STRATEGIC PLANNING COMMITTEE

OF THE BOARD OF DIRECTORS

November 8, 2021

Virtual Meeting

11:00am

AGENDA

I.	**Call to Order**	**Feniosky Peña-Mora**
II.	**Adoption of April 12, 2021 and Adoption of July 12, 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 Legislative Analysis
IV.	**Old Business**	
V.	**New Business**	
VI.	**Adjournment**	**Feniosky Peña-Mora**

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

April 12, 2021

The meeting of the Strategic Planning Committee of the Board of Directors was held on April 12, 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
N. Davis, Vice President, Population Health
C. Hercules, Corporate Secretary and Chief of Staff, Office of the Chair, Board Affairs
R. McLean, Office of Inventory Care and Population Health
J. Segall, Chief Wellness Officer, Office of Quality Utilization and Risk Management
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 April 12th meeting of the Strategic Planning Committee (SPC) to order at 12:13 P.M.

Mr. Peña-Mora proposed a motion to adopt the minutes of the Strategic Planning Committee meeting held on January 11th, 2021.

Upon motion made and duly seconded the minutes of the January 11th, 2021 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
Deborah Brown
SVP External and Regulatory Affairs

The meeting was then turned over to Matthew Siegler, Senior Vice President, Managed Care and Executive Director of OneCity Health/ACO to present the second quarter of fiscal year 2021, October 1st through December 31st, 2020 Performance and Strategic Planning Update. Mr. Siegler reported that this period 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 Q2F21 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. Mr. Siegler stated that today's meeting goals are: to give an update on external policy environment 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.

<u>Federal Update</u>

Ms. Brown reported that since our last meeting there was a passage of President Biden's American Rescue Plan. While this rescue plan did not include direct funding for hospitals, it did include state and local government funding. A cascade of federal money going to the State, going to the City is potentially coming to Health + Hospitals.

The next big consideration is the infrastructure package that President Biden and many others have been speaking about. Many of Health + Hospitals' colleagues around the country including individual hospitals as well as associations are really pushing for the inclusion of

hospital needs as a component of infrastructure. Importantly, this pandemic has shown us the need for ongoing, strong, resilient buildings and that is very much the focus of current federal advocacy.

Lastly, Ms. Brown stated that we are fortunate to have great representation from the House of Representatives, such as Majority Leader Schumer and Senator Gillibrand, who represent our hospitals. Especially important is Congresswoman Yvette Clark, who sits on the Energy and Commerce Committee. As health policy roles in the Biden Administration get filled, we will have a chance to delve into some of the policy regulatory issues that have a significant impact on our work strategically and financially.

State Update

Ms. Brown reported that the New York State Fiscal Year 2022 budget has officially passed the legislature. Health + Hospitals, as well as many hospital colleagues, were successful in deterring significant cuts, which would have had about a $250 million impact in our system. Ms. Brown acknowledged Michelle DiBacco, Assistant Vice President, the system's lobbyist residing in Albany, New York, as well as other members of her team for organizing the system's strategic advocacy starting back to last summer.

Albany session is now post-budget and until the end of the session, a series of programmatic bills and policy bills are being introduced. Many allies in chamber, at the Department of Health and in the legislature are working with the system in creative ways.

City

Ms. Brown reported that the initial preliminary budget hearing with Dr. Katz, President and CEO, John Ulberg, Senior Vice President, Finance and a number of other staff members went well. As we are awaiting mayoral changes, it is important to track the health platforms of many of the mayoral candidates who are largely sympathetic, supportive of the system, understand the need for a public hospital system, and the issues of equity that we work through every day. Ms. Brown acknowledged both the community advisory boards (CABs) and the Auxiliaries for their advocacy at the State level budget. Ms. Brown stated that there is more and more interest in Health + Hospitals expanding services to new communities. As our community work gets bigger, stronger and tougher, Health + Hospitals looks forward to serving all of these community needs.

NYC HEALTH+HOSPITALS | 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 (see note below)	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 1st 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%	-	-	-

Unique Primary Care patients seen in last 12 months: The 408,793 is based on a former definition used for this metric, which used the primary care grouper, plus a list of various departments throughout NYC Health + Hospitals that were added. As of FY21 Q2, the definition has changed to only include the primary care grouper. This results in lesser number of Unique Primary Care Patients from this point forward. **The revised FY21** Q2 number using the new definition is 377,010 [which includes 332,501 televisits and 44,509 in-person visits].

Mr. Siegler reported on FY21 Q2 (October 1 to December 31, 2020) Performance: Positive Trends:

Quality and Outcomes
4.   %Left without being seen: **1.8%** from 3.3% (target: 4.0%)
   ▪ 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.

Care Experience
5.   Inpatient care: overall rating: **66.65%** from 65.31% (target: 65.4%)
7.   MyChart Activations: **55%** from 36% (target: 30%)
   ▪ 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.

Financial Sustainability
8.   Patient care revenue/expenses: **72.6%%** from 65.3% (target: 60%)
   ▪ 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.

13.   ERP Milestones: **85%** from 80% (target: 100%)

Access to Care
15.   # of e-consults: **71,793** from 65,933 (target: 46,000)
- 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.
16.   NYC Care enrollment: **46,460** from 35,483 (target: 30,000)
- 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 do not qualify or cannot afford health insurance.

Mr. Siegler reported on FY21 Q2 (October 1 to December 31, 2020) Performance: Negative Trends:

Quality and Outcomes
2.   Follow-up appointment kept within 30 days after behavioral health discharge: **37.97%** from 46.5% (target: 66%)
- 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 les follow-up appointments than are actually made. Finally, telephonic encounters are not captured in this metric, contributing to rate decreases.
3.   HgbA1c control <8: **61%** from 62.0% (target 66.6%)
- 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.
1.   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**)
- Hospitalizations from post-acute facilities at NYC Health + Hospitals were higher during this reporting period, at 1.55, compared to 1.32 per 1,000 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.

Care Experience
6.   Ambulatory care – recommend provider office **82.88%** from 84.34% (target: 83.6%)

Financial Sustainability
9.   % of Uninsured patients enrolled in health insurance coverage or financial assistance (**new measure as of FY21 Q1**); **58%** vs. 61.4% (target: 76%)

- 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.

10. % MetroPlus medical spend at NYC Health + Hospitals: **39.1%** vs. 42.34% (target: 45%)
    - % 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.

11. Total AR days per month: **62.6** from 59.2 (target: 45)
    - 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.

Access to Care

14. Unique Primary Care Patients seen in last 12 months: **408,793** from 412,309 (target: 418,000)
    - 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).

Mr. Siegler reported on FY21 Q2 (October 1 to December 31, 2020) Performance: Steady Trends:

Financial Sustainability

12. Post-Acute Care Total AR Days (12 months): remaining relatively steady, **51** vs. 50 days (target: 55)

Culture of Safety

17. Total Wellness Encounters (**new measure as of FY21 Q2**): 737
    - 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.

Mr. Siegler reported on FY21 Q2 (October 1 to December 31, 2020) Performance: COVID-19 Metrics

COVID-19

18. Total # of COVID-19 Test Administered: **1,010,840**
    - Includes PCR tests administered.

19. Total # of COVID-19 Positive Tests: **54,049**
    - Includes PCR tests administered.

20. Post-Acute Care COVID-19 Infection Rate
    - 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.
21. COVID-19 Vaccine: #1 1st Dose: **199,882**
22. COVID-19 Vaccine: # 2nd Dose: **100,363**
     Occupied Average Beds: **2,552**
     Active Beds: **4,690**
23. % of Occupied Beds: **54%**

RECOMMENDATIONS

Before making any changes to the "Follow-up appointment kept within 30 days after behavioral health discharge" target of 66%, which is very difficult to reach, Mr. Peña-Mora made the recommendation to show the benchmarking against similar hospital systems to see how they are meeting their target. He also recommended to establish a target for the two new measures, "Post-acute Care All Cause Hospitalization Rate" and "Total Wellness Encounters" and to include them before this month's full Board meeting.

Mr. Siegler turned the meeting over to Dr. Nichola Davis, Vice President, Population Health, and invited her to walk the Committee through some of the Equity and Access Council's work and how we are considering adding new metrics to look at our Social and Racial Equity base of our strategic pyramid. Dr. Davis stated that the goal of the Equity and Access Council is to provide 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. The Equity and Access Council work is organized into four workgroups:

1. The evaluation and monitoring workgroup uses data to measure the program efficacy.
2. The workforce workgroup uses initiatives to enhance talent diversity.
3. The workplace workgroup looks at strategies to promote inclusive practice
4. The Equity of Care workgroup looks at strategies to eliminate racial and social inequities.

To drive the Equity and Access Council work forward, considerations for Equity and Access Metrics include:
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 underrepresented 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.

Mr. Siegler invited Jeremy Segall to give an overview of MyChart – Patient Portal and also present on the successes of MyChart as well as future projects. Mr. Segall introduced himself as the System's Chief Wellness Officer. He stated that My Chart is a patient engagement and tool to make easy, seamless experience for our patient populations that Health + Hospitals serve to connect to our system. It aligns to all five of our Strategic Pillars and is a pipeline to patient growth, but more importantly enhanced population health outcomes. He invited Rebecca McLean, to provide some overview of the patient portal's metrics, accomplishments,

ongoing projects and to conclude by showing how the System's mission, vision and values are aligned with the enhancement of MyChart.

Ms. McLean introduced herself as part of the Office of Inventory Care and Population Health on MyChart. She describes MyChart as New York City Health + Hospitals' patient portal which gives patients access to their health information 24/7. Using MyChart, patients can either test results, request and view appointments, track their medications, send messages to their doctors' office, pay their bills and more. To track MyChart engagement and activation success throughout 2020, the MyChart steering committee established three core metrics:

1. The percentage of patients that are active in MyChart,
2. The number of MyChart users; and
3. The number of times users of MyChart log into their accounts.

She referred to the MyChart - Our Patient Portal slide for the overall data for 2020, as well as where we stood as of late March at the end of Q1 for 2021. The MyChart Executive Steering Committee has also added additional metrics to track in 2021. Reporting and components are currently being built to track these metrics and embed them into our reporting processes to inform our systemwide initiatives as well as our site-specific projects. Ms. McLean shared with the Committee a snapshot of MyChart projects completed in 2020 around staff and provider education as well as patient engagement. A few of the most impactful 2020 projects include: working with the Office of Diversity and Inclusion colleagues to ensure of patient-facing MyChart guides for the patient are translated into the top 13 languages; operationalizing MyChart video visits across the system during the ongoing pandemic; and establishing a dedicated MyChart helpline for patients to use if they have questions about MyChart or if they need a little bit of technical support. A few of the upcoming and in-progress projects include:
- Launching our facility-based MyChart Steering Committees to assist in improvement efforts
- Working to identify and implement performance and project
- Continuing to leverage MyChart to directly link patients to Virtual Express Care, should they need, within the app
- Using MyChart surveys to address VBP care gaps, Gotham Adolescent Engagement Campaign
- Updating sites in in-patient spaces with new MyChart engagement posters

Two separate workgroups were created to continue to improve upon MyChart activations, as well as user ability for both patients but also the workforce:

1. A Patient Engagement Workgroup made up of a variety of different departments and disciplines at every touchpoint that a patient touches and might be able to engage in MyChart.
2. A Workforce Engagement Workgroup composed of different providers of care, various levels of the organization, to really help us understand how we can optimize user ability on their end as well.

In addition, the plan is to revamp and restructure the enterprise-wide MyChart Executive Steering Committee made up of high officials across the System, as well as various department heads and disciplines, so as to have a unified and uniform approach and strategy for the System. The core MyChart Planning Committee is to ensure that all communication is not only

robust, but that we are all on the same page for our goals, missions and initiatives. Upcoming projects in the coming weeks include: site-specific committees that are made up at the site level, to ensure that the Care Experience Officers, as well as other stakeholders and champions of MyChart, can work together. MyChart is extraordinary for providing incredible data that can drill down to a service, a department, and then to a provider. MyChart provides a lot of opportunities to do some PDSA cycles and improvement efforts to engage patients better and to make sure that it is an efficient and effective tool for all. Finally, efforts are being made to create our own MyChart score card that the Executive Committee will see on a consistent basis and to remove the special pathogens-only visits, which could be the COVID testing patients and drill down even further in the primary care active patients to identify where we have further opportunities.

Mr. Siegler concluded the presentation by informing the Committee that the targets will be added to the new measures as requested by the Chair and that an update of some of the targets will be presented at the next Committee meeting in July.

Mr. Peña-Mora thanked Matt, and the other presenters.

There being no old business, nor new business, the meeting was adjourned at 12:59 PM.

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MINUTES

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

JULY 12, 2021

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The meeting of the Strategic Planning Committee of the Board of Directors was held on July 12, 2021 with Mr. Feniosky Peña-Mora, presiding as Chairperson.

ATTENDEES

COMMITTEE MEMBERS

Feniosky Peña-Mora, Chairperson of the Strategic Planning Committee
Machelle Allen, M.D. representing Mitchell Katz, M.D.
Sally Hernandez-Piñero
Freda Wang (via WebEx in a viewing capacity only – left at 11:18 am)

OTHER ATTENDEES

HHC STAFF

D. Brown, Senior Vice President, External & Regulatory Affairs
C. Hercules, Corporate Secretary and Chief of Staff, Office of the Chair, Board Affairs
K. Olson, Senior Assistant Vice President, CORP Budget and Fiscal Planning
S. Seleznyov, Senior Director, Accountable Care Organization
E. Wei, Vice President, Chief Quality Officer

CALL TO ORDER

Mr. Feniosky Peña-Mora, called the July 12th meeting of the Strategic Planning Committee (SPC) to order at 11:08 A.M.

Due to quorum not being realized the approval of the minutes of the April 12, 2021 Strategic Planning Committee Meeting was deferred to the next meeting.

INFORMATION ITEM

Strategic Planning Committee Update and System Dashboard

Matthew Siegler
SVP Managed Care and Patient Growth
Dr. Eric Wei
SVP Chief Quality Officer
Deborah Brown
SVP External and Regulatory Affairs

Dr. Eric Wei, Senior Vice President, Chief Quality Officer turned the meeting over to Deborah Brown, Senior Vice President, External and Regulatory Affairs to present on the key external landscapes, Federal, State and City that are affecting our system's FY-21 performance and going into FY-22.

Federal Update

Ms. Brown reported that as the Biden Administration and people are taking their seats, the beginning of their regulatory priorities are beginning to be seen. The steps taken thus far are essentially, towards a more progressive vision of healthcare provision, which is beneficial for us.

In the coming months we will be informing and educating the Federal administration on our special population's proposal. This is something that the City and State will be working on, as well as the Feds who will be a supportive and important partner.

In terms of legislation, the big issue right now is the infrastructure package. Unfortunately, hospitals are not a part of infrastructure at this point, other than the VA, and this is something that we and many others have continued to advocate for and will continue to seek infrastructure and capital project support. The good news is that our "Earmark" proposals are progressing for at least four of our facilities; Jacobi, Elmhurst, Queens, and Coney Island.

State Update

Ms. Brown reported that the Albany sessions have concluded and there was an increase of bills this year relative to last year. Some areas were identified of significant concern or interest for us. Most of the bills were related to staffing provisions, which have been discussed previously. New York City Health + Hospitals is well-positioned by our work prior to the development of these legislative mandates.

Currently, we are working with a number of stakeholders on the creation of a suicide prevention hotline, a "988" number, that we are very pleased to be a part of. The big priorities for next year are Indigent Care Pool restructuring. Unfortunately, this and telehealth parity is something that did not happen this year. $250 million of cuts was averted on the budget side, and we are currently working with the State, and a number of other stakeholders on their ongoing State waiver activity.

City

Ms. Brown reported that we are looking forward to working with the incoming elected officials. The city budget has been adopted, and John Ulberg, Senior Vice President, Finance and his team are doing an analysis.

Mr. Peña-Mora opened up for discussion by asking if there are any questions. The participation of Leader Schumer, Senator Gillibrand, the AOC, and others seems very important. Mr. Peña-Mora thanked Ms. Brown for her efforts on making sure that New York City Health + Hospitals is able to be there at the table, ensuring that the resources we need are available.

The meeting was then turned over to Dr. Wei to present the third quarter of fiscal year 2021, January 1st through March 31st, 2021 Performance: Positive Trends. Dr. Wei stated that the report is organized with positive trends, negative trends, and stable trends, as well as organized around our strategic pillars, which was a recommendation from the Chair of the Committee.

NYC HEALTH+ HOSPITALS | System Dashboard – July 2021
REPORTING PERIOD – Q3 FY21 (January 1 through March 31 | 2021)

		EXECUTIVE SPONSOR	REPORTING FREQUENCY	TARGET	ACTUAL FOR PERIOD	VARIANCE TO TARGET	PRIOR PERIOD	PRIOR YEAR SAME PERIOD*
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2	Follow-up appointment kept within 30 days after behavioral health discharge	SVP CMO + SVP CQO	Quarterly	66%	55.70%	-10.30%	37.97%	56.82%
3	HgbA1c control < 8	SVP AMB + VP CPHO	Quarterly	66.60%	60.70%	-5.90%	61%	66.10%
4	% Left without being seen in the ED	SVP CMO + SVP CQO	Quarterly	4.00%	3%	2.19%	1.8%	7.84%
5	Integration of Bio Medical devices	SVP CIO	Quarterly	100.00%	103%	+3.00%	-	-
	CARE EXPERIENCE							
6	Inpatient care - overall rating (top box)	SVP CQO + SVP CNE	Quarterly	66.30%	64.96	0.35%	66.65%	63.00%
7	Ambulatory care (medical practice) recommended provider office (top box)	SVP CQO + SVP AMB	Quarterly	87.00%	86.97	-4.12%	82.88%	84.50%
8	MyChart Activations	SVP CQO + SVP AMB	Quarterly	75%	66%	-20%	55%	17%
	FINANCIAL SUSTAINABILITY							
9	Patient care revenue/expenses	SVP CFO + SVP MC	Quarterly	60%	74%	14.00%	72.60%	61.60%
10	% of Uninsured patients Enrolled in Health Insurance Coverage or Financial Assistance	SVP CFO + SVP MC	Quarterly	76%	72%	-4%	58%	-
11	% of M+ medical spend at H+H	SVP MC	Quarterly	45%	38.80%	-5.90%	39.10%	-
12	Total AR days per month (Outpatient ,Inpatient)	SVP CFO	Quarterly	45	60	-15	62.6	72
13	Post Acute Care Total AR days(12 months)	CFO	Quarterly	55	48.2	6.8	51	-
14	Data Center Migration progress	SVP CIO	Quarterly	100%	90%	-10%	-	-
	ACCESS TO CARE							
15	Unique primary care patients seen in last 12 months	SVP AMB	Quarterly	TBD	370,878	-5,680	376,558	-
16	Number of e-consults completed/quarter	SVP AMB	Quarterly	46,000	82,226	36,226	71,793	51,890
17	NYC Care	SVP AMB	Quarterly	50,000	65,788	16,460	46, 460	20,000
	CULTURE OF SAFETY							
18	Total Wellness Encounters *	SVP CQO + SVP CNE	Quarterly	N/A	916	N/A	737	-
	RACIAL AND SOCIAL INEQUITY							
19	(New Measure) % of New Physician Hires being underrepresented minority (URM)	SVP CMO + SVP HR	Quarterly		N/A		-	-
20	(New Measure) % Chronic Disease Dashboards with Race, Ethnicity, & Language Data	SVP AMB + VP CPHO	Quarterly	100%	0%	100%	-	-
21	(New Measure) % of Total Procurement spend on MWBE	SVP SUPPLY CHAIN + SVP OFD	Quarterly	30%	N/A		-	-
	COVID-19							
22	COVID-19 Tests Administered	SVP AMB	Quarterly	undefined	1,194,500	N/A	1,010,840	-
23	COVID-19 Positive Tests	SVP AMB	Quarterly	undefined	102,538	N/A	54,049	-
24	Post Acute Care COVID-19 Infection	SVP PAC	Quarterly	undefined	86.6	N/A	26.5	-
25	Number of 1st dose vaccinations	SVP AMB	Quarterly	undefined	366,448	N/A	199,882	-
26	Number of 2nd dose vaccinations	SVP AMB	Quarterly	undefined	303,568	N/A	100,363	-
27	% Bed Occupied(Not Including ED)	SVP AMB	Quarterly	undefined	69%	N/A	54.00%	N/A

Dr. Wei and Krista Olson, Senior Assistant Vice President, reported on FY-21 Q3 (January 1 to March 31, 2021) Performance: Positive Trends:

<u>Quality and Outcomes</u>
2.   Follow-up appointment kept within 30 days after behavioral health discharge: **55.7%** from 37.97% (target: 66%)
- ▪ The data capture method for this metric has improved since last quarter's reporting. Staff continue to be trained on the workflow for appropriate, full documentation of these follow-up appointments in Epic. Encounters are only considered fully complete when there is full documentation in the electronic health record.

<u>Care Experience</u>
7.   Ambulatory care – recommend provider office **86.97%** from 82.88% (target: 87%)
8.   MyChart Activations: **66%** from 55% (target: 75%)
- ▪ This measure remains as an essential goal, and activations have consistently increased through this portal, allowing patients access to pertinent medical information while ultimately improving patients' experience with their care teams and access to health information in a simple, secure manner. The target has been increased to 75% (originally was 30%, but we've far surpassed that target).

<u>Financial Sustainability</u>
9.   Patient care revenue/expenses: **74%** from 72.6% (target: 60%)
- ▪ Patient Care Revenue/Expense ratio continued to improve during this reporting period, mostly attributed to an increase in patient service revenue related to the COVID-19 pandemic, as well as because of revenue generating initiatives being implemented.
10.   % of Uninsured patients enrolled in health insurance coverage or financial assistance; **72%** from 58% (target: 76%)
- ▪ Performance is still below the target, though has improved since the previous quarter and is approaching the target. We anticipate continued improvement due to ongoing ramp-up of efforts to screen uninsured patients receiving outpatient services. Screening rates for patients seen in the ED or inpatient areas are approaching or exceeding the target.
12.   Total AR days per month: **60** from 62.6 (target: 45)
- ▪ Includes both inpatient and outpatient for the acute care facilities (lower is better for this measure). The target for the current fiscal year ('21) is 45 days, representing a move toward best practice. The days are significantly below last year at the same time period, though remains inflated with significant self-pay balances related to the COVID-19 pandemic.
13.   Post-Acute Care Total AR Days (12 months): **48.2** from 51 days (target: 55)
- ▪ (lower is better for this measure). This measure has improved since last quarter, and is better than the target of 55 days.

<u>Access to Care</u>
16.   # of e-consults completed: **82,226** from 71,793 (target: 46,000)
- ▪ This continues to be a top priority initiative and measure of specialty access. Visits have consistently recovered from the start of the COVID-19 pandemic. The overall system-wide focus is on improving referral review, scheduling, and follow-up time. The target of 46,000 will be updated, based on the growth in this area.

17.   NYC Care enrollment: **65,788** from 46,460 (target: 50,000)
- Enrollment is steadily growing, with focus on efforts to improve primary care capacity and continuity. NYC Care continues to provide low- or no-cost access to New Yorkers who don't qualify or can't afford health insurance. This remains a top priority and has surpassed the target.

Culture of Safety
18.   Total Wellness Encounters: **916** from 737
- This number includes the following, in aggregate: Number of 1:1 Debriefs: 264; Number of Group Debriefs: 498; Number of Combined Support Debriefs (mix of 1:1 and group debriefs): 50; and Number of Wellness Events: 104. Wellness encounters are of the highest priority, as clinicians and staff need these critically important resources to heal from the tremendous burden and impact from the COVID-19 pandemic.

Dr. Wei reported on FY-21 Q3 (January 1 to March 31, 2021) Performance: Negative Trends:

Quality and Outcomes
4.   % Left without being seen: **3.0%** from 1.8% (target: 4.0%)
- During this reporting quarter, overall ED utilization increased, although not quite at pre-pandemic levels. Because of this increase, there have been concomitant increases in the % of patients who left the emergency departments without being seen.
1.   Post-Acute Care (PAC): All Cause Hospitalization rate: **1.85 per 1,000 care days** from 1.55 per 1,000 care days (target: 1)
- Hospitalizations from post-acute facilities at NYC Health + Hospitals increased during this reporting period, at 1.85, compared to 1.55 per 1000 care days in the prior period. Strategies to improve this measure include opening a telemetry unit at one of the post-acute facilities, supporting providers to treat in place, adding new diagnostic tools, and improving communication and coordination of care with acute care hospitals.

Care Experience
6.   Inpatient care: overall rating: **64.96%** from 66.65% (target: 66.3%)
- Although the overall rating has decreased from the prior period, the actual for this period has improved as compared to the prior year same period (Jan 1-Mar 31, 2020) of 63.00%.

Access to Care
15.   Unique Primary Care Patients seen in last 12 months: **370,878** from 376,558 (target: TBD)
- The definition for this measure has been modified to account for the most accurate departments, visit, and encounter types that should be part of the count. It includes visits occurring at primary care clinics, as follows: family medicine, adult medicine, geriatrics, HIV, pediatrics. In the past, certain departments, visit, and encounter types were counted, including COVID-19 testing data, which had inflated the calculation for this metric; these encounters are no longer included.

Dr. Wei and Ms. Olson reported on FY-21 Q3 (January 1 to March 31, 2021) Performance: Steady Trends:

Quality and Outcomes
3.   HgbA1c control <8: **60.7%** from 61% (target 66.6%)
   ▪ Since the pandemic, there continues to be fewer in-person clinic visits, with fewer checks of A1c labs. However, during this reporting period, this measure has remained the same as in the prior period. Chronic disease management continues to be of the highest priority, with nurse chronic disease coordinators working closely with patients to develop diabetes self-management skills, and leveraging technology and peer mentors to support patients in managing diabetes in-between clinic visits. These continued to be critical strategies during the second surge of the pandemic.
5.   Integration of Bio Medical Devices **(new measure as of FY21 Q3)**: **103%** (target: 100%)
   ▪ This is a new IT measure; Current performance is at 103% (304/294) for CY21 Q1, and target is 100% (294/294) for CY21 Q1. (Note: Project goal is 2,560 Bio Medical devices integrated by December 2021. 294/2,560 = 12% of overall project goal)

Financial Sustainability
11.   % of MetroPlus medical spend at NYC Health + Hospitals: **38.8%** from 39.1% (target: 45%)
   ▪ % has mostly remained the same since the prior quarter. It remains below the target, though NYC Health + Hospitals continues to obtain payment from MetroPlus's risk arrangements.
14.   Data Center Migration progress **(new measure as of FY21 Q3)**: **90%** (target: 100%)
   ▪ This is a new IT measure; Data Center is at 90% of meeting project deliverables for CY21 Q1. Completion of 100% of the CY21 Q1 project deliverables is the quarterly goal.

Dr. Wei reported on FY-21 Q3 (January 1 to March 31, 2021) Performance: New Highlights:

Racial & Social Equity Measures
19.   % of New Physician Hires being underrepresented minority (URM) **(new measure as of FY21 Q3): N/A**
20.   % of Chronic Disease Dashboards with Race, Ethnicity, & Language Data **(new measure as of FY21 Q3): 0%** (target: 100%)
21.   % of total procurement spend on MWBE **(new measure as of FY21 Q3): N/A** (target: 30%)

Dr. Wei reported on FY-21 Q3 (January 1 to March 31, 2021) Performance: COVID-19 Metrics

COVID-19
22.   Total # of COVID-19 Test Administered: **1,194,500**
   ▪ Includes PCR tests administered.
23.   Total # of COVID-19 Positive Tests: **102,538**
   ▪ Includes PCR tests administered.
24.   Post-Acute Care COVID-19 Infection Rate: **86.6**
   ▪ Rate is expressed per 1,000 residents within the post-acute facilities at NYC Health + Hospitals. The rate increased due to a surge in this reporting quarter. However, the post-acute rate continues to remain lower than the NYS COVID-19 average infection rate which was 142 per 1000 residents and the National Average remained at 219.3 per 1000 residents.

25.   COVID-19 Vaccine: # 1st Dose: **366,448**
26.   COVID-19 Vaccine: # 2nd Dose: **303,568**
27.   % of Occupied Beds: **69%**

Dr. Wei informed the Board that the reason why the total number of positive tests and cases went up in Q3, was due to this really being the middle of the long, but flatter, curve of the second wave in New York City.

RECOMMENDATIONS

Mr. Peña-Mora made the recommendation to set a target for #15 Unique Primary Care Patients seen in last 12 months, as well as see why there is a variance to target present when there is no target.

Mr. Peña-Mora thanked Dr. Wei, and the other presenters.

There being no old business, nor new business, the meeting was adjourned at 11:43 am.

Strategic Planning Dashboard and Committee Update – FY21 Q4

Matt Siegler
SVP MANAGED CARE AND PATIENT GROWTH

Dr. Eric Wei
SVP AND CHIEF QUALITY OFFICER

Deborah Brown
SVP EXTERNAL AND REGULATORY AFFAIRS

November 8, 2021

System Highlights

Financial/Programmatic Highlights

- Achieved over $1 billion in recurring revenue-generating and expense-reducing initiatives, enabling us to close each of the last three fiscal years with over $700 million cash-on-hand.
- Implemented Epic systemwide, which enables us to improve Case Mix Index by over 30% over 2015, and achieved over 70% MyChart activation to-date, which allows us to better communicate with, monitor, and support our patients.
- Increased MetroPlus membership by nearly 200,000 since 2015, including 100,000 since January 2020.
- Implemented NYC Care (universal access to health care) Citywide with enrollment exceeding 80,000 to-date.

COVID-19 Response/Test & Trace Corps Highlights

- Led the initial response in the "epicenter of the epicenter"
- Provided ongoing telehealth and remote patient monitoring to our patients
- Supported our Health Care Heroes with meals, clothing, transportation, and child care, while also expending our Helping Healers Heal (H3) program to address staff trauma and stress
- Administered over 4M PCR tests at over 100 sites, including 1.5M in public schools
- Provided isolation hotels to 25K New Yorkers
- Successfully reached 90% of positive cases
- Set up vaccinations sites Citywide, including 24-hour and mobile sites
- Administered over 1.1M vaccinations, providing more vaccinations to communities of color than any other provider in NYC

FY22 Budget Strategy Builds on FY21 Successes and Lessons

FY21 Strategic Focus	Result	FY 22 Initiative
Improve surgical efficiency and margin; grow surgical volume	System-wide performance improvement and accountability; meaningful revenue even given COVID surge and OR reductions; improved incoming referral processing and scheduling	• Continue OR efforts with updated targets • Facility level outpatient specialty and radiology performance improvement and growth targets
Succeed in Value Based Payment	Grew attributed membership and grew HARP/HIV SNP enrollment; successful performance in managed care quality programs	• More granular focus on panel management • Grow primary care patient panel sizes • Retain substantial growth in membership • Build on other efforts and incorporate into standard work • Implement Public Health Corps
Revenue cycle and managed care	Continued improvement in operations and contracting; certain denial types still too high	• Multi disciplinary teams efforts on key denial types and insurance enrollment • Contract renegotiations and additional oversight
Ambulatory care and telehealth	Major My Chart growth and huge testing/vaccine success; some improvement in Gotham margin and ambulatory care efficiency	• Optimize in person vs video vs phone visit mix • My Chart outreach, engagement, and performance improvement • Grow virtual express care
Be Great at the Basics	Post acute margin improvement, IT savings, hit pharmacy revenue target, lab efficiencies	• Community Care strategic plan • Continued pharmacy and supply chain improvements • Staffing Models and physician workforce plans
MRTII and special populations opportunities	UPL Conversion signed	• Advance special populations proposal

Risk	Status
FEMA Reimbursement at 100% Federal	✔️
Federal DSH Cut 3-Year Delay	✔️
Federal DSH eFMAP Glitch (Still awaiting receipt of funds)	✔️
State/H+H/City Medicaid Initiatives (Ongoing meetings with State DOH on the implementation timeline and next steps)	⚠️ WORK IN PROGRESS
State/City Budget Risks (Nearly all State budget cuts were restored in the Enacted budget.)	✔️
FEMA Reimbursement (Direct COVID spending through September 2021 totals $2.4B. FEMA reimbursement to-date totals $266M with $354M anticipated based on FEMA's preliminary approval of temporary staffing costs. We will be submitting a reimbursement package for PPE.	✔️
Vaccine Mandate (Effective September 27th; we are calculating the financial impact due to requiring to backfill staff/provide additional overtime.)	4 ⚠️ WORK IN PROGRESS

Other External and Regulatory Updates

FEDERAL

- Congress/ White House in negotiations
  - Support from delegation
- Executive focus on COVID-19
- Regulatory agenda evolving: steps on coverage, equity, value based care

State

- Executive: key personnel decisions
- Legislature preparing for session, budget, looking to next Election Day
- Steps to Medicaid waiver

City

- Mayoral, Council, BP elections
- Speaker's race
- November Plan

QUALITY AND OUTCOMES

- Post Acute Care (PAC): All Cause Hospitalization rate: **1.73 per 1,000 care days** from 1.85 per 1,000 care days [1] (target: 1.00 per 1,000 care days)

- Hgb A1c control <8: **63.7**% from 61% [2] (target: 66.6%)

*Change reflected from the Prior Period, which was **Q3 FY21 (January 1 to March 31, 2021). Notes include the following:**

[1] *PAC: All Cause Hospitalization rate:* Hospitalizations from post acute facilities at NYC Health + Hospitals decreased during this reporting period, to 1.73 per 1,000 care days. Improvement strategies implemented include ensuring advanced care planning is in place, adding resources to include provider coverage, and continued improvement in communication with acute care hospitals.

[2] *Hgb A1c Control:* Since the pandemic, there was a trend of fewer in-person clinic visits, with fewer checks of A1c labs. This is the first reporting period in which this measure has observed improvement since the pandemic started. Chronic disease management remains the highest priority, and with in-person visits becoming more of the norm during this period, nurse chronic disease coordinators are working closely with patients to develop diabetes self management skills, as well as enhancing patient education to manage diabetes and nutritional interventions. Improved documentation in lab testing also has contributed to the improvement, as patients have come back to their in-person appointments.

CARE EXPERIENCE

- Care Experience: Inpatient care – overall rating: **66.96%** from 64.96% (target: 66.3%)
- Care Experience, Ambulatory care – recommend provider office: **86.99%** from 86.97% (target: 87%)
- MyChart Activations: **69%** from 66% [1] (target: 75%)

FINANCIAL SUSTAINABILITY

- Enterprise Data Center Migration progress: **100%** [2] (target: 100%)
- % of Uninsured patients enrolled in health insurance coverage or financial assistance: **81%** from 72%[3] (target: 76%)

*Change reflected from the Prior Period, which was **Q3 FY21 (January 1 to March 31, 2021). Notes include the following:**

[1] *MyChart Activations:* This measure remains as an essential goal, and activations continue to progressively increase through this portal, allowing patients access to pertinent medical information. This ultimately improves patients' experience with their care teams (which can also be seen in part from the improved care experience inpatient and ambulatory care scores) by providing accessibility to health information in a simple, secure manner.

[2] *Enterprise Data Center Migration progress:* This metric has met the established CY Q2 2021 (i.e., FY Apr-Jun 2021) transition milestone. The milestones were inclusive of the SunGard Data Center to QTS Data Center initial discovery and interview sessions, ordering of circuits for internet and wide area network, and completion of the core infrastructure build-out design and installation plan.

[3] *% of Uninsured Patients Enrolled in Health Insurance Coverage or Financial Assistance:* Performance has continued to improve and surpassed the target for the reporting quarter. We expect continued improvement due to ongoing ramp up of efforts to screen uninsured patients receiving outpatient services. Screening rates for patients seen in the ED or inpatient are approaching or exceeding target.

ACCESS TO CARE

- Unique Primary Care Patients: **404,738** from 370,878 [1] (target: to be set for FY22)

- # of e-consults: **101,054** from 82,226 [2] (target: 46,000; to be adjusted for FY22)

- NYC Care enrollment: **72,369** from 65,788 [3] (revised target: 75,000)

*Change reflected from the Prior Period, which was **Q3 FY21 (January 1 to March 31, 2021). Notes include the following:**

[1] *Unique Primary Care patients:* The definition for this measure has been modified to account for the most accurate departments, visit, and encounter types that should be part of the count. It includes visits occurring at primary care clinics, as follows: family medicine, adult medicine, geriatrics, HIV, pediatrics. In the past, certain departments, visit, and encounter types were counted, including COVID-19 testing data, which had inflated the calculation for this metric; these encounters are no longer included. As can be seen from the data this quarter, we've observed increases in this metric over the past three months.

[2] *# of e-consults:* This metric remains as a top priority focused on specialty access. The overall system-wide focus continues to be spread across facilities and is improving referral review, scheduling, and follow-up time. The target of 46,000 will be updated for FY22.

[3] *NYC Care Enrollment:* NYC Care enrollment continues to steadily grow, with focus on improving primary care capacity and continuity. NYC Care provides low- or no-cost access to New Yorkers who don't qualify or can't afford health insurance. This remains a top priority and had originally surpassed the target; due to this, the target has changed to 75,000.

FY21 Q4 (April 1 to June 30, 2021) Performance: Steady Trends*

QUALITY AND OUTCOMES

- Integration of Bio Medical Devices: **80%** [1] (target: 100%)

FINANCIAL SUSTAINABILITY

- Patient care revenue/expenses: **74%** remains the same from prior quarter [2] (target: 60%)

- % MetroPlus medical spend at NYC Health + Hospitals: remains consistent **38.6%** from 38.8% [3] (target: 45%)

- Total AR days per month: remains at **60** days [4] (target: 45)

*Change reflected from the Prior Period, which was **Q3 FY21 (January 1 to March 31, 2021). Notes include the following:**

[1] *Integration of Bio Medical Devices:* FY21 Q4 performance is at 80% (574/714). While the target for CY21 is 100%, the full integration of bio medical devices is on target, with notes as follows: 1) There are specific milestones for timing of when parts of the system are built; 2) The denominator changes, depending on which medical devices are implemented; the more complex medical devices are more complicated to implement. The devices implemented during this reporting period were more complex (e.g., cardiac monitors, ventilators, etc.). *(Note: Project goal is 1,700 Bio Medical devices integrated by December 2021. 714/1,700 = 42% of overall project goal. The overall project goal changed from 2,560 to 1,700 given increased complexity, e.g., more ventilators, anesthesia machines, dialysis machines, cardiac monitors and few spot vital sign monitors)*

[2] *Patient care revenue/expenses:* Patient Care Revenue/Expense ratio remained steady during this reporting period. There has been improvement when compared to the same period last year, mostly attributed to an increase in patient service revenue related to the COVID-19 pandemic, as well as because of revenue generating initiatives.

[3] *% MetroPlus medical spend at NYC Health + Hospitals:* % has mostly remained the same since the prior quarter. It remains below the target, though NYC Health + Hospitals continues to obtain payment from MetroPlus's risk arrangements.

[4] *Total AR days per month:* Includes both inpatient and outpatient for the acute care facilities *(lower is better for this measure)*. The target for the current fiscal year ('21) remains at 45 days, which is a move toward best practice. The days are also below last year at the same time period, though remains inflated with significant self-pay balances related to the COVID-19 pandemic.

FY21 Q4 (April 1 to June 30, 2021) Performance: Negative Trends between Reporting Periods, Remain Better than Targets*

QUALITY AND OUTCOMES

- % Left without being seen: **3.7**% from 3.0% [1] (remains better than the target of 4.0%)

FINANCIAL SUSTAINABILITY

- Post Acute Care Total AR days (12 months): **53 days** from 48.2 days [2] (remains better than the target of 55)

CULTURE OF SAFETY

- Total Wellness Encounters: **688** from 916 [3] (remains better than the target of 600)

*Change reflected from the Prior Period, which was **Q3 FY21 (January 1 to March 31, 2021). Although these metrics have seen reductions since the previous quarter, they remain better than the set targets.**

Notes include the following:
[1] *% Left without being seen:* During this reporting quarter, overall ED utilization continued to increase. With this progressing increase, there has been a concomitant increase in the % of patients who left the emergency departments without being seen.
[2] *Post Acute Care Total AR days: (lower is better).* This measure has decreased since last quarter, though remains better than the target of 55 days.
[3] *Total Wellness Encounters:* This measure decreased during the reporting period (Apr-Jun 2021) due to the fact that the second surge of the pandemic was declining at this point. Therefore, there was less of a need for the same volume of wellness encounters across the System. Although there was a decline, the total number of wellness encounters remains at a high level across the System; this measure will always fluctuate, with increases during and just after significant traumatic events, and decreases during normalization periods.

QUALITY AND OUTCOMES

- Follow-up appointment kept within 30 days after behavioral health discharge: **44.7%** from 55.7% [1] (target: 66%)

*Change reflected from the Prior Period, which was **Q3 FY21 (January 1 to March 31, 2021).** This reflects a negative trend in which the target has not been achieved.

Notes include the following:

[1] *Follow-up appointment kept within 30 days after behavioral Health discharge:* The data capture method for this metric is still in the process of being improved. The Office of Behavioral Health is working with staff, with focus on training about the appropriate workflow to fully document these follow-up appointments in Epic. Encounters are only considered fully complete when there is full documentation in the electronic health record.

RACIAL & SOCIAL EQUITY MEASURES*

- % of Chronic Disease Dashboards with Race, Ethnicity, & Language Data): **2 out of 5 clinical dashboards** now can be stratified by race/ethnicity/language (target: 100%)

- % of total procurement spend on MWBE: **28**% (as of FY2021) (target: **30**%)

- % of New Physician Hires being underrepresented minority (URM): **TBD** [1]

*Racial & Social Equity Measures: These measures have been developed under the leadership of the Equity and Access Council and are reported in full through the Equity, Diversity, and Inclusion Committee to the Board. The Strategic Planning Committee to the Board is a second venue for reporting these data.

[1] This measure is currently being analyzed for CY22 Q1 to establish a baseline. It will be reported annually.

FY21 Q4 (April 1 to June 30, 2021) Performance: COVID-19 Metrics

Metric	FY21 Q4 (April 1-June 31, 2021)	FY21 Q3 (Jan 1-Mar 31, 2021)
▪ Total # of COVID-19 Tests Administered [1]	746,713	1,194,500
▪ Total # of COVID-19 Positive Tests [1]	23,760	102,538
▪ Post Acute Care COVID-19 Infection Rate [2]	7.37	86.6
▪ COVID-19 Vaccine: # 1st Dose	445,968	366,448
▪ COVID-19 Vaccine: # 2nd Dose	380,050	303,568
▪ % of Occupied Beds	67%	69%

Alongside this data, certain populations became qualified for COVID-19 booster vaccinations or third doses. From August through October 2021, 17,940 third doses or boosters were administered (this includes for community members and healthcare workers).

[1] Includes PCR tests administered.
[2] Rate is expressed per 1,000 residents within the post acute facilities at NYC Health + Hospitals. The post acute care COVID-19 Infection Rate decreased by 91% to 7.37 per 1000 residents. Resident and staff vaccinations were of focus and was a significant element of mitigation within the PAC sites.

System Dashboard

REPORTING PERIOD – Q4 FY21 (April 1 through June 30 | 2021)

		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
5	Integration of Bio Medical devices	Integration of strategic biomedical devices so that our nurses, doctors and ancillary staff are acting on the most up to date clinical information and are limiting non value added work. Our staff will be freed from data entry and able to spend more time on clinical care.
	CARE EXPERIENCE	
6	Inpatient care - overall rating (top box)	Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)
7	Ambulatory care (medical practice) recommended provider office (top box)	Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)
8	MyChart Activations	Number of patients who have activated a MyChart account
	FINANCIAL SUSTAINABILITY	
9	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
10	% of Uninsured patients Enrolled in Health Insurance Coverage or Financial Assistance	
11	% 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
12	Total AR days per month (Outpatient ,Inpatient)	Data source: Unity/Soarian. Total accounts receivable days, excluding days where patient remains admitted (lower is better)
13	Post Acute Care Total AR days(12 months)	Total accounts receivable days
14	Data Center Migration progress	
	ACCESS TO CARE	
15	Unique primary care patients seen in last 12 months	Measure of primary care growth and access; measures active patients only
16	Number of e-consults completed/quarter	Top priority initiative and measure of specialty access
17	NYC Care	Total enrollees in NYC Care program
	CULTURE OF SAFETY	
18	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	
19	COVID-19 Tests Administered	Total number of COVID-19 tests (swab and rapid) administered
20	COVID-19 Positive Tests	Total number of tests yielding positive results (some positive results were recorded after June 30th)
21	Post Acute Care COVID-19 Infection	COVID-19 Infection Rate per 1,000 resident days
22	1st dose vaccinations Administered	Total number of 1st dose vaccinations administered by NYC Health + Hospitals Facilities
23	2nd dose Vaccinations Administered	Total number of 2nd dose vaccinations administered by NYC Health + Hospitals Facilities
24	% Bed Occupied(Not Including ED)	Average number of occupied beds divided by all active beds

System Dashboard

		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	1.00	1.73	-0.73	1.85	-
2	Follow-up appointment kept within 30 days after behavioral health discharge	SVP CMO + SVP CQO	Quarterly	66%	44.70%	-21.30%	55.70%	43.20%
3	HgbA1c control < 8	SVP AMB + VP CPHO	Quarterly	66.60%	63.70%	-2.90%	61%	64.20%
4	% Left without being seen in the ED	SVP CMO + SVP CQO	Quarterly	4.00%	3.79%	1.00%	3.0%	3.80%
5	Integration of Bio Medical devices	SVP CIO	Quarterly	100.00%	80.00%	-20.00%	103.0%	-
	CARE EXPERIENCE							
6	Inpatient care - overall rating (top box)	SVP CQO + SVP CNE	Quarterly	66.30%	66.96%	-1.34%	64.96%	63.08%
7	Ambulatory care (medical practice) recommended provider office (top box)	SVP CQO + SVP AMB	Quarterly	87.00%	86.99%	-0.03%	86.97%	83.28%
8	MyChart Activations	SVP CQO + SVP AMB	Quarterly	75%	69%	-9%	66%	17.80%
	FINANCIAL SUSTAINABILITY							
9	Patient care revenue/expenses	SVP CFO + SVP MC	Quarterly	60%	74%	14.20%	74.00%	74.20%
10	% of Uninsured patients Enrolled in Health Insurance Coverage or Financial Assistance	SVP CFO + SVP MC	Quarterly	76%	81%	5%	72%	-
11	% of M+ medical spend at H+H	SVP MC	Quarterly	45%	38.60%	-6.20%	38.80%	41.63
12	Total AR days per month (Outpatient ,Inpatient)	SVP CFO	Quarterly	45	60	-15	60	65.7
13	Post Acute Care Total AR days(12 months)	CFO	Quarterly	55	53	2	48.2	-
14	Enterprise Data Center Migration progress	SVP CIO	Quarterly	100%	100%	0%	90%	-
	ACCESS TO CARE							
15	Unique primary care patients seen in last 12 months	SVP AMB	Quarterly	TBD*	404,738	Will set target for FY22	370,878	445,672
16	Number of e-consults completed/quarter	SVP AMB	Quarterly	46,000*	101,054	55,054	82,226	21,926
17	NYC Care	SVP AMB	Quarterly	75,000**	72,369	-2,631	65,788	24,335
	CULTURE OF SAFETY							
18	Total Wellness Encounters *	SVP CQO + SVP CNE	Quarterly	600	688	-	916	-
	RACIAL AND SOCIAL EQUITY							
19	% of New Physician Hires being underrepresented minority (URM)	SVP CMO + SVP HR	Quarterly		-		-	-
20	% Chronic Disease Dashboards with Race, Ethnicity, & Language Data	SVP AMB + VP CPHO	Quarterly	100%	2 out of 5	-	N/A	-
21	% of Total Procurement spend on MWBE	SVP SUPPLY CHAIN + SVP OFD	Quarterly	30%	28%***	-	N/A	-
	COVID-19							
22	COVID-19 Tests Administered	SVP AMB	Quarterly	undefined	746,713	-	1,194,500	198,662
23	COVID-19 Positive Tests	SVP AMB	Quarterly	undefined	23760	-	102,538	27,076
24	Post Acute Care COVID-19 Infection	SVP PAC	Quarterly	undefined	7.37	-	86.6	-
25	Number of 1st dose vaccinations	SVP AMB	Quarterly	undefined	445,968	-	366,448	-
26	Number of 2nd dose vaccinations	SVP AMB	Quarterly	undefined	380,050	-	303,568	-
27	% Bed Occupied(Not Including ED)	SVP AMB	Quarterly	undefined	67%	-	69.00%	-

*To be adjusted for FY22. **Revised from previous target of 50,000. ***This is for FY21.