



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

April 12, 2021

Virtual Meeting

125 Worth Street, Room 532

11:30am

AGENDA

- | | | |
|-------------|--|--|
| I. | Call to Order | Feniosky Peña-Mora |
| II. | Adoption of January 11, 2021
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 |
| | | Deborah Brown
Senior Vice President
External and Regulatory Affairs |
| IV. | Old Business | |
| V. | New Business | |
| VI. | Adjournment | Feniosky Peña-Mora |

MINUTES

STRATEGIC PLANNING COMMITTEE MEETING OF THE BOARD OF DIRECTORS

JANUARY 11, 2021

The meeting of the Strategic Planning Committee of the Board of Directors was held on January 11, 2021 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.
Mitchell Katz, M.D.
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
M. Siegler, Senior Vice President, Managed Care, Patient Growth, CEO one City Health & CEO ACO
E. Wei, Vice President, Chief Quality Officer

CALL TO ORDER

Mr. Feniosky Peña-Mora, called the January 11th meeting of the Strategic Planning Committee (SPC) to order at 12:32 P.M.

Mr. Peña-Mora proposed a motion to adopt the minutes of the Strategic Planning Committee meeting held on November 5, 2020.

Upon motion made and duly seconded the minutes of the November 5, 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 Matthew Siegler, Senior Vice President, Managed Care and Executive Director of OneCity Health/ACO to present the first quarter of fiscal year 2021, July 1st through September 30th, 2020 Performance and Strategic Planning Update. Mr. Siegler reported that this period 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's input from last quarter's meeting. Early FY21 results show continued operational improvements and value of flexible, resilient strategy. Federal, State, and City external factors will be a major factor in full year FY21 performance and FY22 strategy. Mr. Siegler stated that today's meeting goal is to highlight positive, negative and stable trends with a discussion on the external factors that are affecting our perspective and to review key metrics and performance.

Mr. Siegler turned the meeting over to Deborah Brown, Senior Vice President, External and Regulatory Affairs to present on the key external factors, Federal, State and City that are affecting our system's FY21 performance and going into FY22.

Federal Update

Mr. Siegler reported that the change in the administration and the change in control of the Senate is a positive development for the finances of New York State and New York City, and by extension, Health + Hospitals. There is still significant implementation work to be done on existing Federal relief packages. The most recent package did not include State and local relief. Health + Hospitals is looking forward to a productive relationship with the Biden Administration and will reach out to friends, colleagues, contacts, including former Health + Hospitals staff who have moved to Washington to join this administration.

Mr. Siegler reported that vaccine delivery and distribution is a very high priority for the new administration. They have established a very strong team, including some of the key people who, saved healthcare.gov during the initial challenged launch in 2013-2014. It includes a good mix of former White House officials, former HHS officials, and operational leaders from health systems around the country. There is already a change in strategy and prioritization in terms of how quickly they will release inventory, and transparency on what their plans are. In addition, they have clearly signaled the interest in expanding health access and improving health equity around the country; and COVID is a key vehicle they look at to do that. Their broader agenda around health insurance coverage and expanding and improving upon the Affordable Care Act will also be important to Health + Hospitals and our patients.

Ms. Brown reported that so much of what is needed on the State level and on the local level is tied to that necessary Federal funding, which was left out of the most recent package. She stated that the Biden Administration and others are very supportive of ongoing financial support for health care providers, as well as individuals and small businesses.

Ms. Brown reported that DSH cuts are delayed essentially until Fiscal Year 2024 and that policy continues to have good bipartisan support. Ms. Brown added that in addition to the Federal support for conventional infrastructure investment, there are some ideas floating around about health care capital investment and public health infrastructure investment. She added that a significant priority at the Federal level with the new administration is ensuring ongoing support from FEMA.

Ms. Brown stated that Leader Schumer is a real stalwart supporter of hospitals. She underscored the historic and significant work he has done for hospitals and for New York hospitals. He really understands the role Health + Hospitals plays and also its role in physician training. Ms. Brown shared with the Committee that she is in the process of drafting a welcome letter laying out all of Health + Hospitals' priorities. Health + Hospitals had and continues to have a good relationship with his office, as well as with Senator Gillibrand's Office. On the delegation side, some of the House members, with whom Health + Hospitals has been able to create relationships over the years, continue to be in leadership positions. Health + Hospitals is very grateful for the outpouring of support from the House members; especially during the first surge of COVID.

State Update

Ms. Brown reported that the State budget process is in session. One of the things that the Governor highlighted is his support for telehealth flexibilities, which is one of our ongoing number one State regulatory priority. In addition, the State is addressing a significant budget gap. As the budget process starts, the concern is if the State will be making Across-the-Board (ATB) cut to Medicaid Payments as they have threatened previously. Health + Hospitals will continue to advocate and to do outreach meetings to the relevant stakeholders on the State side, both the legislators and the committee staff, as well as working with our Community Advisory Boards for advocacy. In the past, Michelle DiBacco, Assistant Vice President, from the Government and Community Relations team, had spearheaded the CABs Advocacy Day in Albany. A lot of work is being done to identify new ways to remotely advocate.



System Dashboard – January 2021

REPORTING PERIOD – Q1 FY21 (July 1st – Sept 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	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	39.20		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 CGO + SVP AMB	Quarterly	30%	36%	6%	20%	-
10	ERP milliones	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)	CGO+SVP PAC	Quarterly	N/A	1.32		1.86	
12	Follow-up appointment kept within 30 days after behavioral health discharge	SVP CMO + SVP CGO	Quarterly	66.00%	46.50%	-19.5%	43.20%	54.7%
13	HgbA1c control < 8	SVP AMB + VP CPHD	Quarterly	66.60%	62.00%	-4.6%	64.20%	65.8
14	% Left without being seen in the ED	SVP CMO + SVP CGO	Quarterly	4.00%	3.30%	0.70%	3.80%	7.83%
CARE EXPERIENCE								
15	Inpatient care - overall rating (top box)	SVP CGO + SVP ONE	Quarterly	65.40%	65.31%	-.09%	63.08%	62.6
16	Ambulatory care (medical practice) recommended provider office (top box)	SVP CGO + SVP AMB	Quarterly	83.60%	84.34%	0.74%	83.28%	82.3%
CULTURE OF SAFETY								
17	Acute care - overall safety grade	SVP CGO + SVP ONE	Annually	76%	-	-	64%	-
COVID-19								
18	COVID-19 Tests Administered	SVP AMB	Quarterly	undefined	412,372	-	196,662	-
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.

Mr. Siegler reported on FY21 Q1 (July 1 to September 30, 2020) Performance: Positive Trends:

Access to Care

2. #of E-consults: **65,933** from 21,926
 - 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.
3. NYC Care Enrollment: **35,483** from 24,335
 - Enrollment grew due to conscientious efforts to improve primary care capacity and continuity, providing low – or no-cost access to New Yorkers who do not qualify or cannot afford health insurance.

Financial Sustainability

4. Patient care revenue/expenses: **65.3%** from 61.7%
 - **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.
6. % MetroPlus Medical Spend at H+H: **42.34%** vs 41.63%.
 - This % 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.

7. Total AR days per month: **59.2** from 65.7
 - 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.

Information Technology

9. MyChart Activation: **36%** from 20%
 - 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.

Quality and Outcomes

11. 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**)
 - 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.**
12. Follow-up appointment kept within 30 days after behavioral health discharge **46.5%** from 43.2%
 - 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.
14. % Left without being seen: **3.3%** from 3.8%
 - 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.

Care Experience

15. Inpatient care – overall rating: **65.31%** from 63.08%
16. Ambulatory care – recommend provider office **84.34%** from 83.28%

Mr. Siegler reported on FY21Q1(July 1 to September 30, 2020) Performance: Negative Trends:

Access to Care

1. Unique Primary Care Patients in last 12 months: **412,309** from 445,672
 - For this period, it is just under the target of 418,000
 - 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.

Financial Sustainability

5. # of Uninsured patients enrolled in health insurance coverage or financial assistance (**new measure as of FY21 Q1**): **61.4%** vs target of 76%
 - 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.

Quality and Outcomes

13. HgbA1c control <8: **62.0%** from 64.2%
 - 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.

Mr. Siegler reported on FY21Q1(July 1 to September 30, 2020) Performance: Steady Trends:

Information Technology

10. ERP Milestones: **80%**
 - This measure is expected to be removed to add some of the other IT measures discussed at the last meeting
 - An example of success in that program: no more large paper timesheets.

Mr. Siegler reported on FY21 Q1 (July 1 to September 30, 2020) Performance: COVID-19 Metrics

COVID-19

18. Total # of COVID-19 Test Administered: **412,372**
 - Includes PCR tests administered.
19. Total # of COVID-19 Positive Tests: **5,010**
 - Includes PCR tests administered.
20. Post-Acute Care COVID-19 Infection Rate (**new measure as of FY21 Q1**)
 - 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.

Mr. Siegler stated that our next report will include an update on our success at vaccinations. He reported that as of Saturday, the system administered 21,000 vaccinations. That number will start to increase as the State opens up the criteria to category 1b, which includes a large group of essential workers and anybody over age 75.

Ms. Hernandez-Piñero requested weekly COVID update to the Board on Health + Hospitals preparedness, including ICU capacity.

Mr. Siegler picked up from where the Committee left off at the last meeting and opened a discussion to talk about the Committee's strategy, the changes that are already made and the few more to be done in the IT area. Mr. Siegler recapped the following newly added measures:

- The percent of uninsured patients enrolled in coverage
- The post-acute AR days; a measure of post-acute billing success
- The post-acute hospitalization rate; a key quality measure
- The COVID measures

Mr. Siegler informed the Committee that the two information technology metrics that Dr. Mendez discussed with the group and the Board will be added next quarter to eliminate the stand-alone IT category and integrate those two. They are: the data center migration process, as part of the financial sustainability category; and the integration of bio-medical devices, as part of the quality and outcome as this metric captures how good a job we are doing in expanding the footprint of EPIC and having all of our devices tied into one system to keep the clinical quality up.

Mr. Peña-Mora invited Committee members to look at all the Dashboard measures to ensure that the dashboard aligns well with the pillars of the system's pyramid and the foundational base of social and racial equity. The information technology metrics will remain, but they will be subsumed and reported as part of the pillars. Moreover, there needs to be some metrics on the dashboard to capture how we are performing with respect to the foundational guiding principle of racial and social equity. COVID-19 has a special category as it is an element out of the norm but we are responding and the vaccination will be added to that. Mr. Peña-Mora commented that a good way to measure both the first dose and the second is to find out how many people have gotten the first and the second dose through our system. There are concerns that there may be a drop off for the second dose because some people may choose not to follow up after the first dose. There must be a process in place to reach out to those individuals, or they may risk to expose themselves by only having one dose and not the two recommended doses.

The Committee members discussions were focused on the following:

- How to embed the information technology metrics within the pillars and add the social and racial equity metrics to the dashboard.
- Some of the metrics that may be able to be looked at for consideration to be added in the financial sustainability
- COVID-19 metrics
- Changing the reporting frequency of the unique primary care patients seen in the last 12 months as well as the overall safety grade from annually to quarterly to monitor progress.

RECOMMENDATIONS

Mr. Peña-Mora made the recommendation for Matt and Eric to have an offline discussion with Freda to look at those metrics that are in the dashboard that relates to the financial sustainability. Matt agreed to include John Ulberg, Senior Vice President, Finance, in the discussion and bring it back to this Committee to see if there is a recommended adjustment. He also recommended an offline discussion with Sally to see what would be the best measure to capture the system's response to rising COVID cases in the city. Mr. Siegler agreed to an offline discussion but also offered the gestalt of it. The numbers are rising coming out of the holidays. It has been a linear rise throughout December and, importantly, there have been no major spikes. Finally, Mr. Peña-Mora recommended to organize the dashboard in an alphabetical

order such as: Access to Care, Care Experience, Culture and Safety, Financial, then Quality; and COVID-19 at the bottom because it is a special category.

Ms. Wang asked for an update of the Hunter Contract. Mr. Siegler affirmed that there is not any urgent time pressure from a contractual and financial perspective to make the change. However, in order to do it right with the Board feedback, it is wiser to take a little bit of time, get through the surge, and then bring it back; if that is agreeable to the board members.

Dr. Wei concluded the presentation by reminding Committee members that Health + Hospitals' priorities are to get the vaccine out there to get back to normalcy; and that he looks forward to reporting on that success in the quarter.

Mr. Peña-Mora thanked Matt and Eric as well as their colleagues and the whole team for another great quarter at Health + Hospitals.

There being no old business, nor new business, the meeting was adjourned at 1:46 PM.

Strategic Planning Dashboard and Committee Update



Matt Siegler
SVP MANAGED CARE AND PATIENT GROWTH

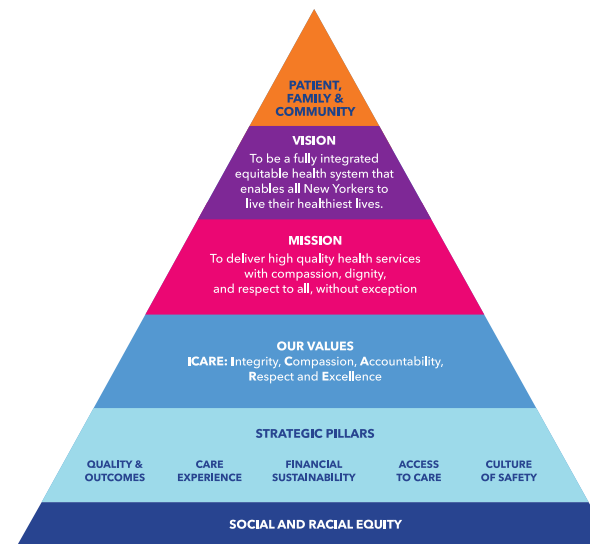
Dr. Eric Wei
SVP CHIEF QUALITY OFFICER

Deborah Brown
SVP EXTERNAL AND REGULATORY AFFAIRS

April 12, 2021

FY21, Q2 Performance and Strategic Planning Update

- Q2 FY21 (October 1, 2020 – December 31, 2020) covers a timeframe, including part of the second surge in the pandemic.
- The decline in patient volumes following the spring surge period has significant impact on key strategic measures.
- Some updates in FY21 priority measures correspond with strategic and operational priorities, based on Committee input.
- The Q2 FY21 results show both improvements and areas for opportunity, given the next phase of the pandemic.
- Federal, state, and city external factors remain a 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

- Federal, State, and City externalities will always impact system stability. We simultaneously strive to shape the agenda through advocacy and plan for strategic responses.
- Federal
 - Ongoing financial advocacy, both leg and administrative. Partisan concerns remain.
 - Input for upcoming Biden Administration relief packages, including infrastructure
 - Partnerships with new HHS/ CMS teams, continued building of value-based paradigm
- State
 - Budget negotiations ongoing as of 4/1, expecting rejection of Gov's cuts
 - Nursing home focus, state of Albany
 - Advancing H+H “strengthening”

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

- City
 - Financial relationship
 - Recovery agenda
 - Legacy items
 - Admin, Council changes
- Community
 - Necessary focus on equity, access
 - Critical partnerships
 - Increased H+H role due to COVID

FY21 Q2 (October 1 to December 31, 2020)

Performance: Positive Trends*

- % Left without being seen: **1.8%** from 3.3% ¹ (target: 4.0%)
- Care Experience: Inpatient care – overall rating: **66.65%** from 65.31% (target: 65.4%)
- MyChart Activations: **55%** from 36% ² (target: 30%)

*Change reflected from the Prior Period, which was **Q1 FY21 (July 1 to September 30, 2020)**. Notes include the following:

¹ % 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 decreased during this time period, similar to last quarter, in part due to the pandemic. There have been concomitant decreases in the % of patients who left the emergency departments without being seen.

² MyChart Activations: An essential goal has been to increase activations through this portal, allowing patients access to pertinent medical information while improving ultimately patients' experience with their care teams and access to health information in a simple, secure manner.

FY21 Q2 (October 1 to December 31, 2020) Performance: Positive Trends (continued)*

- Patient care revenue/expenses: **72.6%** from 65.3%³ (target: 60%)
- ERP Milestones: **85%** from 80% (target: 100%)
- # of e-consults: **71,793** from 65,933⁴ (target: 46,000)
- NYC Care enrollment: **46,460** from 35,483⁵ (target: 30,000)

*Change reflected from the Prior Period, which was **Q1 FY21 (July 1 to September 30, 2020)**. Notes include the following:

³*Patient care revenue/expenses*: Patient Care Revenue/Expense ratio improved, mostly due to a one-time receipt of CARES funds from the federal government and an increase in patient service revenue. This is mostly due driven by increase in cash collections and an increase in the case mix index that is COVID-19 related.

⁴ *# of e-consults*: Continues to be a top priority initiative and measure of specialty access. Visits have recovered from the pandemic, starting in July, and continued through this reporting period. The overall system-wide focus is on improving referral review, scheduling, and follow-up time.

⁵ *NYC Care*: Enrollment continues to grow, 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.

FY21 Q2 (October 1 to December 31, 2020) Performance: Negative Trends*

- Follow-up appointment kept within 30 days after behavioral health discharge: **37.97%** from 46.5%¹ (target: 66%)
- Hgb A1c control <8: **61%** from 62.0%² (target: 66.6%)
- Post Acute Care (PAC): All Cause Hospitalization rate: **1.55 per 1,000 care days** from 1.32 per 1,000 care days (**new measure as of FY21 Q1**)³
- Care Experience: Ambulatory care – recommend provider office **82.88%** from 84.34% (target: 83.6%)

*Change reflected from the Prior Period, which was **Q1 FY21 (July 1 to September 30, 2020)**. Notes include the following:

¹ *Follow-up appointment kept within 30 days after behavioral Health discharge:* The data capture method for this metric changed; starting in April 2020, this metric began to be captured via Epic, rather than through a homegrown database. The denominator now includes a larger number of patients because of this. Additionally, staff are currently being trained on the workflow for documenting these follow-up appointments in Epic, and this training was delayed due to the pandemic, resulting in documentation of less follow-up appointments than are actually made. Finally, telephonic encounters are not captured in this metric, contributing to rate decreases.

² *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 continued decreases in control rate. This remains a top priority, with nurse chronic disease coordinators working closely with patients to develop diabetes self management skills, and leveraging technology solutions and peer mentors to support patients in managing diabetes between clinic visits. These continue to be critical strategies during the pandemic.

³ *PAC: All Cause Hospitalization rate:* Hospitalizations from post acute facilities at NYC Health + Hospitals were higher during this reporting period, at 1.55, compared to 1.32 per 1000 care days in the prior period. Post acute facilities consistently review all reasons for why residents are hospitalized, drill down on the root causes, and implement strategies to continue to enhance clinical capabilities in the post acute facilities.

FY21 Q2 (October 1 to December 31, 2020) Performance: Negative Trends*

- % of Uninsured patients enrolled in health insurance coverage or financial assistance (**new measure as of FY21 Q1**): **58%** vs. 61.4% ⁴ (target: 76%)
- % MetroPlus medical spend at NYC Health + Hospitals: **39.1%** vs. 42.34% ⁵ (target: 45%)
- Total AR days per month: **62.6** from 59.2 ⁶ (target: 45)
- Unique Primary Care Patients seen in last 12 months: **408,793** from 412,309 ⁷ (target: 418,000)

*Change reflected from the Prior Period, which was **Q1 FY21 (July 1 to September 30, 2020)**. **Notes include the following:**

⁴ % of Uninsured patients enrolled in health insurance coverage or financial assistance: Performance is below the target and also below the previous quarter due to ongoing ramp up of efforts to screen uninsured patients receiving outpatient services. Screening rates for patients seen in the ED or inpatient settings are approaching or exceeding the target.

⁵ % MetroPlus medical spend at NYC Health + Hospitals: % has continued to increase due to costs decreasing because of the COVID-19 pandemic, though Health + Hospitals continues to obtain payment from MetroPlus from risk arrangements.

⁶ Total AR days per month: Includes both inpatient and outpatient for the acute care facilities (lower is better for this measure) . The target for this current fiscal year ('21) is 45 days, representing a move toward best practice. The days are moving in the right direction as compared to last year at this time, though still inflated with significant self-pay balances related to the pandemic.

⁷ Unique Primary Care patients seen in last 12 months: The 408,793 total includes the following: 283,777 in-person office visits and 125,016 Telehealth visits (last quarter: 381,177 in-person office visits and 31,132 Telehealth visits).

FY21 Q2 (October 1 to December 31, 2020) Performance: Steady Trends and New Highlights

- Post Acute Care Total AR Days (12 months): remaining relatively steady, **51** vs. 50 days (target: 55)
- Total Wellness Encounters (**new measure as of FY21 Q2**): 737 ¹

¹ *Total Wellness Encounters*: This number includes the following, in aggregate: Number of 1:1 Debriefs: 227; Number of Group Debriefs: 466; Number of Combined Support Debriefs (mix of 1:1 and group debriefs): 26; and Number of Wellness Events: 18.

FY21 Q2 (October 1 to December 31, 2020)

Performance: COVID-19 Metrics

	FY21 Q2 (current)	FY21 Q1
■ Total # of COVID-19 Tests Administered ¹	1,010,840	412,372
■ Total # of COVID-19 Positive Tests ¹	54,049	5,010
■ Post Acute Care COVID-19 Infection Rate ²	26.5	12.5
■ COVID-19 Vaccine: # 1 st Dose	199,882	N/A
■ COVID-19 Vaccine: # 2 nd Dose	100,363	N/A
■ Occupied Average Beds	2,552	
■ Active Beds	4,690	
■ % of Occupied Beds	54%	

¹ Includes PCR tests administered.

² Rate is expressed per 1,000 residents within the post acute facilities at NYC Health + Hospitals. The rate increased due to a surge in November 2020. However, the post acute rate remains lower than the NYS COVID-19 average infection rate from the same time period of which was 142 per 1000 residents and the National Average remained at 219.3 per 1000 residents.

Equity and Access Council

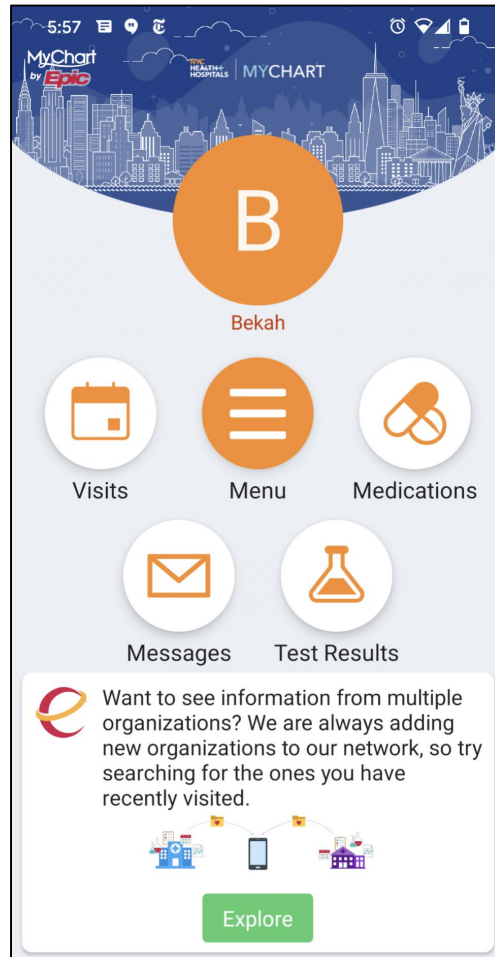
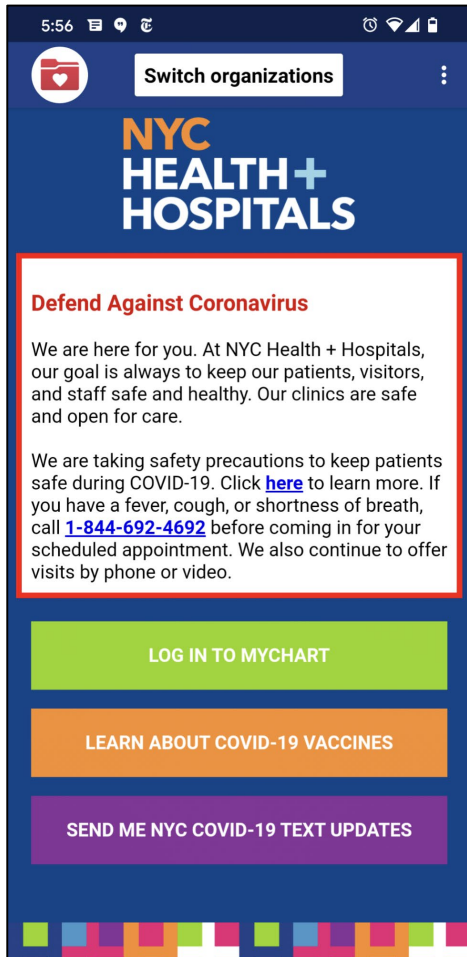
The Equity and Access Council provides strategic direction for the development of programs and initiatives aimed at eliminating barriers, institutional and structural inequities, and improve the health and well-being of vulnerable and marginalized communities.



Considerations for Equity and Access Metrics

1. Build a robust data infrastructure to create disease-specific queries that incorporate race, ethnicity, and other social identity categories to identify disparities.
2. Establish Inclusion Groups to connect, collaborate and support career growth for physicians from under represented groups.
3. Evaluate and, where appropriate, replace race-based algorithms in medical care.
4. Improve the accuracy and reliability of the collection of race, ethnicity, language, sexual orientation, gender identity, and disability demographic values in support of the System's ongoing efforts to improve health care delivery and health care outcomes.

MYCHART – OUR PATIENT PORTAL



MyChart Metrics – 2020

% of patients active in MyChart – **55%**

Total MyChart Users – **875,478**

MyChart logins, per User – **7**

MyChart Metrics – Q1 2021

% of patients active in MyChart – **66%**

Total MyChart Users – **1,333,896**

MyChart logins, per User – **5.7**

Additional MyChart Metrics 2021

Physician Response Rate

% Special Pathogens-only Visits

% of MyChart Active Patients with PCP

MyChart Activation Rates Special Populations

MyChart Tool Utilization (OpenNotes, Messages, Bill Pay)

MyChart Active Patients, by Payer

MyChart Projects 2020	MyChart Projects 2021
Centralized Resource Hub/Training for Staff	COVID-19 Vaccine Appointments
OpenNotes Initiative/Results Release	COVID-19 MyChart Activity
'Welcome to MyChart' Guide (13 languages)	MyChart ExpressCare Link
'Sign up for MyChart' Guide (13 languages)	Requesting, Cancelling, Rescheduling Visits
MyChart Video Visits	MyChart Surveys to address VBP Care Gaps
MyChart Help Line	MyChart Pediatric Screening
COVID-19 Messaging and Test Results	Site-Specific MyChart Committees/PI Projects
Patient-facing Telehealth Hub	MyChart Adolescent Engagement Campaign
MyChart for Adolescents/Proxy Expansion	MyChart Posters
...and more!	...and more!

System Dashboard – April 2021

REPORTING PERIOD – Q2 FY21 (October 1 through December 31 | 2020)

		DESCRIPTION
QUALITY AND OUTCOMES		
1	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
2	Follow-up appointment kept within 30 days after behavioral health discharge	Follow-up appointment kept with-in 30 days after behavioral health discharge
3	HgbA1c control < 8	Population health measure for diabetes control
4	% Left without being seen in the ED	Measure of ED efficiency and safety
CARE EXPERIENCE		
5	Inpatient care - overall rating (top box)	Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)
6	Ambulatory care (medical practice) recommended provider office (top box)	Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)
7	MyChart Activations	Number of patients who have activated a MyChart account
FINANCIAL SUSTAINABILITY		
8	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
9	% of Uninsured patients Enrolled in Health Insurance Coverage or Financial Assistance	
10	% of M+ medical spend at H+H	Global measure of Metro Plus efforts to steer patient volume to H+H, removes pharmacy and non-medical spend
11	Total AR days per month (Outpatient ,inpatient)	Data source: Unity/Soarian. Total accounts receivable days, excluding days where patient remains admitted (lower is better)
12	Post Acute Care Total AR days(12 months)	Total accounts receivable days
13	ERP milestones	
ACCESS TO CARE		
14	Unique primary care patients seen in last 12 months	Measure of primary care growth and access; measures active patients only
15	Number of e-consults completed/quarter	Top priority initiative and measure of specialty access
16	NYC Care	Total enrollees in NYC Care program
CULTURE OF SAFETY		
17	(New Measure) Total Wellness Encounters *	This is an aggregate measure that includes the following: Number of 1:1 debriefs, Number of group debriefs, Number of combined support debriefs, & Number of wellness events
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 30 th)
20	Post Acute Care COVID-19 Infection	COVID-19 Infection Rate per 1,000 resident days
21	1 st dose vaccinations Administered	Total number of 1 st dose vaccinations administered by NYC Health + Hospitals Facilities
22	2nd dose Vaccinations Administered	Total number of 2nd dose vaccinations administered by NYC Health + Hospitals Facilities
23	% Bed Occupied(Not Including ED)	Average number of occupied beds divided by all active beds

System Dashboard – April 2021

REPORTING PERIOD – Q2 FY21 (October 1 through December 31 | 2020)

		EXECUTIVE SPONSOR	REPORTING FREQUENCY	TARGET	ACTUAL FOR PERIOD	VARIANCE TO TARGET	PRIOR PERIOD	PRIOR YEAR SAME PERIOD*
QUALITY AND OUTCOMES								
1	Post Acute Care All Cause Hospitalization Rate (per 1,000 care days)	CQO+SVP PAC	Quarterly	-	1.55	-	1.32	-
2	Follow-up appointment kept within 30 days after behavioral health discharge	SVP CMO + SVP CQO	Quarterly	66.00%	37.97%	-28.03%	46.50%	58.20%
3	HgbA1c control < 8	SVP AMB + VP CPHO	Quarterly	66.60%	61.00%	-5.60%	62.00%	67.20%
4	% Left without being seen in the ED	SVP CMO + SVP CQO	Quarterly	4.00%	1.80%	2.19%	3.30%	6.56%
CARE EXPERIENCE								
5	Inpatient care - overall rating (top box)	SVP CQO + SVP CNE	Quarterly	65.40%	66.65%	1.25%	65.31%	65.20%
6	Ambulatory care (medical practice) recommended provider office (top box)	SVP CQO + SVP AMB	Quarterly	83.60	82.88%	-0.72%	84.34%	84.80%
7	MyChart Activations	SVP CQO + SVP AMB	Quarterly	30.00%	55.00%	-25.00%	36.00%	-
FINANCIAL SUSTAINABILITY								
8	Patient care revenue/expenses	SVP CFO + SVP MC	Quarterly	60.00%	72.60%	-12.60%	65.30%	62.30
9	% of Uninsured patients Enrolled in Health Insurance Coverage or Financial Assistance	SVP CFO + SVP MC	Quarterly	76.00%	58.00%	-18.00%	61.40%	-
10	% of M+ medical spend at H+H	SVP MC	Quarterly	45.00%	39.10%	-5.90%	42.34%	-
11	Total AR days per month (Outpatient ,Inpatient)	SVP CFO	Quarterly	45.00	62.60	-17.60	59.30%	69.00
12	Post Acute Care Total AR days(12 months)	CFO	Quarterly	55.00	51.00	-4.00	50.00	-
13	ERP milestones	SVP CIO	Quarterly	100%	85.00%	-15.00%	80.00%	75.00%
ACCESS TO CARE								
14	Unique primary care patients seen in last 12 months	SVP AMB	Annually	418,000	408,794	-9,206	412,309	-
15	Number of e-consults completed/quarter	SVP AMB	Quarterly	46,000	71,793	25,793	65,933	51,379
16	NYC Care	SVP AMB	Quarterly	30,000	46,460	16,460	35,483	11,000
CULTURE OF SAFETY								
17	(New Measure) Total Wellness Encounters *	SVP CQO + SVP CNE	Quarterly	-	737	-	-	-
COVID-19								
18	COVID-19 Tests Administered	SVP AMB	Quarterly	undefined	1,010,840	-	412,372	-
19	COVID-19 Positive Tests	SVP AMB	Quarterly	undefined	54,049	-	5,010	-
20	Post Acute Care COVID-19 Infection	SVP PAC	Quarterly	undefined	26.50	-	12.50	-
21	Number of 1 st dose vaccinations	SVP AMB	Quarterly	undefined	199,882	-	-	-
22	Number of 2nd dose vaccinations	SVP AMB	Quarterly	undefined	100,363	-	-	-
23	% Bed Occupied(Not Including ED)	SVP AMB	Quarterly	undefined	54.00%	-	-	-