



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

January 10, 2022

Virtual Meeting

11:00am

AGENDA

- | | | |
|-------------|--|--|
| I. | Call to Order | Feniosky Peña-Mora |
| II. | Adoption of November 8, 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 |

MINUTES

STRATEGIC PLANNING COMMITTEE MEETING OF THE BOARD OF DIRECTORS

NOVEMBER 08, 2021

The meeting of the Strategic Planning Committee of the Board of Directors was held on November 08, 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.
Machelle Allen, M.D. representing Mitchell Katz, M.D.
Sally Hernandez-Piñero
Freda Wang

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
M. Siegler, Senior Vice President, Managed Care, Patient Growth, CEO one City
Health & CEO ACO
S. Seleznyov, Senior Director, Accountable Care Organization
E. Wei, Vice President, Chief Quality Officer

CALL TO ORDER

Mr. Feniosky Peña-Mora, called the November 8th meeting of the Strategic Planning Committee (SPC) to order at 11:07 A.M.

Upon motion made and duly seconded the minutes of the April 12, 2021 and July 12, 2021 Strategic Planning Committee meetings were unanimously approved.

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

The meeting was then turned over to Matthew Siegler, Senior Vice President, Managed Care and Executive Director of OneCity Health/ACO. Mr. Siegler presented on the following topics; System Highlights, going over the Financial/Programmatic Highlights as well as the COVID-19 Response/Test & Trace Corps Highlights, FY22 Budget Strategy Builds on FY21 Success and Lessons, going over the FY21 Strategic Focus, the Result, and the FY22 Initiative, and going over the Managing External Financial Risks which included the Risk and its' Status.

Mr. Siegler turned the meeting over to Deborah Brown, Senior Vice President, External and Regulatory Affairs to present on the External and Regulatory Updates, Federal, State and City that are affecting our system's performance.

Federal Update

Ms. Brown reported that Congress/White House is currently in negotiations on the social policy package, the current executive focus is on the COVID-19 response, and the regulatory agenda is starting to evolve which includes work on coverage, equity, and value-based care.

State Update

Ms. Brown reported that things continue to evolve as Governor Hochul and her administration emerge, and that Commissioner Bassett has been appointed the Commissioner of the State health department and our values align. The annual State Legislature process is starting and will officially start in January to advance our principles and priorities, and we continue to work with the State on their steps toward a Medicaid waiver.

City

Ms. Brown reported that Mayor elect Adams has won the election and we are very well aligned with what he and the incoming administration plans to do on Healthcare and Social Determinants of Health. On the Council side there was a little bit of a surge for Republicans.

The next race is for City Council Speaker, and we are currently working through the remaining budget issues with Finance.

Mr. Siegler and Dr. Eric Wei, Senior Vice President, Chief Quality Officer reported on FY-21 Q4 (April 1 to June 30, 2021) Performance;

NYC HEALTH+ HOSPITALS | **System Dashboard**
 REPORTING PERIOD – Q4 FY21 (April 1 through June 30 | 2021)

		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)	CGO+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 CGO	Quarterly	66%	44.70%	-21.30%	55.70%	43.20%
3		SVP AMB + VP CPHO	Quarterly	66.60%	63.70%	-2.90%	61%	64.20%
4		SVP CMO + SVP CGO	Quarterly	4.00%	3.79%	1.00%	3.0%	3.80%
5	HgbA1c control < 8	SVP CIO	Quarterly	100.00%	80.00%	-20.00%	103.0%	-
5	% Left without being seen in the ED							
5	Integration of Bio Medical devices							
CARE EXPERIENCE								
6	Inpatient care - overall rating (top box)	SVP CGO + SVP CNE	Quarterly	66.30%	66.96%	-1.34%	64.96%	63.08%
7	Ambulatory care (medical practice) recommended provider office (top box)	SVP CGO + SVP AMB	Quarterly	87.00%	86.99%	-0.03%	86.97%	83.28%
8	MyChart Activations	SVP CGO + 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 M+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	45,000*	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 CGO + 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	196,662
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 1 st dose vaccinations	SVP AMB	Quarterly	undefined	445,968	-	365,448	-
26	Number of 2 nd dose vaccinations	SVP AMB	Quarterly	undefined	380,050	-	305,568	-
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.

Positive Trends:

Quality and Outcomes

1. Post-Acute Care (PAC): All Cause Hospitalization rate: **1.73 per 1,000 care days** from 1.85 per 1,000 care days (target: 1.00 per 1,000 care days)
3. Hgb A1c control <8: **63.7%** from 61% (target 66.6%)

Care Experience

6. Inpatient care - overall rating: **66.96%** from 64.96% (target: 66.3%)
7. Ambulatory care – recommend provider office: **86.99%** from 86.97% (target: 87%)
8. MyChart Activations: **69%** from 66% (target: 75%)

Financial Sustainability

14. Enterprise Data Center Migration progress: **100%** (target: 100%)
10. % of Uninsured patients enrolled in health insurance coverage or financial assistance: **81%** from 72% (target: 76%)

Access to Care

15. Unique Primary Care Patients seen in last 12 months: **404,738** from 370,878 (target: to be set for FY22)

16. # of e-consults completed: **101,054** from 82,226 (target: 46,000; to be adjusted for FY22)
17. NYC Care enrollment: **72,369** from 65,788 (revised target: 75,000)

Steady Trends:

Quality and Outcomes

5. Integration of Bio Medical Devices: **80%** (target: 100%)

Financial Sustainability

9. Patient care revenue/expenses: **74%** remains the same from prior quarter (target: 60%)
11. % of MetroPlus medical spend at NYC Health + Hospitals: remains consistent **38.6%** from 38.8% (target: 45%)
12. Total AR days per month: remains at **60** days (target: 45)

Negative Trends between Reporting Periods, Remain better than Targets:

Quality and Outcomes

4. % Left without being seen: **3.7%** from 3.0% (target: 4.0%)

Financial Sustainability

13. Post-Acute Care Total AR Days (12 months): **53 days** from 48.2 days (remains better than the target of 55)

Culture of Safety

18. Total Wellness Encounters: **688** from 916 (remains better than the target of 600)

Negative Trends:

Quality and Outcomes

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

New Highlights:

Racial & Social Equity Measures

20. % 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%)
21. % of total procurement spend on MWBE: **28%** (as of FY2021) (target: 30%)
19. % of New Physician Hires being underrepresented minority (URM): **TBD**

COVID-19 Metrics:

COVID-19

22. Total # of COVID-19 Test Administered: **746,713** from 1,194,500
23. Total # of COVID-19 Positive Tests: **23,760** from 102,538
24. Post-Acute Care COVID-19 Infection Rate: **7.37** from 86.6
25. COVID-19 Vaccine: # 1st Dose: **445,968** from 366,448
26. COVID-19 Vaccine: # 2nd Dose: **380,050** from 303,568
27. % of Occupied Beds: **67%** from 69%

FOLLOW-UP ITEM

The Committee expressed an interest in having information on the service and operational intelligence gathered from the benchmarking in the Premier system.

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

There being no old business, nor new business, the meeting was adjourned at 11:56 am.

Strategic Planning Dashboard and Committee

FY22 Q1



Matt Siegler

SVP MANAGED CARE AND PATIENT GROWTH

Dr. Eric Wei

SVP AND CHIEF QUALITY OFFICER

Deborah Brown

SVP EXTERNAL AND REGULATORY AFFAIRS

January 10, 2022

FEDERAL

- Congress/ White House negotiations
 - Ongoing engagement with delegation
- Executive focus on COVID-19: additional support for testing, staff
- Engaging with CMS leaders on system priorities: SDOH, equity, VBP

State

- Executive/ DOH: focus on COVID-19
- Legislature: engaging on budget priorities
- Steps to Medicaid waiver

City

- Incoming leaders, priorities

QUALITY AND OUTCOMES

- Hgb A1c control <8: **65.2%** from 63.7%¹ (target: 66.6%)
- Integration of Bio Medical Devices: **106%** from 80%, (1383/1300 devices)² (target: 100%)

*Change reflected from the Prior Period, which was **Q4 FY21 (April 1 to June 30, 2021)**. Notes include the following:

¹ *Hgb A1c Control*: This is the second consecutive reporting quarter in which this measure has observed improvement since the pandemic started, as in-person clinic visits increased, with more checks of A1c labs. With in-person visits becoming more consistent during this period, nurse chronic disease coordinators continue to work 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.

² *Integration of Bio Medical Devices*: FY22 Q1 performance is at 106% (1383/1300), which exceeds the 100% target. Some notes to take into consideration include the following: 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.

FY22 Q1 (July 1 to September 30, 2021) Performance: Positive Trends, continued*

CARE EXPERIENCE

- MyChart Activations: **72%** from 69%¹ (target: 75%)

ACCESS TO CARE

- NYC Care Enrollment: **99,568** from 72,369² (revised target: 100,000)

*Change reflected from the Prior Period, which was **Q4 FY21 (April 1 to June 30, 2021)**. Notes include the following:

¹ *MyChart Activations*: Each facility across NYC Health + Hospitals continues to encourage patients to sign up or “activate” their MyChart accounts, to use MyChart to communicate with care teams, track upcoming appointments, manage medication lists, and request prescription refills. NYC Health + Hospitals performs above the Epic customer average of 47 percent. As the pandemic continues, MyChart is a critical tool to provide patients with virtual care via MyChart video visits, to allow patients to communicate with their care teams without having to come to clinic, and to provide patients easy access to their COVID-19 test results and vaccine information as New York City’s reopening continues.

² *NYC Care Enrollment*: NYC Care enrollment continues to steadily grow, again surpassing even the new target (which will again be modified), 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. The target has been revised to 100,000 to account for the consistent growth in enrollment.

FY22 Q1 (July 1 to September 30, 2021) Performance: Positive Trends, continued*

FINANCIAL SUSTAINABILITY

- % of Uninsured patients enrolled in health insurance coverage or financial assistance: **90%** from 81%¹ (target: 76%)
- % MetroPlus medical spend at NYC Health + Hospitals: **40.1%** from 38.6%² (target: 45%)
- Total AR days per month: **57.5 days** from 60 days³ (target: 45)
- Enterprise Data Center Migration progress: **Project timeline 5/2021-5/2023**
 - **As of September 2021, overall project progress remains on target at 17% completion**
 - **FY22 Q1 milestones are 100% complete**⁴ (target: 100%)

*Change reflected from the Prior Period, which was **Q4 FY21 (April 1 to June 30, 2021)**. Notes include the following:

¹ % of Uninsured Patients Enrolled in Health Insurance Coverage or Financial Assistance: Performance has continued to improve and is exceeding the target across outpatient, emergency department, and inpatient populations.

² % MetroPlus medical spend at NYC Health + Hospitals: % has mostly improved since the prior quarter, though it remains below the target. NYC Health + Hospitals continues to obtain payment from MetroPlus's risk arrangements, which has increased over the last quarter.

³ Total AR days per month: [Includes both **inpatient and outpatient for the acute care facilities** (lower is better for this measure)]. The target remains at 45 days, which is best practice. AR days have declined modestly over the past several months. NYC Health + Hospitals is closely reviewing workflows for patient billing to ensure that bills are adjusted properly, as well as AR associated with legacy platforms, to bring AR in line with the target.

⁴ Enterprise Data Center Migration progress: This is a 24 month long project (5-2021-5/2023). We remain on target, at 17% completion at this point in the project (17% completion is the goal for September 2021).

FY22 Q1 (July 1 to September 30, 2021) Performance: Steady Trends (exceeding target)*

ACCESS TO CARE

- # of e-consults: remains relatively stable at **99,963** from **101,054**² (revised target: 95,100)

FINANCIAL SUSTAINABILITY

- Patient care revenue/expenses: remains the same from prior quarter, at **74%**² (target: 60%)
- Post Acute Care total AR days per month: remains consistent at **45.7 days** from 46 days (target: 55)

CULTURE OF SAFETY

- Total Wellness Encounters: Remains mostly consistent at **641 encounters** from 688 encounters² (target: 600)

*Change reflected from the Prior Period, which was **Q4 FY21 (April 1 to June 30, 2021)**. Notes include the following:

¹ # of e-consults: This metric remained relatively stable at almost 100,000 encounters during this reporting period. This indicator is 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 has been revised to 95,100 for FY22.

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

³ Total Wellness Encounters: This measure includes 1:1 debriefs, group debriefs, and wellness events; it remains consistent as compared to the prior reporting period, with a slight decrease from the prior quarter, due to peer support champions taking necessary annual leave time during the summer season. As noted previously, the total number of wellness encounters remains high across the System; this measure will always fluctuate, with increases during and just after significant traumatic events, and decreases during normalization

FY22 Q1 (July 1 to September 30, 2021) Performance: Steady Trends, (short of target)*

QUALITY AND OUTCOMES

- Post Acute Care (PAC): All Cause Hospitalization rate: remains consistent at **1.71 per 1,000 care days** from 1.73 per 1,000 care days ¹ (target: 1.00 per 1,000 care days)

*Change reflected from the Prior Period, which was **Q4 FY21 (April 1 to June 30, 2021)**. Notes include the following:

¹PAC: *All Cause Hospitalization rate*: Hospitalizations from post acute facilities at NYC Health + Hospitals remained the same 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.

QUALITY AND OUTCOMES

- % Left Without Being Seen in ED: **4.0%** from **3.7%**¹ (is below the target of 4.0%)

*Change reflected from the Prior Period, which was **Q4 FY21 (April 1 to June 30, 2021)**. **Although this metric has trended upwards since the previous quarter, it remains at the set target.**

¹ % Left without being seen in ED: Similar to the prior quarter, during this reporting quarter, overall ED utilization continued to increase. With the progressive increases, back to pre-pandemic levels, there has been a related increase in the % of patients who left the emergency departments without being seen.

FY22 Q1 (July 1 to September 30, 2021) Performance: Negative Trends*

QUALITY AND OUTCOMES

- Follow-up appointment kept within 30 days after behavioral health discharge: **37.07%** from 44.7% ¹ (revised target: 50%)

ACCESS TO CARE

- Unique Primary Care Patients: **402,784** from 404,738 ² (revised target: 405,000)

CARE EXPERIENCE

- Inpatient care – overall rating: **64.5%** from 66.96% (target: 66.3%)
- Ambulatory care – recommended provider office: **84.6%** from 86.99% (target: 87.0%)

*Change reflected from the Prior Period, which was **Q4 FY21 (April 1 to June 30, 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 continues to be in the process of being improved at several facilities. The Office of Behavioral Health is working with behavioral health staff to ensure an 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, of which documentation continues to be a challenge at some facilities.

² *Unique Primary Care patients:* The definition for this measure was modified almost a year ago 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 inflated the calculation for this metric; these encounters are no longer included. Although slightly lower than the prior quarter and below the newly revised target, there are observed increases in this metric, now over the past nine months.

RACIAL & SOCIAL EQUITY MEASURES*

- % of Chronic Disease Dashboards with Race, Ethnicity, & Language Data): **5 out of 5 chronic disease dashboards (100%)** now can be stratified by race/ethnicity/language (target: 100%)
- % of total procurement spend on MWBE: **28%** (target: **30%**) ¹
- % of New Physician Hires being underrepresented minority (URM), as follows:
Women: 45%; Non-Binary: 0.3%; **Ethnic Groups Hired other than White: Asian (11.4%); Black or African American (6.4%); Hispanic or Latino (1.9%)** ²

***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 % of total procurement spend on MWBE: This measure is reported on a biannual basis since there is a lag in the data needed to compute this metric. The next time this metric will be reported is in FY22 Q2. The result reported during the previous quarter was 28%.

² % of new physician hires being underrepresented minority: Of note, 66.4% of new hire physicians' ethnic groups are unknown due to missing information that is reported by affiliate organizations. HR is working with affiliate organizations to improve demographic data information of the contingent physician workforce.

FY22 Q1 (July 1 to September 30, 2021) Performance: COVID-19 Metrics

Metric	FY22 Q1 (July 1 - Sept 30, 2021)	FY21 Q4 (April 1-June 31, 2021)
■ Total # of COVID-19 Tests Administered ¹	884,956	746,713
■ Total # of COVID-19 Positive Tests ¹	21,551	23,760
■ Post Acute Care COVID-19 Infection Rate ²	7.93	7.37
■ COVID-19 Vaccine: # 1 st Dose	509,622	445,968
■ COVID-19 Vaccine: # 2 nd Dose	425,305	380,050
■ % of Occupied Beds	49%	67%

Alongside this data, certain populations became qualified for COVID-19 booster vaccinations or third doses during this report period. 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 remained consistent, for the reporting quarter at 7.93 per 1000 residents, attributable to the strong post acute care Infection Prevention and Vaccination Programs. The vaccine mandate has ensured that 100% of the post acute care staff are vaccinated. Almost 90% of residents are fully vaccinated, and almost 80% of vaccinated residents have also received the booster vaccine.

System Dashboard

REPORTING PERIOD – Q1 FY22 (July 1 through September 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 30 th)
21	Post Acute Care COVID-19 Infection	COVID-19 Infection Rate per 1,000 resident days
22	1 st dose vaccinations Administered	Total number of 1 st 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

REPORTING PERIOD – Q1 FY22 (July 1 through September 30 | 2021)

		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	1.71	-0.71	1.73	-
2	Follow-up appointment kept within 30 days after behavioral health discharge	SVP CMO + SVP CQO	Quarterly	50%	37.07%	-12.93%	44.70%	46.5%
3	HgbA1c control < 8	SVP AMB + VP CPHO	Quarterly	66.6%	65.2%	-1.40	63.70%	62%
4	% Left without being seen in the ED	SVP CMO + SVP CQO	Quarterly	4.0%	4.0%	0%	3.79%	3.3%
5	Integration of Bio Medical devices	SVP CIO	Quarterly	100%	100%	0%	80.00%	-
CARE EXPERIENCE								
6	Inpatient care - overall rating (top box)	SVP CQO + SVP CNE	Quarterly	66.30%	64.5%	-1.8%	66.96%	65.31%
7	Ambulatory care (medical practice) recommended provider office (top box)	SVP CQO + SVP AMB	Quarterly	87.00%	84.6%	-2.4%	86.99%	84.34%
8	MyChart Activations	SVP CQO + SVP AMB	Quarterly	75%	72%	-3%	69%	36%
FINANCIAL SUSTAINABILITY								
9	Patient care revenue/expenses	SVP CFO + SVP MC	Quarterly	60%	74%	14%	74%	65.3%
10	% of Uninsured patients Enrolled in Health Insurance Coverage or Financial Assistance	SVP CFO + SVP MC	Quarterly	76%	90%	14%	81%	60%
11	% of M+ medical spend at H+H	SVP MC	Quarterly	45%	40.1%	-4.9%	38.60%	42.34%
12	Total AR days per month (Outpatient ,Inpatient)	SVP CFO	Quarterly	45	57.5	-12.5	60	59.2
13	Post Acute Care Total AR days(12 months)	CFO	Quarterly	55	45.7	9.3	46	-
14	Enterprise Data Center Migration progress	SVP CIO	Quarterly	100%	100%	0%	100%	-
ACCESS TO CARE								
15	Unique primary care patients seen in last 12 months	SVP AMB	Quarterly	405,000	402,784	-2,216	404,738	412,309
16	Number of e-consults completed/quarter	SVP AMB	Quarterly	95,100	99,963	4,863	101,054	65,933
17	NYC Care	SVP AMB	Quarterly	100,000	99,568	-432	72,369	35,483
CULTURE OF SAFETY								
18	Total Wellness Encounters	SVP CQO + SVP CNE	Quarterly	600	641	41	688	-
RACIAL AND SOCIAL EQUITY								
19	% of New Physician Hires being underrepresented minority (URM)	SVP CMO + SVP HR	Quarterly		19.7%		-	-
20	% Chronic Disease Dashboards with Race, Ethnicity, & Language Data	SVP AMB + VP CPHO	Quarterly	100%	5 out of 5	0%	2 out of 5	-
21	% of Total Procurement spend on MWBE*	SVP SUPPLY CHAIN + SVP OFD	Quarterly	30%	To be reported biannually		28%	-
COVID-19								
22	COVID-19 Tests Administered	SVP AMB	Quarterly	undefined	884,956	-	746,713	412,372
23	COVID-19 Positive Tests	SVP AMB	Quarterly	undefined	21,551	-	23760	5,010
24	Post Acute Care COVID-19 Infection	SVP PAC	Quarterly	undefined	7.93	-	7.37	12.5
25	Number of 1 st dose vaccinations	SVP AMB	Quarterly	undefined	509,622	-	445,968	-
26	Number of 2nd dose vaccinations	SVP AMB	Quarterly	undefined	425,305	-	380,050	-
27	% Bed Occupied(Not Including ED)	SVP AMB	Quarterly	undefined	49%	-	67%	-

*To be reported biannually; therefore, next reporting cycle will be FY22 Q2 (last reporting period rate of 28%).