



**STRATEGIC PLANNING COMMITTEE**

**OF THE BOARD OF DIRECTORS**

**November 20, 2023 - 10:30 A.M.**

**Boardroom**

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

**AGENDA**

- |             |   |  |
|-------------|---|--|
| <b>I.</b>   | <b>Call to Order</b>                                  | <b>José Pagán</b>  |
| <b>II.</b>  | <b>Adoption of May 8, 2023</b>                        | <b>José Pagán</b>  |
| <b>III.</b> | <b>Strategic Planning Committee Meeting Minutes .</b> |  |
| <b>III.</b> | <b>Information Items</b>                              |  |
|             | <b>a. Update and System Dashboard</b>                 | <b>Matthew Siegler</b><br><b>Senior Vice President</b><br><b>Managed Care, Patient Growth,</b><br><b>CEO One City Health &amp; CEO ACO</b>       |
|             |   | <b>Dr. Eric Wei Senior Vice President/ Chief Quality Officer</b><br><b>Deborah Brown, Senior Vice President, External and Regulatory Affairs</b> |
| <b>IV.</b>  | <b>Old Business</b>                                   | <b>José Pagán</b>  |
| <b>V.</b>   | <b>New Business</b>                                   |  |
| <b>VI.</b>  | <b>Adjournment</b>                                    |  |

## **MINUTES**

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

**MAY 08, 2023**

The meeting of the Strategic Planning Committee of the Board of Directors was held on May 08, 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.

Feniosky Peña-Mora has requested that Erin Kelly representing Anne Williams Isom be counted for the purposes of quorum and voting on his behalf.

#### **ATTENDEES**

##### **COMMITTEE MEMBERS**

Jose A. Pagán, Ph.D., Presiding as Chairperson  
Mitchell Katz, M.D.  
Sally Hernandez-Piñero  
Erin Kelly

##### **OTHER ATTENDEES**

##### **HHC STAFF**

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

**Strategic Planning Committee Meeting – May 08, 2023**

**As Reported by: Dr. José Pagán**

**Committee members present:** Dr. José Pagán, Sally Hernandez-Piñero, Erin Kelly, Dr. Mitchell Katz

Dr. José Pagán, called the May 8<sup>th</sup>, 2023 meeting of the Strategic Planning Committee (SPC) to order at 11:20 am.

Mr. Pagán noted for the record that according to the **By-Laws - Section 14, Committee Attendance**, if any member of a standing or special committee of the Board will not be present at a scheduled committee meeting, the member may ask the Chair of the Board to request that another Board member, not a member of that committee, attend the scheduled meeting and be counted as a member for purposes of quorum and voting:

Feniosky Peña-Mora has requested that Erin Kelly representing Anne Williams Isom be counted for the purposes of quorum and voting on his behalf. The request was approved.

Mr. Pagán called for a motion to approve the January 9, 2023 minutes of the Strategic Committee meeting.

Upon motion made and duly seconded the minutes of the January 9, 2023 Strategic Planning Committee meeting was unanimously approved.

**INFORMATION ITEMS**

Deborah Brown, Senior Vice President, External and Regulatory Affairs to present on the Government Affairs Overview updates that are affecting our System's performance.

City Update

Ms. Brown reported that we are amid the city budget process, Dr. Katz and selected members will be going to testify again. Conversations continue in terms of what our budget will look like, and what our relationship to the City looks like. The Pricing Transparency Bill would create an office of healthcare accountability that would look at pricing transparency.

State Update

Ms. Brown reported that the State budget is officially done and is the latest budget since 2010. More information on the State budget will be discussed during the Finance Committee hearing. Almost all of the policy issues that are not finance driven were stripped out of the budget negotiations. We have a very truncated legislative session, which will go on through June.

Federal Update

Ms. Brown reported that Federal budget negotiations are ongoing. Community funded projects have done very well in the last several years. The House has essentially announced that they will not be funding hospital or health care related projects through the earmark process.

The end of the Public Health Emergency (PHE) is coming up on May 11<sup>th</sup>. We will be spending a lot of time on reauthorization, as we need to get people resigned up for Medicaid.

**Dr. Eric Wei, Senior Vice President, Chief Quality Officer and Matthew Siegler, Senior Vice President, Managed Care and Executive Director of OneCity Health/ACO, reported on FY-23 Q2 (October 1 to December 31, 2022) Performance**



## 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	1.9%
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			-

### Positive Trends:

#### Quality and Outcomes

3. Hgb A1c control <8: **68.7%** from 67.4% (revised target: 67.6%)

#### Care Experience

7. Ambulatory care experience – recommended provider office: **85.7%** from 84.2% (target: 87.0%)

#### Culture of Safety

18. Total Wellness Encounters: **1,903 encounters** from 1,664 (target: 600)

#### Access to Care

17. NYC Care: **108,672** from 106,520 (remains better than target of 100,000)

15. Unique Primary Care Patients: **416,669** from 401,850 (target: 405,000)

### Financial Sustainability

9. Patient Care Revenue/Expenses: **74.2%** from 73.3% (target: 65%)
12. Total A/R days per month: **48.8 days** from 49.7 days (target: 45)
14. 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** (target: 100%)

### **Steady Trends**

#### Quality and Outcomes

1. 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 (target: 1.6 per 1,000 care days)

### Financial Sustainability

13. PAC Total AR days: Remains mostly steady at **48 days** from 49 days (remains better than revised target of 50 days)
11. % MetroPlus medical spend at NYC Health + Hospitals: Remains mostly the same at **42.7%** from 42% (is close to target of 45%)

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

#### Financial Sustainability

10. % of Uninsured patients enrolled in health insurance coverage or financial assistance: **86%** from 88% (close to target of 90%)

#### Care Experience

8. MyChart Activations: **61%** from 66% (revised target: 60%)

#### Access to Care

16. # of e-consults: **99,183** from 105,478 (remains better than target of 95,100)

### **Negative Trends:**

#### Quality and Outcomes

2. Follow-up appointment kept within 30 days after behavioral health discharge: **48%** from 53.4% (target: 50%)
4. % Left without being seen in ED: **5%** from 4.2% (target 4.0%)

#### Care Experience

6. Inpatient care experience - overall rating: **60.2%** from 61.7% (target: 66.3%)

### **Equity Measures:**

#### Racial & Social Equity Measures

19. % of New Physician Hires being underrepresented minority (URM), as follows:

Category	Apr-Jun 2022	Apr-Jun 2022	July-Sept 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%

20. # of Equity Lenses Applied to Performance Improvement (PI) Projects with Data: 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)

### COVID-19 Metrics:

#### COVID-19

27. % of Occupied Beds: **73%** from 72%
- #. % of COVID-19 Occupied Beds: **7%** from 5%
- #. # of COVID-19 Therapies – Oral Antivirals: **12,263** from 13,478
- #. # of COVID-19 Therapies – Infusion Treatments: **1,472** from 2,040

### 5 YEAR SYSTEM GOALS

Mr. Siegler reported on the 5-year system goals. The goals and priorities in the Community Health Needs Assessment and our overall system Strategic Pyramid, has produced ten 5-year system goals, which are as follows;

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

### FOLLOW-UP ITEMS:

- The Committee expressed an interest in looking into which programs/facilities/insurance plans are having the biggest impacts on quality measures, and if that is something that can be tracked.
- The Committee expressed an interest in comparing metrics pre-COVID to post-COVID.

Dr. Pagán thanked the presenters.

There being no old business, nor new business, the meeting was adjourned at 12:04 pm.

# Strategic Planning Committee to the Board Update

Matt Siegler

Senior Vice President, Managed Care and Patient Growth, NYC Health + Hospitals

Eric Wei, MD, MBA

Senior Vice President and Chief Quality Officer, NYC Health + Hospitals

Deborah Brown

Senior Vice President, External and Regulatory Affairs, NYC Health + Hospitals

Nichola Davis, MD, MS

Vice President, Chief Population Health Officer, NYC Health + Hospitals

November 20, 2023



- Government Affairs Overview
- System Dashboard, Trends
  - FY2023 Q3 & Q4: January through March 2023 and April through June 2023
- Follow-up from Last Meeting: Improvements in Diabetes Control at NYC H+H

- CITY
  - Election Day results
- STATE
  - Budget priorities
  - Legislative session updates
- FEDERAL
  - Appropriations
  - DSH funding

# System Dashboard, Trends: FY2023 Q3 & Q4

## FY23 Q4 (Period comparison: Apr-June 2023 compared to Jan-Mar 2023) Performance: Positive Trends\*

### QUALITY AND OUTCOMES

- Follow-up appointment kept within 30 days after behavioral health discharge: **58.1%** from 51.7% <sup>1</sup> (target: 50%)
- Hgb A1c control <8: Improved slightly to **68.8%** from 68.5% <sup>2</sup> (revised target: 67.3%)
- % Left without being seen in emergency departments (ED): Improved slightly to **4.7%** from 4.8% <sup>3</sup> (target: 4.0%)
- Post Acute Care (PAC): All Cause Hospitalization rate: Improved slightly to **2.4 per 1,000 care days** from 2.5 per 1,000 care days <sup>4</sup> (target: 1.6 per 1,000 care days)

#### NOTES:

\*Change reflected from **Q3 FY23 (Jan to Mar 2023) to Q4 FY23 (Apr to June 2023)**. Notes include the following:

<sup>1</sup> *Follow-up appointment kept within 30 days after behavioral health discharge:* NYC Health + Hospitals has observed progressive increases in this measure over 3 quarters, achieving rates above the target. More than one-third of our sites have follow-up rates above 60%. To maximize performance for this measure, staff must fully document follow-up appointments in the electronic health record. Because of this, the Office of Behavioral Health has invested time in working with all sites, with a key focus on an ongoing documentation improvement effort, providing training to new and existing staff about the appropriate workflow to fully document these follow-up appointments in the electronic health record. NYC Health + Hospitals is also actively working on increasing access to outpatient services and adding Community Health Workers (CHWs) to psychiatry inpatient units to help with linkages to outpatient care and post discharge follow-up.

<sup>2</sup> *Hgb A1c control:* There was a slight increase in Hgb A1c control to 68.8% from 68.5%, with this measure having achieved substantial improvement over the last year, and has been at the point of sustainability for 3 quarters. Patients continue to go to their in-person primary care visits more frequently than during the two years over the pandemic, attributing to improvements. This metric reached a low of 59.9% in Feb. 2021 but has since progressively improved. The goal now is to sustain this improvement.

<sup>3</sup> *% Left without being seen in ED: (lower is better for this measure)* This measure has improved over 3 quarters though remains below the target of 4%. 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 patient flow and efficiency across the EDs. NYC Health + Hospitals is exploring additional efforts to decompress patient volume in the EDs through telemedicine alternatives.

<sup>4</sup> *PAC: All Cause Hospitalization rate: (lower is better for this measure)* There was a slight decrease in PAC hospitalizations, overall, over the quarter. In 3 of the 5 PACs, there were decreases in this measure. There was an increase in the rate at 2 PAC sites, related to sepsis due to pneumonia and patients hospitalized during a COVID outbreak during this specific quarter. The rate remains below the target of 1.6.

## FY23 Q4 (Period comparison: Apr-June 2023 compared to Jan-Mar 2023) Performance: Positive Trends, continued\*

### CARE EXPERIENCE

- Ambulatory care experience – recommended provider office: **86.4%** from 85.9% <sup>1</sup> (target: 87.0%)
- Inpatient care experience – overall rating: **63.9%** from 62.6% <sup>2</sup> (target: 66.3%)

### CULTURE OF SAFETY

- Total Wellness Encounters: **728** from 586 <sup>3</sup> (target: 600)

#### NOTES:

\*Change reflected from **Q3 FY23 (Jan to Mar 2023) to Q4 FY23 (Apr to June 2023)**. Notes include the following:

<sup>1</sup> *Ambulatory care experience – recommended provider office:* Top box scores for outpatient medical practices increased over the quarter, indicative of a steady, incremental trend that has been sustained over several prior quarters. This increase is attributed to the end/phasing out of the tridemic (i.e., COVID, influenza, RSV) from Jan-March 2023. Medical practice teams were able to return to steady state operations in terms of time spent with patients and improved ability to communicate consistently with patients. Also, there was a positive impact of targeted improvement efforts in ambulatory care experience over April-June 2023, due to focus of Care Experience strategic pillar projects to the QAPI Committee of the Board in this time period.

<sup>2</sup> *Inpatient care experience – overall rating:* Top box scores also improved over the quarter for inpatient rate hospital, attributed also to the end/phasing out of the tridemic (COVID, influenza, RSV) from Jan-March 2023 period. There was less burden in this period over boarding challenges, which improved the steady-state for inpatient operations, including time spent with patients and improved ability to communicate consistently. There was also more lenient guidance related to precautions (e.g., masking) for visitors, which improved overall care experience. Also, there was an impact of targeted improvement efforts in inpatient care experience over April-June 2023, due to focus of Care Experience strategic pillar projects to the QAPI Committee of the Board in this time period.

<sup>3</sup> *Total Wellness Encounters:* This measure includes 1:1 debriefs, group debriefs, and wellness events. Total wellness encounters increased as compared to the prior reporting period, with progressive increases over the year. There continues to be emphasis on wellness across all NYC Health + Hospitals' sites, focused on the issues impacting our workforce, and the consistent need for these interventions. This measure will always fluctuate, with increases during and just after significant traumatic events, and decreases during normalization periods.

## FY23 Q4 (Period comparison: Apr-June 2023 compared to Jan-Mar 2023): Positive Trends, continued\*

### FINANCIAL SUSTAINABILITY

- Patient care revenue/expenses: **77.9%** from 73.8% <sup>1</sup> (target: 65%)
- Total A/R days per month: **47.4 days** from 48.4 days <sup>2</sup> (target: 45 days)
- Enterprise Data Center Migration progress <sup>3</sup>
  - **As of June 2023, 93%** of the overall data center initiative is complete
  - **Transition from Sungard to QTS is 100% complete** (1<sup>st</sup> data center) (target: 100%)
  - See note 3, below, for status of transition JMC to Cyrus One (2nd data center)

#### NOTES:

\*Change reflected from **Q3 FY23 (Jan to Mar 2023) to Q4 FY23 (Apr to June 2023)**. Notes include the following:

<sup>1</sup> *Patient care revenue/expenses:* (note: Excludes revenues or expenses associated with the HERRC initiative): Patient Care Revenue/Expense ratio has remained relatively steady over time, with an increase during this reporting period. It is slightly above where it was last year at the same period and remains better than the target of 65%.

<sup>2</sup> *Total AR days per month:* (lower is better for this measure) AR days continue to track toward the target of 45 days. Through July, AR associated with delayed UPL payments continue to inflate AR. NYC Health + Hospitals is working closely with insurance plans to reconcile those payments.

<sup>3</sup> *Enterprise Data Center Migration progress:* The transition from Sungard to QTS (1<sup>st</sup> data center) is 100% complete. Transition from JMC to Cyrus One (2<sup>nd</sup> data center) encountered delays due to data center power, network, and vendor equipment delivery delays during April/May 2023, though there were several accomplishments including: “Smoke Test” – Test of all connectivity between CyrusOne and QTS and facilities was completed May 2023; Wide Area Network was completed May/June 2023; and Final application move wave scheduled for 2<sup>nd</sup> data center was published end of June 2023 and adjusted timeline to completion re-established for CY23 Q4.

## FY23 Q4 (Period comparison: Apr-June 2023 compared to Jan-Mar 2023): Positive Trends, continued\*

### ACCESS TO CARE

- NYC Care: **119,000** from 116,360 <sup>1</sup> (remains better than target of 100,000)
- Unique Primary Care Patients: **427,449** from 424,105 <sup>2</sup> (target: 405,000)

#### NOTES:

\*Change reflected from **Q3 FY23 (Jan to Mar 2023) to Q4 FY23 (Apr to June 2023)**. Notes include the following:

<sup>1</sup> NYC Care: Enrollment in NYC Care observed progressive increases over the past 3 quarters and continues to surpass the 100,000 membership goal. NYC Health + Hospitals has implemented a multi-pronged strategy to improve new enrollment and re-enrollment rates. The System has initiated re-enrollment reminders for NYC Care members and invests in direct enrollment pathways through community partners. The System currently partners with community-based organizations (CBOs) in all five boroughs, 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 into NYC Care.

<sup>2</sup> *Unique Primary Care Patients*: NYC Health + Hospitals has prioritized increasing capacity for new patients in the System, using blocks in schedules and working to build out teams so there are added supports to the primary care doctors to care for more patients. We have made outreach efforts to patients that may have been lost to care during phases of the pandemic and have had continued collaboration both internally as well as with major payors. Note: Reporting for this measure was modified 9 months ago and continues to exclude special pathogens visits.

### **CARE EXPERIENCE**

- MyChart Activations: **56%** from 58% <sup>1</sup> (slightly below target of 60%)

### **FINANCIAL SUSTAINABILITY**

- PAC Total AR days: **49.5 days** from 48 days <sup>2</sup> (slightly better than target of 50 days)

### **ACCESS TO CARE**

- # of e-consults: **110,830** from 111,445 <sup>3</sup> (better than target of 95,100; *see yearly #s in note 3, below*)

**NOTES:**

\*Change reflected from **Q3 FY23 (Jan to Mar 2023) to Q4 FY23 (Apr to June 2023)**. Notes include the following:

<sup>1</sup> *MyChart Activations:* NYC Health + Hospitals MyChart activation has seen a decline, due to residual impact from progressive declines in COVID-19 testing, however, the activation percentage among patients attributed to NYC Health + Hospitals primary care has remained consistent at 75%. The MyChart team is maintaining focus on stabilizing the systemwide activation metric by implementing 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 the following: 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; and working on other scheduling enhancements that will allow the patient to use MyChart to schedule visits directly. **Target was revised 6 months ago to align with the global Epic honor roll benchmark.**

<sup>2</sup> *PAC Total AR Days:* (lower is better for this measure) PAC AR days continues to track with the target of 50 days, though there was a slight upward trend in days over the quarter. Through July, AR associated with delayed UPL payments continued to inflate the AR. NYC Health + Hospitals is working closely with insurance plans to reconcile UPL payments.

<sup>3</sup> *# of e-consults:* This metric slightly decreased over the current quarter, although there was an observed increase from 99,183 to 111,445 in the previous 2 quarters. It remains better than the target of 95,100. When reviewing e-consult data from FY2022 and FY2023, there was a demonstrable increase from 404,406 (FY22) to 426,532 (FY23). This indicator is a testament to the System's commitment to expand access to specialty services, where PCPs and specialists co-manage patients' health conditions, ultimately improving quality of care.



## FY23 Q4 (Period comparison: Apr-June 2023 compared to Jan-Mar 2023): Negative Trends\*

### FINANCIAL SUSTAINABILITY

- % of Uninsured patients enrolled in health insurance coverage or financial assistance: **77%** from 80% <sup>1</sup> (target: 90%)
- % MetroPlus medical spend at NYC Health + Hospitals: **39.9%** from 46.6% <sup>2</sup> (target: 45%)

#### NOTES:

\*Change reflected from **Q3 FY23 (Jan to Mar 2023) to Q4 FY23 (Apr to June 2023)**. Notes include the following:

<sup>1</sup> % of Uninsured Patients Enrolled in Health Insurance Coverage or Financial Assistance: NYC Health + Hospitals has seen a slight decline in financial counseling screening rates at a few facilities that have primarily been driven by short-term staffing issues. There is ongoing work to address this. Also, there was what is expected to be a brief and temporary decline in the percentage of patients with a financial counseling interaction enrolled in health insurance or financial assistance at one particular facility due to an effort to close aged cases.

<sup>2</sup> % MetroPlus medical spend at NYC Health + Hospitals: This measure has decreased, with the primary driver being the risk surplus which, while still remains strong, has come down slightly as a percentage of spend (from 16.5% to 14.19%). NYC Health + Hospitals also saw a decrease in primary care provider spend of about ½ of 1% (3.44% of total spend to 2.98% of total claims).

**NYC**  
**HEALTH+**  
**HOSPITALS** | **Equity Measures**  
**RACIAL & SOCIAL EQUITY**

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

Category	Apr-Jun 2022	July-Sept 2022	Oct-Dec 2022	Jan-Mar 2023	Apr-Jun 2023
Women	42%	45%	40%	19.9%	24.4%
Non-Binary	0.3%	0%	0%	0%	0%
Asian	14.1%	20.5%	27.3%	11.0%	9.3%
Black or African American	4.9%	5.2%	8.0%	4.4%	4.1%
Hispanic or Latino	2.1%	5.2%	7.2%	3.8%	1.9%
American Indian or Alaska Native	0.5%	0.3%	0.3%	0.3%	0.3%
Native Hawaiian or Other Pacific Islander	0.3%	0.3%	0%	0%	0%
Unknown	60.8%	48.7%	23.1%	10.2%	24.5%

**NOTES:**

<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 Q4, 24.5% of new hire physicians' ethnic groups are unknown due to missing information that is reported. Documentation of "Unknown" has progressively improved over the past two years. Prior reporting periods of "Unknown" race/ethnicity were well over 65% in 2021, representing a progressive improvement to date. NYC Health + Hospitals continues to work with affiliate organizations to improve demographic information capture of the contingent physician workforce.

- These data include Acute Care, Gotham, & PAC; the total N in this group in FY23 Q3 and FY23 Q4 is 322 and 367, respectively.
- Exclusions are Correctional Health Services, MetroPlus, Residents (measured separately in EDI Committee), and duplicate roles.
- 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 Q3 (January-March 2023): **73** (above target of 40)
  - FY23 Q4 (April-June 2023): **70** (*Note: this contains partial data only and will be updated in the next reporting quarter*)

### NOTES:

<sup>1</sup> # of Equity Lenses Applied to PI Projects, with Data: This measure started to be reported as of FY22 Q4. The definition includes the number of PI projects that have data to support a health equity focus to the project (i.e., 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.). The FY23 Q4 data will be modified in the next quarter to include all of the Quality Academy graduates' PI projects with health equity lenses.

## FY23 Q4 (April to June 2023) Performance: COVID-19 Metrics

Metric	FY23 Q4 (Apr-Jun, 2023)	FY23 Q3 (Jan-Mar, 2023)	FY23 Q2 (Oct-Dec, 2022)
■ % of Occupied Beds	74%	74%	73%
■ % of COVID-19 Occupied Beds	2%	4%	7%
■ # of COVID-19 Therapies – Oral Antivirals	1,801	6,546	12,263
■ # of COVID-19 Therapies – Infusion Treatments	142	637	1,472

**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 – Q4 FY23 (April 1 through June 30 | 2023)

	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)	SVP CQO+SVP PAC	Quarterly	1.6	2.4	-0.8	2.5	1.82
2	Follow-up appointment kept within 30 days after behavioral health discharge	SVP CMO + SVP CQO	Quarterly	50%	58.1%	8.1%	51.7%	41.5%
3	HgbA1c control < 8	SVP AMB + VP CPHO	Quarterly	67.3%	68.8%	1.5%	68.5%	65.3%
4	% Left without being seen in the ED	SVP CMO + SVP CQO	Quarterly	4.0%	4.7%	-.7%	4.8%	4.4%
5	Integration of Bio Medical devices	SVP CIO	Quarterly-RETIRED METRIC	100%				
<b>CARE EXPERIENCE</b>								
6	Inpatient care - overall rating (top box)	SVP CQO + SVP CNE	Quarterly	66.3%	63.9%	-2.4%	62.6%	63.2%
7	Ambulatory care (medical practice) recommended provider office (top box)	SVP CQO + SVP AMB	Quarterly	87.0%	86.4%	-.6%	85.9%	85.4%
8	MyChart Activations	SVP CQO + SVP AMB	Quarterly	60%	56%	-4%	58%	71%
<b>FINANCIAL SUSTAINABILITY</b>								
9	Patient care revenue/expenses	SVP CFO + SVP MC	Quarterly	65%	77.9%	12.9%	73.8%	74.8%
10	% of Uninsured patients Enrolled in Health Insurance Coverage or Financial Assistance	SVP CFO + SVP MC	Quarterly	90%	77%	-13%	80%	87.9%
11	% of M+ medical spend at H+H	SVP MC	Quarterly	45%	39.9%	-5.1%	46.6%	43.99%
12	Total AR days per month (Outpatient ,Inpatient) [lower better for this measure]	SVP CFO	Quarterly	45	47.4	-2.4	48.4	49.7
13	Post Acute Care Total AR days(12 months) [lower better for this measure]	SVP CFO	Quarterly	50	49.5	0.5	48	52
14	Enterprise Data Center Migration progress	SVP CIO	Quarterly	100%	100% for period achieved; 93% total completed	0%	92%	100%
<b>ACCESS TO CARE</b>								
15	Unique primary care patients seen in last 12 months	SVP AMB	Quarterly	405,000	427,449	22,449	424,105	398,991
16	Number of e-consults completed/quarter	SVP AMB	Quarterly	95,100	110,830	15,730	111,445	107,027
17	NYC Care	SVP AMB	Quarterly	100,000	119,090	19,090	116,360	113,180
<b>CULTURE OF SAFETY</b>								
18	Total Wellness Encounters	SVP CQO + SVP CNE	Quarterly	600	728	128	586	1,402
<b>RACIAL AND SOCIAL EQUITY</b>								
19	% of New Physician Hires being underrepresented minority (URM)	SVP CMO + SVP HR	Quarterly	See slide 11				-
20	# of Equity Lenses Applied to PI Projects	SVP CQO	Quarterly (data will lag)	40	70 (partial)	30	73	23
21	% of Total Procurement spend on MWBE*	SVP SUPPLY CHAIN + SVP OFD	1x/year	30%	To be reported at beginning of FY			-

\*“Actual for Period” compared to “Prior Period” to designate positive (green), steady (yellow), or negative (red) trends.

# System Dashboard Glossary

REPORTING PERIOD – Q4 FY23 (April 1 through June 30 | 2023)

		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 (RETIRED METRIC)	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 – Q4 FY23 (April 1 through June 30 | 2023)

		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 (reported once per year)	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

# Improvements in Diabetes Control at H+H

Office of Ambulatory Care & Population Health

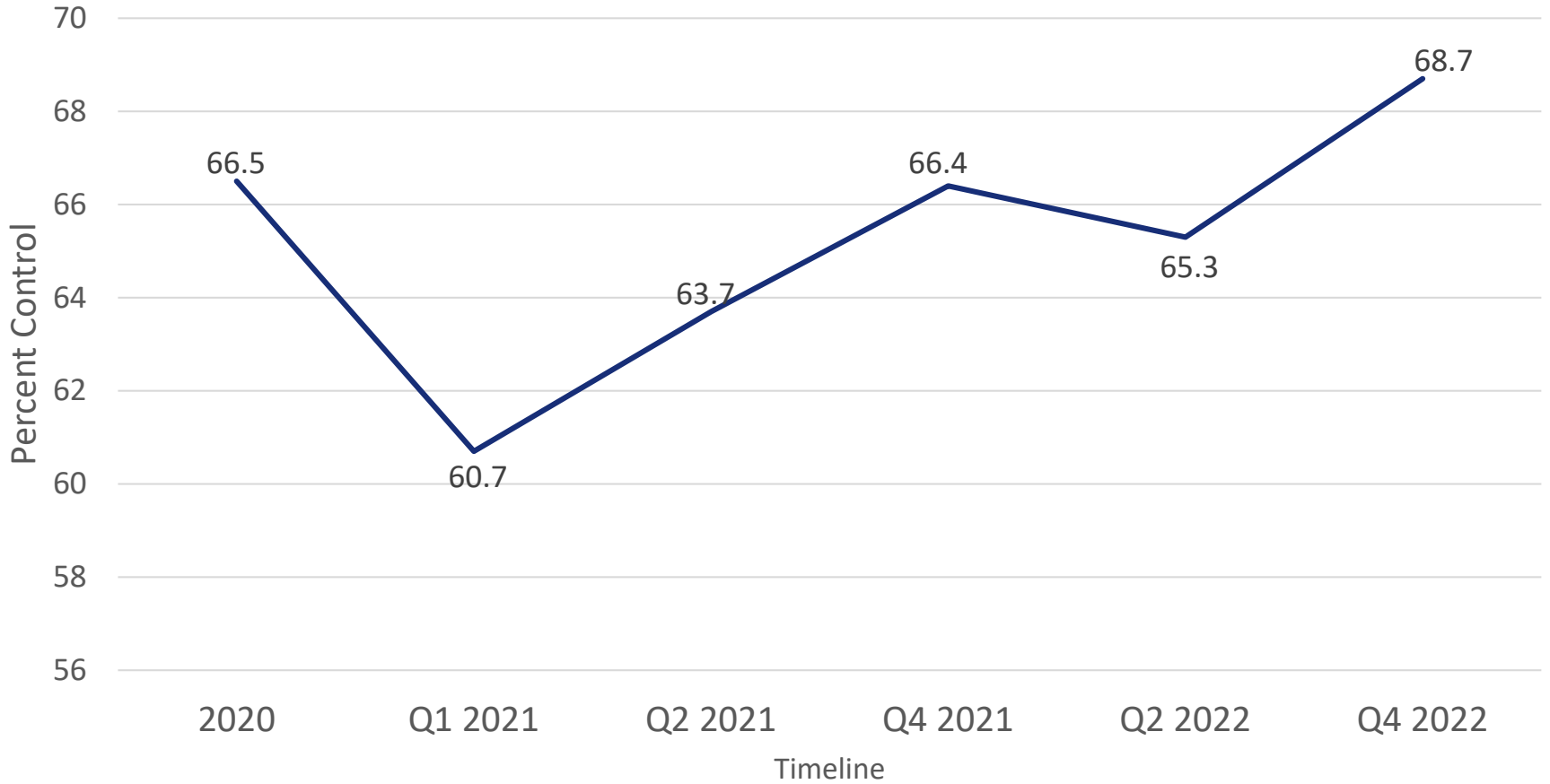
**NYC**  
**HEALTH+**  
**HOSPITALS**

POPULATION  
HEALTH



- Background: Diabetes Control Trends
- H+H Diabetes Standard of Care
- Updates and New Programs since 2021
  - Treat to Target
  - Chronic Disease Outreach
  - CDTM Pharmacists
  - Health Maintenance Topics
- What's Next for DM?

### A1c Control Rate



## Diabetes Control Trends

- The prevalence of HTN and DM are incredibly high among primary care patients at H+H (~40% and ~27%)
- Since 2022, we achieved substantial improvements in our HTN and DM control rates, with more than 3% improvement in diabetes control and over 4% in HTN control.
- Many programs and efforts have contributed to this success – it has been a true team effort across H+H!

# Diabetes Standard of Care

*Knowledgeable primary care providers and clinical teams*

## Chronic Disease RNs

- Dedicated 50% to Population Health initiatives
- Help to lead facility diabetes initiatives

## Chronic Disease Management Tool (CDMT)

- Comprehensive monthly patient-level lists that help facilities follow their DM and HTN patient populations
- Supports targeted patient outreach

## Treat to Target (T2T)

- Systemwide nurse-led program
- RNs work intensively with patients with uncontrolled DM to help them reach their target

## Outreach buckets

- Proactive outreach to patients with uncontrolled DM and those without scheduled appointment

## Program Updates: Treat to Target (T2T)

- In 2022, we undertook a large build in Epic to standardize workflows and create new tracking/reporting tools for T2T
- This has resulted in record high referral rates into the program (**3-4k** patients referred every month)
- Since the launch, patients completing T2T had average reductions in A1c of **~1.7%** and SBP of **~13.6** mmHg!

## Updates: Chronic Disease Outreach

- Launched new tools to streamline outreach workflows and identify patients who need outreach
- Two outreach “buckets” focused on diabetes patients who don’t have an upcoming appointment scheduled:
  - DM or HTN patients with uncontrolled A1c in last 3 months
  - HTN and DM patients whose last visit was 10 months ago
- Between **2-3k** patients are eligible for outreach every month across H+H and we have **doubled** outreach completion, from **~25%** to **~50%** (prioritizing uncontrolled)

## CDTM Pharmacists

- Collaborative Drug Therapy Management (CDTM) Pharmacists are able to prescribe medications and are knowledgeable in multiple chronic conditions, including diabetes.
- CDTMs have been incorporated into all acute facilities and multiple Gotham sites over the past few years, with a large increase in 2022 to fill all lines.
- CDTMs optimize medication regimens following pre-determined diabetes medication algorithms.

## Health Maintenance Topics

- Developed new Health Maintenance Topics that can provide contextual alerts to the Care Team without interrupting their workflow
- First set of topics released for A1c screening for DM:
  - Identifies patients without DM who need an A1c screening
  - Identified patients with DM who need a follow-up A1c
- Currently casts a wide net but future updates will tweak the timing of these notifications based on patients' A1c levels to ensure they are as specific as possible



# Health Maintenance Topics

INFLUENZA VACCINE (1)	<span style="color: red;">🔴</span> Overdue since 9/1/2023	<a href="#">Imm Details</a>	11/17/2022 - INF...	1/19/2022 - INFL...	11/24/2020 - INF...	2/8/2020 - INFLU...	3/10/2011 - Fluzo...
LIPID PANEL	<span style="color: orange;">🟡</span> Due soon on 11/9/2023	1 year(s)	<span style="color: red;">🔴</span> 11/9/2022 - M...	7/15/2022 - CHO...	<span style="color: red;">🔴</span> 5/17/2022 - M...	<span style="color: red;">🔴</span> 3/8/2022 - Mu...	<span style="color: red;">🔴</span> 9/20/2021 - M... <span style="color: red;">🔴</span>
Upcoming							
RETINOPATHY SCREEN	Next due on 11/17/2023	1 year(s)	11/17/2022 - Reti...	2/24/2020 - Retin...			
A1C (MANAGEMENT)	Next due on 11/21/2023	3 month(s)	<span style="color: red;">🔴</span> 8/21/2023 - H...	<span style="color: red;">🔴</span> 3/2/2023 - He...	<span style="color: red;">🔴</span> 11/9/2022 - H...	<span style="color: red;">🔴</span> 5/17/2022 - H...	<span style="color: red;">🔴</span> 3/8/2022 - He... <span style="color: red;">🔴</span>
CERVICAL CANCER SCREENING (PAP SMEAR/CYTOLOGY ...)	<span style="color: blue;">🔵</span> Tentatively due on 1/12/2024	3 year(s)	1/12/2021 - Gyn ...				
NEPHROPATHY (eGFR, MICROALBUMIN)	Next due on 3/9/2024	1 year(s)	3/9/2023 - HHC A...				
TDAP/TD VACCINE	Next due on 3/11/2029	10 year(s)	3/11/2019 - TDaP... 1/20/2015 - TDaP...				

## What's Next for DM?

- Goal is to increase DM control even further to 70%
- DM registry recently updated which will improve our data streams – for e.g. will be able to share timely data with facilities on prescribing practices, and comorbidities
- Working with Digital Health to pilot remote patient monitoring systems for HTN and DM
- Launching new Health Maintenance Topics focused on medication nudges: for example, SGLT2i and GLP1 for patients with uncontrolled DM and specific comorbidities

# Questions?



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