AGENDA

STRATEGIC PLANNING COMMITTEE OF THE BOARD OF DIRECTORS

June 13, 2022 - 12:00 PM

50 Water Street - Room 1717 - Virtual Meeting

I.	**Call to Order**	**Feniosky Peña-Mora**
II.	**Adoption of April 11, 2022** **Strategic Planning Committee Meeting Minutes**	**Feniosky Peña-Mora**
III.	**Action Item**	**Deborah Brown** **Senior Vice President** **External & Regulatory Affairs**

 Adopting in the name of the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") Board of Directors the twelve Community Health Needs Assessments ("CHNA") prepared for each of NYC Health + Hospitals' ten acute care hospitals over 11 campuses and for the Henry J. Carter Specialty Hospital and Rehabilitation Center ("HJC").
VENDEX: NA / EEO: NA

IV.	**Information Items** a. **Update and System Dashboard**	**Matthew Siegler** **Senior Vice President** **Managed Care, Patient Growth,** **CEO One City Health & CEO ACO**

Dr. Eric Wei Senior Vice President/ Chief Quality Officer
Deborah Brown, Senior Vice President, External and Regulatory Affairs

V.	**Old Business**	**Feniosky Peña-Mora**
VI.	**New Business**	
VII.	**Adjournment**	

STRATEGIC PLANNING COMMITTEE MEETING
OF THE BOARD OF DIRECTORS

APRIL 11, 2022

The meeting of the Strategic Planning Committee of the Board of Directors was held on April 11, 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 12:15 pm
Sally Hernandez-Piñero
Freda Wang

OTHER ATTENDEES

HHC STAFF

D. Brown, Senior Vice President, External & Regulatory Affairs
J. Cassidy, Director of Fiscal Affairs, Reimbursement Consulting
K. Ford, Vice President, Medical and Professional Affairs
C. Hercules, Corporate Secretary and Chief of Staff, Office of the Chair, Board Affairs
H. Jalon, Senior Assistant Vice President, Quality and Safety
A. Johnson, Assistant Vice President, Ambulatory Care Operations
T. Long, Senior Vice President, Ambulatory Care Operations
S. Seleznyov, Senior Director, Accountable Care Organization
M. Siegler, Senior Vice President, Managed Care, Patient Growth, CEO one City Health & CEO ACO
M. Thompson, Senior Director, Managed Care
W. Yen, Senior Director, Managed Care

Strategic Planning Committee Meeting – April 11, 2022
As Reported by: Feniosky Peña-Mora
Members Present: Feniosky Peña-Mora, José Pagán, Machelle Allen representing Dr. Michelle Katz, Sally Hernandez-Piñero, Freda Wang, Dr. Michelle Katz – joined at 12:15

Mr. Feniosky Peña-Mora, called the April 11th meeting of the Strategic Planning Committee (SPC) to order at 12:03 P.M.

Upon motion made and duly seconded the minutes of the January 10, 2022 Strategic Planning Committee meetings were unanimously approved.

INFORMATION ITEM

Strategic Planning Committee Update and System Dashboard

Matthew Siegler, Senior Vice President, Managed Care and Executive Director of OneCity Health/ACO and Dr. Theodore Long, Senior Vice President, Ambulatory Care, Population Health and Executive Director of Test & Trace Corps, reported on FY-22 Q2 (October 1 to December 31, 2021) Performance;

NYC HEALTH+HOSPITALS | 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*
	QUALITY AND OUTCOMES							
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%	-.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%	-
	CARE EXPERIENCE							
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%
	FINANCIAL SUSTAINABILITY							
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%	-
	ACCESS TO CARE							
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
	CULTURE OF SAFETY							
18	Total Wellness Encounters	SVP CQO + SVP CNE	Quarterly	600	498	41	641	737
	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%		-
21	% of Total Procurement spend on MWBE²	SVP SUPPLY CHAIN + SVP OFD	Quarterly	30%	To be reported biannually			-
	COVID-19							
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 1st 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%).

Positive Trends:

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

Access to Care
15.   Unique Primary Care Patients: **413,362** from 402,784 (target: 405,000)
17.   NYC Care enrollment: **114,496** from 99,568 (target: 100,000)

Financial Sustainability
13.   Post-Acute Care Total AR Days per month: **40.6** days from 45.7 days (target: 55)
14.   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 (target: 100%)**

Steady Trends (close to or exceeding target):

Care Experience
8.   MyChart Activations: remains at **72%** (target: 75%)

Financial Sustainability
9.   Patient care revenue/expenses: remains relatively the same from prior quarter, at **73.2%** from 74% (target: 60%)
10.   % of Uninsured patients enrolled in health insurance coverage or financial assistance: remains relatively the same from prior quarter, at **86%** from 90% (target: 76%)

Steady Trends (short of target):

Care Experience
7.   Ambulatory care – recommend provider office: Remains relatively the same at **84.43%** from 84.6% (target: 87.0%)

Financial Sustainability
11.   % of MetroPlus medical spend at NYC Health + Hospitals: Remains relatively the same at **40.17%** from 40.1% (target: 45%)

Negative Trends between Reporting Periods, Remains Consistent with Target:

Access to Care
16.   # of e-consults: **96,055** from 99,963 (remains above target of 95,100)

Negative Trends:

Quality and Outcomes
4.   % Left without being seen in ED: **5.2%** from 4.0% (target 4.0%)

1. Post-Acute Care (PAC): All Cause Hospitalization rate: remains consistent at **1.96 per 1,000 care days** from 1.71 per 1,000 care days (target: 1.00 per 1,000 care days)

Financial Sustainability
12. Total AR days per month: **60 days** from 57.5 days (target: 45)

Care Experience
6. Inpatient care - overall rating: **62.88%** from 64.5% (target: 66.3%)

Culture of Safety
18. Total Wellness Encounters: **498 encounters** from 641 encounters (target: 600)

Equity Measures:

Racial & Social Equity Measures
20. % 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%)
21. % of total procurement spend on MWBE: **28%** (target: 30%)
19. % 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%)**

COVID-19 Metrics:

COVID-19
22. Total # of COVID-19 Test Administered: **859,176** from 884,956
23. Total # of COVID-19 Positive Tests: **74,418** from 21,551
24. Post-Acute Care COVID-19 Infection Rate: **9.27** from 7.93
25. COVID-19 Vaccine: # 1st Dose: **522,754** from 509,622
26. COVID-19 Vaccine: # 2nd Dose: **450,150** from 425,305
27. % of Occupied Beds: **48%** from 49%
##. Third doses and boosters administered: **198,822** (October 2021 through March 2022)
##. Average Pandemic Response Lab (PRL) Turnaround Time (in Hours): **16.44** (March 2022), **16.29** (April 2022)

Mr. Siegler turned the meeting over to Deborah Brown, Senior Vice President, External and Regulatory Affairs to give an update on the State Budget.

STATE BUDGET

Ms. Brown reported that there is a backfill of a prior 1.5% Medicaid cut and an additional 1.1% Medicaid rate increase, with $800 Million which we have equitable access to. There were positive changes on Telehealth parity and increases on a scope of practice ability for Nurse Practitioners. More specifically, Ms. Brown responded to questions, the Nurse Practitioners with 3600 hours of practice will not have to enter into a written relationship with a physician in all areas.

Ms. Brown responded to questions from the Board that the safety net allocation of $1.6 Billion in capital has not been determined.

INDEPENDENT PRACTICE ASSOCIATION (IPA)

Mr. Siegler provided an update on NYC IPA, Inc. In January 2020, the New York State's 1115 waiver DSRIP program, through OneCity Health, had ended, and this Board authorized NYC Health + Hospitals to form an IPA to continue those efforts from the DSRIP program. The IPA is focused on advancing health equity by re-orienting our system to consistently address the Social Determinants of Health. 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. In response to questions from the Board, the two special populations are those experiencing homelessness and individuals who were formerly incarcerated.

A significant amount of progress has been made over the past several months with support from a coalition of safety net partners and encouraging conversations with both the State and CMS. 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 bylaws. There will be further updates on progress in forthcoming meetings and nominations for approval of the IPA's Directors.

FOLLOW-UP ITEMS:

- The Committee expressed an interest in looking into how patient care revenue/expenses is continuing to be affected by COVID, and if the target needs to be increased.
- The Committee recommended looking into adding a 7 day follow up metric to the Follow-up appointment kept within 30 days after behavioral health discharge metric.
- The Committee expressed an interest in adding a MyChart Usage metric, to go along with the MyChart Activations metric.
- Lastly, the Committee asked to look into the % left without being seen in ED by facility, and to see how sites, above the average, are being managed. Also, to look into if the patients' insurance status plays a role in this metric.

Mr. Peña-Mora thanked the presenters.

There being no old business, nor new business, the meeting was adjourned at 1:07 pm.

RESOLUTION

Adopting in the name of the New York City Health and Hospitals Corporation ("**NYC Health + Hospitals**") Board of Directors the twelve Community Health Needs Assessments ("**CHNA**") prepared for each of NYC Health + Hospitals' ten acute care hospitals over 11 campuses and for the Henry J. Carter Specialty Hospital and Rehabilitation Center ("**HJC**").

WHEREAS, NYC Health + Hospitals operates ten acute care hospitals over 11 campuses and HJC, a long-term acute care hospital; and

WHEREAS, NYC Health + Hospitals has tax exempt status under Section 501(c)(3) the Internal Revenue Code; and

WHEREAS, The Patient Protection and Affordable Care Act, signed into law in 2010 (the "**Affordable Care Act**"), added to the Internal Revenue Code Section 501(r)(3) which requires that hospitals with 501(c)(3) tax status conduct a CHNA at least once every three years; and

WHEREAS, regulations adopted under the Affordable Care Act specify that a CHNA be prepared for each licensed facility operated by hospital organizations enjoying 501(c)(3) status; and

WHEREAS, NYC Health + Hospitals has conducted CHNAs covering the three-year period since the last CHNA in 2019 summaries of which are attached as Exhibit A; and

WHEREAS, under the Affordable Care Act, a hospital organization's governing body or a committee authorized by the governing body must adopt the CHNA.

NOW, THEREFORE, BE IT

RESOLVED, that the New York City Health and Hospitals Corporation's Board of Directors hereby adopts the twelve Community Health Needs Assessments prepared for each of NYC Health + Hospitals' ten acute care hospitals over 11 campuses and for the Henry J. Carter Specialty Hospital and Rehabilitation Center.

EXECUTIVE SUMMARY
ADOPTION OF
2022 NYC HEALTH + HOSPITALS COMMUNITY HEALTH NEEDS ASSESSMENT

OVERVIEW: Through an amendment to the Internal Revenue Code (the "**IRC**") the Affordable Care Act imposed on all tax-exempt hospital organizations the obligation to conduct a CHNA not less often than every three years with respect to all acute care hospitals they operate. Regulations adopted under the IRC make clear that CHNA's may properly be prepared for multiple acute care hospitals at one time provided that there is a separate analysis made for each facility. New York City Health and Hospitals Corporation ("NYC Health + Hospitals") has prepared a CHNA every three years since 2010 and its Board has duly adopted the same.

PROPOSAL: NYC Health + Hospitals' Strategic Planning Committee has collaborated with the Office of External and Regulatory Affairs to prepare the current CHNA. To prepare the proposed CHNA, the team made extensive efforts to engage the various communities through the hospitals' Community Advisory Boards, new focus group meetings, a new Advisory Group, over 3000 quantitative surveys, and in other ways. A copy of the full CHNA titled, 2022 NYC Health + Hospitals Community Health Needs Assessment has been distributed to every member of the NYC Health + Hospitals' Board of Directors and upon its adoption by the Board of Directors, the CHNA will be posted on the NYC Health + Hospitals' public website as required by IRC Section 501(r).

2022 Community Health Needs Assessment: Strategic Planning Committee

June 13, 2022
Presented by: Deborah Brown
Senior Vice President External & Regulatory Affairs

New Business – Action Item
Resolution to adopt 2022 Community Health Needs Assessment

- Adopting in the name of the New York City Health and Hospitals Corporation ("**NYC Health + Hospitals**") Board of Directors the twelve Community Health Needs Assessments ("**CHNA**") prepared for each of NYC Health + Hospitals' ten acute care hospitals over 11 campuses and for the Henry J. Carter Specialty Hospital and Rehabilitation Center ("**HJC**").

Community Health Needs Assessment (CHNA) background

- IRS requirement for non-profit provider systems

- Opportunity to understand prioritized community health needs and co-create solutions through an implementation strategy

- To be adopted by the NYC Health + Hospitals Board

- 2019 CHNA was approved and made publicly available on the NYC Health + Hospitals website

FY22 CHNA

- Define the community served

- Assess the community's priority health needs from community input

- Identify assets to address priority needs

- Evaluate impact of actions taken in prior CHNA

- Made publicly available by June 30

FY23 – FY255 Implementation Strategy

(to be developed)

- Actions the system will take to address identified needs

- Anticipated impact of these strategies

- Programs, partnerships and resources the system will commit

- Made publicly available by November 15

NYC Health + Hospitals conducted a comprehensive and inclusive CHNA process that included:

Qualitative analysis

+32 Expert Interviews

- System clinical service line leads
- NYC Health + Hospitals Central Office and facility leadership
- NYC Health + Hospitals Board Members
- DOHMH leadership
- MetroPlus leadership

12 Community forums at each NYC Health + Hospitals facility in conjunction with the Community Advisory Board (CAB) meetings

12 NYC Health + Hospitals facility responses

5 Borough-wide Focus Groups

Quantitative analysis

+3,060 Surveys

- Intensive primary data review and analysis with internal Data and Analytics team
- DOHMH and NYSDOH literature review and data sources

+ Input from CHNA Advisory Board

This group is a new resource for this year's CHNA and includes:

- CAB Chairs
- Hospital representatives selected by facility CEOs
- NYC Care Director
- Facility faith-based leaders
- Other community members not otherwise accessed

This board meets monthly to provide feedback and insight for the CHNA process.

Borough-Wide Focus Group Participants

- NYC H+H Board Members
- Dr. Torian Easterling NYC DOHMH
- Academy of Medical and Public Health Services, Inc.
- African International Collaborative Center
- African Refuge, Inc.
- Alliance for Coney Island
- Alliance for Positive Change
- Arab American Family Support Center of New York
- Bellevue Program for Survivors of Torture
- Brighton Neighborhood Association
- Bronx Community Board 3
- Bronx Community Board 8

- BronxWorks
- Brooklyn Community Board 4
- Camelot of Staten Island
- Canvas Institute
- Community Board 1
- Children of Bellevue
- Dream Charter School
- Elmcor
- Emerald Isle
- East Harlem Tutorial
- For the Better Tomorrow
- Grow NYC
- Harlem Hospital Center Auxiliary, Inc.
- Harlem Outreach
- Island Voice

- Korean Community Services
- Los Sures
- Modest Community Service
- New York Hall of Science
- Project Hospitality
- Public Health Solutions
- Queens Community Board 3
- Queens Community Board 4
- Queens World Film Festival
- Shorefront Y
- South Asian Council for Social Services (SACSS)
- Union Settlement
- United Activities, Inc.
- United Sikhs
- Voices Latina

Over 3,060 community stakeholders identified top risks and causes of poor health and death in their communities

Top 10 Perceived Risk Factors for Poor Health and Death by Community Stakeholders*

	Average ranking (Scale 1 to 5)
Housing access, affordability, and quality	3.87
Poverty and low-income status	3.81
Stress and emotional wellbeing	3.78
Community safety and violence	3.72
Mental and behavioral health care access	3.72
Obesity and high BMI	3.71
Hunger, food access, and poor nutrition	3.61
Health insurance access	3.58
Tobacco, vaping, e-cigarette use	3.52
Indoor and outdoor air quality	3.52

Top 10 Perceived Causes of Poor Health and Death by Community Stakeholders*

	Average ranking (Scale 1 to 5)
Diabetes and high blood sugar	3.88
High blood pressure	3.80
Mental health disorders and depression	3.80
Obesity and high BMI	3.73
Violence and gun violence	3.61
Drug use and opioids	3.54
Asthma, breathing issues, and lung disease	3.53
Heart disease	3.52
COVID-19	3.47
Cancer	3.47

1 - Not a significant problem   **5 -** significant problem

6

NYC HEALTH+ HOSPITALS

Priority Area
Improving health equity and chronic disease

Identified challenges

- High chronic and mental illness
- Populations with unique health challenges who may be at higher risk of chronic and/or mental illness

Community members identified populations with unique health challenges:

- Youth, adolescents and young adults
- Seniors
- Individuals with food insecurity
- Individuals experiencing homelessness
- Immigrants
- Individuals with mental illness
- LGBTQ+ individuals
- Pregnant people of color

Seniors

"I don't think there's enough attention given to preventative measures to keep the elderly healthy. We're put on medications to try out and left to our own devices, and that's sloppy. People can live longer if they get the right attention, but providers are too busy making money."

— Brooklyn focus group participant

Youth

"The isolation and trauma from COVID-19 has impacted children who were out of school. Even though they were being home-schooled through virtual classrooms, the fact that they didn't have normal school life and social interactions put a lot of stress on them. They observed the impact on their parents, grandparents and close friends and begin to worry about whether they were going to lose their family and loved ones."

— Charles Barron, MD, Deputy Chief Medical Officer, Office of Behavioral Health

The unhoused

"There is still a significant barrier when we try to isolate the health care component without taking into account what is not possible without stable residence…how do you follow someone with diabetes when they don't have a stable address or phone number?"

— Vincent Calamia, MD, NYC Health + Hospitals Board of Directors

Immigrant health

"Many people who speak a foreign language were even not alerted to the fact that a pandemic was coming – a language barrier is a crucial barrier."

— Community forum participant, NYC Health + Hospitals/ Elmhurst

Priority Area
Facilitating access to services

Our communities report needing additional access to resources including:

- Affordable, healthy food
- Affordable, quality housing
- Behavioral health services that are affordable, easy to navigate, and culturally humble
- Primary care
- Green space or safe places for physical activity
- Violence interruption
- Community resources (i.e., outreach and engagement, youth centers, senior services, etc.)

Health care access is only one part of the equation in supporting and improving community health. NYC Health + Hospitals must function within a larger ecosystem of community support.

Food access

"The price of food has sky-rocketed, and many residents are experiencing food insecurity. Even with the assistance of food pantries, the need is very, very high."

— Community forum participant, NYC Health + Hospitals/Elmhurst

Housing

"I got on the train before seven AM and counted at least forty men who you could see had slept on the train. Each one of them was a man of color. This is a major problem we are facing in our community."

— Community forum participant, NYC Health + Hospitals/Kings County

Violence interruption

"We're seeing theft in ways that we haven't seen before because they know they won't be arrested or will be released the same day."

— Community forum participant, NYC Health + Hospitals/ Harlem

Behavioral health services

"For anyone with a condition beyond depression, there is nothing, basically. People have to wait months and months to get to see someone and be diagnosed."

— Community forum participant, NYC Health + Hospitals/ Metropolitan

Responding to the COVID-19 Pandemic

- COVID-19 as significant driver of community health:
  - Direct health impact, ongoing Long COVID needs
  - Catalyst for behavioral health needs
  - Influence on economic, social needs
- CHNA must honor impact of COVID-19 while providing comprehensive community review
- Acknowledgment of NYC Health+Hospitals in COVID services, recovery
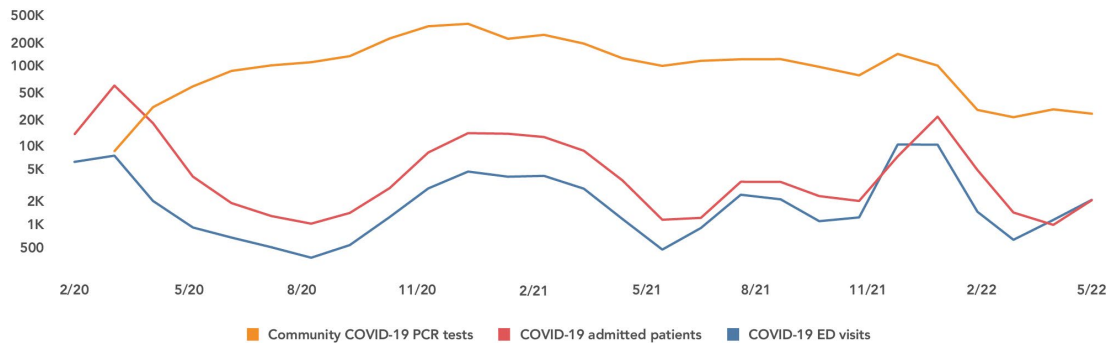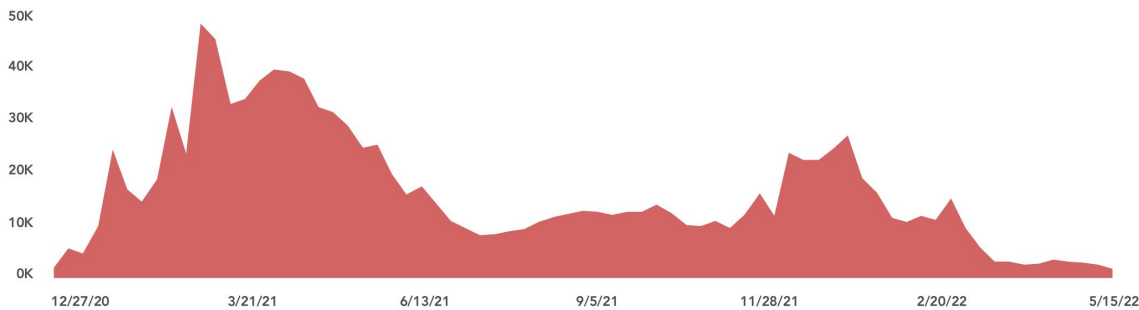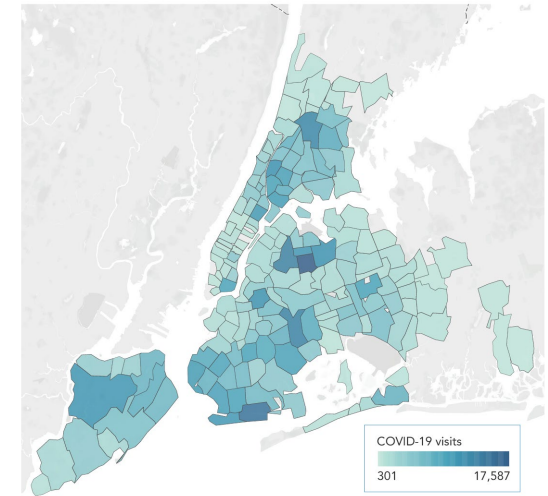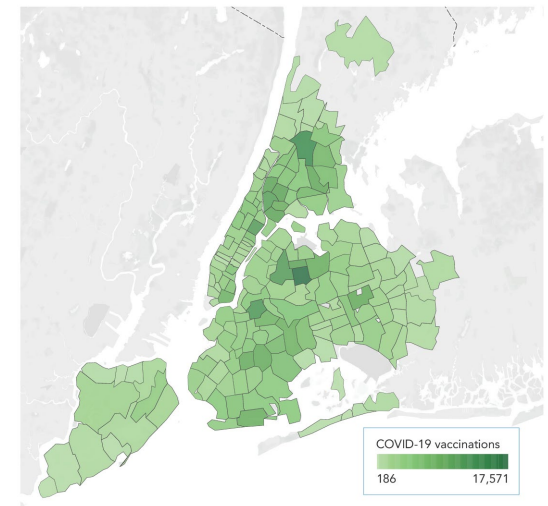
Next Steps

- Disseminate findings

- Identify and engage community and agency stakeholders for implementation planning

- From August to October, the Office of External & Regulatory Affairs will convene stakeholders to develop strategies and identify effective solutions to address the priority needs presented in the CHNA

- Present Implementation Plan to the NYC Health + Hospitals Board by November 15

- Monitor and evaluate progress 2022 to 2025

- Continue growing community relationships and opportunity for input

Appendix A:

Report Excerpts

INTRODUCTION

A child born in Brownsville today has a life expectancy of 75 years.[13] By comparison, a child born just four miles West (or 40 minutes on the train) in Park Slope has a life expectancy that is six years longer.[13] To build healthy and thriving communities, we must strive to reduce these inequities in health outcomes. To close the health gap, our communities need an opportunity to develop healthy behaviors and lifestyle, a positive environment to live, work and play, and easy access to high-quality health services. This CHNA takes a systematic approach to better identify, understand, and prioritize the health needs of the communities served by NYC Health + Hospitals, the largest public health care system in the U.S. This report considers physical and mental health as well as an individual's overall well-being.

ADDRESSING LONGSTANDING HEALTH INEQUITIES

Our City and our health care system were impacted seismically in March 2020 when COVID-19 arrived in New York City. The arrival of the pandemic brought forward and exacerbated existing health inequities in many neighborhoods in the city.
The hardest hit communities were those with longstanding health inequities, and the pandemic will have a lasting impact on individual and community health for many of our neighbors. Unfortunately, the pandemic also required an unprecedented dedication of resources, forcing a pause on some non-COVID initiatives.

Health equity is defined as the "absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically."[14] In an equitable society, each person has the same basic access and equal opportunities for healthy living.
As the city comes out of the COVID-19 pandemic, it is now the time to work toward reducing these inequities for all patients across the city. It is more important than ever to engage with community partners, residents, and leadership to gauge the status of each community. In doing so, NYC Health + Hospitals will work collaboratively with the community to recover from this trauma and continue the important work in achieving health equity for all New Yorkers.

OUR APPROACH

The 2022 NYC Health + Hospitals CHNA was completed by leveraging existing relationships with community partners and creating new ones, convening internal and external system and stakeholders, and delving into robust data analytics capabilities. We strove to bring together a diverse, representational, expansive group to gather authentic feedback, articulation of needs, and constructive criticism. We hope that our findings reflect this inclusive community engagement process, summarized as follows:

- 32 one-on-one expert interviews conducted with community stakeholders including board representatives and members, Central Office and facility leaders, and DOHMH leadership
- 12 community forums hosted at NYC Health + Hospitals facilities between March and April 2022 attended by Community Advisory Board (CAB) members, community agencies, and hospital employees
- Five borough-based focus groups with local Community Based Organizations (CBOs) and Community Boards, and faith-based organizations
- Input from a newly convened CHNA Advisory Board, including the voices of CAB Chairs, hospital representatives selected by facility CEOs, the NYC Care director, facility faith-based leaders, and other community leaders

The CHNA team validated qualitative findings with quantitative data analyses to identify and prioritize community health needs. The following inputs were used:

- 3,060 CHNA surveys were administered and completed by NYC Health + Hospitals community members, patients, and leaders
- Demographic and utilization analyses using NYC Health + Hospitals data
- Review of DOHMH and New York State Department of Health (NYSDOH) publications, data, and analytics

NYC HEALTH+ HOSPITALS

PRIORITY HEALTH NEEDS

HEALTH EQUITY AND CHRONIC DISEASE

Every New Yorker deserves to live a healthy life, but not all can or do. As early as birth, biological, social, behavioral, and environmental factors can place our neighbors and community at risk. As individuals age, likelihood of chronic disease increases and health needs become more complex.

Through 12 community forums, 5 focus groups, over 30 one-on-one interviews with community stakeholders and over 3,060 community surveys, priority health needs were identified, including disproportionate birth outcomes and complications during **pregnancy, airways diseases, mental health, substance use disorder, Type 2 diabetes, hypertension,** conditions related to **aging and frailty,** and **violence**.

ACCESS TO SERVICES

Widespread access to resources is a top priority for residents. The CHNA review has highlighted that health care access is just one part of the equation to improve and support community health. Addressing structural scarcity of resources and providing expanded community services can help improve health and wellbeing.

Our communities report needing additional access to an array of resources including

- Affordable healthy food
- Affordable quality housing
- Behavioral health services that are affordable, easy to navigate, and culturally humble
- Primary care
- Green space or safe places for physical activity
- Violence interruption
- Community resources (i.e., outreach and engagement, youth centers, senior services, nutrition events, etc.)

STAKEHOLDER INTERVIEWS

The CHNA team conducted 32 interviews with key stakeholders from across the system. This included members from the Board of Directors, Senior Executives, and Facility CEOs, as well as DOHMH leadership (see acknowledgments for full list).

They were asked to discuss the following topics to start:

- Top health challenges in the community they serve and obstacles to address them
- Top socioeconomic issues in the community and obstacles to address them
- The impact of COVID-19 on the community
- Key trends or changes in the health care system, community demographic or financial – health care policy spectrum to consider when addressing community needs
- The biggest challenges and barriers that need to be addressed to ensure the health and wellness of the communities served

TOP COMMUNITY HEALTH PROBLEMS

"ALL OF THE WORK THAT WE DO HAS TO BE FRAMED AND ADDRESSED FROM A HEALTH DISPARITIES AND HEALTH EQUITY LENS. WE NEED TO MAKE SURE EVERYONE HAS ACCESS TO WHAT THEY NEED AND WHAT THEY DESERVE."

- José A. Pagán, PhD,
Chair of the NYC Health + Hospitals Board

Interviewed stakeholders identified mental health, chronic disease, access to services, housing, and food access as the top health problems impacting the communities NYC Health + Hospitals serves. Mental health issues have now "become more visible" as a result of COVID-19, and those who were on the threshold for having serious mental health problems have now "crossed over." Some feel that community members are more self-aware and there's now more cultural acceptance to address mental health and seek care, though many have limited access to behavioral health services. Stakeholders described this as an opportunity to connect the community with these needed services.

According to stakeholders, the top chronic diseases in communities are diabetes, hypertension, asthma, and obesity, and community members face major challenges in accessing services and care. Care coordination is a challenge due to the fragmented nature of the entire health care system, including NYC Health + Hospitals and other providers, which makes it more difficult for patients to access their medical needs in a simple and straightforward way.

"HOW CAN WE HAVE A 10-YEAR LIFE EXPECTANCY DIFFERENCE JUST BLOCKS AWAY FROM ONE NEIGHBORHOOD TO THE NEXT? NYC IS NOT THAT LARGE GEOGRAPHICALLY, BUT THERE IS WIDELY VARIABLE ACCESS TO CARE AND RESOURCES, AND THE HEALTH EQUITY CHALLENGES HAVE A GREAT IMPACT."

- Eric Wei, MD, MBA,
Senior Vice President and Chief Quality Officer

Barriers to primary care utilization are a top concern. Time, distance, health literacy, and cultural considerations all play a role in accessing primary care and other health care services. Resources need to be provided in an effective, culturally, and linguistically humble way that builds trust with community members. Lack of trust and appropriate services cause many to not seek care or know about the care that is available to them, which can lead to worse health outcomes.

Poverty and increased homelessness are also top concerns for stakeholders. Communities continue to face challenges with housing supply, and rising housing costs and old infrastructure leave many living in suboptimal housing and facing greater financial strain. Food access remains an issue for communities, as many residents across the city live in food deserts or in areas where healthy food is inaccessible due to higher prices.

TOP SOCIOECONOMIC ISSUES IN THE COMMUNITY

"NOT HAVING A HOME MAKES IT DIFFICULT TO ACCESS CARE AND DIFFICULT TO DO OUTREACH. A PATIENT'S ABILITY TO MANAGE THEIR CARE AND MEDICATION REGIMEN, AND RECEIVE TREATMENT IS COMPROMISED BY THEM NOT HAVING A HOME."

- Gregory Calliste, CEO,
NYC Health + Hospitals/Woodhull

Stakeholders identified poverty, homelessness, employment, health care costs and the cost of living as the top socioeconomic challenges throughout their communities. The perceived increase in homelessness is a "very visible signifier" of change, as neighborhoods have seen an increase in unhoused community members across the city. There are significant barriers keeping community members from accessing supported housing or shelters, which can lead to worse health. The current process to get people into housing is inaccessible for many,

Queens

BOROUGH FOCUS GROUP FINDINGS

BOROUGH'S BIGGEST CHALLENGES

Queens focus group members believe the top challenges in the borough are mental health, access to resources, immigrant health, and the impact of COVID-19 on the community.

Community members are concerned about the mental health of their neighbors, many of whom are "walking around with trauma and depression," but are unable to access the help they need. As isolation worsened mental health during the pandemic, the community has also seen a spike in substance use, especially in young people who use opioids, alcohol, marijuana, or vape to "self-medicate." Many face barriers in accessing mental health care, due to cost or being uninsured, or a lack of culturally appropriate services in their language.

Queens includes a large immigrant population with unique health needs. Language barriers prevent residents from accessing health care and limit employment opportunities, even for those who have the education and skills needed. Undocumented community members have additional challenges accessing resources due to documentation and fear. "Anything can scare our undocumented community from seeking services, especially mental health." There has been an increase in violence against Asian community members, which has left many fearful and unable to go out and enjoy or live their lives as they normally would.

Parts of Queens including Elmhurst were the "epicenter of the epicenter" of the COVID-19 pandemic, which has had a lasting impact on the community. There have been increased reports of intimate partner violence, suicide, and homicide. Focus group members believe that these needs are "not going anywhere" and will continue to impact the community well beyond the pandemic. The lost income and benefits from those who had to leave the workforce or lost their jobs has also been significant and has affected the ability to keep up with bills and the rising cost of living.

Many residents are now struggling with Long COVID after being hit so hard at the beginning of the pandemic, which is a strain on their health and quality of life. It has been a "mass disabling event" for those who can no longer work due to these health effects, and there has been learning loss for kids with Long COVID unable to return to school. There is a need for outreach about the services available for those suffering from Long COVID, which is "devastating" to so many who may not know that's what's going on.

BOROUGH'S STRONGEST ASSETS

Residents spoke of the strength and resilience within their community, and the diversity that makes Queens unique. Residents here have "many dreams" and "so much strength" and are willing to do whatever they need to survive and provide for their loved ones. The community's civic engagement is a strength to ensure that problems are resolved, and community members receive care.

---

8 county health ranking
out of 62 counties in New York[1]

84.1 years life expectancy
compared to New York City average of 81.2 years[1]

What is the community's perception?[12]

Top 5 poor health outcomes identified in Queens

Diabetes and high blood sugar

High blood pressure

Mental health disorders and depression

Obesity and high BMI

COVID-19

Top 5 service needs in Queens

Housing access, affordability, and quality

Poverty and low-income status

Stress and emotional wellbeing

Health insurance access

Mental and behavioral health care access

Leading causes of premature deaths in Queens[25]

Cancer	Heart disease	Unintentional injury	Diabetes	Stroke
5,450 deaths	**4,806** deaths	**1,334** deaths	**672** deaths	**578** deaths
65.5 per 100,000	**54.6 per 100,000**	**19 per 100,000**	**8.1 per 100,000**	**7.1 per 100,000**

Health status in Queens

57% have one or more chronic conditions[30]

NYC HEALTH + HOSPITALS/ELMHURST

79-01 Broadway, Elmhurst, NY 11373

COMMUNITY BACKGROUND

The "Crossroads of the World" – Elmhurst, Queens is perhaps the most ethnically diverse community on the planet, a melting pot of 112 countries speaking over 160 languages. The population comprises residents hailing from South and Central America, Asia, the Caribbean, and Eastern Europe. The neighborhood is famous for its truly unique culinary experience with a range of restaurants that reflect the ethnicity of the people who live there and bring a piece of the world home to New York.

Elmhurst is dominated by a robust service industry of salons, laundromats, day cares, and markets. Residents also enjoy easy access to suburban style malls. In the last decade, Queens at large, and Elmhurst specifically, has been rapidly changing with vast construction of new luxury high rises in Long Island City, new office tours at Queens Plaza, and the rapid growth from a thriving film and production industry in Astoria. These factors make Long Island City/Elmhurst/Astoria the fastest growing neighborhood in New York City.

WHAT THE COMMUNITY SHARED

Assets
- Diversity
- Hardworking community
- Immigrant communities

Challenges
- Dental health
- Poor medical compliance
- Mental health
- Substance use
- Homelessness
- Language barriers
- Obesity
- Diabetes

Neighborhood health

81.6 Life expectancy from birth[50]

Patients served by zip code

% of patients served by zip code
0.8%   21.7%
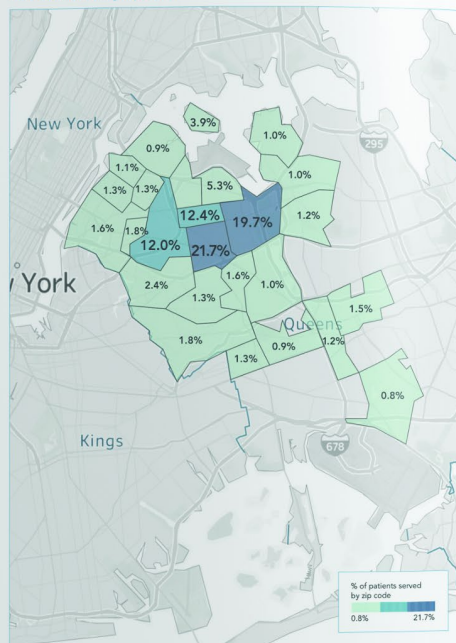
Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY21

"WE TEND TO ISOLATE EACH OTHER TO THE GROUPS AND BACKGROUNDS THAT WE CAME FROM AND DON'T SEE THE COMMON ACROSS THE DIFFERENT GROUPS. WE MUST WORK THROUGH IT BECAUSE IN UNITY WE EXCEL."

- Community forum participant, NYC Health + Hospitals/Elmhurst

90

THROUGH THE LENS OF A COMMUNITY ANCHOR INSTITUTION

Located in Central Queens, NYC Health + Hospitals/Elmhurst is a major provider of hospital and ambulatory care services in the borough of Queens. The 545-bed hospital is a Level 1 Trauma Center, and an Emergency Heart Care Station. Academically affiliated with Mount Sinai School of Medicine, it is a premier health care organization for key specialties, including surgery, cardiology, women's health, pediatrics, rehabilitation medicine, renal services, and mental health services.

Our impact

$1.55B Economic activity[2]

6K Jobs generated[2]

1.7K Babies delivered

120K Total patients
579K Outpatient visits
18.3K Inpatient visits
107K Emergency Department visits
6.2K Ambulatory surgery
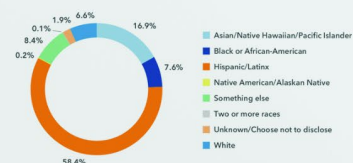**696K** Total visits

Why are patients coming in?

- Opioid dependence & abuse
- Pregnancy
- Well & preventative care for adults and children
- Hypertension
- Diabetes
- Follow-up visits for children
- Diabetes
- Schizophrenia and psychotic disorders

Based on outpatient and inpatient encounters; sorted by rank

### Who are our patients?

Patients by race/ethnicity

0.1% 1.9% 6.6%
16.9%
8.4%
0.2%
7.6%
58.4%

- Asian/Native Hawaiian/Pacific Islander
- Black or African-American
- Hispanic/Latinx
- Native American/Alaskan Native
- Something else
- Two or more races
- Unknown/Choose not to disclose
- White

Top 10 preferred languages

- English
- Spanish
- Bengali
- Other
- Mandarin Chinese
- Korean
- Hindi
- Cantonese
- Arabic
- Tagalog

54% of patients with preferred language other than English[57]

Patients by age group
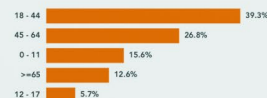
18 - 44   39.3%
45 - 64   26.8%
0 - 11   15.6%
>=65   12.6%
12 - 17   5.7%

Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

Patients by sex

Female	51.49%
Male	48.48%
Decline to answer	0.01%
X	0.01%
Unknown	0.00%

Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY21

91

Bronx

BOROUGH FOCUS GROUP FINDINGS

BOROUGH'S BIGGEST CHALLENGES

In our discussion focus groups, Bronx participants shared that the top challenges in the borough are food access, crime and safety, access to resources, and the impact of COVID-19 on the community.

Community members are concerned that the food environment in their neighborhoods doesn't help residents prevent or manage chronic diseases. Fresh, healthy foods are expensive and inaccessible to many residents, and the food that is available is not good quality or rots quickly. Residents believe this deters people from eating healthfully, as they don't want to waste money on these foods, especially when they are on a fixed or low income. The Bronx focus group participants also stress that the Bronx receives disproportionate unhealthy food marketing compared to other boroughs.

Increased random acts of crime and violence throughout the community have many on edge and experiencing heightened anxiety. Community members report that violent incidents are taking place even where they wouldn't expect it and pointed to the case of a barber shop shooting. Others shared that there are shootings where people are killed at least twice a week in their neighborhoods. This impacts youth, who deal with safety issues just trying to get to school, and sometimes end up as victims of violence as well.

Many Bronx residents have challenges accessing resources, including finding the right health insurance coverage, or navigating the coverage they do have. This is especially true for elderly residents and in trying to access mental health services. Some still face language barriers in trying to get care. Residents don't always "trust urgent care" in the Bronx and could be more diverse and "in tune with the people they serve." Residents don't always "trust urgent care" in the Bronx and prefer to go to the ER for care. Urgent care bills are often too high, and many residents try to save time and money by going anyway, and after being referred to the hospital at urgent care directly to the emergency room. There is a need for more access to information on health, food, immigration, and jobs resources within the community.

"The rug that COVID-19 pulled from everyone's feet sent everyone in total disarray," focus group members shared. Conflicting information created confusion and prevented people from seeking help. This exacerbated health conditions or left COVID untreated and led to a lot of death in the community. The pandemic has worsened existing mental health conditions and caused them for many others. Families were "shattered" after losing family members, jobs, and increased economic instability, and this experience has been a trauma for the entire community.

BOROUGH'S STRONGEST ASSETS

Focus group members described their community as a variety of cultures who live together and create a "family" that sticks together as neighbors and friends. The community will always band together for each other in times of need.

62 county health ranking
out of 62 counties in New York[1]

80.9 years life expectancy
compared to New York City average of 82.8 years[1]

What is the community's perception?[12]

Top 5 poor health outcomes identified in the Bronx

Diabetes and high blood sugar
Mental health disorders and depression
Violence and gun violence
Obesity and high BMI
High blood pressure

Top 5 service needs in the Bronx

Community safety and violence
Poverty and low-income status
Housing access, affordability, and quality
Stress and emotional wellbeing
Obesity and high BMI

Leading causes of premature deaths in the Bronx[25]

Cancer
3,675 deaths
82.4 per 100,000

Heart Disease
3,534 deaths
79.6 per 100,000

Unintentional injury
1,507 deaths
36.2 per 100,000

Diabetes
632 deaths
14.5 per 100,000

Influenza & pneumonia
513 deaths
11.7 per 100,000

Health status in the Bronx

Health status in the Bronx[30]

59% have one or more chronic conditions

NYC HEALTH + HOSPITALS/JACOBI

1400 Pelham Pkwy S, Bronx, NY 10461

COMMUNITY BACKGROUND

Just west of Pelham Bay Park, New York City's largest Park, and home to Orchard Beach, this neighborhood is where the suburbs meet the city. It is center to New York City's "Aging in Place" initiative and home of the two largest Naturally Occurring Retirement Community (NORC) residences citywide.

Despite the area's proximity to Pelham Parkway, the Hutchinson River Parkway, and the New England Thruway, the neighborhood ambience is reminiscent of a suburb outside of the bustle of New York City. The diverse, middle-income communities of the Northeast Bronx have seen a recent influx of immigrants from West Africa and the Caribbean.

Patients by zip code

% of total district count
| 0.5% | | 12.0% |

| 0.5% |
Abc	0.5%
Abc	2.0%
Abc	4.0%
Abc	6.0%
Abc	8.0%
Abc	10.0%
Abc	12.0%

WHAT THE COMMUNITY SHARED

Assets
- CBOs and the services they provide
- Collaboration between the hospital and other institutions

Challenges
- Diabetes
- Asthma
- Obesity
- Heart disease
- Sexual health
- Crime
- Poverty
- Mental health

Neighborhood health

78.2 Life expectancy from birth[50]

"IF I WAS YOUNGER, IT MIGHT BE DIFFERENT, BUT RIGHT NOW, PEOPLE ARE GOING CRAZY OUT THERE AT NIGHT, AND IT DOESN'T FEEL SAFE."

– Community forum participant,
NYC Health + Hospitals/NCB/Jacobi

THROUGH THE LENS OF A COMMUNITY ANCHOR INSTITUTION

NYC Health + Hospitals/Jacobi is a the 457-bed hospital, academically affiliated with Albert Einstein College of Medicine and working in partnership with PAGNY. Jacobi is a Level 1 Trauma Center that serves as the Regional Hyperbaric Center and the Regional Snakebite Center for the Tri-state area.

Our impact

$1.54B Economic activity[2]

6.6K Jobs generated[2]

1.6K Babies delivered

109K Patients
- 354K Outpatient visits
- 20.4K Inpatient visits
- 102K Emergency department visits
- 4.1K Ambulatory surgery

464K Total visits

Why are patients coming in?

- Follow up from child health exams
- Hypertension
- Diabetes
- Pregnancy
- Well & preventative visits for children
- Adult medical exam
- COVID-19
- Mammogram screenings
- Morbid obesity

Based on outpatient and inpatient encounters, sorted by rank

Top 10 preferred languages

- English
- Spanish
- Albanian
- Bengali
- Other
- Arabic
- French
- Urdu
- Sign Language
- Vietnamese

23% of patients with preferred language other than English[2]

Who are our patients?

Patients by race/ethnicity

- Asian/Native Hawaiian/Pacific Islander
- Black or African-American
- Hispanic/Latinx
- Native American/Alaskan Native
- Something else
- Two or more races
- Unknown/Choose not to disclose
- White

Patients by sex

Female	54.64%
Male	45.34%
Decline to answer	0.03%
X	0.00%
Unknown	0.00%

Patients by age group

18 - 44	39.4%
45 - 64	24.4%
0 - 11	16.8%
>=65	12.9%
12 - 17	6.3%

Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

NYC HEALTH + HOSPITALS/ JACOBI

1400 Pelham Pkwy S, Bronx, NY 10461

JACOBI COMMUNITY FORUM FINDINGS
COMMUNITY'S BIGGEST CHALLENGES

Crime and safety

Community members are concerned about increasing crime and its disparate impact. Participants worried that "you only need to go two to three minutes away" and it's a "different story" where residents can't go out at night, and "you have to worry about who you're going to meet in the street." Elderly community members feel especially unsafe, as one forum member shared, "if I was younger, it might be different, but right now, people are going crazy out there at night, and it doesn't feel safe."

Senior health

Seniors in the community shared the need for additional services that address their unique health needs. Some community associations have senior services and centers which have been reduced because of the pandemic, have meals, and be around place to come together, play games, have meals, and be around others. One community member shared, "When I go there, I feel like I'm at home," and emphasized the importance for the senior community to connect with one another following the isolation of the pandemic.

"WE NEED TO GET THE WORD OUT THAT GOING
TO THE DOCTOR AND THE HOSPITAL IS A GOOD
THING. WE HAVE CLINICS ALL OVER THE AREA,
AND THEY WILL WALK RIGHT PAST THEM AND SAY
THEY'RE NOT FEELING WELL WHEN THEY JUST
PASSED A PLACE WHERE THEY COULD'VE GONE IN
AND GOTTEN SOME HELP."

- Community forum participant,
NYC Health + Hospitals/Jacobi

Many believe that there are adequate resources for seniors but that it is a challenge in getting seniors to access them. "There is access for seniors, but sometimes they need someone to guide them to go." The community needs to find a way to bridge the gap for seniors to talk about their health and health needs with others who can help them find the resources that are available to them. Seniors who live with HIV are another population that needs consideration and services, as many are treated more generally in centers or assisted living and are afraid to share their status due to enduring stigma.

Access to resources

According to meeting participants, the community has "ample" places to access health care, including urgent care, area hospitals, and NYC Health + Hospitals satellite facilities. However, many community members still face barriers to accessing care. Those who can't afford health care or insurance delay care because of the costs, and others delay because they're afraid to figure out what's going on with them. These patients often have treatable health conditions but came in too late to seek treatment. Many younger residents don't have the connection to a primary care provider, and if they don't have the connection to a doctor through their health care plan, they often won't find one to access primary care.

Community members believe it's important for young people to establish themselves with a primary care provider and urge them to seek care regularly. "We need to get the word out that going to the doctor and the hospital is a good thing. We have clinics all over the area, and they will walk right past them and say they're not feeling well when they just passed a place where they could've gone in and gotten some help."

More community outreach is needed, and especially after the pandemic, more mental health outreach and services are needed. Seminars or sessions on health issues to the community would also help residents to come together to learn more about what they're dealing with and connect with others with the same experiences. Residents believe that stigma still exists for those to seek care, which limits community members accessing available resources.

COMMUNITY'S STRONGEST ASSETS

Local community-based organizations are very widespread throughout the area that Jacobi services and are a significant asset to the community. These partners enable NYC Health + Hospitals/Jacobi to work with others on health needs and bringing more resources to the community.

IMPACT OF COVID-19

"COVID DELAYED COMMUNITY MEMBERS
FROM SEEKING CARE DUE TO THEIR FEAR OF
CONTRACTING COVID, REGARDLESS OF OTHER
FACTORS THAT MAY ALSO KEEP THEM FROM CARE
(I.E., IMMIGRATION STATUS). THERE IS A CORE
GROUP OF INDIVIDUALS WHO ARE STILL AFRAID
TO RECEIVE CARE IN OUR FACILITY. OUR STAFF ARE
STILL UNDER A TREMENDOUS AMOUNT OF STRESS
AS A RESULT OF THE PANDEMIC."

- Christopher Mastromano, CEO NYC Health + Hospitals/
Jacobi/North Central Bronx

Community COVID-19 PCR testing, COVID-19 admissions and ED visits

COVID-19 vaccinations

The pandemic has been a time of "loss and trauma" for the community, as residents lost family members and loved ones. There has been an increase in anxiety and depression in response, which has worsened because of "the turmoil and uncertainty" happening now. Many community members know that they cannot resolves these issues quickly and that awareness exacerbates these mental health challenges.

Residents believe that these behavioral health issues will continue in the community in the coming years. "The pandemic was one issue," one community forum participant shared, "but the aftermath that is happening currently, will go on for who knows how long until it's resolved."

The community is grateful for the resources NYC Health + Hospitals/Jacobi provided throughout the pandemic. The hospital has done "great outreach to make vaccines available to those who wanted it and made vaccine information easy for people to understand."

Source: NYC Health + Hospitals, Onit, Epic clinical and revenue data, CY21

NYC Health + Hospitals/BELLEVUE

Patients and visit types

116,249 Patients   **27,308** Inpatient

688,209 Total visits   **95,950** Emergency Department

573,694 Outpatient

Why are patients coming in?

- Opioid dependence & abuse
- Morbid obesity
- Diabetes
- Hypertension
- Pregnancy
- Posttraumatic stress disorder (PTSD)
- Obesity

Community stats

1,151
Babies
delivered

9,200
Jobs
generated

$2.20B
Economic
activity

Assets and challenges identified by community members

Assets
- Diversity
- Access to resources at NYC Health + Hospitals/Bellevue
- Community unity in times of need

Challenges
- Air quality
- Health literacy
- Mental health
- Newly surfaced 9/11 related illnesses
- Health care accessibility
- Substance use
- Cancer
- Violence
- Impact of COVID-19

Community forum participant comments

"Our ability to come together as a community when there's something wrong, to be able to work out our differences and fight for our community – that's our biggest strength."

"We have seen more people medicating their fears, anxiety, and the struggles. There's been increases in domestic violence, child abuse, drinking, drugs, and silence. If people don't die from COVID, they might die from domestic violence at home instead."

Appendix B:

2019 CHNA

2019 CHNA findings focused on:

Priority #1

Reducing the burden of life cycle and lifestyle-driven illnesses

Priority #2

Redesigning healthcare for communities

Actions Taken to Address the Significant Health Needs in the 2019 CHNA

2019 Key Priority #1

Reducing the burden of life cycle and lifestyle-driven illnesses

ACTIONS TAKEN:

- Launched the Medical Eracism initiative and eliminated two common diagnostics tests for kidney disease and pregnancy that are based on biased assumptions and can negatively impact quality of care for patients of color.

- Launched the "Early Steps" mobility pilot program to help reduce recovering med/ surge patients' stays by approximately two days.

- Launched B-Heard, the Behavioral Health Emergency Assistance Response Division, a new pilot program, where New York City EMTs are accompanied by a social worker to provide mental health services to individuals who call 911.

- Established the Maternal Medical Home, which provides case and care management and wrap around services for pregnant people at risk of severe maternal morbidity.

- Expansion of telehealth services.

- Opened Obstetrics Simulation Lab at NYC Health + Hospitals/Bellevue to help reduce maternal deaths and life-threatening conditions in patients during childbirth.

- Partnered with Coordinated Behavioral Care Independence Practice Association (CBC) to expand the Pathway Home™ program, the program provides care transition of adults with serious mental illness following discharge from in-patient and/or emergency department treatment.

- Launched the Peer Academy program to help recruit and train community members who will become State certified peer counselors and support behavioral health patients.

- Eighteen patient care facilities receive the "LGBTQ+ Healthcare Equality Leader" designation from the Human Rights Campaign (HRC) Foundation.

continues >

NYC HEALTH+ HOSPITALS

2019 Key Priority #1
Reducing the burden of life cycle and lifestyle-driven illnesses

ACTIONS TAKEN:

- All 11 of our hospitals made the U.S. News "High Performing" list in at least one specialty area and four NYC Health + Hospitals skilled nursing facilities recognized on Newsweek's "Best Nursing Homes" list.

- Expanded Virtual ExpressCare and Virtual Visits, redirecting 911 encounters to prevent thousands of unnecessary EMS transports to nearby hospitals.

- Published the inaugural Nursing Biennial Report, a 222-page summary of systemwide and facility-level nursing highlights and achievements from March 2019 through May 2021.

- The 2021 Lown Institute Hospitals Index for Social Responsibility ranked NYC Health + Hospitals/Metropolitan, NYC Health + Hospitals/Harlem, NYC Health + Hospitals/Queens and NYC Health + Hospitals/Lincoln among the 50 Most Racially Inclusive Hospitals in America.

- Launched the Helping Promote Birth Equity through Community-Based Doula Care (HoPE) program, which provides community-based doula support, free-of-charge, to any pregnant person seeking care at either Elmhurst or Queens Hospitals.

- Announced the expansion of lifestyle medicine services at 6 sites across NYC, the expansion will provide patients living with chronic disease the tools to make healthy lifestyle changes, included providing them access to plant-based diet resources.

- Launched the Family-Centered Cesarean Birth (FCCB) program, which places the family at the focal point of the birthing process during a cesarean birth at NYC Health + Hospitals/Woodhull.

2019 Key Priority #2
Redesigning healthcare for communities

ACTIONS TAKEN:

- NYC Health + Hospitals opened several new units including:
    - NYC Health + Hospitals/Woodhull new emergency department.
    - NYC Health + Hospitals/Gotham Health, Vanderbilt new Diabetes Center.
    - NYC Health + Hospitals/Bellevue new same day surgery suite.
    - NYC Health + Hospitals/Jacobi new Pride Center to care for LGBTQ New Yorkers.
    - NYC Health + Hospitals/Lincoln new Gender Affirming Integrated Services Practice for LGBTQ Patients.
    - NYC Health + Hospitals/Correctional Health Services broke ground on the Planning for Outposted Therapeutic Housing Unit (OTxHU) at NYC Health + Hospitals/Bellevue. [and other locations] to better serve patients in the criminal legal system.
- Partnered with NYU to launch a new professional development and training program to help early career psychiatrists.

- Announced renaming of the NYC Health + Hospitals/Coney Island main hospital after Supreme Court Justice Ruth Bader Ginsburg. The entire campus will be renamed NYC Health + Hospitals/South Brooklyn Health.
- Opened 3 COVID-19 Centers of Excellence to care for New Yorkers with long COVID in the Bronx Brooklyn and Queens.
- Achieved a 72 percent MyChart activation rate, empowering our patients to get their test results, schedule appointments, and talk to their providers.
- Partnered with CUNY to create a Nursing pipeline for nursing students and expand professional development for health system nurses.
- NYC Care enrolled 110,000 New Yorkers.
- Launched nation's first Public Health Corps, one of the largest Community Health Workers (CHWs) programs in the country dedicated to assisting New Yorkers to obtain essential services and enable them to meet their health goals. Corps members will be placed throughout the health system.

NYC Health Hospitals made the following improvements to promote financial and system stability:

- Achieved over $1B in recurring revenue-generating and expense-reducing initiatives as of FY 2021.

- MetroPlus Health plan ranked highest quality Medicaid plan in NY and increased membership by over 50,000 members.

- For the eighth consecutive years, NYC Health + Hospitals' Accountable Care Organization earns Medicare shared savings for reducing cost and providing high quality care for patients.

- Enrolled 90 percent of uninsured patients in health insurance, up from 70 percent.

- Earned 'A' Leapfrog Hospital Safety Grade for spring 2022 at Metropolitan and Queens Hospitals.

Strategic Planning Dashboard FY22 Q3

Matt Siegler
SVP MANAGED CARE AND PATIENT GROWTH

Dr. Eric Wei
SVP AND CHIEF QUALITY OFFICER

Deborah Brown
SVP EXTERNAL AND REGULATORY AFFAIRS

June 13, 2022

Agenda

- **POLICY UPDATE**

- **SYSTEM STRATEGIC DASHBOARD**

Policy Update

- **Federal**
  - **scotus**
  - **Legislative challenges**
  - **Redistricting**
  - **Regulatory highlights**

- **State**
  - **Legislative session concluded: highlights**
  - **Primaries**
  - **1115 waiver**

- **City**
  - **Budget agreement**
  - **Upcoming council hearings**

System Dashboard Glossary

		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 – Q3 FY22 (January 1 through March 31 | 2022)

		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 30th)
24	Post Acute Care COVID-19 Infection	COVID-19 Infection Rate per 1,000 resident days
25	1st dose vaccinations Administered	Total number of 1st 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 Q3 (January 1 to March 31, 2022) Performance: Positive Trends*

QUALITY AND OUTCOMES

- Post Acute Care (PAC): All Cause Hospitalization rate: **1.92 per 1,000 care days** from 1.96 per 1,000 care days [1] (target: 1.00 per 1,000 care days)

- Follow-up appointment kept within 30 days after behavioral health discharge: **50.4%** from 43.2% [2] (now achieved target: 50%)

- % Left Without Being Seen in ED: **3.9%** from 5.2% [3] (target: 4.0%)

*Change reflected from the Prior Period, which was **Q2 FY22 (October 1 to December 31, 2021)**. **Notes include the following:**

[1] *PAC: All Cause Hospitalization rate:* In Q3 FY22, there was a significant increase in the COVID-19 Infection Rate compared to previous quarters. With the emergence of the Omicron variant in the community, post acute care facilities experienced outbreaks in December 2021 into February 2022. The sites operationalized their emergency plans, and timely interventions were implemented to minimize spread of infections including facility-wide weekly testing of all resident and staff, cohorting, activation of COVID designated units, continued staff education, and PPE observations conducted by facility champions. The majority of residents were asymptomatic and recovered at the facilities. As such, hospitalizations decreased slightly to 1.92 per 1,000 care days in this reporting period. Strategies to treat in place continue, including offering diagnostic services and provider consultations, engaging in palliative care and advanced illness management programs to discuss and plan goals of care, partnering with community providers, and continuing communication with acute care hospitals.

[2] *Follow-up appointment kept within 30 days after behavioral health discharge:* This measure saw even more improvement since the last reporting quarter as facilities have become increasingly acclimated with the correct method to capture and document, and for the first time in over eighteen months has surpassed the target. The Office of Behavioral Health continues to work 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.

[3] *% Left without being seen in ED:* Similar to the prior 3 quarters, during this reporting quarter, overall ED utilization continued to increase. Despite these progressive increases, there has been a decrease in the % of patients who left the EDs without being seen due to a variety of improvement efforts across hospitals aimed at augmenting flow and efficiency in the EDs across the System.

Note about *Integration of Bio Medical Devices:* FY22 Q2 performance was at 116% for integration and upgrading, which exceeded the 100% target and completes the CY2021 goal. **This metric is no longer reported in CY2022.**

FY22 Q3 (January 1 to March 31, 2022) Performance: Positive Trends, continued*

FINANCIAL SUSTAINABILITY

- % of Uninsured patients enrolled in health insurance coverage or financial assistance: **87%** from 86% [1] (target: 76%)

- % MetroPlus medical spend at NYC Health + Hospitals: **42.58%** from 40.17% [2] (target: 45%)

- Total A/R days per month: **53 days** from 60 days [3] (target: 45)

- Enterprise Data Center Migration progress**: Project timeline remains 5/2021-5/2023**
  - **As of March 2022, 38% of 2-year project is complete**
  - **FY22 Q3 milestones are 100% complete** [4] (target: 100%)

*Change reflected from the Prior Period, which was **Q2 FY22 (October 1 to December 31, 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, and inpatient populations. NYC Health + Hospitals is continuing to re-evaluate our target moving forward, including exploring opportunities to improve the timeliness of financial counseling interactions, including more pre-service.

[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 several quarters.

[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. Days in a/r have shown a slow but steady improvement over the past few months. While NYC Health + Hospitals continues to focus on denial reduction as a priority, we are also addressing other areas of opportunity in the aging accounts receivable.

[4] *Enterprise Data Center Migration progress:* This is a 24 month long project (5-2021-5/2023). We remain on target, now at 38% completion at this point in the project, with 100% of March 2022 deliverables reached. Overall, this measure remains on target and within budget.

ACCESS TO CARE
- # of e-consults: **100,389** from 96,055 [1] (target: 95,100)

CULTURE OF SAFETY
- Total Wellness Encounters: **1,118** from 498 encounters [2] (target: 600)

*Change reflected from the Prior Period, which was **Q2 FY22 (October 1 to December 31, 2021). Notes include the following:**

[1] # of e-consults: This metric increased during this reporting period. E-consults remain an indicator of 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 results for this quarter remain above the target of 95,100.

[2] Total Wellness Encounters: This measure includes 1:1 debriefs, group debriefs, and wellness events; total wellness encounters increased substantially as compared to the prior reporting period, more than doubling, due to an increase in all wellness events over the quarter as a result of the Omicron surge and the rising need for these interventions. As noted previously, this measure will always fluctuate, with increases during and just after significant traumatic events, and decreases during normalization periods.

FY22 Q3 (January 1 to March 31, 2022) Performance: Steady Trends (close to or exceeding target)*

NYC HEALTH+ HOSPITALS

ACCESS TO CARE

- NYC Care: Decreased slightly from **110,377** from 114,496 [1] (remains better than target of 100,000)

CARE EXPERIENCE

- MyChart Activations: Remains at **71%** [2] (close to target of 75%)

FINANCIAL SUSTAINABILITY

- Patient care revenue/expenses: Remains relatively the same from prior quarter, at **74.8%** from 73.2% [3] (remains better than target of 60%)
- Post Acute Care Total AR days: **47 days** from 40.6 days [4] (though there was a decline in this metric, it remains better than target of 50 days)

*Change reflected from the Prior Period, which was **Q2 FY22 (October 1 to December 31, 2021). Notes include the following:**

[1] *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. There continues to be consistent growth in enrollment, and has surpassed our revised target over the past 2 quarters.

[2] *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 has remained steady at just over 70%, 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 and other health information.

[3] *Patient care revenue/expenses:* Patient Care Revenue/Expense ratio has remained relatively steady over time, though with a slight increase during this reporting period and remains close to where it was last year at the same period.

[4] *PAC Total AR days (lower is better for this measure):* While this metric has seen some decline over a quarter, it remains better than the target of 50 days.

QUALITY AND OUTCOMES

- Hgb A1c control <8: **65.3%** from 66.4% [1] (target: 66.6%)

ACCESS TO CARE

- Unique Primary Care Patients: **400,571** from 413,362 [2] (target: 405,000)

*Change reflected from the Prior Period, which was **Q2 FY22 (October 1 to December 31, 2021).** This reflects a negative trend in which the target has not been achieved. **Notes include the following:**

[1] *Hgb A1c Control:* This is the first time within a year that this measure has observed a decrease. Part of this has to do with the Omicron surge in the pandemic, as less inperson visits occurred to monitor patients' chronic conditions. Nurses chronic disease coordinators continue to work closely with patients to develop diabetes self management skills while incorporating patient education to manage diabetes and nutritional interventions.

[2] *Unique Primary Care patients:* Unique primary care patients decreased over the quarter. Due to the Omicron surge in the pandemic, inperson visits to practice settings declined during this reporting quarter, especially during the month of January. Additionally, there were substantial staff outages during this time due to the surge, thus, decreasing capacity.

CARE EXPERIENCE

- Inpatient care – overall rating: **61.82%** from 62.88% [1] (target: 66.3%)
- Ambulatory care – recommended provider office: **82%** from 84.43% [2] (target: 87.0%)

*Change reflected from the Prior Period, which was **Q2 FY22 (October 1 to December 31, 2021).** This reflects a negative trend in which the target has not been achieved. **Notes include the following:**

[1] *Inpatient care – overall rating:* Compared to the prior quarter (62.88%), this metric has seen a slight decline, which is attributed to the Omicron surge in the pandemic. The decrease is a result of corresponding increases in hospitalizations, visitation policy restrictions, and substantial staffing/operational barriers due to a surge of COVID-19 cases, especially in January and February.

[2] *Ambulatory care – recommended provider office:* There was an observed decrease in this metric compared to the prior quarter, mostly due to the Omicron surge of the pandemic. Especially during the beginning of this reporting quarter, inperson visits were curtailed, as well as more limited staffing due to illness related to COVID-19. Additionally, longer wait times than usual to obtain COVID-19 tests attributed to this decline.

RACIAL & SOCIAL EQUITY MEASURES*

- % of total procurement spend on MWBE: **will be reported at end of FY22** (target: 30%) [1]

- % of New Physician Hires being underrepresented minority (URM), as follows: Women: 43%; Non-Binary: 0%; **Ethnic Groups Hired other than White: Asian (8.8%); Black or African American (3.5%); Hispanic or Latino (1.1%)** [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 at the close of the Fiscal Year.**
[2] *% 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 Q3, 74.4% 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.

Note about *% of Chronic Disease Dashboards with Race, Ethnicity, & Language Data:* FY22 Q1 performance was at 100% , with all 5 out of 5 chronic disease dashboards now having the equity lens. **This metric will no longer be reported.**

FY22 Q3 (January 1 to March 31, 2022) Performance: COVID-19 Metrics

Metric	FY22 Q3 (Jan 1-Mar 31, 2021)	FY22 Q2 (Oct 1-Dec 31, 2021)
▪ Total # of COVID-19 Tests Administered [1]	522,470	859,176
▪ Total # of COVID-19 Positive Tests [1]	84,529	74,418
▪ Post Acute Care COVID-19 Infection Rate [2]	210.7	9.27
▪ COVID-19 Vaccine: # 1st Dose	22,500	522,754
▪ COVID-19 Vaccine: # 2nd Dose	27,393	450,150
▪ % of Occupied Beds	71%	74%
▪ Third doses and boosters administered	215,387 (October 2021 through May 2022)	
	April 2022	May 2022
▪ Average Pandemic Response Lab (PRL) Turnaround Time (in hours) [3]	16.29	18.00

[1] Includes PCR tests administered.

[2] Rate is expressed per 1,000 residents within the post acute facilities at NYC Health + Hospitals. In Q3 FY22, there was a significant increase in the COVID-19 infection rate compared to previous quarters. With the emergence of the Omicron variant in the community, the post acute care facilities experienced facility outbreaks beginning in December 2021 into February 2022. The sites immediately operationalized their emergency plans, and timely interventions were implemented to minimize the spread of infections including facility-wide weekly testing of all resident and staff, cohorting practices and activation of COVID designated units, continued staff education, and PPE observations conducted by facility champions. The majority of residents were asymptomatic and recovered at the facilities.

[3] This metric is measured from the time of order to the time of result.

System Dashboard

REPORTING PERIOD – Q3 FY22 (January 1 through March 31 | 2022)

#		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	1.92	-0.92	1.96	1.55
2	Follow-up appointment kept within 30 days after behavioral health discharge	SVP CMO + SVP CQO	Quarterly	50%	50.4%	.4%	43.2%	37.97%
3	HgbA1c control < 8	SVP AMB + VP CPHO	Quarterly	66.6%	65.3%	-1.3%	66.4%	61.00%
4	% Left without being seen in the ED	SVP CMO + SVP CQO	Quarterly	4.0%	3.9%	-.1%11	5.23%	1.80%
5	Integration of Bio Medical devices	SVP CIO	Quarterly-RETIRED METRIC	100%	116%	16%	116%	-
	CARE EXPERIENCE							
6	Inpatient care - overall rating (top box)	SVP CQO + SVP CNE	Quarterly	66.30%	61.82%	-4.48%	62.88%	66.65%
7	Ambulatory care (medical practice) recommended provider office (top box)	SVP CQO + SVP AMB	Quarterly	87.00%	82%	-5%	84.43%	82.88%
8	MyChart Activations	SVP CQO + SVP AMB	Quarterly	75%	71%	-4%	72%	55.00%
	FINANCIAL SUSTAINABILITY							
9	Patient care revenue/expenses	SVP CFO + SVP MC	Quarterly	60%	74.8%	14.8%	73.2%	72.60%
10	% of Uninsured patients Enrolled in Health Insurance Coverage or Financial Assistance	SVP CFO + SVP MC	Quarterly	76%	87%	13%	86%	58.00%
11	% of M+ medical spend at H+H	SVP MC	Quarterly	45%	42.58%	-2.42%	40.17%	39.10%
12	Total AR days per month (Outpatient ,Inpatient)	SVP CFO	Quarterly	45	53	-8	60	62.60
13	Post Acute Care Total AR days(12 months)	CFO	Quarterly	55	47	-8	40.6	51.00
14	Enterprise Data Center Migration progress	SVP CIO	Quarterly	100%	100%	0%	100%	85.00%
	ACCESS TO CARE							
15	Unique primary care patients seen in last 12 months	SVP AMB	Quarterly	405,000	400,571	4,429	413,362	408,794
16	Number of e-consults completed/quarter	SVP AMB	Quarterly	95,100	100,389	5,289	96,055	71,793
17	NYC Care	SVP AMB	Quarterly	100,000	110,377	10,377	114,496	46,460
	CULTURE OF SAFETY							
18	Total Wellness Encounters	SVP CQO + SVP CNE	Quarterly	600	1,118	518	498	737
	RACIAL AND SOCIAL EQUITY							
19	% of New Physician Hires being underrepresented minority (URM)	SVP CMO + SVP HR	Quarterly		See slide 10			-
20	% Chronic Disease Dashboards with Race, Ethnicity, & Language Data	SVP AMB + VP CPHO	Quarterly-RETIRED METRIC	100%	5 out of 5	0%		-
21	% of Total Procurement spend on MWBE*	SVP SUPPLY CHAIN + SVP OFD	Quarterly	30%	To be reported for FY22 Q4			-
	COVID-19							
22	COVID-19 Tests Administered	SVP AMB	Quarterly	Undefined	522,470	-	859,176	1,010,840
23	COVID-19 Positive Tests	SVP AMB	Quarterly	Undefined	84,529	-	74,418	54,049
24	Post Acute Care COVID-19 Infection	SVP PAC	Quarterly	undefined	210.7	-	9.27	26.50
25	Number of 1st dose vaccinations	SVP AMB	Quarterly	undefined	22,500	-	522,754	199,882
26	Number of 2nd dose vaccinations	SVP AMB	Quarterly	undefined	27,393	-	450,150	100,363
27	% Bed Occupied(Not Including ED)	SVP AMB	Quarterly	undefined	48%	-	48%	54.00%

*This measure is reported at the close of the Fiscal Year.

14