



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

**May 8, 2023**

**Boardroom**

**50 Water Street, 17<sup>th</sup> Floor, Room 1701, NY, NY 10004**

**11:00am**

**AGENDA**

- |   |  |
|---|--|
| <b>I. Call to Order</b>   | <b>Feniosky Peña-Mora</b>  |
| <b>II. Adoption of January 9, 2023<br/>Strategic Planning Committee Meeting Minutes .</b> | <b>Feniosky Peña-Mora</b>  |
| <b>III. Information Items</b>   |  |
| <b>a. Update and System Dashboard</b>   | <b>Matthew Siegler<br/>Senior Vice President<br/>Managed Care, Patient Growth,<br/>CEO One City Health &amp; CEO ACO</b>                   |
|   | <b>Dr. Eric Wei Senior Vice President/ Chief Quality Officer<br/>Deborah Brown, Senior Vice President, External and Regulatory Affairs</b> |
| <b>IV. Old Business</b>   | <b>Feniosky Peña-Mora</b>  |
| <b>V. New Business</b>  |  |
| <b>VI. Adjournment</b>  |  |

## **MINUTES**

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

**JANUARY 09, 2023**

The meeting of the Strategic Planning Committee of the Board of Directors was held on January 09, 2023 with Dr. Jose A. Pagán, presiding as Chairperson. Mr. Feniosky Peña-Mora delegated his authority to Dr. Pagán to preside over the Board Meeting as Chair in his absence.

#### **ATTENDEES**

##### **COMMITTEE MEMBERS**

Jose A. Pagán, Ph.D., Presiding as Chairperson  
Machelle Allen, M.D. representing Mitchell Katz, M.D.  
Patricia Marthone, M.D.  
Sally Hernandez-Piñero  
Freda Wang

##### **OTHER ATTENDEES**

##### **HHC STAFF**

D. Brown, Senior Vice President, External & Regulatory Affairs  
C. Hercules, Corporate Secretary and Chief of Staff, Office of the Chair, Board Affairs  
S. Seleznyov, Senior Director, Accountable Care Organization  
M. Siegler, Senior Vice President, Managed Care, Patient Growth, CEO one City Health & CEO ACO  
E. Wei, Vice President, Chief Quality Officer

**Strategic Planning Committee Meeting – January 09, 2023**

**As Reported by: Dr. José Pagán**

**Committee members present:** Dr. José Pagán, Sally Hernandez-Piñero, Freda Wang, Dr. Patricia Marthone, Dr. Machel Allen

Dr. José Pagán, called the January 9<sup>th</sup>, 2023 meeting of the Strategic Planning Committee (SPC) to order at 11:01 am and notify the Committee that Dr. Machel Allen will be representing Dr. Katz in a voting capacity.

Upon motion made and duly seconded the minutes of the October 17, 2022 Strategic Planning Committee meeting was unanimously approved.

**INFORMATION ITEMS**

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

Federal Update

Ms. Brown reported that the Omnibus package was passed and signed at the end of 2022, beginning of 2023, which had a number of provisions that were beneficial to us. It expanded telehealth flexibilities through the end of 2024, avoided a significant Medicare cut for another two years, and created two hundred new GME slots, one hundred of which are specific for Psych. There was an omission for the Valid Act. The Valid Act creates more regulation on laboratory developed tests, the absence of the Valid Act will help us in continuing to serve our patients.

Community Project Funding provided us with \$10.5 Million to fund projects within the district. Looking ahead we are having many representatives touring our facilities as we continue to build relationships.

State Update

Ms. Brown reported that Albany is back in session. Due to the redistricting there have been some shifts in representation, resulting in meet and greets with the new representatives, starting with the process of budget advocacy.

City

Ms. Brown reported that we have a great relationship with the Speakers office and look forward to continuing that work together as we enter this year's budget cycle.

**Mr. Siegler and Dr. Eric Wei, Senior Vice President, Chief Quality Officer, reported on FY-23 Q1 (July 1 to September 30, 2022) Performance**



# System Dashboard

REPORTING PERIOD – Q1 FY23 (July 1 through Sept 30 | 2022)

	EXECUTIVE SPONSOR	REPORTING FREQUENCY	TARGET	ACTUAL FOR PERIOD	VARIANCE TO TARGET	PRIOR PERIOD	PRIOR YEAR SAME PERIOD*	
<b>QUALITY AND OUTCOMES</b>								
1	Post Acute Care All Cause Hospitalization Rate (per 1,000 care days)	CQO+SVP PAC	Quarterly	1.6	2.1	-0.5	1.82	1.73
2	Follow-up appointment kept within 30 days after behavioral health discharge	SVP CMO + SVP CQO	Quarterly	50%	53.4%	3.4%	41.5%	44.70%
3	HgbA1c control < 8	SVP AMB + VP CPHO	Quarterly	67.3%	67.4%	.1%	65.3%	63.70%
4	% Left without being seen in the ED	SVP CMO + SVP CQO	Quarterly	4.0%	4.22%	-.22	4.4%	3.79%
5	Integration of Bio Medical devices	SVP CIO	Quarterly-RETIRED METRIC	100%	-		-	80.00%
<b>CARE EXPERIENCE</b>								
6	Inpatient care - overall rating (top box)	SVP CQO + SVP CNE	Quarterly	66.30%	61.71%	-4.59%	63.2%	66.96%
7	Ambulatory care (medical practice) recommended provider office (top box)	SVP CQO + SVP AMB	Quarterly	87.00%	84.23%	-2.77%	85.4%	86.99%
8	MyChart Activations	SVP CQO + SVP AMB	Quarterly	75%	66%	-9.0%	71.3%	69%
<b>FINANCIAL SUSTAINABILITY</b>								
9	Patient care revenue/expenses	SVP CFO + SVP MC	Quarterly	65%	73.3%	-8.3%	74.8%	74%
10	% of Uninsured patients Enrolled in Health Insurance Coverage or Financial Assistance	SVP CFO + SVP MC	Quarterly	90%	88%	-2%	88%	61%
11	% of M+ medical spend at H+H	SVP MC	Quarterly	45%	42.00%	-3%	44%	38.60%
12	Total AR days per month (Outpatient ,inpatient)	SVP CFO	Quarterly	45	49.77	4.77	49.7	60
13	Post Acute Care Total AR days(12 months)	CFO	Quarterly	55	49.00	6	52	53
14	Enterprise Data Center Migration progress	SVP CIO	Quarterly	100%	100%	0%	100%	100%
<b>ACCESS TO CARE</b>								
15	Unique primary care patients seen in last 12 months	SVP AMB	Quarterly	405,000	426,238	21,238	413,908	404,738
16	Number of e-consults completed/quarter	SVP AMB	Quarterly	95,100	105,478	10,378	107,027	101,054
17	NYC Care	SVP AMB	Quarterly	100,000	106,520	6,520	113,180	72,369
<b>CULTURE OF SAFETY</b>								
18	Total Wellness Encounters	SVP CQO + SVP CNE	Quarterly	600	1,664	1,064	1,402	665
<b>RACIAL AND SOCIAL EQUITY</b>								
19	% of New Physician Hires being underrepresented minority (URM)	SVP CMO + SVP HR	Quarterly	See slide 9				-
20	New measure: # of Equity Lenses Applied to PI Projects	CQO	Quarterly (data will lag)	40	18 (partial)	-22	40	2
21	% of Total Procurement spend on MWBE*	SVP SUPPLY CHAIN + SVP OFD	Quarterly	30%	To be reported for close of FY			-

## Positive Trends:

### Quality and Outcomes

- Follow-up appointment kept within 30 days after behavioral health discharge: **53.4%** from 41.5% (target: 50%)
- % Left without being seen in ED: **4.2%** from 4.4% (target 4.0%)
- Hgb A1c control <8: **67.4%** from 65.3% (revised target: 67.6%)

### Culture of Safety

- Total Wellness Encounters: **1,664 encounters** from 1,402 (target: 600)

### Access to Care

- Unique Primary Care Patients: **426,238** from 413,908 (target: 405,000)

### Financial Sustainability

- Post Acute Care Total AR days: **49 days** from 52 days (target: 55 days)
- Enterprise Data Center Migration progress: **Project timeline remains 5/2021-5/2023**
  - As of July-September 2022, 66% of 2-year project is complete**
  - FY23 Q1 milestones are 100% complete** (target: 100%)

## Steady Trends

### Financial Sustainability

- 10. % of Uninsured patients enrolled in health insurance coverage or financial assistance: Remains at **88%** (target: 90%)
- 12. Total AR days per month: Remains at **49.7 days** (target: 45)

## Negative Trends: (better than or close to target)

### Financial Sustainability

- 9. Patient Care Revenue/Expenses – Slightly decreased from prior quarter, at **73.3%** from 74.8% (remains better than target of 65%)
- 11. % of MetroPlus medical spend at NYC Health + Hospitals: **42%** from 44% (is close to target of 45%)

### Access to Care

- 16. # of e-consults: **105,478** from 107,027 (remains better than target of 95,100)
- 17. NYC Care: **106,520** from 113,180 (remains better than target of 100,000)

## Negative Trends:

### Quality and Outcomes

- 1. Post Acute Care (PAC): All Cause Hospitalization rate: **2.1 per 1,000 care days** from 1.82 per 1,000 care days (target: 1.6 per 1,000 care days)

### Care Experience

- 6. Inpatient care - overall rating: **61.7%** from 63.2% (target: 66.3%)
- 7. Ambulatory care – recommend provider office: reduced slightly to **84.2%** from 85.4% (target: 87.0%)
- 8. MyChart Activations: **66%** from 71.3% (target: 75%)

## Equity Measures:

### Racial & Social Equity Measures

- 19. % of New Physician Hires being underrepresented minority (URM), as follows: Women: 45%; Ethnic Groups Hired other than White: **Asian (20.5%); Black or African American (5.2%); Hispanic or Latino (5.2%); American Indian (0.3%); Native Hawaiian or Other Pacific Islander (0.3%)**
- 20. **New Measure:** # of Equity Lenses Applied to Performance Improvement (PI) Projects with Data: FY22 Q4 (April-June 2022): **40** (achieved target of 40), FY23 Q1 (July-September 2022): **8** (Note: this contains partial data only and will be updated in the next reporting quarter)

## COVID-19 Metrics:

### COVID-19

- 27. % of Occupied Beds: **72%** from 76.5%
- #. % of COVID-19 Occupied Beds: **5%** from 3%
- #. # of COVID-19 Therapies – Oral Antivirals: **13,478** from 10,230
- #. # of COVID-19 Therapies – Infusion Treatments: **2,040** from 1,787

22. Total # of COVID-19 Test Administered: **213,118** from 337,717
23. Total # of COVID-19 Positive Tests: **25,240** from 31,619
25. COVID-19 Vaccine: # 1<sup>st</sup> Dose: **6,540** from 5,567
26. COVID-19 Vaccine: # 2<sup>nd</sup> Dose: **3,432** from 4,044
- ##. Booster Vaccines administered: **268,494** (October 2021 through November 2022)

### **NEXT STEPS**

Mr. Siegler reported that the Community Health Needs Assessment Implementation Plan is our strategic plan and guiding document for the System. The priority is to spotlight key programs and the steps we have taken to achieve these major goals in health equity, chronic disease, and facilitating access to services.

### **FOLLOW-UP ITEMS:**

- The Committee expressed an interest in looking into what may have changed to be driving the increase in acute care hospitalization rate, such as uncontrolled hypertension or diabetes.
- The Committee expressed an interest in looking into how the clinical encounter is being changed or rethought of.

Dr. José Pagán thanked the presenters.

There being no old business, nor new business, the meeting was adjourned at 11:51 am.

# Strategic Planning: Policy Update and Dashboard FY23 Q2



Matt Siegler

SVP, MANAGED CARE AND PATIENT GROWTH

Dr. Eric Wei

SVP, CHIEF QUALITY OFFICER

Deborah Brown

SVP, EXTERNAL AND REGULATORY AFFAIRS

May 8, 2023

- CITY
  - Budget, negotiations
  - Pricing transparency bill
- STATE
  - Budget
  - Pending legislative session
- FEDERAL
  - Budget, community funding
  - End of PHE
  - Reauthorization



# **System Dashboard: FY23 Q2 Update (October to December 2022)**



**QUALITY AND OUTCOMES**

- Hgb A1c control <8: **68.7%** from 67.4% <sup>1</sup> (revised target: 67.6%)

**CARE EXPERIENCE**

- Ambulatory care experience – recommended provider office: **85.7%** from 84.2% <sup>2</sup> (target: 87.0%)

**CULTURE OF SAFETY**

- Total Wellness Encounters: **1,903** from 1,664 <sup>3</sup> (target: 600)

\*Change reflected from the Prior Period, which was **Q1 FY23 (July 1 to September 30, 2022)**. Notes include the following:

<sup>1</sup>*Hgb A1c Control*: There was another substantial increase in Hgb A1c control to 68.7% from 67.4%, now for two quarters in a row. This improvement is a result of having patients going to their regular in-person primary care visits more frequently than over the past two years during the pandemic. This metric reaching a low of 59.9% in Feb. 2021 but has since progressively improved. We continue to be at a higher rate than pre-pandemic levels and meeting the new higher target. The goal now is to sustain this improvement.

<sup>2</sup>*Ambulatory care experience – recommended provider office*: We are seeing incremental and steady increases in our outpatient experience scores due to offering more telehealth options as the first touchpoint for patients to see their providers. The overall outpatient experience has therefore improved along with access to care for our patient populations.

<sup>3</sup>*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, now for the third quarter in a row. There continues to be emphasis on wellness across all sites, focused on the issues impacting our workforce, and the consistent need for these interventions. As noted, this measure will always fluctuate, with increases during and just after significant traumatic events, and decreases during normalization periods.

## **FY23 Q2 (October 1 to December 31, 2022) Performance: Positive Trends, continued\***

### **ACCESS TO CARE**

- NYC Care: **108,672** from 106,520 <sup>1</sup> (remains better than target of 100,000)
- Unique Primary Care Patients: **416,669** from 401,850 <sup>2</sup> (target: 405,000)

### **FINANCIAL SUSTAINABILITY**

- Patient care revenue/expenses: **74.2%** from 73.3% <sup>3</sup> (target: 65%)
- Total A/R days per month: **48.8 days** from 49.7 days <sup>4</sup> (target: 45)
- Enterprise Data Center Migration progress: **Project timeline remains 5/2021-5/2023**
  - **As of July-September 2022, 79% of 2-year project is complete**
  - **FY23 Q2 milestones are 100% complete** <sup>5</sup> (target: 100%)

\*Change reflected from the Prior Period, which was **Q1 FY23 (July 1 to September 30, 2022)**. **Notes include the following:**

<sup>1</sup> *NYC Care:* Enrollment in NYC Care increased after a 1-time decrease in the prior quarter and continues to surpass the 100,000 membership goal. NYC Health + Hospitals is implementing a multi-pronged strategy to improve new enrollment and re-enrollment rates. The System has implemented re-enrollment reminders for NYC Care members and invests in direct enrollment pathways through community partners. The System currently partners with 22 community-based organizations (CBOs) in all five boroughs. We are collaborating with them to reach out to underrepresented communities among NYC Care members. NYC Health + Hospitals also continues to build enrollment capacity and find ways to facilitate enrollment.

<sup>2</sup> *Unique Primary Care Patients:* NYC Health + Hospitals has prioritized increasing capacity for new patients in the System, using blocks in schedules as well as working to build out our teams so there are added supports to the primary care doctors to take on more patients. We have made outreach efforts to patients that may have been lost to care during the pandemic and have had great collaboration both internally as well as with our major payors. Of note: Reporting for this measure was modified and now excludes special pathogens visits, and therefore, the Q1 FY23 data were rerun using the same logic to ensure a fair comparison between reporting periods.

<sup>3</sup> *Patient care revenue/expenses:* Patient Care Revenue/Expense ratio has remained relatively steady over time, with a slight increase during this reporting period. It continues to be close to where it was last year at the same period and is better than the target of 65%.

<sup>4</sup> *Total AR days per month:* [Includes **inpatient and outpatient for acute care facilities** (lower is better for this measure)]. The target remains at 45 days, which is best practice. Days in a/r have leveled off. NYC Health + Hospitals continues to focus on denial reduction and aged accounts to achieve the days in a/r target.

<sup>5</sup> *Enterprise Data Center Migration progress:* This is a 24 month long project (5-2021-5/2023). NYC Health + Hospitals remains on target, now at 79% completion for this specific reporting quarter, with 100% of October-December 2022 deliverables reached. Overall, this measure continues to be on target and **11** within budget (note: as of March 31, 2023, this project is 92% complete).

## FY23 Q2 (October 1 to December 31, 2022) Performance: Steady Trends\*

### QUALITY & OUTCOMES

- Post Acute Care (PAC): All Cause Hospitalization rate: remains mostly consistent at **2.2 per 1,000 care days** from 2.1 per 1,000 care days <sup>1</sup> (target: 1.6 per 1,000 care days)

### FINANCIAL SUSTAINABILITY

- PAC Total AR days: Remains mostly steady at **48 days** from 49 days <sup>2</sup> (remains better than revised target of 50 days)
- % MetroPlus medical spend at NYC Health + Hospitals: Remains mostly the same at **42.7%** from 42% <sup>3</sup> (is close to target of 45%)

Change reflected from the Prior Period, which was **Q1 FY23 (July 1 to September 30, 2022)**. **Notes include the following:**

<sup>1</sup> *PAC: All Cause Hospitalization rate:* There was an increase in hospitalizations over the quarter. All hospitalizations were reviewed by PAC sites and were attributed to the need for acute level care. They were deemed unavoidable. Based on these rates, PAC sites have established targets to reduce hospitalizations and will focus on enhanced strategies to treat in place, including integrating predictive tools to anticipate and mitigate unplanned hospitalizations. Other improvements include offering diagnostic services and provider consultations, palliative care and advanced illness management programs to plan goals of care, partnering with community providers, and continued communication with hospitals.

<sup>2</sup> *PAC Total AR days (lower is better for this measure):* This measure has stayed relatively steady and remains better than our revised target of 50 days.

<sup>3</sup> *% MetroPlus medical spend at NYC Health + Hospitals:* This measure has been steady over the past two quarters. This rate remains slightly below the target of 45%. NYC Health + Hospitals continues to obtain payment from MetroPlus's risk arrangements, which has increased over the last several quarters.

## FY23 Q2 (October 1 to December 31, 2022) Performance: Negative Trends (better than or close to target)\*

### FINANCIAL SUSTAINABILITY

- % of Uninsured patients enrolled in health insurance coverage or financial assistance: **86%** from 88% <sup>1</sup> (close to target of 90%)

### CARE EXPERIENCE

- MyChart Activations: **61%** from 66% <sup>2</sup> (revised target: 60%)

### ACCESS TO CARE

- # of e-consults: **99,183** from 105,478 <sup>3</sup> (remains better than target of 95,100)

Change reflected from the Prior Period, which was **Q4 FY22 Q1 FY23 (July 1 to September 30, 2022)**. Notes include the following:

<sup>1</sup> % of Uninsured Patients Enrolled in Health Insurance Coverage or Financial Assistance: Performance is slightly down from the prior quarter and slightly below the updated target that was established for the current fiscal year. There are ongoing efforts to continue to optimize screening rates and enrollments as well as the timeliness of financial counseling interactions.

<sup>2</sup> MyChart Activations: NYC Health + Hospitals MyChart activation has seen slight decline, due to residual impact from declining COVID-19 testing, however, the activation percentage among patients attributed to NYC H+H primary care has remained consistent at 75%. The MyChart team is maintaining focus on stabilizing the systemwide activation metric by designing new digital, and physical promotional material to display at our sites, leveraging our MyChart experts, as well as increasing adoption by enhancing the MyChart patient experience. The team has expanded the MyChart experience by adding; support for our top languages; FastPass, a service that notifies patients when an earlier appointment is made available; Hello Patient, a service that allows patients to bypass front desk to check in; Care Companion a care module that helps pregnant patients track their pregnancy and sends them helpful educational topics; as well as working on other scheduling enhancements that will allow the patient to use MyChart to schedule visits directly. **NOTE: Target has been revised to align with the global Epic honor roll benchmark.**

<sup>3</sup> # of e-consults: This metric slightly decreased over the current quarter for the second quarter in a row, after having several quarters of progressive increases. It remains better than the target of 95,100. E-consults are an indicator of top priority, focused on improving specialty access. The overall system-wide focus continues to be on improving referral review, scheduling, and follow-up time.

## QUALITY AND OUTCOMES

- Follow-up appointment kept within 30 days after behavioral health discharge: **48%** from 53.4% <sup>1</sup> (target: 50%)
- % Left Without Being Seen in ED: **5%** from 4.2 <sup>2</sup> (target: 4.0%)

## CARE EXPERIENCE

- Inpatient care experience – overall rating: **60.2%** from 61.7% <sup>3</sup> (target: 66.3%)

Change reflected from the Prior Period, which was **Q1 FY23 (July 1 to September 30, 2022)**. This reflects a negative trend in which the target has not been achieved. **Notes include the following:**

<sup>1</sup> *Follow-up appointment kept within 30 days after behavioral health discharge:* After an increase in the prior quarter, this measure has decreased. However, more than 1/3 of our sites have follow-up rates above 60%. This one-time decrease is a result of data not being entered fully into Epic (electronic medical record) in a small number of sites. Once this backlog is rectified, rates for the current reporting period will increase. The Office of Behavioral Health continues to work with all sites, with key focus on ongoing training for new and existing staff about appropriate workflow to fully document these follow-up appointments in the EMR. Staffing turnover and vacancy challenges (which also impact healthcare nationwide) impacts full documentation in the chart and contributes to more limited access at some clinics.

<sup>2</sup> *% Left without being seen in ED:* Similar to the prior reporting quarters, overall ED utilization has continued to substantially increase, above pre-pandemic levels. With these progressive increases, there had been a concomitant increase in the % of patients who left the EDs without being seen. There are a variety of improvement efforts occurring at the hospitals, aimed at augmenting flow and efficiency across the EDs. NYC Health + Hospitals is also exploring additional efforts to decompress patient volume in the EDs through telemedicine alternatives.

<sup>3</sup> *Inpatient care experience – overall rating:* Compared to the prior quarter, this metric has seen a decrease, due to overall increases in patient volume, increase in ED to inpatient admissions with higher acuity levels and increased LOS. All are contributing factors to less satisfaction in this setting.

## **RACIAL & SOCIAL EQUITY MEASURES**

- % of New Physician Hires being underrepresented minority (URM) <sup>1</sup>, as follows:

Category	Apr-Jun 2022	July-Sept 2022	Oct-Dec 2022
Women	42%	45%	40%
Non-Binary	0.3%	0%	0%
Asian	14.1%	20.5%	27.3%
Black or African American	4.9%	5.2%	8.0%
Hispanic or Latino	2.1%	5.2%	7.2%
American Indian or Alaska Native	0.5%	0.3%	0.3%
Native Hawaiian or Other Pacific Islander	0.3%	0.3%	0%
Unknown	60.8%	48.7%	23.1%

<sup>1</sup> % 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 FY23 Q2, 23.1% of new hire physicians' ethnic groups are unknown due to missing information that is reported; which has progressively improved. Prior reporting periods of "Unknown" race/ethnicity were well over 65%. 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; the total N in this group is 265 new physician hires.
- 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.

## RACIAL & SOCIAL EQUITY MEASURES

- # of Equity Lenses Applied to Performance Improvement (PI) Projects, with Data <sup>1</sup>
  - FY23 Q1 (July-September 2022): **42** (slightly above target of 40)
  - FY23 Q2 (October-December 2022): **16** (*Note: this contains partial data only and will be updated in the next reporting quarter*)

<sup>1</sup> # of Equity Lenses Applied to PI Projects, with Data: This measure started to be reported as of FY22 Q4. 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, or age). This metric lags by 1 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 Q2 (October 1 to December 31, 2022) Performance: COVID-19 Metrics

Metric	FY23 Q2 (October 1-December 31, 2022)	FY23 Q1 (July 1-September 30, 2022)
■ % of Occupied Beds	73%	72%
■ % of COVID-19 Occupied Beds	7%	5%
■ # of COVID-19 Therapies – Oral Antivirals	12,263	13,478
■ # of COVID-19 Therapies – Infusion Treatments	1,472	2,040

Note: COVID-19 measures of Vaccine 1<sup>st</sup> & 2<sup>nd</sup> Doses, Tests Administered have been retired and are no longer being reported..

# System Dashboard

REPORTING PERIOD – Q2 FY23 (October 1 through Dec 31 | 2022)

	EXECUTIVE SPONSOR	REPORTING FREQUENCY	TARGET	ACTUAL FOR PERIOD	VARIANCE TO TARGET	PRIOR PERIOD	PRIOR YEAR SAME PERIOD*	
<b>QUALITY AND OUTCOMES</b>								
1	Post Acute Care All Cause Hospitalization Rate (per 1,000 care days)	CQO+SVP PAC	Quarterly	1.6	2.2	-0.6	2.1	1.96
2	Follow-up appointment kept within 30 days after behavioral health discharge	SVP CMO + SVP CQO	Quarterly	50%	48%	-2%	53.4%	43.2%
3	HgbA1c control < 8	SVP AMB + VP CPHO	Quarterly	67.6%	68.7%	1.1%	67.4%	66.4%
4	% Left without being seen in the ED	SVP CMO + SVP CQO	Quarterly	4.0%	5.0%	-1%	4.22%	5.23%
5	Integration of Bio Medical devices	SVP CIO	Quarterly-RETIRED METRIC	100%			-	100%
<b>CARE EXPERIENCE</b>								
6	Inpatient care - overall rating (top box)	SVP CQO + SVP CNE	Quarterly	66.30%	60.2%	-6.1%	61.7%	62.88%
7	Ambulatory care (medical practice) recommended provider office (top box)	SVP CQO + SVP AMB	Quarterly	87.00%	85.7%	-1.3%	84.23%	84.43%
8	MyChart Activations	SVP CQO + SVP AMB	Quarterly	60%	61%	1%	66%	72%
<b>FINANCIAL SUSTAINABILITY</b>								
9	Patient care revenue/expenses	SVP CFO + SVP MC	Quarterly	65%	74.2%	9.2%	73.3%	73.2%
10	% of Uninsured patients Enrolled in Health Insurance Coverage or Financial Assistance	SVP CFO + SVP MC	Quarterly	90%	86%	-4%	88%	86%
11	% of M+ medical spend at H+H	SVP MC	Quarterly	45%	42.7%	-2.3%	42%	40.17%
12	Total AR days per month (Outpatient ,Inpatient)	SVP CFO	Quarterly	45	48.8	3.8	49.7	60
13	Post Acute Care Total AR days(12 months)	CFO	Quarterly	50	48.0	2	49.0	40.6
14	Enterprise Data Center Migration progress	SVP CIO	Quarterly	100%	100%	0%	100%	100%
<b>ACCESS TO CARE</b>								
15	Unique primary care patients seen in last 12 months	SVP AMB	Quarterly	405,000	416,669	11,669	401,850	413,362
16	Number of e-consults completed/quarter	SVP AMB	Quarterly	95,100	99,183	4,083	105,478	96,055
17	NYC Care	SVP AMB	Quarterly	100,000	108,672	8,672	106,520	114,496
<b>CULTURE OF SAFETY</b>								
18	Total Wellness Encounters	SVP CQO + SVP CNE	Quarterly	600	1,903	1,303	1,664	641
<b>RACIAL AND SOCIAL EQUITY</b>								
19	% of New Physician Hires being underrepresented minority (URM)	SVP CMO + SVP HR	Quarterly	See slide 9				-
20	New measure: # of Equity Lenses Applied to PI Projects	CQO	Quarterly (data will lag)	40	16 (partial)	-24	42	2
21	% of Total Procurement spend on MWBE*	SVP SUPPLY CHAIN + SVP OFD	Quarterly	30%	To be reported for close of FY			-

# System Dashboard Glossary

REPORTING PERIOD – Q2 FY23 (October 1-December 31 | 2022)

		DESCRIPTION
<b>QUALITY AND OUTCOMES</b>		
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.
<b>CARE EXPERIENCE</b>		
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
<b>FINANCIAL SUSTAINABILITY</b>		
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
<b>ACCESS TO CARE</b>		
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
<b>CULTURE OF SAFETY</b>		
18	Total Wellness Encounters *	This is an aggregate measure that includes the following: Number of 1:1 debriefs, Number of group debriefs, Number of combined support debriefs, & Number of wellness events

# System Dashboard Glossary

REPORTING PERIOD – Q2 FY23 (October 1-December 31 | 2022)

		DESCRIPTION
<b>RACIAL AND SOCIAL EQUITY</b>		
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	# of Equity Lenses Applied to PI Projects	Total number of performance improvement 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 1 quarter as more PI projects are shared with the Office of Quality & Safety from across the System through various venues
21	% of Total Procurement spend on MWBE	The percentage of procurement spending to minority and women owned business enterprises
<b>COVID-19</b>		
22	COVID-19 Tests Administered	Total number of COVID-19 tests (swab and rapid) administered
23	COVID-19 Positive Tests	Total number of tests yielding positive results (some positive results were recorded after June 30 <sup>th</sup> )
24	Post Acute Care COVID-19 Infection	COVID-19 Infection Rate per 1,000 resident days
25	1 <sup>st</sup> dose vaccinations Administered	Total number of 1 <sup>st</sup> dose vaccinations administered by NYC Health + Hospitals Facilities
26	2nd dose Vaccinations Administered	Total number of 2nd dose vaccinations administered by NYC Health + Hospitals Facilities
27	% Bed Occupied(Not Including ED)	Average number of occupied beds divided by all active beds

# 5 Year System Goals

- These goals were built from the goals, priorities, and workstreams in our Community Health Needs Assessment, the Key Metrics in the System-wide Dashboard, and our Strategic Pyramid



**NYC HEALTH+ HOSPITALS | System Dashboard**  
Reporting Period: 10/1 - 9/30 | Fiscal Year: 2023

Category	Item	Unit	Target	Actual	Variance	Notes
Patient Safety	ICD-9-CM Procedure	Days	1.8	1.8	0.0	1.8%
	ICD-9-CM Diagnosis	Days	2.0	2.0	0.0	0.0%
	ICD-9-CM External Cause	Days	2.0	2.0	0.0	0.0%
Quality of Care	ICD-9-CM Procedure	Days	1.8	1.8	0.0	1.8%
	ICD-9-CM Diagnosis	Days	2.0	2.0	0.0	0.0%
	ICD-9-CM External Cause	Days	2.0	2.0	0.0	0.0%
Patient Access	ICD-9-CM Procedure	Days	1.8	1.8	0.0	1.8%
	ICD-9-CM Diagnosis	Days	2.0	2.0	0.0	0.0%
	ICD-9-CM External Cause	Days	2.0	2.0	0.0	0.0%
Patient Satisfaction	ICD-9-CM Procedure	Days	1.8	1.8	0.0	1.8%
	ICD-9-CM Diagnosis	Days	2.0	2.0	0.0	0.0%
	ICD-9-CM External Cause	Days	2.0	2.0	0.0	0.0%
Patient Safety	ICD-9-CM Procedure	Days	1.8	1.8	0.0	1.8%
	ICD-9-CM Diagnosis	Days	2.0	2.0	0.0	0.0%
	ICD-9-CM External Cause	Days	2.0	2.0	0.0	0.0%

## Five Year System Goal

- Make NYC H+H a friendlier place to get care
- Improve Metroplus/NYC H+H patient satisfaction scores to make it best plan/provider partnership for low income New Yorkers
- Increase percentage of nursing staff in permanent positions to pre COVID levels
- Build pathway for physicians from racial and ethnic groups underrepresented in medicine
- Improve diabetes and hypertension control for patients experiencing homelessness
- House 3,000 patients
- Increase lifestyle medicine encounters
- Upgrade age of infrastructure and medical equipment make system more resilient, secure, and sustainable
- Meet HHS 2030 carbon goal by 2028, in part by lowering waste and improving equipment recycling
- Successful roll out of UKG payroll & scheduling