



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

**April 11, 2022**

**Virtual Meeting**

**12:00pm**

**AGENDA**

- |             |  |  |
|-------------|--|--|
| <b>I.</b>   | <b>Call to Order</b>   | <b>Feniosky Peña-Mora</b>  |
| <b>II.</b>  | <b>Adoption of January 10, 2022<br/>Strategic Planning Committee Meeting Minutes</b> | <b>Feniosky Peña-Mora</b>  |
| <b>III.</b> | <b>Information Items</b>   |  |
|             | <b>a. Update and System Dashboard</b>  | <b>Matthew Siegler Senior Vice President<br/>Managed Care, Patient Growth,<br/>CEO One City Health &amp; CEO ACO</b> |
|             |  | <b>Dr. Eric Wei Senior Vice President/ Chief Quality Officer</b>   |
|             |  | <b>Deborah Brown Senior Vice President Legislative Analysis</b>  |
| <b>IV.</b>  | <b>IPA Update</b>  | <b>Matthew Siegler Senior Vice President<br/>Managed Care, Patient Growth<br/>CEO One City Health &amp; CEO ACO</b>  |
| <b>V.</b>   | <b>Old Business</b>  | <b>Feniosky Peña-Mora</b>  |
| <b>VI.</b>  | <b>New Business</b>  |  |
| <b>VII.</b> | <b>Adjournment</b>   |  |

## **MINUTES**

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

**JANUARY 10, 2022**

The meeting of the Strategic Planning Committee of the Board of Directors was held on January 10, 2022 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.  
Mitchell Katz, M.D. joined at 11:05 am  
Sally Hernandez-Piñero

##### **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 January 10<sup>th</sup> meeting of the Strategic Planning Committee (SPC) to order at 11:00 A.M.

Upon motion made and duly seconded the minutes of the November 08, 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

Matthew Siegler, Senior Vice President, Managed Care and Executive Director of OneCity Health/ACO turned the meeting over to Deborah Brown, Senior Vice President, External and Regulatory Affairs to present on the External and Regulatory Updates that are affecting our System's performance.

Federal Update

Ms. Brown reported that DC is currently focused on voting rights and filibuster. A press event was held outside of Bellevue on getting the approval for outstanding FEMA funding. The Executive administration and Congress continue to focus on COVID-19, and will later this week announce their activities related to COVID. On the regulatory side we are engaging with CMS leaders, particularly CMMI, on social determinants of health, equity, and value-based care.

State Update

Ms. Brown reported that Governor Hochul held her State of the State, and there is a lot of investment in healthcare, particularly in the healthcare workforce. Legislative committee meetings continue to function and be remote until January 15<sup>th</sup>. Next week we expect the introduction of the State budget, and we are hoping that it reflects many of the priorities that we have discussed and been advocating for both to the Executive and to the Legislature.

City

Ms. Brown reported that we now have a new Mayor, Deputy Mayor, Council Speaker, and a new set of Council members. They are all in unity to continue supporting the City and our response to COVID-19. We were allocated \$111 Million in support of our COVID relief work, and we are optimistic towards the future as we go through another surge of COVID.

Mr. Siegler and Dr. Eric Wei, Senior Vice President, Chief Quality Officer reported on FY-22 Q1 (July 1 to September 30, 2021) Performance;

## **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*
<b>QUALITY AND OUTCOMES</b>								
1	Post Acute Care All Cause Hospitalization Rate (per 1,000 care days)	CGO+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 CGO	Quarterly	50%	37.07%	-12.93%	44.70%	46.5%
3	HgbA1c control < 8	SVP AMB + VP CFHO	Quarterly	66.6%	65.2%	-1.40	63.70%	62%
4	% Left without being seen in the ED	SVP CMO + SVP CGO	Quarterly	4.0%	4.0%	0%	3.79%	3.3%
5	Integration of Bio Medical devices	SVP CIO	Quarterly	100%	100%	0%	80.00%	-
<b>CARE EXPERIENCE</b>								
6	Inpatient care - overall rating (top box)	SVP CGO + SVP CNE	Quarterly	66.30%	64.5%	-1.8%	66.76%	65.31%
7	Ambulatory care (medical practice) recommended provider office (top box)	SVP CGO + SVP AMB	Quarterly	87.00%	84.6%	-2.4%	86.99%	84.34%
8	MyChart Activations	SVP CGO + SVP AMB	Quarterly	75%	72%	-3%	69%	36%
<b>FINANCIAL SUSTAINABILITY</b>								
9	Patient care revenue/expense	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 A+ 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%	-
<b>ACCESS TO CARE</b>								
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
<b>CULTURE OF SAFETY</b>								
18	Total Wellness Encounters	SVP CGO + SVP CNE	Quarterly	600	641	41	688	-
<b>RACIAL AND SOCIAL EQUITY</b>								
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 CFHO	Quarterly	100%	5 out of 5	0%	2 out of 5	-
21	% of Total Procurement spend on MWBEs	SVP SUPPLY CHAIN + SVP CFO	Quarterly	30%	To be reported biannually		28%	-
<b>COVID-19</b>								
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 <sup>st</sup> dose vaccinations	SVP AMB	Quarterly	undefined	509,622	-	445,968	-
26	Number of 2 <sup>nd</sup> 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%).

### Positive Trends:

#### Quality and Outcomes

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

#### Care Experience

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

#### Access to Care

- NYC Care enrollment: **99,568** from 72,369 (revised target: 100,000)

#### Financial Sustainability

- % of Uninsured patients enrolled in health insurance coverage or financial assistance: **90%** from 81% (target: 76%)
- % of MetroPlus medical spend at NYC Health + Hospitals: **40.1%** from 38.6% (target: 45%)
- Total AR days per month: remains at **57.5 days** from 60 days (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** (target: 100%)

**Steady Trends (exceeding target):**Access to Care

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

Financial Sustainability

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

Culture of Safety

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

**Steady Trends (short of target):**Quality and Outcomes

1. 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 (target: 1.00 per 1,000 care days)

**Negative Trends between Reporting Periods, Remains Consistent with Target:**Quality and Outcomes

4. % Left without being seen in ED: **4.0%** from 3.7% (is below the target of 4.0%)

**Negative Trends:**Quality and Outcomes

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

Access to Care

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

Care Experience

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

**Equity Measures:**Racial & Social Equity Measures

20. % 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%)
21. % of total procurement spend on MWBE: **28%** (target: 30%)
19. % 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%)**

**COVID-19 Metrics:**COVID-19

22. Total # of COVID-19 Test Administered: **884,956** from 746,713
23. Total # of COVID-19 Positive Tests: **21,551** from 23,760
24. Post-Acute Care COVID-19 Infection Rate: **7.93** from 7.37
25. COVID-19 Vaccine: # 1<sup>st</sup> Dose: **509,622** from 445,968
26. COVID-19 Vaccine: # 2<sup>nd</sup> Dose: **425,305** from 380,050
27. % of Occupied Beds: **49%** from 67%

**FOLLOW-UP ITEMS:**

- The Committee expressed an interest in having the Strategic Planning Committee report to the Board as a whole, twice a year, because the corporation strategy is really a Board responsibility.
- The Committee commented on further looking into missing information that is reported by affiliate organizations on new hire physicians' ethnic groups.
- Lastly, the Committee asked to look into a way to further deal and support staff by ensuring them that the system is there for them and that we do understand what the staff is going through.

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

There being no old business, nor new business, the meeting was adjourned at 11:50 am.

# Strategic Planning Dashboard FY22 Q2



Matt Siegler

SVP MANAGED CARE AND PATIENT GROWTH

Dr. Eric Wei

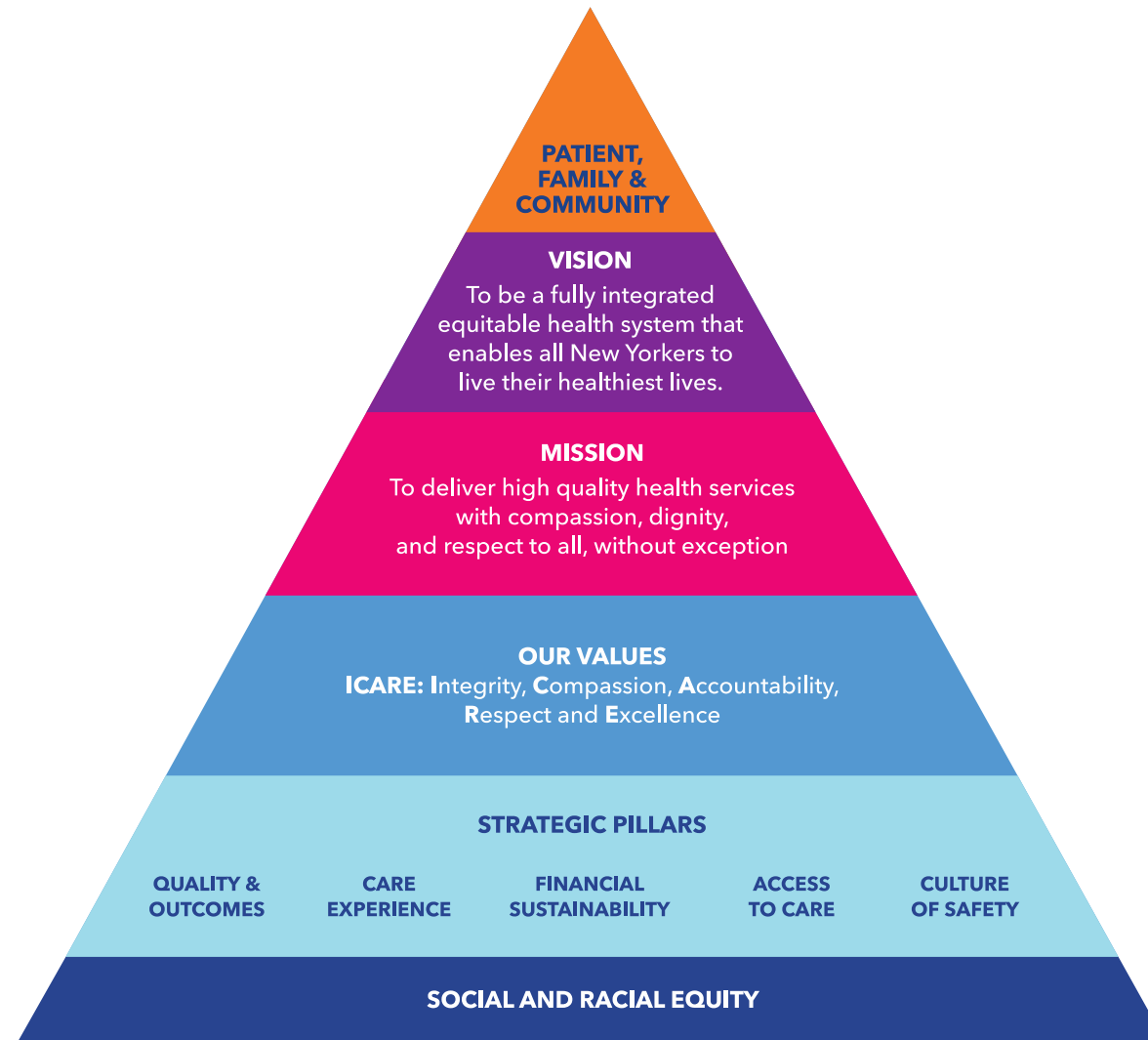
SVP AND CHIEF QUALITY OFFICER

Deborah Brown

SVP EXTERNAL AND REGULATORY AFFAIRS

April 11, 2022

# NYC H+H System-wide Strategy





# System Dashboard Glossary

REPORTING PERIOD – Q2 FY22 (October 1 through December 31 | 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	Measures effectiveness of financial counselling and registration processes in connecting patients to insurance 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)	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 (lower is better)
14	Data Center Migration progress	Measures milestones achieved in major information technology project
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

# System Dashboard Glossary

REPORTING PERIOD – Q2 FY22 (October 1 through December 31 | 2021)

DESCRIPTION		
RACIAL AND SOCIAL EQUITY		
19	% of New Physician Hires being underrepresented minority (URM)	The percentages of physicians hired in the quarter who identify as Asian, Black or African American, Hispanic or Latino
20	% Chronic Disease Dashboards with Race, Ethnicity, & Language Data	The percentage of Office of Population Health chronic disease dashboards able to break down data by race, ethnicity, and language
21	% of Total Procurement spend on MWBE	The percentage of procurement spending to minority and women owned business enterprises
COVID-19		
22	COVID-19 Tests Administered	Total number of COVID-19 tests (swab and rapid) administered
23	COVID-19 Positive Tests	Total number of tests yielding positive results (some positive results were recorded after June 30 <sup>th</sup> )
24	Post Acute Care COVID-19 Infection	COVID-19 Infection Rate per 1,000 resident days
25	1 <sup>st</sup> dose vaccinations Administered	Total number of 1 <sup>st</sup> dose vaccinations administered by NYC Health + Hospitals Facilities
26	2nd dose Vaccinations Administered	Total number of 2nd dose vaccinations administered by NYC Health + Hospitals Facilities
27	% Bed Occupied(Not Including ED)	Average number of occupied beds divided by all active beds

## **FY22 Q2 (October 1 to December 31, 2021)**

### **Performance: Positive Trends\***

#### **QUALITY AND OUTCOMES**

- Hgb A1c control <8: **66.4%** from 65.2% <sup>1</sup> (target: 66.6%)
- Follow-up appointment kept within 30 days after behavioral health discharge: **43.2%** from 37.07% <sup>1</sup> (target: 50%) <sup>2</sup>
- Integration of Bio Medical Devices: **116%** <sup>3</sup> (target: 100%)

\*Change reflected from the Prior Period, which was **Q1 FY22 (July 1 to September 30, 2021)**. Notes include the following:

<sup>1</sup> *Hgb A1c Control*: This is now the third consecutive reporting quarter in which this measure has observed improvement since the pandemic started. In-person clinic visits continued to increase, with more checks of A1c labs. Nurse chronic disease coordinators work closely with patients to develop diabetes self management skills while enhancing patient education to manage diabetes and nutritional interventions.

<sup>2</sup> *Follow-up appointment kept within 30 days after behavioral Health discharge*: This measure saw improvement since the last reporting quarter as facilities have become more acclimated with the correct method to capture and document. While the data capture method for this metric continues to be improved, the Office of Behavioral Health still is working with behavioral health staff to ensure an appropriate workflow to fully document these appointments in Epic. Encounters are only considered fully complete when there is full documentation in the electronic health record.

<sup>3</sup> *Integration of Bio Medical Devices*: FY22 Q1 performance is at 116% for integration and upgrading, which exceeds the 100% target. This completes the CY2021 goal. **This metric will not be reported in CY2022.**

# FY22 Q2 (October 1 to December 31, 2021) Performance: Positive Trends, continued\*

## ACCESS TO CARE

- Unique Primary Care Patients: **413,362** from 402,784 <sup>1</sup> (target: 405,000)
- NYC Care: **114,496** from 99,568 <sup>2</sup> (target: 100,000)

## FINANCIAL SUSTAINABILITY

- Post Acute Care total AR days per month: **40.6 days** from 45.7 days <sup>3</sup> (target: 55)
- Enterprise Data Center Migration progress: **Project timeline 5/2021-5/2023**
  - **As of December 2021, overall project progress remains on target at 25% completion**
  - **FY22 Q2 milestones are 100% complete** <sup>4</sup> (target: 100%)

\*Change reflected from the Prior Period, which was **Q1 FY22 (July 1 to September 30, 2021)**. Notes include the following:

<sup>1</sup> *Unique Primary Care patients:* Unique primary care patients increased over the quarter, as NYC Care enrollment also increased. The definition for this measure had been modified a year ago to account for the most accurate departments, visit, and encounter types that should be part of the count so now is a true representation of primary care patients. It includes visits occurring at primary care clinics, as follows: family medicine, adult medicine, geriatrics, HIV, pediatrics.

<sup>2</sup> *NYC Care:* NYC Care enrollment continues to steadily grow, once again surpassing the new target, 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 had been revised to 100,000 in the previous quarter to account for the consistent growth in enrollment, and that is now surpassed.

<sup>3</sup> *PAC total AR days per month:* The improved days outstanding in FY22 Q2 was primarily due to successful collection of aged claims and write-off of uncollectable receivables.

<sup>4</sup> *Enterprise Data Center Migration progress:* This is a 24 month long project (5-2021-5/2023). We remain on target, at 25% completion at this point in the project, with 100% of December 2021 deliverables reached. Overall, this measure remains on target and within budget.

# FY22 Q2 (October 1 to December 31, 2021) Performance: Steady Trends (close to or exceeding target)\*

## CARE EXPERIENCE

- MyChart Activations: remains at **72%** <sup>1</sup> (target: 75%)

## FINANCIAL SUSTAINABILITY

- Patient care revenue/expenses: remains relatively the same from prior quarter, at **73.2%** from 74% <sup>2</sup> (target: 60%)
- % of Uninsured patients enrolled in health insurance coverage or financial assistance: remains relatively the same from prior quarter, at **86%** from 90% <sup>3</sup> (target: 76%)

\*Change reflected from the Prior Period, which was **Q1 FY22 (July 1 to September 30, 2021)**. Notes include the following:

<sup>1</sup> *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 continues to perform above the Epic customer average of 47 percent and is almost at our internal target of 75%. 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.

<sup>2</sup> *Patient care revenue/expenses*: Patient Care Revenue/Expense ratio remained steady once again during this reporting period and is close to where it was last year at the same period.

<sup>3</sup> *% of Uninsured Patients Enrolled in Health Insurance Coverage or Financial Assistance*: Performance decreased slightly this quarter, but it continues to exceed the target across outpatient, emergency department, and inpatient populations. We are continuing to re-evaluate this target moving forward since we have now exceeded our original goal for the last several quarters.

## FY22 Q2 (October 1 to December 31, 2021) Performance: Steady Trends, (short of target)\*

### CARE EXPERIENCE

- Ambulatory care – recommended provider office: Remains relatively the same at **84.43%** from 84.6%<sup>1</sup> (target: 87.0%)

### FINANCIAL SUSTAINABILITY

- % MetroPlus medical spend at NYC Health + Hospitals: Remains relatively the same at **40.17%** from **40.1%**<sup>2</sup> (target: 45%)

\*Change reflected from the Prior Period, which was **Q1 FY22 (July 1 to September 30, 2021)**. Notes include the following:

<sup>1</sup> Ambulatory care – recommended provider office: Compared to Q3 2021 (84.6%), this metric stayed relatively stable through FY22 Q2, which is noteworthy given the steep incline in COVID-19 cases from the Omicron variant towards the end of the quarter, and the impact to staffing and operations.

<sup>2</sup> % 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.

## FY22 Q2 (October 1 to December 31, 2021) Performance: Negative Trends between Reporting Periods, Remains Consistent with Target\*

### ACCESS TO CARE

- # of e-consults: **96,055** from **99,963**<sup>1</sup> (remains above target of 95,100)

\*Change reflected from the Prior Period, which was **Q1 FY22 (July 1 to September 30, 2021)**. **Although this metric has trended downward since the previous quarter, it remains above the set target.**

<sup>1</sup> # of e-consults: This metric remained relatively stable, though decreased slightly to 96,055 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 was revised to 95,100 for FY22.

# FY22 Q2 (October 1 to December 31, 2021) Performance: Negative Trends\*

## QUALITY AND OUTCOMES

- % Left Without Being Seen in ED: **5.2%** from **4.0%** <sup>1</sup> (target: 4.0%)
- Post Acute Care (PAC): All Cause Hospitalization rate: **1.96 per 1,000 care days** from 1.71 per 1,000 care days <sup>2</sup> (target: 1.00 per 1,000 care days)

## FINANCIAL SUSTAINABILITY

- Total A/R days per month: **60 days** from 57.5 days <sup>3</sup> (target: 45)

\*Change reflected from the Prior Period, which was **Q1 FY22 (July 1 to September 30, 2021)**. This reflects a negative trend in which the target has not been achieved. **Notes include the following:**

<sup>1</sup> % Left without being seen in ED: Similar to the prior 2 quarters, during this reporting quarter, overall ED utilization continued to increase, and surpassed pre-pandemic levels. With the progressive increases, there has been a concomitant increase in the % of patients who left the emergency departments without being seen.

<sup>2</sup> PAC: All Cause Hospitalization rate: With this increase, improvement strategies implemented have included expanding diagnostic services, provider consultations, and palliative care and advanced illness management programs, partnering with community providers. Efforts also have been underway to continue improving communication with acute care hospitals.

<sup>3</sup> 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. Days in a/r have been relatively flat for the past few months, with a slight increase, as the focus has been on denial reduction. NYC Health + Hospitals is beginning to look at the workflows related to patient billing to ensure that bills are getting adjusted properly, as well as a/r associated with legacy platforms in order to bring the a/r more in line with the target.



# FY22 Q2 (October 1 to December 31, 2021) Performance: Negative Trends\*

## CARE EXPERIENCE

- Inpatient care – overall rating: **62.88%** from 64.5% <sup>1</sup> (target: 66.3%)

## CULTURE OF SAFETY

- Total Wellness Encounters: **498** from 641 encounters <sup>2</sup> (target: 600)

\*Change reflected from the Prior Period, which was **Q1 FY22 (July 1 to September 30, 2021)**. This reflects a negative trend in which the target has not been achieved. **Notes include the following:**

<sup>1</sup> *Inpatient care – overall rating:* Compared to the prior quarter(64.50%), this metric has seen a slight decline, which is attributed to corresponding changes in increased hospitalizations, visitation policy restrictions, and staffing/operational barriers due to a surge of COVID-19 cases from the Omicron variant toward the end of the quarter.

<sup>2</sup> *Total Wellness Encounters:* This measure includes 1:1 debriefs, group debriefs, and wellness events; it remains lower as compared to the prior reporting period due to natural fluctuations that occur, depending on the need for these interventions. As noted previously, while 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 periods.

## RACIAL & SOCIAL EQUITY MEASURES\*

- % of Chronic Disease Dashboards with Race, Ethnicity, & Language Data: **5 out of 5 chronic disease dashboards (100%)** remain able to be stratified by race/ethnicity/language (target: 100%)
- % of total procurement spend on MWBE: **28%** (target: 30%) <sup>1</sup>
- % of New Physician Hires being underrepresented minority (URM), as follows:  
 Women: 34.1%; Non-Binary: 0%; **Ethnic Groups Hired other than White: Asian (9.1%); Black or African American (3.9%); Hispanic or Latino (3.4%)** <sup>2</sup>

**\*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.

<sup>1</sup> % of total procurement spend on MWBE: This measure is reported at the close of the Fiscal Year.

<sup>2</sup> % of new physician hires being underrepresented minority: It is important to note that the majority of this data is reported by the affiliate organizations, and during FY22 Q2, 71.6% of new hire physicians' ethnic groups are unknown due to missing information that is reported. NYC Health + Hospitals is working with affiliate organizations to improve demographic data information of the contingent physician workforce.

- These data include Acute Care, Gotham, & PAC.
- Exclusions are Correctional Health Services, MetroPlus, Residents (measured separately in EDI Committee), and duplicate roles.

# FY22 Q2 (October 1 to December 31, 2021) Performance: COVID-19 Metrics

Metric	FY22 Q2 (Oct 1-Dec 31, 2021)	FY22 Q1 (July 1-Sept 30, 2021)
■ Total # of COVID-19 Tests Administered <sup>1</sup>	859,176	884,956
■ Total # of COVID-19 Positive Tests <sup>1</sup>	74,418	21,551
■ Post Acute Care COVID-19 Infection Rate <sup>2</sup>	9.27	7.93
■ COVID-19 Vaccine: # 1 <sup>st</sup> Dose	522,754	509,622
■ COVID-19 Vaccine: # 2 <sup>nd</sup> Dose	450,150	425,305
■ % of Occupied Beds	48%	49%
■ Third doses and boosters administered	198,822 (October 2021 through March 2022)	
	<b>March 2022</b>	<b>April 2022</b>
■ Average Pandemic Response Lab (PRL) Turnaround Time (in hours) <sup>3</sup>	16.44	16.29

<sup>1</sup> Includes PCR tests administered.

<sup>2</sup> 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 9.27 per 1000 residents, which represents an increase attributable to the Omicron surge toward the end of FY22 Q2. The vaccine mandate remains to have a positive impact, ensuring 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.

<sup>3</sup> This metric is measured from the time of order to the time of result.

# System Dashboard

REPORTING PERIOD – Q2 FY22 (October 1 through December 31 | 2021)

		EXECUTIVE SPONSOR	REPORTING FREQUENCY	TARGET	ACTUAL FOR PERIOD	VARIANCE TO TARGET	PRIOR PERIOD	PRIOR YEAR SAME PERIOD*
<b>QUALITY AND OUTCOMES</b>								
1	Post Acute Care All Cause Hospitalization Rate (per 1,000 care days)	CQO+SVP PAC	Quarterly	1.00	1.96	-0.96	1.71	1.55
2	Follow-up appointment kept within 30 days after behavioral health discharge	SVP CMO + SVP CQO	Quarterly	50%	43.2%	-6.98%	37.07%	37.97%
3	HgbA1c control < 8	SVP AMB + VP CPHO	Quarterly	66.6%	66.4%	-0.20%	65.2%	61.00%
4	% Left without being seen in the ED	SVP CMO + SVP CQO	Quarterly	4.0%	5.23%	-1.23%	4.0%	1.80%
5	Integration of Bio Medical devices	SVP CIO	Quarterly	100%	116%	16%	100%	-
<b>CARE EXPERIENCE</b>								
6	Inpatient care - overall rating (top box)	SVP CQO + SVP CNE	Quarterly	66.30%	62.88%	-3.42%	64.5%	66.65%
7	Ambulatory care (medical practice) recommended provider office (top box)	SVP CQO + SVP AMB	Quarterly	87.00%	84.43%	-2.57%	84.6%	82.88%
8	MyChart Activations	SVP CQO + SVP AMB	Quarterly	75%	72%	-3%	72%	55.00%
<b>FINANCIAL SUSTAINABILITY</b>								
9	Patient care revenue/expenses	SVP CFO + SVP MC	Quarterly	60%	73.2%	13.2%	74%	72.60%
10	% of Uninsured patients Enrolled in Health Insurance Coverage or Financial Assistance	SVP CFO + SVP MC	Quarterly	76%	86%	10%	90%	58.00%
11	% of M+ medical spend at H+H	SVP MC	Quarterly	45%	40.17%	-4.9%	40.1%	39.10%
12	Total AR days per month (Outpatient ,Inpatient)	SVP CFO	Quarterly	45	60	-15	57.5	62.60
13	Post Acute Care Total AR days(12 months)	CFO	Quarterly	55	40.6	14.4	45.7	51.00
14	Enterprise Data Center Migration progress	SVP CIO	Quarterly	100%	100%	0%	100%	-
<b>ACCESS TO CARE</b>								
15	Unique primary care patients seen in last 12 months	SVP AMB	Quarterly	405,000	413,362	8,362	402,784	408,794
16	Number of e-consults completed/quarter	SVP AMB	Quarterly	95,100	96,055	4,863	99,963	71,793
17	NYC Care	SVP AMB	Quarterly	100,000	114,496	14,496	99,568	46,460
<b>CULTURE OF SAFETY</b>								
18	Total Wellness Encounters	SVP CQO + SVP CNE	Quarterly	600	498	41	641	737
<b>RACIAL AND SOCIAL EQUITY</b>								
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%		-
21	% of Total Procurement spend on MWBE*	SVP SUPPLY CHAIN + SVP OFD	Quarterly	30%	To be reported biannually			-
<b>COVID-19</b>								
22	COVID-19 Tests Administered	SVP AMB	Quarterly	Undefined	859,176	-	884,956	1,010,840
23	COVID-19 Positive Tests	SVP AMB	Quarterly	Undefined	74,418	-	21,551	54,049
24	Post Acute Care COVID-19 Infection	SVP PAC	Quarterly	undefined	9.27	-	7.93	26.50
25	Number of 1 <sup>st</sup> dose vaccinations	SVP AMB	Quarterly	undefined	522,754	-	509,622	199,882
26	Number of 2nd dose vaccinations	SVP AMB	Quarterly	undefined	450,150	-	425,305	100,363
27	% Bed Occupied(Not Including ED)	SVP AMB	Quarterly	undefined	48%	-	49%	54.00%

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

## **NYC IPA, Inc.**

NYC Health + Hospitals Board of Directors Strategic  
Planning Committee

April 11, 2022

Matt Siegler - SVP Managed Care and Patient Growth

## Background

- In January of 2020, the Board of Directors authorized and directed NYC Health + Hospitals to form a subsidiary not-for-profit corporation Independent Practice Association (IPA)
- The formation of the IPA builds on the relationships and infrastructure created through the Delivery System Reform Incentive Payment (DSRIP) program to capture the benefits of enhanced scale in negotiating Value Based Payments (VBP) with payors, shared savings programs and coordination of care
- During the COVID pandemic, the State enacted its SFY 20-21 budgets, which included recommendations from the Medicaid Redesign Team (MRT) II workgroup. NYC Health + Hospitals recommendations included a proposal regarding coordinated care for Special Populations
- Throughout this period, NYC Health + Hospitals has been working with partners at the New York State Department of Health (NYS DOH) to advance our Special Populations proposal

## Special Populations Program Goals

Advancing health equity by re-orienting the health care system to **consistently** address social determinants of health

The Special Populations care model seeks to:

- **Integrate and expand promising DSRIP programs** into care models that address medical, behavioral, and social needs across the continuum of care.
- **Expand tailored primary and behavioral health care models that meet the specific needs of two special populations:** New Yorkers who are experiencing homelessness or were formerly incarcerated.
- **Connect new patients to these models** by meeting patients where they are and removing barriers to longitudinal care.
- **Bring together Managed Care Organizations, Community-based Organizations (CBOs), providers, health systems and the workforce** to promote accountability, efficiency, and excellence in caring for these populations.

## Proposal Overview

NYC Health + Hospitals is proposing a new *Special Populations Program* that will connect target populations in NYC to enhanced services through an integrated delivery system, essential community partnerships, and advanced VBP model

<b>Populations of Focus*</b>	<ul style="list-style-type: none"> <li>• Single adults experiencing homelessness who are connected to the shelter system</li> <li>• Individuals leaving the City's or State's correctional systems</li> </ul>
<b>Community Partners</b>	<ul style="list-style-type: none"> <li>• NYC Health + Hospitals facilities</li> <li>• Health care providers committed to delivering tailored, value-based care to these populations</li> <li>• Non-clinical partners, such as NYC's homeless service providers, correctional services providers, CBOs</li> </ul>
<b>Care Models</b>	Integrated care models tailored to the needs of each target population, including resources like Primary Care Safety Net Practices (homeless), Street Health Outreach and Wellness (SHOW) teams, Point of Reentry and Transition Practices (formerly incarcerated), as well as key behavioral health (e.g., extended care, respite, B-heard) and care management models (e.g., Pathway Home)
<b>Implementation Approach</b>	Managed care directed payment program approved by CMS

\*In future years of the program, we hope to expand to include children in the foster care system and families receiving the City's prevention services



## Progress to Date

- **The proposal is supported by a coalition of safety net partners.** NYC Health + Hospitals has received support from key City agencies, hospitals, and community-based organizations, who affirmed their commitment to working collaboratively with H+H to deliver high-quality care for these historically marginalized and complex populations in New York City
- **The proposal is continuing to gain traction with both the State and CMS.** NYS DOH remains very supportive and submitted the proposal to CMS for consideration. The proposal is under CMS review
- **Developed a Payment Model and Accompanying Governance Structure.** NYC Health + Hospitals and community partners – **through an IPA** – will take responsibility for total cost of care for populations under an advanced VBP model. We are in the process of receiving the necessary approval from New York State for the Certificate of Incorporation

## Next Steps

- As sole member of the IPA, the Board of Directors plays a key role in: 1) approving the composition of the NYC IPA Board of Directors (including a minority of members who are independent to the system) and 2) adoption of the IPA by-laws
- While final approval from CMS and State partners is pending, NYC Health + Hospitals is strengthening our team, building the operational infrastructure, and refining the clinical, care management and financial models of the Special Populations proposal
- In the coming months, we plan to bring additional updates on our progress to the Board of Directors and nominations for approval for the IPA's Directors

## Appendix

- January 2020 NYC Health + Hospitals Board – IPA Authorizing Resolution

## Resolution - 4

Authorizing New York City Health and Hospitals Corporation (the “System”) to **establish an Independent Practice Association (an “IPA”)** through the formation of a subsidiary New York not-for-profit corporation, currently anticipated to be named NYC Health + Hospitals IPA, Inc. (hereinafter referred to as “NYC H+H IPA”), consistent with applicable regulations, which will be controlled by the System in its capacity as the sole member of NYC H+H IPA. NYC H+H IPA shall enter into agreements with various providers (“Participating Providers”) pursuant to which NYC H+H IPA will (a) seek to negotiate favorable reimbursement rates from third party payors for services to be performed by such Participating Providers, (b) facilitate and promote the coordination of care where appropriate, (c) engage in shared savings programs and (d) structure value-based payment and/or risk sharing arrangements approved by the Boards of Directors of NYC H+H IPA and the System according to the general rules established by each of such boards of directors for the review and approval of contracts. Should there be any conflict, restriction or other issue that prevents the formation of NYC H+H IPA under such name, the System may select another name at the discretion of the System’s management.

**WHEREAS**, pursuant to a waiver issued by the Centers for Medicaid and Medicare Services to the State of New York, the New York State Department of Health designed its Delivery System Reform Incentive Payment Program (the “DSRIP Program”) to reduce preventable hospital admissions by implementing various health care reform projects; and

**WHEREAS**, under the DSRIP Program, the System and its subsidiary, HHC Assistance Corporation d/b/a OneCity Health Services (“OneCity Health”) developed a Participating Provider System or “PPS” operating under the name, “OneCity,” consisting of an integrated network of various clinical and social service providers to improve health outcomes for 750,000 lives; and

**WHEREAS**, the DSRIP Program is scheduled to end on March 31, 2020; and

**WHEREAS**, in furtherance of continuing the efforts of OneCity Health to sustain and enhance the ability of the System and its PPS network of providers to continue to achieve the goals and build upon the successes of OneCity Health after the expiration of the DSRIP Program, the System and OneCity desire to establish an IPA to (a) contract with third party payors on behalf of Participating Providers to negotiate favorable reimbursement rates, (b) facilitate and promote the coordination of care where appropriate, (c) engage in a shared savings program, (d) develop value-based payment structures with third party payors and/or risk sharing arrangements, and (e) engage with community partners including primary care, behavioral health, specialty, post-acute care providers and other IPAs; and

**WHEREAS**, OneCity, as the largest PPS in New York State, is required to provide the New York State Department of Health with a sustainability plan that demonstrates how it will maintain and expand the network integration generated through its participation in DSRIP; and

**WHEREAS**, the OneCity Health Board of Directors resolved on November 8, 2019 to encourage the System to form NYC H+H IPA.

**NOW THEREFORE IT IS RESOLVED**, that New York City Health and Hospitals Corporation (the “System”) is hereby authorized and directed to form an Independent Practice Association (an “IPA”) through the formation of a subsidiary New York not-for-profit corporation to be named NYC Health + Hospitals IPA, Inc. (“NYC H+H IPA”) consistent with applicable regulations, which will be controlled by the System in its capacity as the sole member of NYC H+H IPA. NYC H+H IPA shall enter into agreements with various providers (“Participating Providers”) pursuant to which NYC H+H IPA will (a) seek to negotiate favorable reimbursement rates from third party payors for services to be performed by such Participating Providers, (b) facilitate and promote the coordination of care where appropriate, (c) engage in shared savings programs, and (d) structure value-based payment and/or risk sharing arrangements subject to the approval of the Boards of Directors of NYC H+H IPA and the System according to the general rules established by each of such Board of Directors for the review and approval of contracts. Should there be any conflict, restriction or other issue that prevents the formation of NYC H+H IPA under such name, the System may select another name at the discretion of the System’s management.

Approved by the Board — January 30, 2020

**EXECUTIVE SUMMARY**  
**AUTHORIZATION TO FORM AN IPA SUBSIDIARY**

**BACKGROUND:** To capitalize on the successes of the System's DSRIP PPS, it is necessary to plan for the next iteration of the PPS. Most PPSs are addressing this need through the creation of an IPA. An IPA creates the possibility to build on the relationships and infrastructure created through the PPS to capture the benefits of enhanced scale in negotiating Value Based Payments with payors, shared savings programs and coordination of care.

**PROPOSAL:** The proposal is to form a new System not-for-profit subsidiary to secure authorization from the State to function as an IPA.

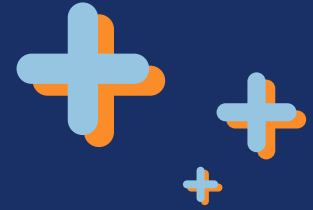
The System has the power under its enabling act to create subsidiaries. This has been done in the past by creating not-for-profit corporations subject to both the NY Not-for-Profit Law and the System's enabling act. Each of these have been membership not-for-profits with the System as the sole member. That model will be followed with the new IPA. The System will control the composition of the Board of Directors of the new IPA entity through its authority as sole member, but may elect to have some minority portion of Board of Directors be individuals who are independent of the System – likely representatives of other Participating Providers that join in the IPA. The new IPA will negotiate contracts among providers and payors. If any such contracts are of such size and nature that they would require the approval of the System's Board of Directors, then such contracts will be presented to the System's Board of Directors for approval.

The proposed name of the IPA is NYC H+H IPA, Inc. Such name has, however, not yet been cleared with the New York State Department of State to confirm its availability. If such name is found not to be available due to a conflict with another entity in the State or any other reason, the System's management shall select another name at its discretion.

# Independent Practice Association (IPA) Formation

NYC Health + Hospitals Board  
January 30<sup>th</sup>, 2020

Israel Rocha, Jr.  
Vice President, NYC Health + Hospitals  
CEO, NYC Health + Hospitals/Elmhurst  
CEO, OneCity Health

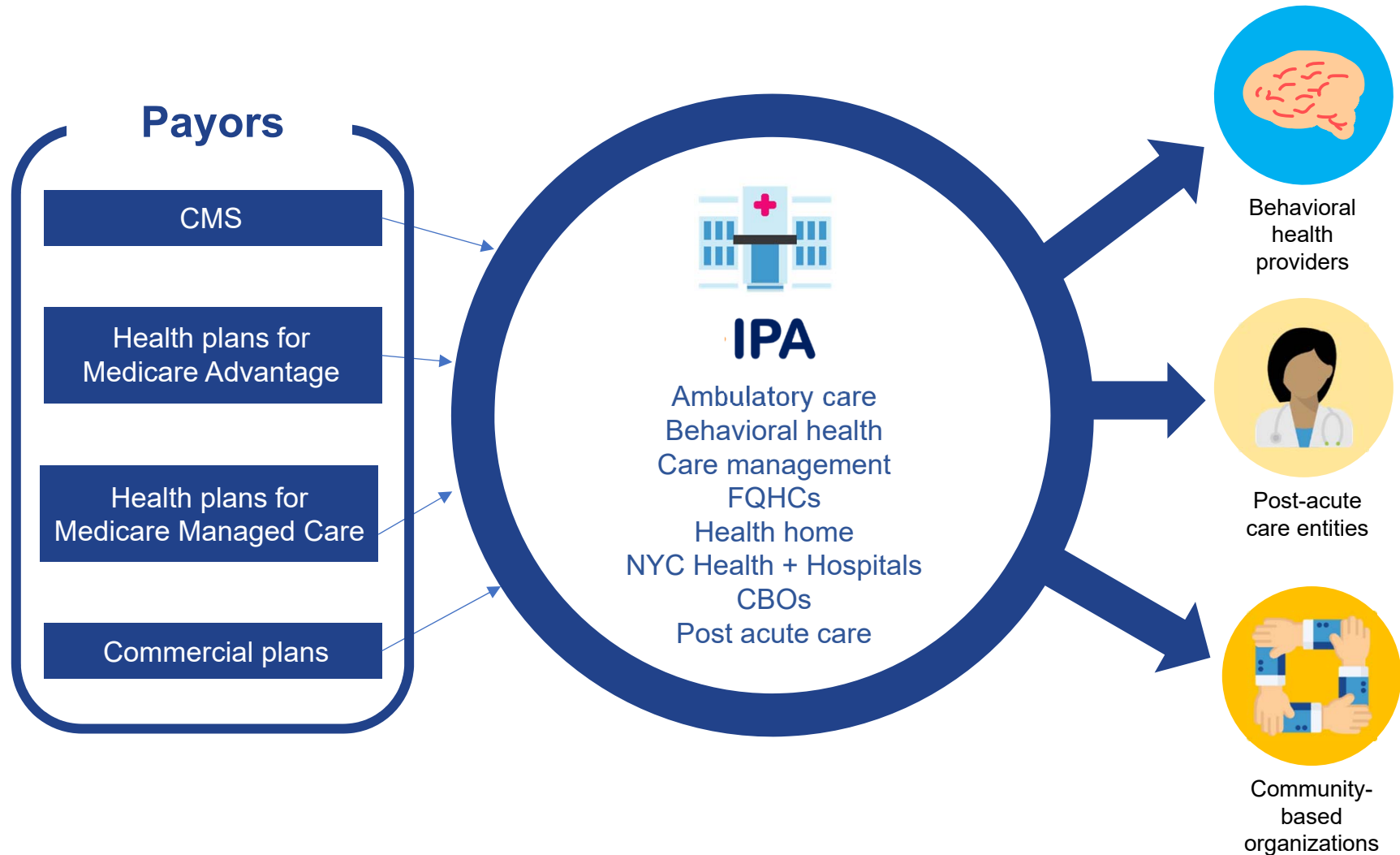


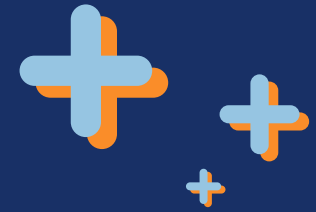
# What is an Independent Practice Association (IPA)?

- + The NYC Health + Hospitals Independent Practice Association (the IPA) will be a network of independent physicians, medical groups and other organizations.
- + In partnership with health plan partners and affiliated organizations, the IPA will offer members preferred rates and a premiere quality incentive program that will foster the triple aim of enhanced quality, greater patient satisfaction and reduced health care costs.



# NYC Health + Hospitals IPA

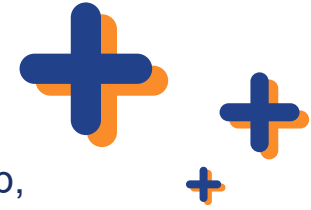




# What advantages will be achieved through an IPA?

- + The development of an IPA, a wholly owned subsidiary of NYC Health + Hospitals, will enable the system to nurture relationships with community providers and partners to improve care coordination and quality, grow the patient base and support long-term financial stability.
- + Through the formation of an IPA, these individual entities will have the potential to be stronger together and to achieve the following:
  - Align physician incentives to improve outcomes at a lower cost;
  - Realize efficiencies in physician practice administration and management;
  - Gain buy-in with the medical and broader provider community;
  - Secure peer support;
  - Negotiate more favorable contracts with entities such as Managed Care Organizations (MCOs), Accountable Care Organizations (ACOs), radiology services, laboratories and hospital systems;
  - Permit providers to remain independent and locally manage financials and care management, while benefiting from the IPA
  - Improve services including, extended hours, urgent care, outreach services for prevention, telephone triage and follow-up expertise; and
  - Coordinate programs with community-based organizations (CBOs) (for those that both do and do not provide billable health services)

## Current state: New York City service market

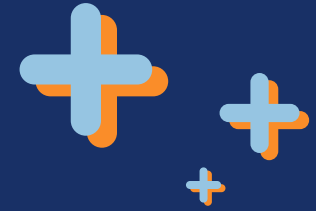


- + As envisioned in the New York State Value-Based Payment (VBP) Roadmap, Medicaid MCOs and providers will move away from fee-for-service payments and into an environment where MCOs and providers negotiate with each other to develop VBP arrangements
- + In the downstate region, all DSRIP PPSs\* have formed IPAs to establish their eligibility as a VBP contractor and sustain the DSRIP infrastructure and successes beyond March 2020 when the program is set to sunset, absent an extension



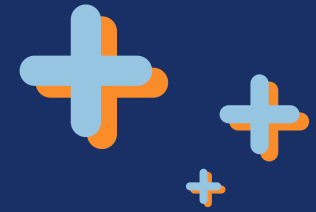
\*Staten Island PPS is an exception which is building an MSO

# How can patients and communities benefit from an IPA?



## Patients and communities benefit when the IPA:

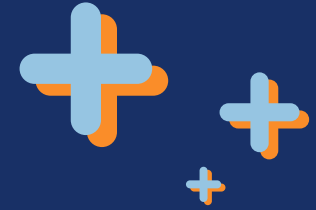
- + Facilitates the alignment of provider incentives to improve patient care and reduce costs
- + Equips NYC Health + Hospitals to clinically integrate with strategic community providers and better coordinate the care of their patients
- + Enables NYC Health + Hospitals to expand its provider network, particularly in specialty care, thereby providing increased access and expanded services in communities served
- + Creates an infrastructure that is clinically and financially integrated and more inclusive in membership than an ACO, to enable multiple provider/stakeholders to coordinate care on behalf of communities in ways that the currently disjointed system cannot



# Which services will be offered to IPA members?

- + Access to one of the most diverse and robust networks in the country through membership in NYC Health + Hospitals' network
- + Opportunity to enhance the quality of care for all New Yorkers through integrated services and shared management of patients
- + Technical assistance and support for:
  - Data analytics
  - Managed care contracting negotiations, with special attention to VBP arrangements
  - Clinical integration
  - Understanding and calculating risk
  - Performance improvement
- + Regional learning collaboratives and conferences
- + A full suite of Electronic health record connectivity options including OneConnect (a full instance of Epic); Epic Care Link (referral platform) and the Regional Health Information Organization (RHIO)

# Resolution



**NOW THEREFORE IT IS RESOLVED**, that New York City Health and Hospitals Corporation (the “System”) is hereby authorized and directed to form an Independent Practice Association (an “IPA”) through the formation of a New York not-for-profit corporation to be named NYC Health + Hospitals IPA, Inc. (“NYC H+H IPA”) consistent with applicable regulations, which will be controlled by the System in its capacity as the sole member of NYC H+H IPA. NYC H+H IPA shall enter into agreements with various providers (“Participating Providers”) pursuant to which NYC H+H IPA will (a) seek to negotiate favorable reimbursement rates from third party payors for services to be performed by such Participating Providers, (b) facilitate and promote the coordination of care where appropriate, (c) engage in shared savings programs, and (d) structure value-based payment and/or risk sharing arrangements subject to the approval of the Boards of Directors of NYC H+H IPA and the System according to the general rules established by each of such Board of Directors for the review and approval of contracts. Should there be any conflict, restriction or other issue that prevents the formation of NYC H+H IPA under such name, the System may select another name at the discretion of the System’s management.

**NYC  
HEALTH+  
HOSPITALS**

**ONECITY  
HEALTH**