STRATEGIC PLANNING COMMITTEE

OF THE BOARD OF DIRECTORS

January 11, 2021

Virtual Meeting

125 Worth Street, Room 532

12:30pm

AGENDA

I.	**Call to Order**	**Feniosky Peña-Mora**
II.	**Adoption of November 5, 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**

MINUTES

STRATEGIC PLANNING COMMITTEE MEETING
OF THE BOARD OF DIRECTORS

NOVEMBER 5, 2020

The meeting of the Strategic Planning Committee of the Board of Directors was held virtually on November 5, 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
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 November 5th meeting of the Strategic Planning Committee (SPC) to order at 10:46 AM.

Mr. Peña-Mora proposed a motion to adopt the minutes of the Strategic Planning Committee meeting held on July 16, 2020.

Upon motion made and duly seconded, the minutes of the July 16, 2020 Strategic Planning Committee meeting was unanimously approved.

INFORMATION ITEM

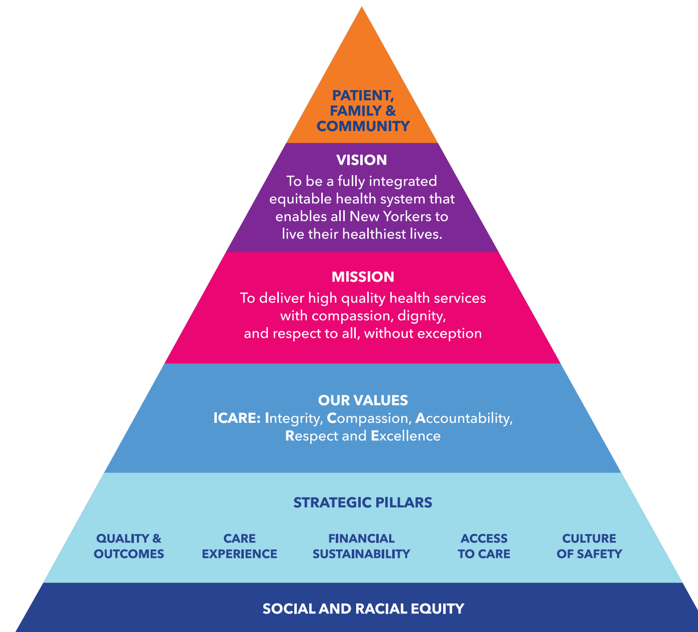
Strategic Planning Committee Update and System Dashboard

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

The meeting was then turned over to Dr. Eric Wei to present the fourth quarter of fiscal year 2020, April 1st through June 30th, 2020. Dr. Wei reminded the Committee that due to the COVID-19 surge, this period was a very difficult time for New York City Health + Hospitals, and New York City. There was significant decline in non-COVID-19 volumes: inpatient volumes actually dropped by 64% as they were replaced by COVID patients and utilization patterns were shifted across the system. In addition, there were all City and State budget challenges, which are still in new operational priorities in this post-COVID pre-vaccine period.

Dr. Wei reported that the system's Fiscal Year 21 budget reflects focused, interim post-COVID-19 strategy; and early results show continued operational improvements and value. He informed the Committee that today's presentation is intended to: give an update of the system's performance, organizational health; outline planning and monitoring processes; and reassess priority measures for the Board.

As a follow-up to the last committee meeting in which it was discussed to incorporate equity and access into the system's strategic pyramid, it is integrated into our vision statement as follows: "to be a fully integrated *equitable* health system that enables all New Yorkers to live their healthiest lives." And, opposite of the vision statement, a foundation to the bottom of the pyramid is added (in the dark blue) that shows *social and racial equity* to show how important it is to all of our strategic pillars, and everything that is above it in the pyramid. All the Board members present agreed that the revised strategic pillar reflects their discussion at the last meeting, and like the foundation of social and racial equity. Mr. Peña-Mora thanked Dr. Wei, Mr. Siegler and their team for listening carefully and ensuring that this pyramid captures who we are and what we are all about, and how we believe to best serve the health of our patients and our communities. Dr. Wei thanked Mr. Peña-Mora, acknowledged the work of the Equity and Access Council for integrating all the feedbacks received and honored the Communications team for the graphics art behind this colorful pyramid as noted below.



Mr. Peña-Mora commented that during pre-pandemic visits he conducted with the Committee Board members at the facilities, he noted that the system's strategic pyramid was placed in prominent places. He asked about the plan to replace these pyramid posters with the new layout and disseminate it systemwide. Dr. Wei informed the Committee members that the goal is to follow the same strategy when it was launched two years ago, sharing it with the CEOs and facility leaders, with screen savers and all different types of formats, so that it can be shared widely, within the leadership meetings down to the unit departmental huddles. Mr. Peña-Mora requested to also include the Community Advisory Boards (CABs) in the distribution list.

Dr. Wei moved to the NYC H+H System-wide Strategic Planning: Background slide which shows how key system operational teams and processes feed into the organizations strategic planning and up to the Board.

Dr. Wei reported that there are four kind of major processes or governance structures that feed into not only Dr. Katz's strategic planning committee, but also this strategic planning subcommittee. All four of them touch on all five pillars of the pyramid. They are:

1. The Annual Finance Plan and Facility Budget Process: led by John Ulberg, Finance and Matt Siegler, Patient Growth. Financial stability is the key pillar for this structure.
2. Capital and IT Planning: led by Christine Flaherty, Kim Mendez. The key pillars are all cross-cutting for this structure.

3. Stakeholder Feedback, and Community Health Needs Assessment: brought to the board by OneCity Health, and M&PA. Also, Deb Brown, External and Regulatory Affairs, plays a major part in this process, or a lead. The key pillars here are Access to Care, Care Experience.

4. The clinical Services Planning: led by Dr. Machelle Allen, M&PA. This process is also cross-cutting, including: Access to Care, Care Experience, Quality and Outcomes, and Culture of Safety.

As noted above, all four processes flow into this meeting, as well as Dr. Katz's Senior Leadership Strategic Planning Committee.

Mr. Peña-Mora exulted the creative minds on the graphics of the background slide and made the recommendation for the graphic designers to come up with a way to aesthetically align the pillars of the pyramid to these operational strategies so that a person can immediately see the interconnection and how we are making real those values and those pillars into actionable items.

Dr. Wei turned the meeting over to Matt Siegler, Senior Vice President for Managed Care and Patient Growth and CEO of the H+H ACO and OneCity Health to report on the key findings of NYC H+H System-Wide FY21 Strategic Plan.

Mr. Siegler reported that the system has achieved great things in recent years with a focus on five strategic pillars:

1. Quality and Outcome
2. Care Experience
3. Financial Sustainability
4. Access to Care
5. Culture of Safety

In addition, the 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 e-Consult (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**

Mr. Siegler stated that in spite of the COVID-19 surge period in May, the strategic plan in late 2019 was working but must adjust to new reality fewer in-person visits, challenging State/City fiscal picture, and our central role in COVID-19 response.

Lessons learned from the strategic initiatives that were not as successful are:

- Go further and setting clear ownership, defined roles and accountability for projects
- Push even further on empowering, engaging, and developing front line staff at facilities
- Build on structure of business planning and work
    - 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
- Completed three years of work in three months during COVID-19 surge. Remove barriers and keep that level of speed and effectiveness

Mr. Siegler reported on NYC H+H System-wide FY 21 Strategic Priorities (not listed in order of importance). They are:

- 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

Mr. Siegler emphasized that quality of care is always the priority and reminded the Committee that T2 and the OR focus are new for this year.

Ms. Freda Wang, Board Member, asked how do we track and measure the strategic priorities on the dashboard. As a follow-up to Ms. Wang's question, Mr. Peña-Mora was also concerned about the goals of the strategic priorities, the metrics that would be used to measure them, how and when success is achieved as well as evaluate them to highlight some areas of strength or some areas that need more work. In addition, Mr. Peña-Mora recommended to connect in one graph these strategic priorities to both the pyramids and the operational elements to show how they connect to the operational processes that we have put in place to realize those pillars (slide 12, 13 and 16). Besides visualizing the interconnection, Mr. Jose Pagán referred to slide 14, key successes, and would like to see the equity lens integrated into the indicators to show, not only how well we are doing, but also how much variation there is across the system at any angles; i.e., facilities, different populations, and so on. Mr. Peña-Mora is in total agreement with Dr. Pagán in aligning the strategy to the tactical and the operational.

To that end, Mr. Siegler explained that each of the facility's leadership is encouraged to have a system or a facility-level dashboard within those five strategic pillars, one or two or three key metrics. In addition, our performance evaluation forms were modified to include a more focused discussion around outcome measures within the strategic pillars. People should start thinking about "what is my role as an individual in H+H to push towards all five of these pillars."

Mr. Peña-Mora referred back to the system's strategic pyramid and stated that since the foundational value of social and racial equity is being added, the five pillars and the foundation have to be all together and become six pillars. This foundational value should be included for all the communication with the strategic pillars.

The presentation continued with the highlighting of positive, negative and steady trends on the System Dashboard – November 2020; reporting period – Q4 FY 20 (April 1st through June 30th 2020). Change reflected from the Prior Period, which was Q3 FY20 (January 1 to March 31, 2020).

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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	-	-
2	Number of e-consults completed/quarter	SVP AMB	Quarterly	46,000	21,926	47.7%	51,544	21,907
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.

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Mr. Siegler reported on Q4 Performance: Positive Trends:

Access to Care

1. Unique Primary Care Patients in last 12 months: **445,672** exceeds target of 418,000
3. #NYC Care: **24,335** from 20,000
   - Launched city-wide in 2020.

Financial Care Revenue/Expenses

4. Patient care revenue/expenses: **74.2%** from 61.6%
6. % MetroPlus Medical Spend at H+H: **41.63%** vs 39.2%
   - 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.
7. Total AR days per month: **65.7** from 68
   - Excludes days where patient remains admitted (lower is better for this measure). The days in AR are above the target of 45 days due to the rapid decline in revenue, beginning in March, resulting from COVID-19, as well as a temporary impact from the December EPIC Go-live. While above the target, the trend is reversing, and the days in AR have reduced by 18% from the peak in April.

Quality and Outcomes

13. % Left Without Being Seen in the ED: **3.8%** from 7.84%
    - 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.

Information Technology

8. MyChart Activation: **20%** from 14% (new measure as of Q3 FY 20 reporting)

Mr. Siegler reported on Q4 Performance: Negative Trends:

Access to Care

2. # of e- Consults: **21,926** from 51,544:
   - Decreased during Q4 FY20 due to the impact of less visits as a result of the COVID-19 pandemic.
   - Moving to universal e- Consult for internal referrals; overall system-wide focus on improving referral review, scheduling, and follow-up time.

Financial Sustainability

5. # Insurance Applications Submitted: **6,228** from 18,146

   - This metric continues to decline since Me3troPlus 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.

Quality and Outcomes

11. Follow-up appointment kept within 30 days after behavioral health discharge **43.2%** from 56.8%
    - 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.

12. HgbA1c control <8: **64.2%** from 66.1%

Care Experience

14. Inpatient care – overall rating: **63.08%** from 63.6%
15. Ambulatory care – recommend provider office **83.28%** from 84.5%

Mr. Siegler reported on Q4 Performance: Steady Trends:

Information Technology

9. ERP Milestones: **80%**

Quality and Outcome

10. Sepsis 3-hour Bundle: **64.9%** (prior period: 65%)
    - 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.

COVID-19

18.	COVID-19 Tests Administered	198,662
19.	COVID-19 Facilities Tests	27,076
20.	Patients Tested for COVID-19	170,273
21.	Patients Positive for COVID-19	25,434

Dr. Pagán commented that the dashboard is very impressive, considering all the challenges we face during this pandemic: some of the metrics are dipping a little bit; A1c did not change that much and the quality of care metrics are flat or changed by less than 1%. All the other Board Members echoed Dr. Pagán's comment.

Mr. Pena-Mora asked about how much collaboration data-sharing are there across the different systems, including public and voluntary? How H+H is doing compared to the other systems? Do we follow the same reduction pattern?

Dr. Wei answered that there is good collaboration on quality improvement measures in particular. He added that he will try to point out where we have those benchmarks already, and how we stack up. He pointed out that H+H has outperformed certain kind of statewide initiatives, sepsis being one of them. Greater New York Hospital Association (GNYHA) and Health Care Association of New York State (HANYS) have the performance improvement kind of initiatives that everybody signs up for together. It is to be noted that the challenge of using publicly-reported data is the delay. Regardless of that delay, Mr. Peña-Mora recommended to highlight the strategic priorities that could be benchmarked because sometimes we tend to become parochial and myopic and looking at what we do, but we do not know what others are doing that may help us stretch a little bit more.

With a minute left on the duration of the meeting, the next item on the agenda was a Proposal for Metric Updates or Changes, based on feedback obtained from a sub-set of metric Executive Sponsors, as of November 22, 2020. The Committee members agreed that they would need to

convene for at least 90 minutes in a different setting just to look at the metrics and the priorities and the interconnection; and, that relationship between priorities, metrics, pillars and goals. They expressed the need for a separate forum for a deeper discussion. Ms. Colicia Hercules, Corporate Secretary and Chief of Staff, Office of the Chair, advised that such a discussion must be part of a public session with the Board members. Ms. Hercules will follow-up with the Committee for the appropriate format and timing.

There being no old business nor new business, the meeting was adjourned at 11:35 A.M.

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Strategic Planning Committee Update

Matt Siegler

SVP MANAGED CARE AND PATIENT GROWTH

Dr. Eric Wei

SVP CHIEF QUALITY OFFICER

January 11, 2021

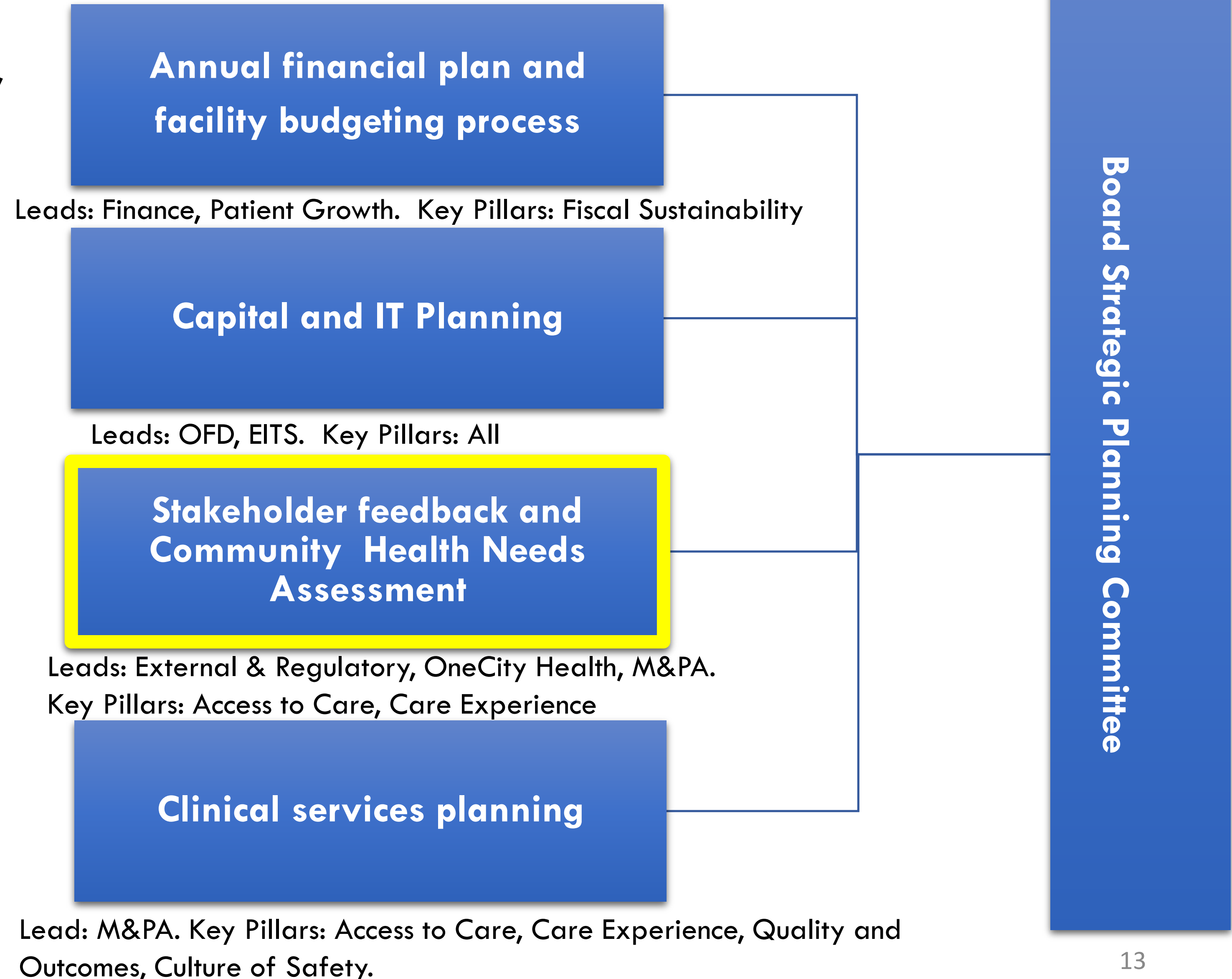
NYC HEALTH+ HOSPITALS

Q1 Performance and Strategic Planning Update

- Q1 FY 2021 (July 1, 2020 – September 30, 2020) covers much of the post COVID-19 surge period.
- The decline in patient volumes following the spring surge period has significant impact on key strategic measures.
- Updated FY21 targets and priority measures reflect updated strategic and operational priorities and Committee input
- Early FY21 results show continued operational improvements and value of flexible, resilient strategy.
- Federal, state, and city external factors will be major factor in full year FY21 performance and FY22 strategy
- Goals for today's meeting:
  - Update on external policy environment
  - Review key metrics and performance

NYC H+H System-wide Strategic Planning: External Policy Update

- External factors – particularly Federal, State, and City policy environment – are always critical to system stability, but FY21 and FY22 present particular challenges
- Federal
  - Implementing major relief packages
  - Incoming administration priorities
- State
  - Addressing major budget gap
  - Medicaid priorities
- City
  - Budget gap
  - Recovery agenda



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FY21 Q1 (July 1 to September 30, 2020) Performance: Positive Trends*

- # of e-consults: **65,933** from 21,926[1]
- NYC Care enrollment: **35,483** from 24,335[2]
  - Launched city-wide in 2020
- Patient care revenue/expenses: **65.3%** from 61.7%[3]
- % MetroPlus medical spend at H+H: **42.34%** vs 41.63%[4]
- Total AR days per month: **59.2** from 65.7[5]

*Change reflected from the Prior Period, which was **Q4 FY20 (April 1 to June 30, 2020). Notes include the following:**

[1]*# of e-consults:* Remains a top priority initiative and measure of specialty access, and visits recovered from the pandemic, starting in July. The overall system-wide focus is on improving referral review, scheduling, and follow-up time.

[2]*NYC Care:* Enrollment grew due to conscientious efforts to improve primary care capacity and continuity, providing low- or no-cost access to New Yorkers who don't qualify or can't afford health insurance.

[3]*Patient care revenue/expenses:* **NOTE: Comparison for this metric is FY20 Q1 (which is the prior year, same period):** Patient Care Revenue/Expense ratio improved by 4.3% from September 30, 2019 to September 30, 2020, mainly due to a $193.5 million increase in Net Patient Service revenue from an increase in CMI and revenue cycle improvements. The improvement is also related to receipt of $170.6 million of CARES Act dollars during the first quarter of FY2021.

[4]*% MetroPlus medical spend at H+H:* % has increased due to costs decreasing because of the quarantine related to the COVID-19 pandemic, though H+H continues to obtain payment from MetroPlus from risk arrangements. This % is anticipated to not continue at the same rate it has been.

[5]*Total AR days per month:* Includes both inpatient and outpatient (lower is better for this measure) . While the days in AR are going in the right direction, days in AR continue to be above the target and above last year due to the residual impact resulting from volume declines from COVID-19. Despite being above the target, the trend is reversing and the days in AR have declined almost 25% from the peak in April.

FY21 Q1 (July 1 to September 30, 2020) Performance: Positive Trends (continued)*

- MyChart Activations: **36%** from 20% [6]
- Post Acute Care (PAC): All Cause Hospitalization rate: **1.32 per 1,000 care days** from 1.86 per 1,000 care days (**new measure as of FY21 Q1**) [7]
- Follow-up appointment kept within 30 days after behavioral health discharge: **46.5%** from 43.2% [8]
- % Left without being seen: **3.3%** from 3.8% [9]
- Care Experience:
  - Inpatient care – overall rating: **65.31%** from 63.08%
  - Ambulatory care – recommend provider office **84.34%** from 83.28%

*Change reflected from the Prior Period, which was **Q4 FY20 (April 1 to June 30, 2020). Notes include the following:**

[6] *MyChart Activations:* An essential, recent goal is to increase these activations, allowing patients access to pertinent medical information while improving patients' experience with their care teams and access to health information in a simple, secure manner.

[7] *PAC: All Cause Hospitalization rate:* This rate decreased in July-Sept 20 from the prior timeframe of Apr-June 20 due to COVID-19 related hospitalizations during that period. **The NYC Health + Hospitals' PAC rate of 1.32 per 1,000 care days is lower than the National average of 1.7 and the NYS average of 1.47.**

[8] *Follow-up appointment kept within 30 days after behavioral Health discharge:* This measure has recovered slightly, and the initial decrease was attributed to the COVID-19 pandemic, in part. Patients continued to not regularly attend these appointments for fear of going to health care institutions during the pandemic, however, use of telehealth visits has become a more prevalent way of maintaining continuity of care for these patients.

[9] *% Left without being seen:* Increased staffing levels, improvements in patient tracking and flow, and facility management in EDs have improved performance in this measure. Overall ED utilization continued to decline from April through August 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.

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FY21 Q1 (July 1 to September 30, 2020) Performance: Negative Trends*

- Unique Primary Care Patients seen in last 12 months: **412,309** from 445,672; for this period, it is just under the target of 418,000 [1]
- % of Uninsured patients enrolled in health insurance coverage or financial assistance (**new measure as of FY21 Q1**): **61.4%** vs. target of 76% [2]
- Hgb A1c control <8: **62.0%** from 64.2% [3]

*Change reflected from the Prior Period, which was **Q4 FY20 (April 1 to June 30, 2020). Notes include the following:**

[1] *Unique Primary Care patients seen in last 12 months:* Period used is from October 1, 2019 through September 30, 2020. The 412,309 total includes the following: 381,177 in-person office visits and 31,132 Telehealth visits.

[2] *% of Uninsured patients enrolled in health insurance coverage or financial assistance:* Performance is below the target of 76% due to ongoing ramp up efforts to screen uninsured patients receiving outpatient services. Screening rates for patients seen in the ED and inpatient are approaching or exceeding the target.

[3] *Hgb A1c Control:* Since the pandemic, there are more telehealth visits and fewer in-person clinic visits, with fewer in-person visits to check A1c labs, contributing to the decreasing control rate. This remains a top priority, with nurse chronic disease coordinators working closely with patients to develop diabetes self management skills, and using technology solutions and peer mentors to support patients in managing diabetes between clinic visits, especially critical strategies during the pandemic.

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FY21 Q1 (July 1 to September 30, 2020) Performance: Steady Trends

- ERP Milestones: **80%**

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FY21 Q1 (July 1 to September 30, 2020) Performance: COVID-19 Metrics

Metric	Value
Total # of COVID-19 Tests Administered[1]	412,372
Total # of COVID-19 Positive Tests[1]	5,010
Post Acute Care COVID-19 Infection Rate[2] **(new measure as of FY21 Q1)**	12.5

[1] Includes PCR tests administered.

[2] Rate is expressed per 1,000 residents within the post acute facilities at NYC Health + Hospitals. Of note, the NYS COVID-19 infection rate from the same time period of July-September 2020 was 158.7 and the National Average was 219.3.

NYC HEALTH+ HOSPITALS

System Dashboard Glossary

REPORTING PERIOD – Q1 FY21 (July 1 – September 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	% of Uninsured patients Enrolled in Health Insurance Coverage or Financial Assistance	
6	% of MetroPlus medical spend at H+H	Global measure of Metro Plus 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) .
8	Post Acute Care Total AR (12 months)	Total accounts receivable days
	INFORMATION TECHNOLOGY	
9	MyChart Activations	Number/% of new patient activations in MyChart
10	ERP milestones	Reflects key milestones in finance/supply chain go live, human capital management upgrade, and payroll project design
	QUALITY AND OUTCOMES	
11	Post Acute Care All Cause Hospitalization Rate(per 1,000 care days)	Total # residents transferred from a PAC facility to hospital with outcome of admitted, inpatient/admitted over total # of resident care days
12	Follow-up appointment kept within 30 days after behavioral health discharge	Follow-up appointment kept with-in 30 days after behavioral health discharge.
13	HgbA1c control < 8	Population health measure for diabetes control
14	% Left without being seen in the ED	Measure of ED efficiency and safety
	CARE EXPERIENCE	
15	Inpatient care - overall rating (top box)	Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)
16	Ambulatory care (medical practice) recommended provider office (top box)	Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)
	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	Post Acute Care COVID-19 Infection	COVID-19 Infection Rate per 1,000 resident days

NYC HEALTH+ HOSPITALS

System Dashboard – January 2021

REPORTING PERIOD – Q1 FY21 (July 1st – Sept 30th | 2020)

#	Measure	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	412,309		445,672	N/A
2	Number of e-consults completed/quarter	SVP AMB	Quarterly	46,000	65,933	19,933	21,926	46,393
3	NYC Care	SVP AMB	Quarterly	30,000	35,483	5,483	24,335	5,000
	FINANCIAL SUSTAINABILITY							
4	Patient care revenue/expenses	SVP CFO + SVP MC	Quarterly	60%	65.30%		74.20%	61.7%
5	**New Measure:** % of Uninsured patients Enrolled in Health Insurance Coverage or Financial Assistance	SVP CFO + SVP MC	Quarterly	76%	61.40%	-14.6%	-	-
6	% of M+ medical spend at H+H	SVP MC	Quarterly	45%	42.34%		41.63%	40%
7	Total AR days per month (now includes Outpatient & Inpatient)	SVP CFO	Quarterly	45	59.20		65.70	51.3
8	**New Measure:** Post Acute Care Total AR days(12 months)	CFO	Quarterly	55	50	5	-	-
	INFORMATION TECHNOLOGY**							
9	MyChart Activations	SVP CQO + SVP AMB	Quarterly	30%	36%	6%	20%	-
10	ERP milestones	SVP CIO	Quarterly	100%	80%	20%	80%	80%
	QUALITY AND OUTCOMES							
11	**New Measure:** Post Acute Care All Cause Hospitalization Rate (per 1,000 care days)	CQO+SVP PAC	Quarterly	N/A	1.32		1.86	
12	Follow-up appointment kept within 30 days after behavioral health discharge	SVP CMO + SVP CQO	Quarterly	66.00%	46.50%	-19.5%	43.20%	54.7%
13	HgbA1c control < 8	SVP AMB + VP CPHO	Quarterly	66.60%	62.00%	-4.6%	64.20%	65.8
14	% Left without being seen in the ED	SVP CMO + SVP CQO	Quarterly	4.00%	3.30%	0.70%	3.80%	7.83%
	CARE EXPERIENCE							
15	Inpatient care - overall rating (top box)	SVP CQO + SVP CNE	Quarterly	65.40%	65.31%	-.09%	63.08%	62.6
16	Ambulatory care (medical practice) recommended provider office (top box)	SVP CQO + SVP AMB	Quarterly	83.60%	84.34%	0.74%	83.28%	82.3%
	CULTURE OF SAFETY							
17	Acute care - overall safety grade	SVP CQO + SVP CNE	Annually	76%	-	-	64%	-
	COVID-19							
18	COVID-19 Tests Administered	SVP AMB	Quarterly	undefined	412,372	-	198,662	-
19	COVID-19 Positive Tests	SVP AMB	Quarterly	undefined	5,010	-	27,076	-
20	**New Measure:** Post Acute Care COVID-19 Infection	SVP PAC	Quarterly	undefined	12.5	-	-	-

**Unique Primary Care patients seen in last 12 months:* Period used is from October 1, 2019 through September 30, 2020. The 412,309 total includes the following: 381,177 office visits and 31,132 Telehealth visits.

***Information Technology:* 2 new metrics will be reported in subsequent quarters including Data Center Migration progress and Integration of Bio Medical Devices; the ERP metric will be retired after this quarter of reporting.