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
Feniosky Peña-Mora
Strategic Planning Committee Meeting Minutes

III. Information Items
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

a. Update and System Dashboard

IV. Old Business

V. New Business

VI. Adjournment
Feniosky Peña-Mora
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.
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.
   - 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
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 **65,933** ⁴ (target: **46,000**)
- NYC Care enrollment: **46,460** from **35,483** ⁵ (target: **30,000**)

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

³Patient 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.

⁵NYC 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

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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**

<table>
<thead>
<tr>
<th>Metric</th>
<th>FY21 Q2 (current)</th>
<th>FY21 Q1</th>
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<tbody>
<tr>
<td>Total # of COVID-19 Tests Administered</td>
<td>1,010,840</td>
<td>412,372</td>
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<tr>
<td>Total # of COVID-19 Positive Tests</td>
<td>54,049</td>
<td>5,010</td>
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<tr>
<td>Post Acute Care COVID-19 Infection Rate</td>
<td>26.5</td>
<td>12.5</td>
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<td>COVID-19 Vaccine: # 1st Dose</td>
<td>199,882</td>
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<tr>
<td>COVID-19 Vaccine: # 2nd Dose</td>
<td>100,363</td>
<td>N/A</td>
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<td>Occupied Average Beds</td>
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<td>Active Beds</td>
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<tr>
<td>% of Occupied Beds</td>
<td>54%</td>
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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.
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
<table>
<thead>
<tr>
<th>MyChart Projects 2020</th>
<th>MyChart Projects 2021</th>
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<tbody>
<tr>
<td>Centralized Resource Hub/Training for Staff</td>
<td>COVID-19 Vaccine Appointments</td>
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<td>OpenNotes Initiative/Results Release</td>
<td>COVID-19 MyChart Activity</td>
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<td>‘Welcome to MyChart’ Guide (13 languages)</td>
<td>MyChart ExpressCare Link</td>
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<td>‘Sign up for MyChart’ Guide (13 languages)</td>
<td>Requesting, Cancelling, Rescheduling Visits</td>
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<td>MyChart Video Visits</td>
<td>MyChart Surveys to address VBP Care Gaps</td>
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<td>MyChart Help Line</td>
<td>MyChart Pediatric Screening</td>
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<td>COVID-19 Messaging and Test Results</td>
<td>Site-Specific MyChart Committees/PI Projects</td>
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<td>Patient-facing Telehealth Hub</td>
<td>MyChart Adolescent Engagement Campaign</td>
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<td>MyChart for Adolescents/Proxy Expansion</td>
<td>MyChart Posters</td>
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<td>...and more!</td>
<td>...and more!</td>
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<tr>
<td>DESCRIPTION</td>
<td>QUALITY AND OUTCOMES</td>
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<tr>
<td>1</td>
<td>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</td>
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<td>2</td>
<td>Follow-up appointment kept within 30 days after behavioral health discharge Follow-up appointment kept within 30 days after behavioral health discharge</td>
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<tr>
<td>3</td>
<td>HgbA1c control &lt; 8 Population health measure for diabetes control</td>
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<td>4</td>
<td>% Left without being seen in the ED Measure of ED efficiency and safety</td>
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<td>5</td>
<td>Inpatient care - overall rating (top box) Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)</td>
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<td>6</td>
<td>Ambulatory care (medical practice) recommended provider office (top box) Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)</td>
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<tr>
<td>5</td>
<td>Inpatient care - overall rating (top box) Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)</td>
</tr>
<tr>
<td>6</td>
<td>Ambulatory care (medical practice) recommended provider office (top box) Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>FINANCIAL SUSTAINABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>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</td>
</tr>
<tr>
<td>9</td>
<td>% of Uninsured patients enrolled in Health Insurance Coverage or Financial Assistance</td>
</tr>
<tr>
<td>10</td>
<td>% 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</td>
</tr>
<tr>
<td>11</td>
<td>Total AR days per month (Outpatient/Inpatient) Data source: Unity/Soarian. Total accounts receivable days, excluding days where patient remains admitted (lower is better)</td>
</tr>
<tr>
<td>12</td>
<td>Post Acute Care Total AR days (12 months) Total accounts receivable days</td>
</tr>
<tr>
<td>13</td>
<td>ERP milestones</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>ACCESS TO CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Unique primary care patients seen in last 12 months Measure of primary care growth and access, measures active patients only</td>
</tr>
<tr>
<td>15</td>
<td>Number of e-consults completed/quarter Top priority initiative and measure of specialty access</td>
</tr>
<tr>
<td>16</td>
<td>NYC Care Total enrollees in NYC Care program</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>CULTURE OF SAFETY</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>(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, &amp; Number of wellness events</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>COVID-19 Tests Administered Total number of COVID-19 tests (swab and rapid) administered</td>
</tr>
<tr>
<td>19</td>
<td>COVID-19 Positive Tests Total number of tests yielding positive results (some positive results were recorded after June 30th)</td>
</tr>
<tr>
<td>20</td>
<td>Post Acute Care COVID-19 Infection COVID-19 Infection Rate per 1,000 resident days</td>
</tr>
<tr>
<td>21</td>
<td>1st dose vaccinations Administered Total number of 1st dose vaccinations administered by NYC Health + Hospitals Facilities</td>
</tr>
<tr>
<td>22</td>
<td>2nd dose Vaccinations Administered Total number of 2nd dose vaccinations administered by NYC Health + Hospitals Facilities</td>
</tr>
<tr>
<td>23</td>
<td>% Bed Occupied (Not Including ED) Average number of occupied beds divided by all active beds</td>
</tr>
</tbody>
</table>
# System Dashboard – April 2021

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

## QUALITY AND OUTCOMES

<table>
<thead>
<tr>
<th>Index</th>
<th>Description</th>
<th>SPOKESPERSON(S)</th>
<th>REPORTING FREQUENCY</th>
<th>TARGET</th>
<th>ACTUAL FOR PERIOD</th>
<th>VARIANCE TO TARGET</th>
<th>PRIOR PERIOD</th>
<th>PRIOR YEAR SAME PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Post Acute Care All-Cause Hospitalization Rate (per 1,000 care days)</td>
<td>CPO+VP PAC</td>
<td>Quarterly</td>
<td>-</td>
<td>1.55</td>
<td>-</td>
<td>1.32</td>
<td>-</td>
</tr>
<tr>
<td>2</td>
<td>Follow-up appointment kept within 30 days after behavioral health discharge</td>
<td>VP CAM + VP CQO</td>
<td>Quarterly</td>
<td>66.00%</td>
<td>37.97%</td>
<td>-28.03%</td>
<td>46.50%</td>
<td>58.20%</td>
</tr>
<tr>
<td>3</td>
<td>HgbA1c control &lt; 8</td>
<td>VP AMB + VP CMO</td>
<td>Quarterly</td>
<td>66.60%</td>
<td>61.00%</td>
<td>-5.60%</td>
<td>62.00%</td>
<td>67.20%</td>
</tr>
<tr>
<td>4</td>
<td>% Left without being seen in the ED</td>
<td>VP CAM + VP CQO</td>
<td>Quarterly</td>
<td>4.00%</td>
<td>1.80%</td>
<td>2.19%</td>
<td>3.30%</td>
<td>6.56%</td>
</tr>
</tbody>
</table>

## CARE EXPERIENCE

<table>
<thead>
<tr>
<th>Index</th>
<th>Description</th>
<th>SPOKESPERSON(S)</th>
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<th>ACTUAL FOR PERIOD</th>
<th>VARIANCE TO TARGET</th>
<th>PRIOR PERIOD</th>
<th>PRIOR YEAR SAME PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Inpatient care - overall rating (top box)</td>
<td>VP CAM + VP CNE</td>
<td>Quarterly</td>
<td>65.40%</td>
<td>66.65%</td>
<td>1.25%</td>
<td>65.31%</td>
<td>65.30%</td>
</tr>
<tr>
<td>2</td>
<td>Ambulatory care (medical practice) recommended provider office (top box)</td>
<td>VP CAM + VP AMB</td>
<td>Quarterly</td>
<td>83.60%</td>
<td>82.88%</td>
<td>-0.72%</td>
<td>84.34%</td>
<td>84.80%</td>
</tr>
<tr>
<td>3</td>
<td>Echart Activations</td>
<td>VP CAM + VP AMB</td>
<td>Quarterly</td>
<td>30.00%</td>
<td>55.00%</td>
<td>-25.00%</td>
<td>36.00%</td>
<td>-</td>
</tr>
</tbody>
</table>

## FINANCIAL SUSTAINABILITY

<table>
<thead>
<tr>
<th>Index</th>
<th>Description</th>
<th>SPOKESPERSON(S)</th>
<th>REPORTING FREQUENCY</th>
<th>TARGET</th>
<th>ACTUAL FOR PERIOD</th>
<th>VARIANCE TO TARGET</th>
<th>PRIOR PERIOD</th>
<th>PRIOR YEAR SAME PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Patient care revenue/expenses</td>
<td>VP CFO + VP MC</td>
<td>Quarterly</td>
<td>60.00%</td>
<td>72.60%</td>
<td>-12.60%</td>
<td>65.30%</td>
<td>62.30%</td>
</tr>
<tr>
<td>2</td>
<td>% of Uninsured patients Enrolled in Health Insurance Coverage or Financial Assistance</td>
<td>VP CFO + VP MC</td>
<td>Quarterly</td>
<td>76.00%</td>
<td>58.00%</td>
<td>-18.00%</td>
<td>61.40%</td>
<td>-</td>
</tr>
<tr>
<td>3</td>
<td>% of M+C medical spend at H+H</td>
<td>VP MC</td>
<td>Quarterly</td>
<td>45.00%</td>
<td>39.10%</td>
<td>-5.90%</td>
<td>42.34%</td>
<td>-</td>
</tr>
<tr>
<td>4</td>
<td>Total AR days per month (Outpatient/Inpatient)</td>
<td>VP CFO</td>
<td>Quarterly</td>
<td>55.00</td>
<td>51.00</td>
<td>-4.00</td>
<td>50.00</td>
<td>-</td>
</tr>
<tr>
<td>5</td>
<td>Total AR days (12 months)</td>
<td>CFO</td>
<td>Quarterly</td>
<td>100%</td>
<td>85.00%</td>
<td>-15.00%</td>
<td>80.00%</td>
<td>75.00%</td>
</tr>
</tbody>
</table>

## ACCESS TO CARE

<table>
<thead>
<tr>
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<th>Description</th>
<th>SPOKESPERSON(S)</th>
<th>REPORTING FREQUENCY</th>
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<th>PRIOR YEAR SAME PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Unique primary care patients seen in last 12 months</td>
<td>VP AMB</td>
<td>Annually</td>
<td>418,000</td>
<td>408,794</td>
<td>-9,206</td>
<td>412,309</td>
<td>-</td>
</tr>
<tr>
<td>2</td>
<td>Number of e-consults completed/quarter</td>
<td>VP AMB</td>
<td>Quarterly</td>
<td>46,000</td>
<td>71,793</td>
<td>25,793</td>
<td>65,933</td>
<td>51,379</td>
</tr>
<tr>
<td>3</td>
<td>NYC Care</td>
<td>VP AMB</td>
<td>Quarterly</td>
<td>30,000</td>
<td>46,460</td>
<td>16,460</td>
<td>35,483</td>
<td>11,000</td>
</tr>
</tbody>
</table>

## CULTURE OF SAFETY

<table>
<thead>
<tr>
<th>Index</th>
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<th>PRIOR YEAR SAME PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total Wellness Encounters</td>
<td>VP CAM + VP CNE</td>
<td>Quarterly</td>
<td>-</td>
<td>737</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
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</table>

## COVID-19

<table>
<thead>
<tr>
<th>Index</th>
<th>Description</th>
<th>SPOKESPERSON(S)</th>
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<th>PRIOR YEAR SAME PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>COVID-19 Tests Administered</td>
<td>VP AMB</td>
<td>Quarterly</td>
<td>undefined</td>
<td>1,010,840</td>
<td>-</td>
<td>412,373</td>
<td>-</td>
</tr>
<tr>
<td>2</td>
<td>COVID-19 Positive Tests</td>
<td>VP AMB</td>
<td>Quarterly</td>
<td>undefined</td>
<td>54,049</td>
<td>-</td>
<td>5,010</td>
<td>-</td>
</tr>
<tr>
<td>3</td>
<td>Post Acute Care COVID-19 Infection</td>
<td>VP PAC</td>
<td>Quarterly</td>
<td>undefined</td>
<td>26.50</td>
<td>-</td>
<td>12.50</td>
<td>-</td>
</tr>
<tr>
<td>4</td>
<td>Number of 1st dose vaccinations</td>
<td>VP AMB</td>
<td>Quarterly</td>
<td>undefined</td>
<td>199,882</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>5</td>
<td>Number of 2nd dose vaccinations</td>
<td>VP AMB</td>
<td>Quarterly</td>
<td>undefined</td>
<td>100,363</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>6</td>
<td>% Bed Occupied (Not Including ED)</td>
<td>VP AMB</td>
<td>Quarterly</td>
<td>undefined</td>
<td>54.00%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>