the system recently formed an Equity and Access Council that is co-chaired by our Chief Nurse Executive, Dr. Natalia Cineas, and our Chief Population Officer Dr. Nichola Davis. Dr. Wei proposed that the system re-evaluate the System Strategic Pyramid to incorporate equity explicitly, the suggestions are:

1. Integrate equity or equitable into the vision statement.
2. Integrate into the iCare values, keeping in mind there is already an "E" for excellence and consider replacing excellence with equity.
3. Connecting equity to access to care that is currently included in the strategic pyramid.
4. Since equity is foundational to everything we do, have a circle behind the pyramid around equity or runs below the strategic pillars around social and racial equity.
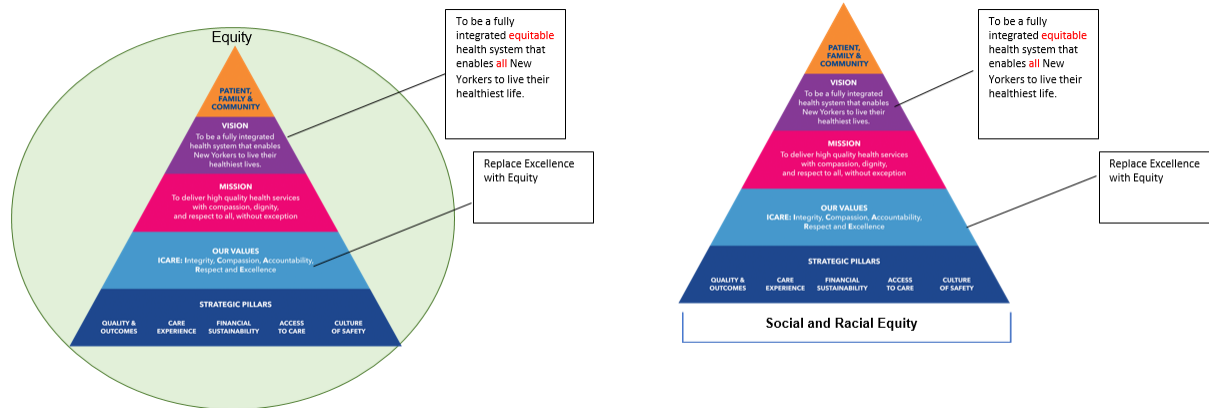
The members of the committee provided feedback on the different options. One new idea brought by Mr. Peña-Mora is to keep both Excellence and *Equity* in the ICARE values by changing the acronym to ICARE². At the end of the discussions, Mr. Peña-Mora reiterated Dr. Pagán's recommendation to share these proposed changes with other committees or to a broader spectrum of different individuals that may be affected by these issues in all of our facilities to gather comments and bring back their feedback and recommendations to the next Committee meeting. Dr. Pagán commented that in order to ensure that "Social and Racial Equity" is not a vague comment, there is a need to spell out the word *equity* so that people may understand what we mean by that. Dr. Wei invited Ms. Cineas, as the Co-Chair of the Equity and Access Council to respond to Dr. Pagán.

Ms. Cineas thanked the Committee members for their comments and suggestions. She informed them that currently, the Council is conducting empowering voice session by listening to over 2,000 employees throughout the system to receive their feedback to develop the strategic plan of equity and access council. The first session already took place and its feedback will be used to develop the strategic plan of the Equity and Access Council. Ms. Cineas echoed the members' choices for the foundational aspect of Equity in the strategic pyramid as well as keeping the important ICARE value of Excellence. She explained that "*equity*" is making sure that there is an equal playing field across all aspects of the care Health + Hospitals provide and the opportunities within the system. Ms. Cineas informed the Committee that a number of emails were received from employees lending their participation, which attest to their hunger for this type of work. Therefore, the timing is just perfect. She thanked the Committee members for their support.

Mr. Peña-Mora thanked Ms. Cineas, the Council's Co-Chairs and Committee for their responsiveness and great work, particularly in these daunting times, and charged Ms. Cineas to convey this Committee's members' appreciation to the Equity and Access Council.

Mr. Siegler continued his presentation which included the fiscal year 2021 strategies, with the goals of allowing the system to be resilient and be able to respond to rapidly changing conditions.

Mr. Siegler noted that the ambulatory care practices are changing, with a new direction into telemedicine. An evaluation of what is needed from providers, H+H teams, financial implication, staffing, hours of operations, and technology to ensure the System's success to this drastic shift in care model.

Mr. Siegler reported on NYC Health + Hospitals' System-wide Financial Strategy: FY21. This shorter and more succinct, focused financial strategy for FY21, which is in line with our broader strategy, will help us be resilient and respond to rapidly changing conditions. These primary financial goals are:

➢ Improve surgical efficiency and margin; grow surgical volume
➢ Design Ambulatory Care Model to account for telehealth and volume trends
➢ Create service partnerships across facilities and be great at the basics
➢ Succeed in Value Based Payment
  ▪ Grow primary care patients (panel management, attribution/membership)
  ▪ Keep specialty business in the system (e.g. cardiac surgery to Bellevue; SNF/LTACH partnership)
  ▪ Hit managed care quality measures (patient experience, access, CRG, care gaps)
➢ Other Opportunities MRTII and special populations; new contracts and settlements with major payers; use of Test & Trace Corps as an opportunity to expand MyChart, reduce self-pay volume, and boost referrals

In response to Ms. Piñero's question on the impact of the increase in telemedicine and the financial impact, Mr. Siegler responded that the system's hope is telemedicine will improve access and providers' ability to manage patients' health, with reduced wait-times for visit and easier access to appointments.

The presentation continued with the highlighting of positive, negative and steady trends on the following System Dashboard – July 2020; reporting period – Q3 FY 20 (January 1st through March 31st 2020.

NYC HEALTH+ HOSPITALS | System Dashboard – July 2020

REPORTING PERIOD – Q3 FY20 (Jan 1st – March 31st | 2020)

		EXECUTIVE SPONSOR	REPORTING FREQUENCY	TARGET	ACTUAL FOR PERIOD	VARIANCE TO TARGET	PRIOR PERIOD	PRIOR YEAR SAME PERIOD
	ACCESS TO CARE							
1	Unique primary care patients seen in last 12 months	SVP AMB	Annually	418,000	N/A	--	--	--
2	Number of e-consults completed/quarter	SVP AMB	Quarterly	46,000	51,544	1.1%	51,379	21,907
3	NYC Care	SVP AMB	Quarterly	10,000	20,000	10,000	11,000	new
	FINANCIAL SUSTAINABILITY							
4	Patient care revenue/expenses	CFO + SVP MC	Quarterly	60%	61.60%	1.60%	--	60.80%
5	#Insurance applications submitted/quarter	CFO + SVP MC	Quarterly	22,242	18,146	-18.4%	20,887	20,666
6	% of M+ medical spend at H+H	SVP MC	Quarterly	45%	39.20%	-5.80%	--	40%
7	Total AR days per month (excluding in-house)	CFO	Quarterly	45	68	23	52.8	--
	INFORMATION TECHNOLOGY							
8	MyChart Activations	CQO + SVP AMB	Quarterly	30%	21%	new	new	new
9	ERP milestones	CIO	Quarterly	100%	80%	-20%	75.00%	80%
	QUALITY AND OUTCOMES							
10	Sepsis 3-hour bundle	CMO + CQO	Quarterly	63.50%	65%	1.50%	66.80%	70.90%
11	Follow-up appointment kept within 30 days after behavioral health discharge	CMO + CQO	Quarterly	66.00%	56.82%	-9.18%	58.20%	58.70%
12	HgbA1c control < 8	SVP AMB + CPHO	Quarterly	66.60%	66.10%	-0.50%	67.20%	63.70%
13	% Left without being seen in the ED	CMO + CQO	Quarterly	4.00%	7.84%	3.84%	6.56%	6.66%
	CARE EXPERIENCE							
14	Inpatient care - overall rating (top box)	CQO + CNO	Quarterly	65.40%	63.60%	-1.80%	65.20%	59.00%
15	Ambulatory care (medical practice) recommended provider office (top box)	CQO + SVP AMB	Quarterly	83.60%	84.50%	0.90%	84.80%	82.10%
16	Post acute care - likelihood to recommend (mean) [2016]	CQO + SVP PAC	Semi-Annually	86.30%	--	0.80%	86.70%	87.10%
	CULTURE OF SAFETY							
17	Acute care - overall safety grade	CQO + CNO	Annually	76%	64%	-12%	63%	N/A
	COVID-19							
18	COVID-19 Tests Administered	SVP AMB	Quarterly	undefined	14,415	new	new	new
19	COVID-19 Positive Tests	SVP AMB	Quarterly	undefined	8,426	new	new	new
20	Patients Tested for COVID-19	SVP AMB	Quarterly	undefined	13,542	new	new	new
21	Patients Positive for COVID-19	SVP AMB	Quarterly	undefined	8,085	new	new	new

Mr. Siegler reported on Q3 Performance: Positive Trends:

Access to Care
2.   # of eConsults: 51,544 from prior Q2 FY20 period of 51,379
  ▪ Moving to universal e-consult for internal referrals; overall system-wide focus on improving referral review, scheduling and follow up time. Steady growth around the system.
3.   #NYC Care: 20,000 from prior Q2 FY20 period of 11,000
  ▪ Launching city-wide in 2020. Dramatic growth.

Financial Care Revenue/Expenses
4.   Patient care revenue/expenses: 61.6% from prior year Q3 FY19 period of 60.8%

Information Technology
8.   MyChart Activation
  ▪ New measure on dashboard; already exceeded 2020 goal of 20% activation
  ▪ Critical gateway to telemedicine as well as patient experience, scheduling and financial clearance improvements
  ▪ MetroPlus members have an activation rate of 34% - significantly above H+H average. More partnership with health plans on MyChart is under development
9.   ERP milestones: 80% from prior Q2 FY20 period of 75%

Mr. Siegler gave an update on eConsult and Specialty Access:

eConsult is an asynchronous way for primary care providers to send information or referrals to specialty practices to get feedback on what they are seeing in a patient to determine how urgently

a specialty visit needs to be scheduled, if it needs to be scheduled. It opens up access to specialty practices, prioritizes who gets in for a visit based on their need and the efficiency of it.

- ➢ eConsult utilization has grown dramatically:
  - ▪ 216 distinct subspecialty departments; 25% increase since Feb 2020
  - ▪ During COVID surge, % of referrals managed electronically increased from 12% (Feb) to 18% (April).
- ➢ First 6 months of 2020 show improved access, even with COVID disruption
  - ▪ Referral volume dropped 85% from 99,228 (Feb) to 14,064 (April); now back to ~58% of normal volume.
  - ▪ eConsults allow for specialist engagement more rapidly than in person scheduling.
    - o Referrals to eConsult clinics were reviewed by specialist within 4.7 days on average. Target is to get down below 3.5 days.
  - ▪ eConsults allow more patients to get specialty appointments - if necessary
    - o Of referrals requiring a visit, 71% have been scheduled in eConsult clinics so far compared with 52% of referrals to non-eConsult clinics.

In summary, eConsult improves access, increases the speed with specialists to give their opinion and review the needs of all the patients. More progress is expected within the course of the year.

FOLLOW-UP - Mr. Peña-Mora requested information on how long the overall wait is for specialist visits. Mr. Siegler informed the chairperson that he will have to follow up as there is not currently a meaningful system-wide measure of specialty appointment wait times given the variety across specialties and facilities.

Mr. Siegler and Dr. Wei reported on Q3 Performance: Negative Trends:

Mr. Siegler noted that most of these measures are tied to the disruption of the pre and early COVID surge period.

Financial Sustainability
4. Insurance applications submitted: 18,146 from 20,887 - declined because starting in March, MetroPlus and Healthfirst staff stationed at H+H facilities enrolled patients remotely rather than in-person, resulting in the inability to quantify # of applications from March on.
7. Total AR days per month: 68 from 52.8 - *Total AR days/month:* increased in Q3 due to decline in revenue beginning in March as a result of the COVID-19 pandemic. With many people working from home, it takes longer to get bills out the door. There also was a temporary impact on this metric because of the December Epic go-live.

Dr. Wei reported that the below metrics are going down and will continue to go down in the next quarter by very small percentages or small numbers due in most part to common cause variation. We are hopeful to getting back to quality and safety activities such as root cause analysis, adverse event investigations and patient safety huddles.

Quality and Outcomes
10. Sepsis 3-hour bundle: 65% from 66.8% - *Sepsis 3-hour bundle:* contains data only up until end of 2019; there have been postponements in State reporting of this metric due to the COVID-19 pandemic.

11.   Follow-up appointment kept within 30 days after behavioral health discharge: 56.8% from 58.2%. Working with Dr. Barron and the behavioral health team to see if telemedicine might be a better way of reaching to patients for their next follow-up appointment cap within 30 days after behavioral health discharge.
12.   HgbA1c control <8: 66.1% from 67.2% - expected to rebound with the reopening of the ambulatory clinics to be able to do point of care hemoglobin A1c.
13.   % left without being seen: 7.84% from 6.56% - seasonal number based upon volume - due to the COVID surge but also partially that January through March is flu season.

Care Experience
14.   Care Experience: Inpatient care – overall rating: 63.6% from 65.2 – Effect of COVID-19 pandemic: separation of patients with their loved ones. Thousands of loved ones are now welcomed to come and be with their family members in the hospitals as allowed by the state.

Mr. Siegler reported on Q3 Performance: Steady Trends

Care Experience
15.   Care Experience: Ambulatory care recommend provider office: 84.5% (prior period, 84.8%)

Financial Sustainability
5.   % MetroPlus medical spend at H+H: (39.2% vs 39.8%)

Mr. Siegler raised the Committee's attention to the following metrics added to the July 2020 Dashboard:

Information Technology
8.   MyChart Activation: ambitious goal for this year is 30%; overall goal is to aim at 60% for the highest performers in the whole nation.

COVID-19
18.   COVID-19 Tests Administered   14,415
19.   COVID-19 Facilities Tests   8,426
20.   Patients Tested for COVID-19   13,542
21.   Patients Positive for COVID-19   8,085

Dr. Wei asked the Board Members' opinions about the metrics covered in the dashboard. Dr. Pagan commended the system for having been able to keep providing primary care and managing patients during the pandemic. He asked Dr. Wei to talk more about the positive improvement made in the number of patients with the A1c larger than 8. Dr. Wei answered by reiterating Ted's statement, "The people who die in a pandemic are actually chronic disease patients who run out of medication, they run out of insulin, they run out of their blood pressure medication." Therefore, a big push was made to get to 90-day prescription. These at-risk patients only had to leave their home once to refill their medications and not have to go back every month in the middle of a pandemic and choose between exposing themselves to the outside world and having their medications.

Ms. Wang recommended to take a look at some of the dashboard metrics at the appropriate time to underline what might have shifted or what might be relevant or less relevant or in a different

way. Mr. Siegler agreed and considered revising the dashboard's financial metrics with the help of the Board Members and the Finance Committee.

At the request of the Board members, Dr. Wei invited Kenra Ford, Vice President, Medical and Professional Affairs, to give a brief update on COVID-19 testing. Ms. Ford stated that the supply chain issue related to COVID and diagnostic testing has been challenging since the onset of COVID and becomes even more complicated with the surging state. It is very important to create multiple strategies to support all of the inpatient services, as well as Gotham Health, and also to support all the efforts being done by the acute T2 team led by Dr. Wei. Ms. Ford reported that Health + Hospitals is performing onsite testing and managing those re-agents for clinical issues where a COVID test result is needed in an hour.   In addition, Health + Hospitals is leveraging multiple reference laboratories to be very cautious and careful with volume overload. The system is currently working with three reference laboratories and a fourth one is underway. Ms. Ford noted that the issue is not that anyone reference laboratory is incompetent, but, they are conducting tests for the whole country while we want to make sure that we are caring for our patients to the best of our abilities as well as New York City. Health + Hospitals is leveraging volume across multiple reference laboratories and continuing to work with the vendors to bring COVID testing onsite within its own laboratories. As we continue to move forward, multiple strategies are in place to run multiple testing platforms. The end goal is to bring testing back in-house to our laboratories where we can drive a strong turnaround time prioritizing based on the timeliness of the test needed. These results could be obtained immediately, in a couple of hours or within 24 hours.

ADJOURNMENT

There being no further business, the meeting was adjourned at 11:08 AM.

NYC HEALTH+ HOSPITALS

Strategic Planning Committee Update

Matt Siegler
SVP MANAGED CARE AND PATIENT GROWTH
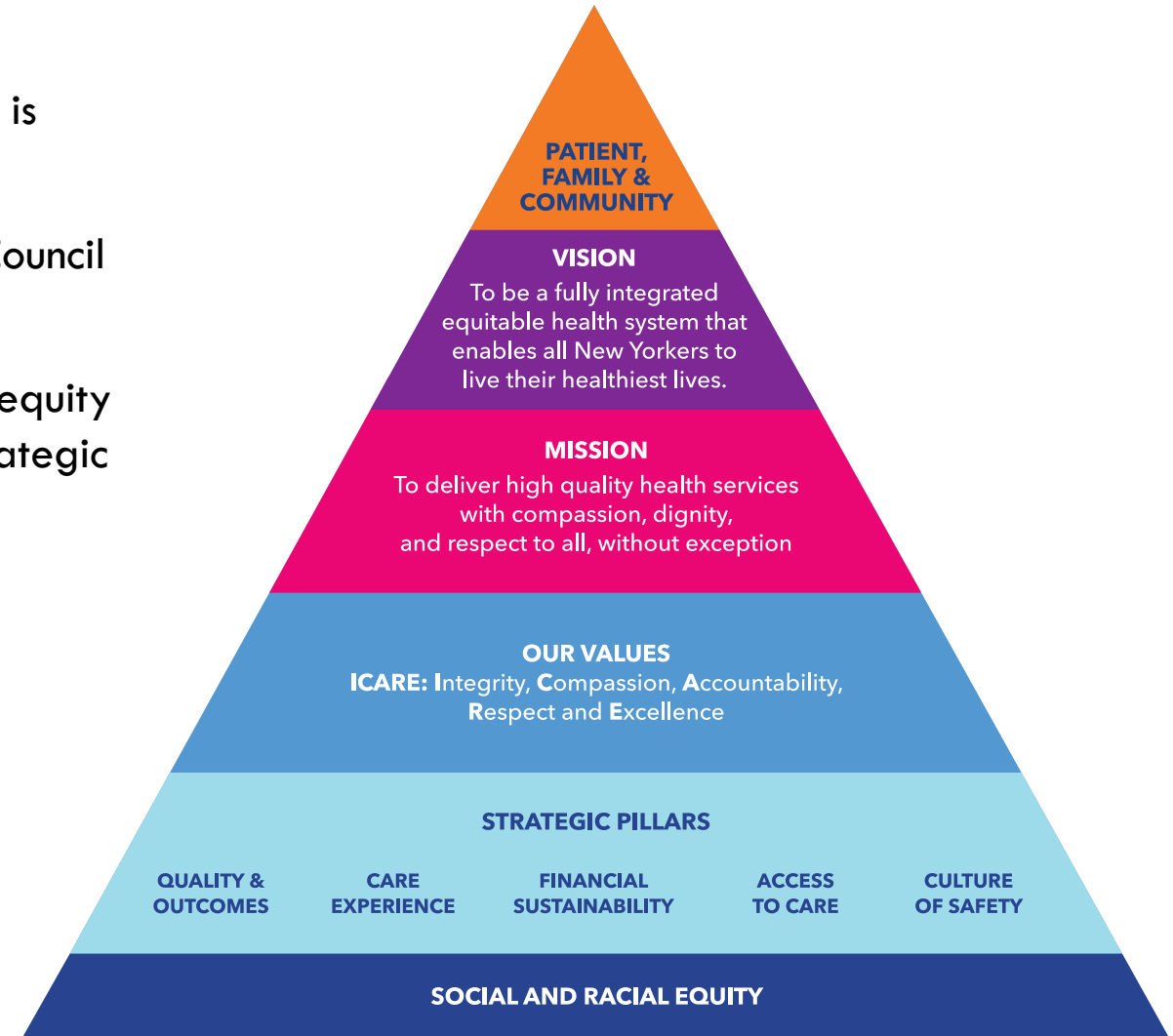
Dr. Eric Wei
SVP CHIEF QUALITY OFFICER

November 5, 2020

Q4 Performance and Strategic Planning Update

- Q4 FY 2020 (April 1, 2020 – June 30, 2020) includes a portion of the COVID-19 surge period and a portion of the post-surge re-opening period.

- The decline in non-COVID-19 volumes, shift to telework, overall disruption of COVID-19 surge period has significant impact on key strategic measures.

- Shifting utilization patterns, city and state budget challenges, and new operational priorities in pre-vaccine period warrant changes to FY21 targets and priority measures.

- System FY21 budget reflects focused, interim post COVID-19 strategy and early results show continued operational improvements and value of targeted strategy.

- Goals for today's meeting:
  - Update on performance and organizational health
  - Outline planning and monitoring processes
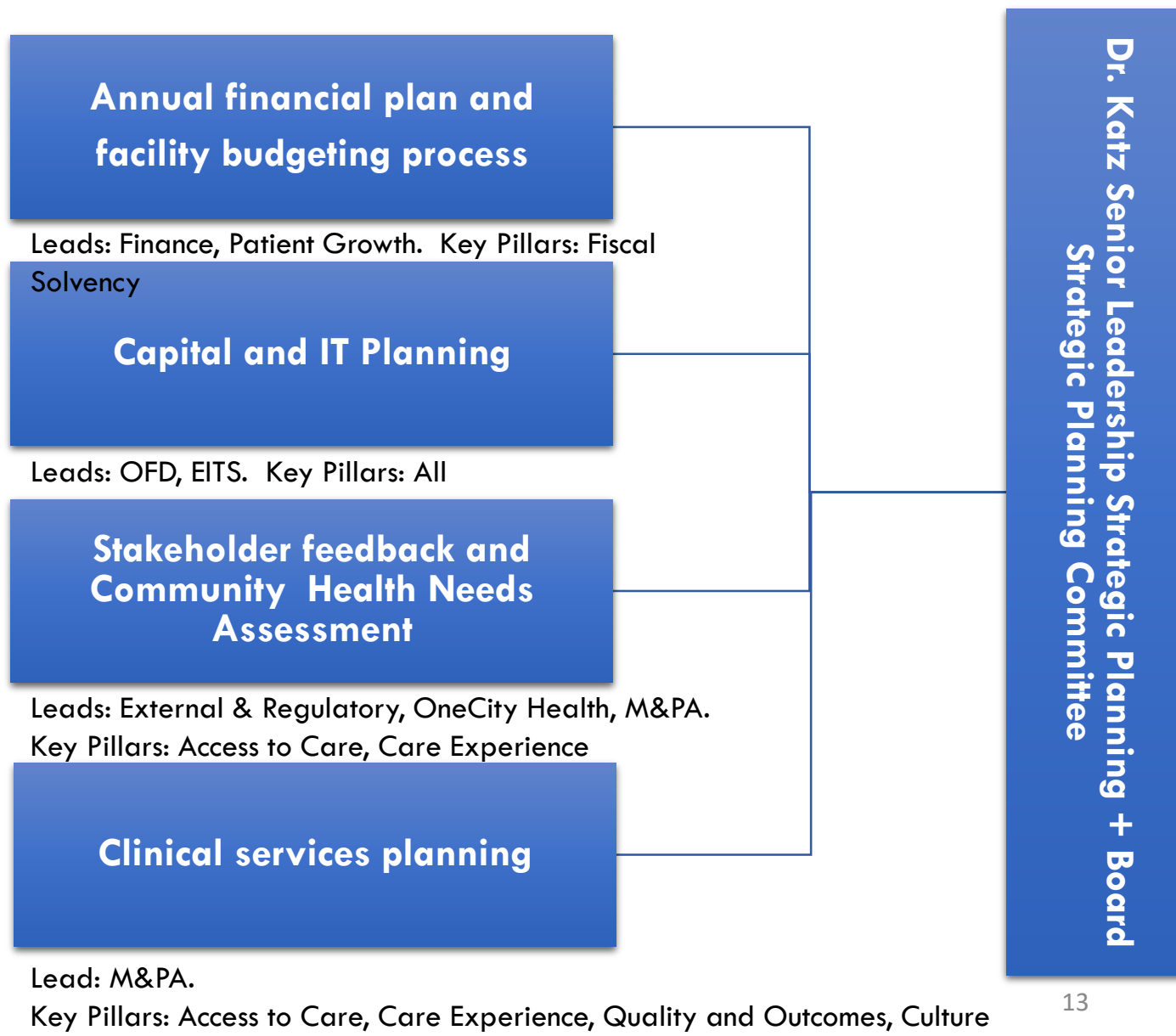 - Reassess priority measures with Board Members

NYC H+H System-wide Strategy: Ongoing Commitment to Equity

- The ongoing effort to promote racial and social equity is fundamental to our organization's strategy.

- The Board's recent creation of our Equity and Access Council is a key step in advancing this work.

- We incorporated feedback from the Board to include equity in our vision statement and as the foundation to our strategic pyramid.

PATIENT, FAMILY & COMMUNITY

VISION
To be a fully integrated equitable health system that enables all New Yorkers to live their healthiest lives.

MISSION
To deliver high quality health services with compassion, dignity, and respect to all, without exception

OUR VALUES
ICARE: Integrity, Compassion, Accountability, Respect and Excellence

STRATEGIC PILLARS

| QUALITY & OUTCOMES | CARE EXPERIENCE | FINANCIAL SUSTAINABILITY | ACCESS TO CARE | CULTURE OF SAFETY |

SOCIAL AND RACIAL EQUITY

NYC HEALTH+ HOSPITALS

- In early 2018, building from Dr. Katz's three key goals for the system after his appointment (expand and invigorate primary care, improve access to needed specialty care, achieve financial solvency), Dr. Wei convened a group to develop H+H's strategic pyramid.

- These priorities were incorporated into H+H's Financial Plans and Facility budgets beginning in FY 2019, and representative performance metrics are captured for each strategic pillar in the Strategic Planning Committee dashboard.

- In May 2020, Dr. Katz convened several members of his leadership team to review the system strategy and adjust post-COVID-19. That focused strategy resulted in minor changes to the Strategic Planning Committee dashboard and several new key initiatives in the FY 21 Financial Plan and Facility budgets (See slides 8-13)

- Several work streams drive adjustments to the system strategy:

Annual financial plan and facility budgeting process

Leads: Finance, Patient Growth. Key Pillars: Fiscal Solvency

Capital and IT Planning

Leads: OFD, EITS. Key Pillars: All

Stakeholder feedback and Community Health Needs Assessment

Leads: External & Regulatory, OneCity Health, M&PA.
Key Pillars: Access to Care, Care Experience

Clinical services planning

Lead: M&PA.
Key Pillars: Access to Care, Care Experience, Quality and Outcomes, Culture

Dr. Katz Senior Leadership Strategic Planning + Board Strategic Planning Committee

13

NYC H+H System-wide FY21 Strategic Plan: Key Findings

- 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**

  - **Managed COVID-19 surge and helped other systems in the process**

- Prior strategic plan was working but must adjust to new reality of fewer in person visits, challenging state/city fiscal picture, and our central role in COVID-19 response.

Lessons Learned

- Set clear ownership, defined roles and accountability for projects

- Empower, engage, and develop front line staff at facilities

- Build on structure of business planning and work plan processes

  - Better define executive ownership, business owner, clinical owner, and other roles

  - Build business plans into facility budgets, more frequent engagement with facility leadership in budget reviews

  - Integrate IT/facilities into business planning process early, update prioritized IT projects

  - Use clinical services planning meeting for broader regionalization efforts

- We did three years of work in three months during COVID-19 surge. Remove barriers and keep that level of speed and effectiveness.

NYC H+H System-wide FY 21 Strategic Priorities

- Lead Test & Trace Program (T2)

- Improve OR efficiency and grow OR volume and revenue

- Enhance VBP via primary care panels and business retention

- Patient care revenue growth in managed care and revenue cycle

- Nursing and physician workforce improvements

- Enhance and optimize ExpressCare

- Enhance data and analytics governance

- Invest in pharmacy inventory management system and enhance pharmacies

- Invest in special populations, specifically behavioral health, foster care, homeless, and justice-involved

- Manage design and construction projects and optimize real estate/physical plant

- Reduce unnecessary administrative costs

- Improve in quality of care

Q4 (April 1 to June 30, 2020) Performance: Positive Trends*

- Unique Primary Care Patients seen in last 12 months: **445,672** for this period is above the target of 418,000

- NYC Care: **24,335** from 20,000
  - Launched city-wide in 2020

- Patient care revenue/expenses: **74.2%** from 61.6%

- % MetroPlus medical spend at H+H: **41.63%** vs 39.2%[1]

- % left without being seen: **3.8%** from 7.84%[2]

- MyChart Activations: **20%** from 14% (new measure as of Q3 FY20 reporting)

*Change reflected from the Prior Period, which was **Q3 FY20 (January 1 to March 31, 2020). Notes include the following:**
[1] *% MetroPlus medical spend at H+H:* This % has increased due to costs decreasing significantly because of the quarantine related to the COVID-19 pandemic, but H+H continues to obtain payment from MetroPlus from risk arrangements. This % is anticipated to not continue at this rate.
[2] *% left without being seen:* Increased staffing levels, improvements in patient tracking and flow, and facility management in EDs have improved performance in this measure. It is also important to note that overall ED utilization decreased in April through June 2020 because of the COVID-19 pandemic, as compared to the rest of the year, with concomitant decreases in the % of patients who left the emergency departments without being seen.

- # of e-consults: **21,926** from 51,544[1]
  - Moving to universal e-consult for internal referrals; overall system-wide focus on improving referral review, scheduling, and follow up time

- # Insurance applications submitted: **6,228** from 18,146[2]

- Follow-up appointment kept within 30 days after behavioral health discharge: **43.2%** from 56.8%[3]

- HgbA1c control <8: **64.2%** from 66.1%

- Care Experience:
  - Inpatient care – overall rating: **63.08%** from 63.6%
  - Ambulatory care – recommend provider office **83.28%** from 84.5%

*Change reflected from the Prior Period, which was **Q3 FY20 (January 1 to March 31, 2020).** Notes about metrics above include the following:

[1] *# of e-consults:* Decreased during Q4 FY20 due to the impact of less visits as a result of the COVID-19 pandemic.

[2]*# of insurance applications submitted:* This metric continued to decline since MetroPlus and Healthfirst staff stationed at H+H facilities enrolled patients remotely rather than in-person, resulting in the inability to quantify # of applications from March 2020, onwards.

[3] *Follow-up appointment kept within 30 days after behavioral health discharge:* This decrease was attributed to the COVID-19 pandemic, in part. Also, there was a transition from PDMS to Epic in April 2020, and staff must be trained on how to consistently use the new system for documenting follow-up appointments.

Q4 (April 1 to June 30, 2020) Performance: Steady Trends*

- ERP Milestones: **80%**

- Sepsis 3-hour Bundle: **64.9%** (prior period: 65%)[1]

- Total AR days per month: **65.7** (prior period: 68)[2]

*Change reflected from the Prior Period, which was **Q3 FY20 (January 1 to March 31, 2020).** Notes about metrics above include the following:
[1] *Sepsis 3-hour Bundle:* This is based on CYQ4 2019 data, which is the most recent timeframe of completed data, due to postponements in reporting sepsis data to NYSDOH because of the COVID-19 pandemic.
[2] *Total AR days per month:* Excludes days where patient remains admitted (lower is better for this measure) . While the days in AR are going in the right direction, the metric is above target and above last year due to the decline in average daily revenue in May and June 2020, resulting from volume declines due to COVID-19; there is also the residual temporary impact of the December Epic go-live. Even though this is above the target, the trend is reversing and the days in AR have dropped 18% from the peak in April.

System Dashboard – November 2020

REPORTING PERIOD – Q4 FY20 (Apr 1st – June 30th | 2020)

	EXECUTIVE SPONSOR	REPORTING FREQUENCY	TARGET	ACTUAL FOR PERIOD	VARIANCE TO TARGET	PRIOR PERIOD	PRIOR YEAR SAME PERIOD*
ACCESS TO CARE							
1 Unique primary care patients seen in last 12 months	SVP AMB	Annually	418,000	445,672	27,672	-	-
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3 NYC Care	SVP AMB	Quarterly	20,000	24,335	4,335	20,000	new
FINANCIAL SUSTAINABILITY							
4 Patient care revenue/expenses	SVP CFO + SVP MC	Quarterly	60%	74.20%	1.60%	61.60%	60.80%
5 #Insurance applications submitted/quarter	SVP CFO + SVP MC	Quarterly	22,242	6,228	28.0%	18,146	20,666
6 % of M+ medical spend at H+H	SVP MC	Quarterly	45%	41.63%	-3.37%	39.20%	40%
7 Total AR days per month (excluding in-house)	SVP CFO	Quarterly	45	65.70	20.70	68	-
INFORMATION TECHNOLOGY							
8 MyChart Activations	SVP CQO + SVP AMB	Quarterly	30%	20%	-10%	14%	new
9 ERP milestones	SVP CIO	Quarterly	100%	80%	-20%	80.00%	80%
QUALITY AND OUTCOMES							
10 Sepsis 3-hour bundle	SVP CMO + SVP CQO	Quarterly	63.50%	64.90%	1.40%	65.00%	70.90%
11 Follow-up appointment kept within 30 days after behavioral health discharge	SVP CMO + SVP CQO	Quarterly	66.00%	43.20%	-22.80%	56.82%	58.70%
12 HgbA1c control < 8	SVP AMB + VP CPHO	Quarterly	66.60%	64.20%	-2.40%	66.10%	63.70%
13 % Left without being seen in the ED	SVP CMO + SVP CQO	Quarterly	4.00%	3.80%	-0.20%	7.84%	6.66%
CARE EXPERIENCE							
14 Inpatient care - overall rating (top box)	SVP CQO + SVP CNE	Quarterly	65.40%	63.08%	-2.32%	63.60%	59.00%
15 Ambulatory care (medical practice) recommended provider office (top box)	SVP CQO + SVP AMB	Quarterly	83.60%	83.28%	-0.32%	84.50%	82.10%
16 Post acute care - likelihood to recommend (mean) [2016]	SVP CQO + SVP PAC	Semi-Annually	86.30%	-	-	-	87.10%
CULTURE OF SAFETY							
17 Acute care - overall safety grade	SVP CQO + SVP CNE	Annually	76%	64%	-12%	64%	-
COVID-19							
18 COVID-19 Tests Administered	SVP AMB	Quarterly	undefined	198,662	new	14,415	new
19 COVID-19 Positive Tests	SVP AMB	Quarterly	undefined	27,076	new	8,426	new
20 Patients Tested for COVID -19	SVP AMB	Quarterly	undefined	170,273	new	13,542	new
21 Patients Positive for COVID -19	SVP AMB	Quarterly	undefined	25,434	new	8,085	new

*Prior Year Same Period: FY19 Q3 data included; data is not available for FY19 Q4.

System Dashboard Glossary

REPORTING PERIOD – Q4 FY20 (April 1 – June 30 | 2020)

	METRIC	DESCRIPTION
	ACCESS TO CARE	
1	Unique primary care patients seen in last 12 months	Measure of primary care growth and access; measures active patients only
2	Number of e-consults completed/quarter	Top priority initiative and measure of specialty access
3	NYC Care	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/quarter	Top priority initiative and measure of efforts to convert self-pay to insured
6	% of MetroPlus medical spend at H+H	Global measure of MetroPlus efforts to steer patient volume to H+H, removes pharmacy and non-medical spend.
7	Total AR days per month (excluding in-house)	Data source: Unity/Soarian. Total accounts receivable days, excluding days where patient remains admitted (lower is better).
	INFORMATION TECHNOLOGY	
8	MyChart Activations	Number/% of new patient activations in MyChart
9	ERP milestones	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. FY Q4 data based on CY Q4 2019, which is the most recent timeframe of completed data
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 the ED	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) recommended 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) [2016]	Press Ganey Survey. Likelihood to recommend (mean). This is typically a bi-annual survey, but due to the COVID-19 pandemic the first survey of the year was not completed. The survey is currently being administered for post acute care.
	CULTURE OF SAFETY	
17	Acute care - overall safety grade	Measure of patient safety, quality of care, and staff psychological safety. Safety grades are completed every 2 years
	COVID-19	
18	COVID-19 Tests Administered	Total number of COVID-19 tests (swab and rapid) administered
19	COVID-19 Positive Tests	Total number of tests yielding positive results (some positive results were recorded after June 30th)
20	Patients Tested for COVID -19	Total number of unique patients tested
21	Patients Positive for COVID -19	Total number of unique patients tested, yielding positive results (some positive results were recorded after June 30th)

ACCESS TO CARE	Maintain?	Adjust?
Unique primary care patients seen in last 12 months	Simple, clear measure of strategy to grow primary care	Now able to focus more on true empanelment and members managed in VBP contracts
Number of e-consults completed/quarter	Best overall measure of process improvements driving specialty access	Now able to drill down into turnaround times for scheduling, referrals
NYC Care	Overall enrollment is clearest measure of program stability and popularity	
FINANCIAL SUSTAINABILITY		
Patient care revenue/expenses	Good overview of operational improvements, removes some volatility of supplemental payments and other state, federal, local policy changes	Many other more narrow measures of financial performance. Not typically reported at finance committee or other venues
#Insurance applications submitted/quarter	Major financial implications; key measure of front end revenue cycle and registration performance	Could make more focused on VBP goals or look at other elements of front end revenue cycle process
% of M+ medical spend at H+H	High level measure of VBP performance, strategic integration with Metroplus, and growth initiatives	Subject to fluctuations based on other Metroplus provider rate and other external factors;, quarter to quarter changes are limited
Total AR days per month (excluding in-house)	Standard measure of revenue cycle performance	Could focus on newer pririorities for revenue cycle with more potential fluctuation quarter to quarter
INFORMATION TECHNOLOGY		
MyChart Activations	Newest metric, entry point for telemedicine and improved registration and patient flow	
ERP milestones	Major IT initiative with financial and operational implications	Very large project with multiple elements, potential value in focusing on more discrete elements
QUALITY AND OUTCOMES		
Sepsis 3-hour bundle	Priority metric for CMS, NYS, VBP-QIP	We've been outperforming NYS average and met for all Q of VBP-QIP, may be good time to retire from dashboard
Follow-up appointment kept within 30 days after behavioral health discharge	Priority metric for VBP-QIP and MC partners	Plan to utilize telemedicine to further improve our performance here, aligned with post-COVID healthcare environment for high risk population
HgbA1c control < 8	Priority metric for Ambulatory Care and Population Health	More interventions underway including clinical pharmacists
% Left without being seen in the ED	Priority metric for access to care	Have not achieved goal yet
CARE EXPERIENCE		
Inpatient care - overall rating (top box)	Summative patient experience measure for in-hospital care	
Ambulatory care (medical practice) recommended provider office (top box)	Summative patient experience measure for ambulatory care	
Post acute care - likelihood to recommend (mean) [2016]	Summative patient experience measure for post acute care	
CULTURE OF SAFETY		
Acute care - overall safety grade	Measure of staff psychological safety	Other metrics to consider including here are 1) # of Good Catches reported, 2) # of H3 encounters completed
COVID-19		
COVID-19 Tests Administered		
COVID-19 Positive Tests		
Patients Tested for COVID -19		
Patients Positive for COVID -19		

Proposal for Metric Updates or Changes*

- **Remove** the Sepsis 3-hour Bundle (Quality & Outcomes section)

- Modify COVID-19 testing metrics to include the following, in separate COVID-19 section:

  - COVID-19 Test Administered (already included in COVID-19 section)

  - % COVID-19 Positive Tests (# already included in COVID-19 section)

  - **Add: Post Acute Care** COVID-19 Infection Rate (per 1,000 residents)

- Modify Post Acute Care metrics, as follows:

  - **Remove:** Post Acute Care Experience Metric "Likelihood to Recommend"

  - **Add:** Post Acute Care All Cause Hospitalization Rate (per 1,000 care days) (add to Quality & Outcomes section)

  - **Add one of the following:** Post Acute Care Cash Flow, Medicare A & Managed Care Occupancy, and Total AR days (12 months) metrics (add to Financial Sustainability section)

- Modify IT metrics (Information Technology section) as follows:

  - **Remove:** ERP progress

  - **Add:** Data Center Migration progress

  - **Add:** Integration of Bio Medical devices

- Modify Finance metrics (Financial Sustainability section) as follows:

  - **Remove:** Insurance applications submitted/quarter to:

  - **Add:** % of Uninsured Patients Enrolled in Health Insurance Coverage OR Financial Assistance

  - **Modify:** AR Days per month to include outpatient as well as inpatient

*Based on feedback obtained from a sub-set of metric Executive Sponsors, as of 10/22/20.