STRATEGIC PLANNING COMMITTEE

OF THE BOARD OF DIRECTORS

October 17, 2022

Boardroom

50 Water Street, 17th Floor, Room 1701, NY, NY 10004

12:00pm

AGENDA

I.   **Call to Order**   **Feniosky Peña-Mora**

II.   **Adoption of June 13, 2022**   **Feniosky Peña-Mora**
      Strategic Planning Committee Meeting Minutes

III. **Action Item**   **Deborah Brown**
      Adopting in the name of the New York City Health and   **Senior Vice President**
      Hospitals Corporation ("NYC Health + Hospitals")   **External & Regulatory Affairs**
      Board of Directors an Implementation Strategy Plan (an "ISP")
      prepared for each of NYC Health + Hospitals' ten acute care
      hospitals over 11 campuses and for the NYC Health + Hospitals/
      Henry J. Carter Specialty Hospital and Rehabilitation Center ("HJC")
      as a supplement to the community Health Needs Assessment (the "CHNA")
      which was approved by the Board of Directors in June 2022.

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

JUNE 13, 2022

The meeting of the Strategic Planning Committee of the Board of Directors was held on June 13, 2022 with Dr. Mitchell Katz, presiding as Chairperson. Mr. Feniosky Peña-Mora delegated his authority to Dr. Katz to preside over the Board Meeting as Chair due to technical difficulties.

ATTENDEES

COMMITTEE MEMBERS

Feniosky Peña-Mora, Chairperson of the Strategic Planning Committee
Mitchell Katz, M.D.
Patricia Marthone, M.D.
Sally Hernandez-Piñero
Freda Wang

OTHER ATTENDEES

HHC STAFF

M. Allen, Senior Vice President, Medical and Professional Affairs
D. Brown, Senior Vice President, External & Regulatory Affairs
J. Cassidy, Director of Fiscal Affairs, Reimbursement Consulting
C. Duran, Assistant Director, Office of the Chair, Board Affairs
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
J. Jose, Associate Director, Office of the Chair, Board Affairs
O. Lebarty, Senior Director, External & Regulatory Affairs
S. Seleznyov, Senior Director, Accountable Care Organization
M. Siegler, Senior Vice President, Managed Care, Patient Growth, CEO one City Health & CEO ACO
W. Yen, Senior Director, Managed Care

Strategic Planning Committee Meeting – June 13, 2022

Strategic Planning Committee Meeting – June 13, 2022
As Reported by: Dr. Mitchell Katz
Committee members present: Dr. Mitchell Katz, Feniosky Peña-Mora, Sally Hernandez-Piñero, Freda Wang, Dr. Patricia Marthone

Dr. Mitchell Katz, called the June 13th meeting of the Strategic Planning Committee (SPC) to order at 12:06 pm. Mr. Feniosky Peña-Mora delegated his authority to Dr. Katz to preside over the Board Meeting as Chair due to technical difficulties.

Upon motion made and duly seconded the minutes of the April 11, 2022 Strategic Planning Committee meeting was unanimously approved.

Dr. Katz turned the meeting over to Deborah Brown, Senior Vice President, External and Regulatory Affairs to read the 2022 Community Health Needs Assessment resolution into the record and to proceed with the presentation.

ACTION ITEM

Resolution to adopt 2022 Community Health Needs Assessment

Ms. Brown presented the following 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**").

Ms. Brown reported that it is an IRS requirement for non-profit provider systems to perform a Community Health Needs Assessment every three years. It is a two-part process, first is the development of the Community Health Needs Assessment, which defines the community itself, and second is the implementation strategy, which will be presented to the Board and made publicly available by November 15, 2022.

A requirement of the needs assessment is to conduct a comprehensive and inclusive assessment process. There were thirty-two expert interviews with leaders, twelve Community forums at each NYC Health + Hospitals facility, and five Borough-wide focus groups, including over 3,060 surveys community stakeholders who identified top risks and causes of poor health and death in their respective communities. The top priority areas are improving health equity and chronic disease, facilitating access to services, and responding to the COVID-19 pandemic.

Ms. Brown reported that the next steps are to disseminate the findings, identify and engage stakeholders for implementation planning, from August to October develop strategies and identify effective solutions, present the implementation plan to the NYC Health + Hospitals Board in November, and finally continue to evaluate and monitor the progress.

The Committee commended the dedication and hard work of staff to reflect on the needs of our communities and have an opportunity to access those needs.

After discussion and upon motion made and duly seconded the Resolution to adopt the 2022 Community Health Needs Assessment was unanimously approved.

INFORMATION ITEMS

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

Federal Update

Ms. Brown reported that we are waiting for some opinions to come out from the Supreme Court, which have an impact on policy and operational issues. The Governor is signing a package of abortion related bills, which gives protection to our providers. There continues to be legislative challenges, and there is ongoing regulatory work. We are working on responses to the IPPS proposed rule, which is about funding for next year.

State Update

Ms. Brown reported that there are many bills circulating, and from now until December there is a process by which the Governor takes the bills that have passed both houses and signs them. The Primaries are coming up. The State has been working on the 1115 waiver, which is important to the future of the Medicaid program.

City

Ms. Brown reported that the City budget agreement was reached, and we now have upcoming Council hearings where we will advocate for our communities.

Mr. Siegler reported on FY-22 Q3 (January 1 to March 31, 2022) Performance;

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%±1	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.

Positive Trends:

Quality and Outcomes
1. Post-Acute Care (PAC): All Cause Hospitalization rate: remains consistent at **1.92 per 1,000 care days** from 1.96 per 1,000 care days (target: 1.00 per 1,000 care days)
2. Follow-up appointment kept within 30 days after behavioral health discharge: **50.4%** from 43.2% (target: 50%)
4. % Left without being seen in ED: **3.9%** from 5.2% (target 4.0%)

Financial Sustainability
10. % of Uninsured patients enrolled in health insurance coverage or financial assistance: **87%** from 86% (target: 76%)
11. % of MetroPlus medical spend at NYC Health + Hospitals: **42.58%** from 40.17% (target: 45%)
12. Total AR days per month: **53 days** from 60 days (target: 45)
14. 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** (target: 100%)

Access to Care

16.   # of e-consults: **100,389** from 96,055 (target: 95,100)

Culture of Safety
18.   Total Wellness Encounters: **1,118** from 498 encounters (target: 600)

Steady Trends (close to or exceeding target):

Access to Care
17.   NYC Care enrollment: Decreased slightly **110,377** from 114,496 (remains better than target of: 100,000)

Care Experience
8.   MyChart Activations: Remains at **71%** (close to target of: 75%)

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

Negative Trends:

Quality and Outcomes
3.   Hgb A1c control <8: **65.3%** from 66.4% (target 66.6%)

Access to Care
15.   Unique Primary Care Patients: **400,571** from 413,362 (target: 405,000)

Care Experience
6.   Inpatient care - overall rating: **61.82%** from 62.88% (target: 66.3%)
7.   Ambulatory care – recommended provider office: **82%** from 84.43% (target: 87.0%)

Equity Measures:

Racial & Social Equity Measures
21.   % of total procurement spend on MWBE**: will be reported at end of FY22** (target: 30%)
19.   % 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%)**

COVID-19 Metrics:

COVID-19
22.   Total # of COVID-19 Test Administered: **522,470** from 859,176
23.   Total # of COVID-19 Positive Tests: **84,529** from 74,418
24.   Post-Acute Care COVID-19 Infection Rate: **210.7** from 9.27
25.   COVID-19 Vaccine: # 1st Dose: **22,500** from 522,754
26.   COVID-19 Vaccine: # 2nd Dose: **27,393** from 450,150
27.   % of Occupied Beds: **71%** from 74%

##. Third doses and boosters administered: **215,387 (October 2021 through May 2022)**
##. Average Pandemic Response Lab (PRL) Turnaround Time (in Hours): **16.29** (April 2022), **18.00** (May 2022)

FOLLOW-UP ITEMS:

- The Committee expressed an interest in looking into a MyChart Utilization measure, to go along with the MyChart Activations metric.

Dr. Katz thanked the presenters.

There being no old business, nor new business, the meeting was adjourned at 12:48 pm.

RESOLUTION

Adopting in the name of the New York City Health and Hospitals Corporation ("**NYC Health + Hospitals**") Board of Directors an Implementation Strategy Plan (an "**ISP**") prepared for each of NYC Health + Hospitals' ten acute care hospitals over 11 campuses and for the NYC Health + Hospitals/Henry J. Carter Specialty Hospital and Rehabilitation Center ("**HJC**") as a supplement to the Community Health Needs Assessment (the "**CHNA**") which was approved by the Board of Directors in June 2022.

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) of the Internal Revenue Code (the "IRC"); 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, Internal Revenue Code Section 501(r)(3) requires that hospitals engage community stakeholders to identify and prioritize their communities' health needs; and

WHEREAS, on June 30, 2022 the Board of Directors approved the CHNA conducted for the ten acute care hospitals over 11 campuses and the long-term acute care hospital portion of HJC; and

WHEREAS, IRC regulations further require that hospital organizations prepare and Implementation Strategy Plan (an "ISP") that lists and describes the hospital's programs intended to meet the priority health needs identified in the CHNA; and

WHEREAS, IRC regulations require the ISP to be adopted and made publicly available within five months and 15 days of the end of the taxable year in which the CHNA is conducted; and

WHEREAS, NYC Health + Hospitals Office of External and Regulatory Affairs prepared an ISP, a copy of which is attached; and

WHEREAS, under the Affordable Care Act, a hospital organization's governing body or a committee authorized by the governing body must adopt the ISP and any subsequent material changes; and

WHEREAS, the CHNA ISP will be made widely available to the public through the NYC Health + Hospitals' website and at NYC Health + Hospitals' ten acute care hospitals over 11 campuses and at HJC before November 15; and

NOW, THEREFORE, BE IT

RESOLVED, that the New York City Health and Hospitals Corporation's Board of

Directors hereby adopts the New York City Health and Hospitals Corporation Community Health Needs Assessments Implementation Strategy Plan 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 as a supplement to the Community Health Needs Assessment approved by the Board of Directors in June 2022

EXECUTIVE SUMMARY

ADOPTION OF

**2022 NYC HEALTH + HOSPITALS
COMMUNITY HEALTH NEEDS ASSESSMENT
IMPLEMENTATION STRATEGY**

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. Regulations further specify that the hospital organization prepare an Implementation Strategy (an "ISP") that lists and describes each hospital's programs and initiatives intended to meet the priority health needs identified in the CHNA.

PROPOSAL:

NYC Health + Hospitals' Strategic Planning Committee has collaborated with the Office of External and Regulatory Affairs to prepare the current CHNA ISP. To prepare the proposed CHNA ISP, the team made extensive efforts to review and evaluate the feedback of stakeholders and community partners during the CHNA, and determined ways to address the health needs through cross-disciplinary coordination and collaboration. A copy of the full CHNA titled, 2022 NYC Health + Hospitals Community Health Needs Assessment Implementation Strategy Plan 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 ISP will be posted on the NYC Health + Hospitals' public website as required by IRC Section 501(r).

Strategic Committee Meeting

October 17, 2022

2022 Community Health Needs Assessment Implementation Strategy Plan

Strategic Committee Meeting

October 17, 2022

Deborah Brown, Senior Vice President, External and Regulatory Affairs

Okenfe Lebarty, Senior Director, External and Regulatory Affairs

Request For Consideration

Resolution to adopt 2022 Community Health Needs Assessment Implementation Strategy Plan

Adopting in the name of the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") Board of Directors an Implementation Strategy Plan (an "ISP") prepared for each of NYC Health + Hospitals' ten acute care hospitals over 11 campuses and for the NYC Health + Hospitals/Henry J. Carter Specialty Hospital and Rehabilitation Center ("HJC") as a supplement to the Community Health Needs Assessment (the "CHNA") which was approved by the Board of Directors in June 2022.

# Community Health Needs Assessment (CHNA) Background

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

- Adopted by the NYC Health + Hospitals Board

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

- IRS requirement for non-profit provider systems

FY 22 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 on June 30

FY 22-25 Implementation Strategy

- Actions the system is taking/will take to address identified needs

- Anticipated impact of these strategies

- Programs and resources the system will commit

- Planned partnerships to address identified needs

- Made publicly available by 11/15/22 – Presented to board – 10/27/22

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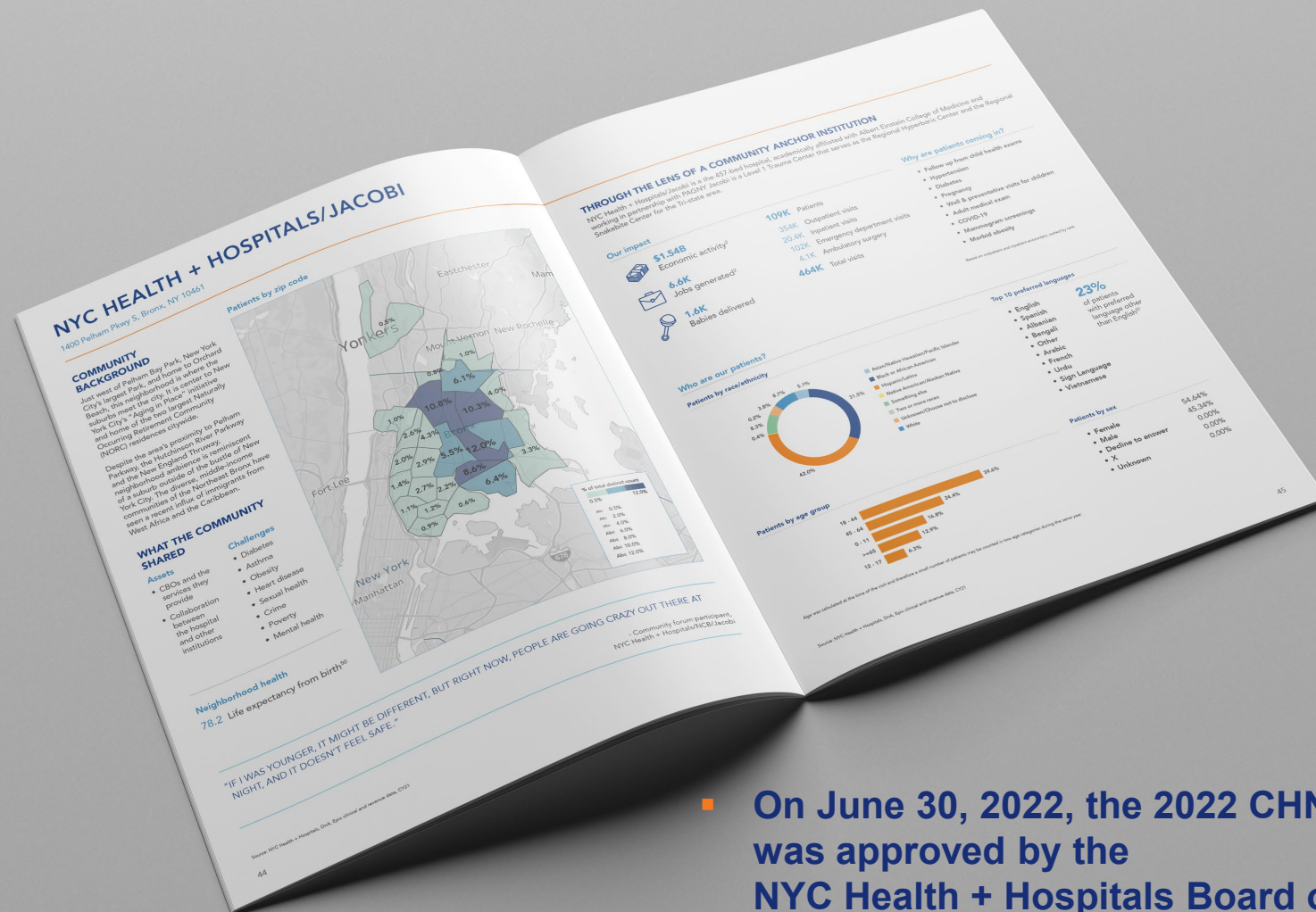
- On June 30, 2022, the 2022 CHNA was approved by the
NYC Health + Hospitals Board of Directors.

2022 CHNA Findings: Priority Health Needs

PRIORITY AREAS

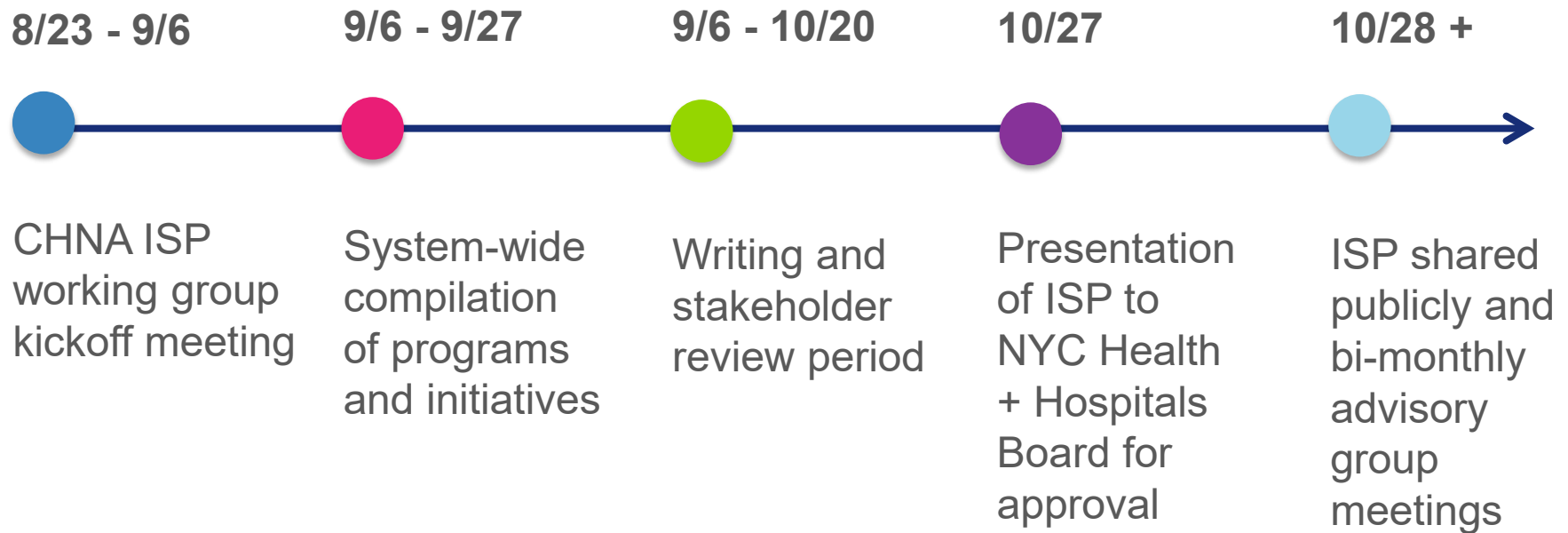| **Priority Health Need** Improving Health Equality	**Priority Health Need** Fighting Chronic Disease	**Priority Health Need** Facilitating Access to Resources
▪ Youth, adolescents, and young adults ▪ Seniors ▪ Pregnant people of color ▪ Individuals with food insecurity ▪ Individuals experiencing homelessness or housing insecurity ▪ Immigrants and New Yorkers facing anti-AAPI discrimination ▪ Individuals living with mental illness ▪ LGBTQ+ individuals	▪ Pregnancy and birth outcomes ▪ Airways disease (asthma, COPD) ▪ Behavioral health (mental health, substance use disorder) ▪ Diet-related diseases (diabetes, hypertension) ▪ Aging and frailty ▪ Crime and safety	▪ Affordable quality housing ▪ Primary and behavioral health services that are affordable, easy to navigate and culturally humble ▪ Community resources (i.e. outreach and engagement, youth centers, senior services, nutrition events, job fairs) ▪ Green space or safe places for physical activity ▪ Affordable healthy food ▪ Violence interruption

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Implementation Strategy Plan Process

8/23 - 9/6

CHNA ISP working group kickoff meeting

9/6 - 9/27

System-wide compilation of programs and initiatives

9/6 - 10/20

Writing and stakeholder review period

10/27

Presentation of ISP to NYC Health + Hospitals Board for approval

10/28 +

ISP shared publicly and bi-monthly advisory group meetings

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Implementation Strategy Plan Summary

Improving Health Equity: Goals and tactics

Address existing health equity challenges

Optimize the patient care experience by increasing access to information and promoting continuity of care

- Partner with the community to offer programs and services that target health equity comprehensively

- Enhance the frequency, accuracy, and reliability of secure and respectful data collection to better track health outcomes and predict future health emergencies

- Better support patients' navigation through the system

- Attract and recruit a diverse, culturally competent and sustainable workforce

Fighting Chronic Disease: Goals and tactics

Promote longitudinal, integrated care for all New Yorkers to improve health outcomes

Address lifestyle behavior change by empowering patients to move towards healthier practices

- Engage patients in coordinated care by offering a full spectrum of health services that are convenient to access

- Empower and support our workforce to meet our patients' chronic disease needs

- Expand lifestyle medicine services

Facilitating Access to Resources: Goals and tactics

Improve access and service navigation

- Partner with CBOs and faith-based organizations (FBOs) to address social and financial barriers to services.

- Improve navigation of the larger ecosystem of community support by increasing connections with the community

Continued recovery from the effects of the COVID-19 pandemic

- Build on COVID-19 services and partnerships to address ongoing health and equity needs

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Resource Commitment

- NYC Health + Hospitals will continue its financial and in-kind resource commitment through FY 2022–2025 to implement transformative initiatives and programs

- Resources include clinical and nonclinical services, evaluation mechanisms, community partnerships and innovative solutions, as well as staff time devoted to advance advocacy, collective work, charitable contributions, and volunteerism.

- The system will continue to evaluate new, innovative solutions to community health needs

Evaluation

- Evaluation will be based on existing quantitative metrics required by our quality and strategic planning initiatives and through qualitative feedback from our community partners, staff and the CHNA Advisory Group we have developed through this exercise.

- Information-sharing and evaluation will remain ongoing as we strive to implement this ISP.

Strategic Committee Request

Adopting in the name of the New York City Health and Hospitals Corporation ("**NYC Health + Hospitals**") Board of Directors an Implementation Strategy Plan (an "**ISP**") prepared for each of NYC Health + Hospitals' ten acute care hospitals over 11 campuses and for the NYC Health + Hospitals/Henry J. Carter Specialty Hospital and Rehabilitation Center ("**HJC**") as a supplement to the Community Health Needs Assessment (the "**CHNA**") which was approved by the Board of Directors in June 2022.

Strategic Planning: Policy Update and Dashboard FY22 Q4

Matt Siegler
SVP MANAGED CARE AND PATIENT GROWTH

Dr. Eric Wei
SVP AND CHIEF QUALITY OFFICER

October 17, 2022

System Dashboard: FY22 Q4 Update (April to June 2022)

Notable Updates to Targets & Measures

QUALITY & OUTCOMES
- Integration of Bio Medical Devices – Retired (met goal)

CARE EXPERIENCE
- No changes

FINANCIAL SUSTAINABILITY
- Patient Care Revenue/Expenses – Revised target to 65% (from 60%)
- % of Patients Enrolled in Health Insurance Coverage or Financial Assistance – Revised target to 90% (from 76%)

ACCESS TO CARE
- No changes

CULTURE OF SAFETY
- No changes

Racial & Social Equity
- # of Ambulatory Dashboards Stratified with Equity Lens – Retired (met goal)
- # of Equity Lenses Applied to PI Projects, with Data – New Measure

- **Discussion: Other Metric Updates**

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

		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 Q4 (April 1 to June 30, 2022) Performance: Positive Trends*

QUALITY AND OUTCOMES

- Post Acute Care (PAC): All Cause Hospitalization rate: **1.82 per 1,000 care days** from 1.92 per 1,000 care days [1] (target: 1.00 per 1,000 care days)

CARE EXPERIENCE

- Inpatient care – overall rating: **63.2%** from 61.82% [2] (target: 66.3%)
- Ambulatory care – recommended provider office: **85.4%** from 82% [3] (target: 87.0%)

*Change reflected from the Prior Period, which was **Q3 FY22 (January 1 to March 30, 2022). Notes include the following:**

[1]*PAC: All Cause Hospitalization rate:* Hospitalizations further decreased in FY22 Q4 to 1.82 per 1,000 care days. Strategies to treat in place remain and include offering diagnostic services and provider consultations, palliative care and advanced illness management programs to discuss and plan goals of care, partnering with community providers, and continued communication with acute care hospitals.

[2] *Inpatient care – overall rating:* Compared to the prior quarter, this metric has seen an increase, which is attributed to COVID-19 rates decreasing over the quarter. With less hospitalizations related to the pandemic and improvements in staffing as operations normalized, there was a concomitant improvement in inpatient satisfaction.

[3]*Ambulatory care – recommended provider office:* Similar to inpatient care experience, there was an observed increase in ambulatory care patient experience as well, compared to the prior quarter. This again is due to the Omicron surge of the pandemic decreasing over this time period, with more inperson visits scheduled, as well as normalization to staffing.

FINANCIAL SUSTAINABILITY

- % of Uninsured patients enrolled in health insurance coverage or financial assistance: **88%** from 87% [1] (revised target: 90%)

- % MetroPlus medical spend at NYC Health + Hospitals: **44%** from 42.58% [2] (target: 45%)

- Total A/R days per month: 49.7 days from 53 days [3] (target: 45)

- Enterprise Data Center Migration progress: **Project timeline remains 5/2021-5/2023**
    - **As of June 2022, 50% of 2-year project is complete**
    - **FY22 Q4 milestones are 100% complete** [4] (target: 100%)

*Change reflected from the Prior Period, which was **Q3 FY22 (January 1 to March 30, 2022). Notes include the following:**
[1] *% of Uninsured Patients Enrolled in Health Insurance Coverage or Financial Assistance:* Performance has continued to improve and remains as exceeding the target across outpatient, emergency, and inpatient populations. NYC Health + Hospitals is 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. At this point, it remains slightly below the target, although inching toward it. 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 50% completion at this point in the project, with 100% of June 2022 deliverables reached. Overall, this measure continues to be on target and within budget.

ACCESS TO CARE

- # of e-consults: **107,027** from 100,389 [1] (target: 95,100)
- NYC Care: **113,180** from 110,377 [2] (target: 100,000)
- Unique Primary Care Patients: **413,908** from 400,571 [3] (target: 405,000)

CULTURE OF SAFETY

- Total Wellness Encounters: **1,402** from 1,118 encounters [4] (target: 600)

*Change reflected from the Prior Period, which was **Q3 FY22 (January 1 to March 30, 2022). Notes include the following:**

[1] # of e-consults: This metric increased again 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.

[2] NYC Care: NYC Care enrollment continues to steadily grow, surpassing the new target, with concentration 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 over several quarters.

[3] Unique Primary Care patients: Unique primary care patients had an observed increase, now surpassing the target. As inperson visits increased after the Omicron surge, the number of unique primary care patients also grew.

[4] Total Wellness Encounters: This measure includes 1:1 debriefs, group debriefs, and wellness events; total wellness encounters increased again as compared to the prior reporting period. There was an increase in all wellness events over the quarter as a result of the aftermath of the Omicron surge as well as other issues impacting our workforce, and the growing need for these interventions. As noted consistently, this measure will always fluctuate, with increases during and just after significant traumatic events, and decreases during normalization periods.

FY22 Q4 (April 1 to June 30, 2022) Performance: Steady Trends (including close to or exceeding target)*

QUALITY & OUTCOMES

- Hgb A1c control <8: Remains steady at **65.3%** [1] (almost at target of 66.6%)

CARE EXPERIENCE

- MyChart Activations: Remains steady at **71.3%** [2] (close to target of 75%)

FINANCIAL SUSTAINABILITY

- Patient care revenue/expenses: Remains the same from prior quarter, at **74.8%** [3] (remains better than target of 65%--this target is the revised target)

*Change reflected from the Prior Period, which was **Q3 FY22 (January 1 to March 30, 2022)**. **Notes include the following:**
[1] *Hgb A1c Control:* After a 1-time decrease in the prior quarter, this measure has remained the same over the last 6 months. Before then, there were progressive increases over a year. 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]*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 performance remains above the Epic customer average of 47 percent and has been steady at just over 70%. We are close to 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.

QUALITY AND OUTCOMES

- Follow-up appointment kept within 30 days after behavioral health discharge: **41.5%** from 50.4% [1] (target: 50%)

- % Left Without Being Seen in ED: **4.4%** from 3.9% [2] (target: 4.0%)

FINANCIAL SUSTAINABILITY

- Post Acute Care Total AR days: **52 days** from 47 days [3] (target: 50 days)

*Change reflected from the Prior Period, which was **Q3 FY22 (January 1 to March 30, 2022).** This reflects a negative trend in which the target has not been achieved. **Notes include the following:**

[1] *Follow-up appointment kept within 30 days after behavioral health discharge:* This measure saw a decrease, after seeing observed improvement in the prior quarter after over eighteen months of decreases. Facilities continue to become acclimated with the correct method to capture and document for this measure, and the Office of Behavioral Health works with behavioral health staff to ensure an appropriate workflow to fully document these appointments in Epic. Encounters are considered fully complete only when there is full documentation in the electronic health record.

[2] *% Left without being seen in ED:* Similar to the prior reporting quarters, overall ED utilization has continued to substantially increase across the System. With these progressive increases, there is a concomitant increase in the % of patients who left the EDs without being seen, and NYC Health + Hospitals is now slightly over the 4.0% target. There are a variety of improvement efforts occurring at the hospitals that are underway, aimed at augmenting flow and efficiency across the EDs.

[3] *Post Acute Care Total AR days (lower is better for this measure):* This measure has an observed increase over the quarter, and is higher than the target, primarily due to billing delays in the month of June for year-end close and Medicaid recertification delays, causing Medicaid to withhold claims payments in June.

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RACIAL & SOCIAL EQUITY MEASURES

- % of New Physician Hires being underrepresented minority (URM) [1], as follows:

  - Women: 42%; Non-Binary: 0.3%

  - Ethnic Groups Hired other than White: **Asian (14.1%); Black or African American (4.9%); Hispanic or Latino (2.1%); American Indian (0.5%); Native Hawaiian or Other Pacific Islander (0.3%)**

- New Measure: # of Equity Lenses Applied to Performance Improvement (PI) Projects, with Data [2]

  - FY22 Q3 (Jan-March 2022): **36**

  - FY22 Q4 (April-June 2022): **18** *(Note: this contains partial data only and will be updated in the next reporting quarter)*

[1] *% of new physician hires being underrepresented minority:* It is important to note that most of this data is reported by the affiliate organizations, and during FY22 Q4, 60.8% of new hire physicians' ethnic groups are unknown due to missing information that is reported (of note, during FY22 Q3, 74.4% of new hire physicians' ethnic groups were unknown, representing a slight decrease). NYC Health + Hospitals continues to work with affiliate organizations to improve demographic 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: This measure has been developed under the leadership of the Equity & Access Council and is reported in full through the Equity, Diversity, and Inclusion Committee to the Board. The Strategic Planning Committee to the Board is the second venue for reporting these data.

[2] *# of Equity Lenses Applied to PI Projects, with Data:* This is a new measure that will be continuously reported. Of note, the definition focuses on the number of PI projects that have data to support an equity focus to the project (e.g., quantified to focus on aim statement measure by an equity component such as primary language spoken in the home, race, ethnicity, gender). This metric will lag by a quarter as more PI projects are shared with the Office of Quality & Safety from across the System through various venues (e.g., System-wide QAPI meetings, Data & Analytics PI database, etc.).

FY22 Q4 (April 1 to June 30, 2022) Performance: COVID-19 Metrics

Metric	FY22 Q4 (April 1-June 30, 2022)	FY22 Q3 (Jan 1-Mar 31, 2022)
▪ Total # of COVID-19 Tests Administered [1]	337,717	522,470
▪ Total # of COVID-19 Positive Tests [1]	31,619	84,529
▪ Post Acute Care COVID-19 Infection Rate [2]	17.4	210.7
▪ COVID-19 Vaccine: # 1st Dose	5,567	22,500
▪ COVID-19 Vaccine: # 2nd Dose	4,044	27,393
▪ % of Occupied Beds	76.5%	71%
▪ Third doses and boosters administered	232,591 (October 2021 through August 2022)	

[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; this normalized in Q4 FY22 as the Omicron variant surge declined. 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.

NYC HEALTH+HOSPITALS

System Dashboard

REPORTING PERIOD – Q4 FY22 (April 1 through June 30 | 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	1.82	-0.82	1.92	1.73
2	Follow-up appointment kept within 30 days after behavioral health discharge	SVP CMO + SVP CQO	Quarterly	50%	41.5%	.8.5%	50.4%	49.1%
3	HgbA1c control < 8	SVP AMB + VP CPHO	Quarterly	67.3%	65.3%	-2%	65.3%	63.70%
4	% Left without being seen in the ED	SVP CMO + SVP CQO	Quarterly	4.0%	4.4%	-.4	3.9%	3.8%
5	Integration of Bio Medical devices	SVP CIO	Quarterly-RETIRED METRIC	100%		16%	116%	-
CARE EXPERIENCE								
6	Inpatient care - overall rating (top box)	SVP CQO + SVP CNE	Quarterly	66.30%	63.2%	-3.1%	61.82%	66.4%
7	Ambulatory care (medical practice) recommended provider office (top box)	SVP CQO + SVP AMB	Quarterly	87.00%	85.4%	-1.6%	82%	86.4%
8	MyChart Activations	SVP CQO + SVP AMB	Quarterly	75%	71.3%	-3.70%	71.3%	72.2%
FINANCIAL SUSTAINABILITY								
9	Patient care revenue/expenses	SVP CFO + SVP MC	Quarterly	65%	74.8%	9.8%	74.8%	72.60%
10	% of Uninsured patients Enrolled in Health Insurance Coverage or Financial Assistance	SVP CFO + SVP MC	Quarterly	90%	88%	-2%	87.0%	88.0%
11	% of M+ medical spend at H+H	SVP MC	Quarterly	45%	44%	-1%	42.58%	39.10%
12	Total AR days per month (Outpatient ,Inpatient)	SVP CFO	Quarterly	45	49.7	4.7	53	62.60
13	Post Acute Care Total AR days(12 months)	CFO	Quarterly	55	52	-3	47	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	398,991	-6,009	400,571	375,211
16	Number of e-consults completed/quarter	SVP AMB	Quarterly	95,100	107,027	11,927	100,389	100,757
17	NYC Care	SVP AMB	Quarterly	100,000	113,180	13,180	110,377	80,431
CULTURE OF SAFETY								
18	Total Wellness Encounters	SVP CQO + SVP CNE	Quarterly	600	1,402	802	1,118	737
RACIAL AND SOCIAL EQUITY								
19	% of New Physician Hires being underrepresented minority (URM)	SVP CMO + SVP HR	Quarterly		See slide 23			-
20	New measure: # of Equity Lenses Applied to PI Projects	CQO	Quarterly (data will lag)	40	18 (partial)	22	36	-
21	% of Total Procurement spend on MWBE*	SVP SUPPLY CHAIN + SVP OFD	Quarterly	30%	To be reported for FY23 Q1			-
COVID-19								
22	COVID-19 Tests Administered	SVP AMB	Quarterly	undefined	337,717	-	522,470	746,444
23	COVID-19 Positive Tests	SVP AMB	Quarterly	undefined	31,619	-	84,529	24,254
24	Post Acute Care COVID-19 Infection	SVP PAC	Quarterly	undefined	17.4	-	210.7	26.50
25	Number of 1st dose vaccinations	SVP AMB	Quarterly	undefined	5,567	-	22,500	139,636
26	Number of 2nd dose vaccinations	SVP AMB	Quarterly	undefined	4,044	-	27,393	183,981
27		SVP AMB	Quarterly	undefined	76.5%	-	71%	54.00%

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

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