



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

June 10, 2024

Boardroom

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

10:30am

AGENDA

- | | | |
|-------------|---|--|
| I. | Call to Order | Freda Wang |
| II. | Adoption of November 20, 2023 | Freda Wang |
| III. | Strategic Planning Committee Meeting Minutes . | |
| III. | 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 |
| IV. | Old Business | Freda Wang |
| V. | New Business | |
| VI. | Adjournment | |

MINUTES

STRATEGIC PLANNING COMMITTEE MEETING OF THE BOARD OF DIRECTORS

NOVEMBER 20, 2023

The meeting of the Strategic Planning Committee of the Board of Directors was held on November 20, 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.

Dr. Pagán notified the Board and the public that Sally Hernandez-Piñero is participating virtually and in a listening capacity, and Dr. Machelle Allen is representing Dr. Mitchell Katz in a voting capacity.

Sally Hernandez-Piñero has requested that Erin Kelly representing Anne Williams Isom be counted for the purposes of quorum and voting on her behalf. The request was approved.

ATTENDEES

COMMITTEE MEMBERS

Jose A. Pagán, Ph.D., Presiding as Chairperson
Mitchell Katz, M.D.
Freda Wang
Erin Kelly

OTHER ATTENDEES

HHC STAFF

M. Allen, Senior Vice President, Medical Professional Affairs
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 – November 20, 2023

As Reported by: Dr. José Pagán

Committee members present: Dr. José Pagán, Freda Wang, Erin Kelly representing Sally Hernandez-Piñero, Dr. Machelles Allen representing Dr. Mitchell Katz until he joined at 11:25

Dr. José Pagán, called the November 20th, 2023 meeting of the Strategic Planning Committee (SPC) to order at 10:42 am.

Dr. Pagán notified the Board and the public that Sally Hernandez-Piñero is participating virtually and in a listening capacity, and Dr. Machelles Allen is representing Dr. Mitchell Katz in a voting capacity.

Dr. 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:

Sally Hernandez-Piñero has requested that Erin Kelly representing Anne Williams Isom be counted for the purposes of quorum and voting on her behalf. The request was approved.

Dr. Pagán called for a motion to approve the May 8, 2023 minutes of the Strategic Committee meeting.

Upon motion made and duly seconded the minutes of the May 8, 2023 Strategic Planning Committee meeting was unanimously approved.

INFORMATION ITEMS

Allie Nudelman, Director, External and Regulatory Affairs presented on the Government Affairs Overview updates that are affecting our System's performance.

City Update

Ms. Nudelman reported that election day took place last week, on November 7th, and the entire City Council was on the ballot alongside other City-wide officials.

State Update

Ms. Nudelman reported that the New York State division of budget issues its mid-year report, and indicated that the State deficit has been reduced from \$9.1 to \$4.3 billion. The Governor does not plan to roll back new investments in school foundation, AIDS support for Hospitals, or in Mental Health to make up for the budget shortfall. As of November 16th, there are 165 bills that passed both houses of the State Legislature that still need to be considered by the Governor before the end of the year.

Federal Update

Ms. Nudelman reported that last week Congress passed a continuing resolution to keep the Government open into 2024. Medicaid DSH cuts were delayed until January 19th, and we will continue to advocate for the DSH cuts to be eliminated.

Dr. Eric Wei, Senior Vice President, Chief Quality Officer reported on FY-23 Q4 (Period Comparison: Apr-June 2023 compared to Jan-Mar 2023) Performance:

NYC HEALTH+ HOSPITALS		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*	
QUALITY AND OUTCOMES								
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%	-0.7%	4.8%	4.4%
5	Integration of Bio Medical devices	SVP CJO	Quarterly-RETIRED METRIC	100%				
CARE EXPERIENCE								
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%	-0.6%	85.9%	85.4%
8	MyChart Activations	SVP CQO + SVP AMB	Quarterly	60%	56%	-4%	58%	71%
FINANCIAL SUSTAINABILITY								
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 CJO	Quarterly	100%	100% for period achieved, 93% total completed	0%	92%	100%
ACCESS TO CARE								
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
CULTURE OF SAFETY								
18	Total Wellness Encounters	SVP CQO + SVP CNE	Quarterly	600	728	128	586	1,402
RACIAL AND SOCIAL EQUITY								
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.

Positive Trends:

Quality and Outcomes

- 2. Follow-up appointment kept within 30 days after behavioral health discharge: **58.1%** from 51.7% (target: 50%)
- 3. Hgb A1c control <8: Improved slightly to **68.8%** from 68.5% (revised target: 67.3%)
- 4. % Left without being seen in emergency departments (ED): Improved slightly to **4.7%** from 4.8% (target 4.0%)
- 1. 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 (target: 1.6 per 1,000 care days)

Care Experience

- 7. Ambulatory care experience – recommended provider office: **86.4%** from 85.9% (target: 87.0%)
- 6. Inpatient care experience - overall rating: **63.9%** from 62.6% (target: 66.3%)

Culture of Safety

18. Total Wellness Encounters: **728** from 586 (target: 600)

Financial Sustainability

9. Patient Care Revenue/Expenses: **77.9%** from 73.8% (target: 65%)

12. Total A/R days per month: **47.4 days** from 48.4 days (target: 45 days)

14. Enterprise Data Center Migration progress

- **As of June 2023, 93%** of the overall data center initiative is complete
- **Transition from Sungard to QTS is 100% complete** (1st date center)(target: 100%)

Access to Care

17. NYC Care: **119,000** from 116,360 (remains better than target of 100,000)

15. Unique Primary Care Patients: **427,449** from 424,105 (target: 405,000)

Negative Trends: (better than or close to target)Care Experience

8. MyChart Activations: **56%** from 58% (slightly below target of 60%)

Financial Sustainability

13. PAC Total AR days: **49.5 days** from 48 days (slightly better than target of 50 days)

Access to Care

16. # of e-consults: **110,830** from 111,445 (better than target of 95,100)

Negative Trends:Financial Sustainability

10. % of Uninsured patients enrolled in health insurance coverage or financial assistance: **77%** from 80% (target: 90%)

11. % MetroPlus medical spend at NYC Health + Hospitals: **39.9%** from 46.6% (target: 45%)

Equity Measures:Racial & Social Equity Measures

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

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

COVID-19 Metrics:

COVID-19

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

Dr. Nichola Davis, Vice President, Population Health reported on improvements in Diabetes Control in Health and Hospitals.

Dr. Davis presented the A1C Control Rate timeline, and reported that A1C control dropped during COVID, and has been increasing every quarter, with now having the highest rate that we've ever had at our institution at 68.7% for Q4 2022. Chronic Disease RNs, Chronic Disease Management Tool (CDMT), Treat to Target (T2T), Outreach buckets, and clinical pharmacists helped to support facility diabetes initiatives.

Dr. Davis reported that the next step is a goal for Diabetes Management of 70%.

FOLLOW-UP ITEMS:

- The Committee expressed an interest in seeing the % of new physician hires being underrepresented minority annual data broken down by facility, as well as an annual trend history from 2019 to today.

Dr. Pagán thanked the presenters.

There being no old business, nor new business, the meeting was adjourned at 11:49 am.

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

June 10, 2024

- Government Affairs Overview
- System Dashboard
 - Trends FY2024 Q2 & Q3: October through December 2023 and January through March 2024
 - Next Steps for System Dashboard

- CITY
 - Overview
 - Budget process

- STATE
 - Budget review
 - Legislative session updates

- FEDERAL
 - Appropriations
 - DSH

System Dashboard, Trends: FY2024 Q2 & Q3



FY24 Q3 (Period comparison: Jan-Mar 2024 compared to Oct-Dec 2023) Performance: Positive Trends*

QUALITY AND OUTCOMES

- Follow-up appointment kept within 30 days after behavioral health discharge: **65.4%** from 63.9% ¹ (target: 50%)
- Hgb A1c control <8: Improved slightly to **70.1%** from 69.8% ² (target: 67.3%)
- % Left without being seen in emergency departments (ED): Improved slightly to **5.08%** from 5.15% ³ (target: 4.0%)

NOTES:

*Change reflected from **Q2 FY24 (Oct to Dec 2023) to Q3 FY24 (Jan to March 2024)**. Notes include the following:

¹ *Follow-up appointment kept within 30 days after behavioral health discharge:* NYC Health + Hospitals has observed progressive increases in this metric over a year, achieving rates well above the target of 50% at this point. More than half of our sites have follow-up rates above 60%. The Office of Behavioral Health has continued to invest 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. Additionally, NYC Health + Hospitals has been actively working on increasing access to outpatient services and adding Community Health Workers (CHWs) to psychiatry inpatient units to augment linkages to outpatient care and post discharge follow-up.

² *Hgb A1c control:* There was another slight increase in Hgb A1c control to 70.1% from 69.8%, with this measure having achieved sustainability over the past 6 months. Patients continue to seek follow-up care consistently during primary care visits, attributing to improvements. This metric reached a low of 59.9% in Feb. 2021 but has since progressively improved. The goal is to continue to monitor this measure to sustain this improvement.

³ *% Left without being seen in ED: (lower is better for this metric)* This metric has improved over 2 quarters though continues to remain below the target of 4%. Overall ED utilization has continued to substantially increase, with related increases in the % of patients who left the EDs without being seen and in patients boarding, waiting for inpatient beds. There are a variety of improvement efforts occurring at the hospitals, aimed at augmenting patient flow and efficiency across the EDs.

FY24 Q3 (Period comparison: Jan-Mar 2024 compared to Oct-Dec 2023) Performance: Positive Trends, continued*

CARE EXPERIENCE

- Inpatient care experience – Overall Rating: **64.46%** from 61.91% ¹ (target: 66.3%)
- MyChart Activations: **56.2%** from 50% ² (slightly below target of 60%)

CULTURE OF SAFETY

- Total Wellness Encounters: **1,904** from 1,274 ³ (target: 600)

NOTES:

*Change reflected from **Q2 FY24 (Oct to Dec 2023) to Q3 FY24 (Jan to March 2024)**. Notes include the following:

¹ *Inpatient care experience – overall rating:* In the first quarter of 2024, inpatient satisfaction scores, rated on a scale of 0-10, increased by 4.11%. This increase is attributed to an increase in targeted improvement efforts on inpatient units to improve the patient and employee experiences. Several teams have worked on improving perceptions of communication between care teams and patients, and teamwork as seen as by patients. These are all key drivers to improve the overall inpatient experience. This increase is synonymous with unit-level increases as reported in the 2023 Employee Feedback Survey and Person-Centered Care projects.

² *MyChart Activations:* NYC Health + Hospitals' overall MyChart activation rate has seen an increase over the quarter, within all services. 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 sites, leveraging our MyChart experts, as well as increasing adoption by enhancing the MyChart patient experience. MyChart is now leveraging EPIC Hello World to send text message to patient to promote same day activations. Patients now have access to [four MyChart educational videos](#) (available in thirteen languages) for topics covering how to sign up and how to do video visits! **Target was revised 9 months ago to align with the global Epic honor roll benchmark.**

³ *Total Wellness Encounters:* This measure includes 1:1 debriefs, group debriefs, and wellness events. Total wellness encounters has progressively increased, now over almost 2 years, with a large increase from the prior reporting period. Part of this increase has to do with wellness program directors being embedded at each of the NYC Health + Hospitals facilities conducting debriefs and wellness events with regular cadence. There continues to be emphasis on wellness across all sites and services, focused on the issues impacting our workforce, and the consistent need for these interventions. This measure fluctuates, with increases during and just after significant traumatic events, and decreases during normalization periods.

ACCESS TO CARE

- Unique Primary Care Patients: **416,516** from 415,351 ¹ (target: 405,000)
- NYC Care: **136,876** from 126,585 ² (remains better than target of 100,000)
- # of e-consults: **113,813** from 103,385 ³ (better than target of 95,100)

NOTES:

*Change reflected from **Q2 FY24 (Oct to Dec 2023) to Q3 FY24 (Jan to March 2024)**. Notes include the following:

¹ *Unique Primary Care Patients*: This measure has been improving, in part due to NYC Health + Hospitals prioritizing increasing capacity for new patients in the System, using blocks in schedules and working to build out teams so there are added supports to primary care doctors to care for more patients. Outreach efforts to patients that were lost to care during phases of the pandemic has been occurring, and collaboration both internally as well as with major payors has been ongoing. *Note*: Reporting for this measure was modified a year ago and continues to exclude special pathogens visits.

² *NYC Care*: Enrollment in NYC Care observed progressive increases over the past 5 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 sends 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.

³ *# of e-consults*: This measure substantially increased over the current quarter, and remains better than the target of 95,100. Moreover, there has been a demonstrable increase from 404,406 (FY22) to 426,532 (FY23) in e-consults, which 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.

FY24 Q3 (Period comparison: Jan-Mar 2024 compared to Oct-Dec 2023): Positive Trends, continued*

FINANCIAL SUSTAINABILITY

- % MetroPlus medical spend at NYC Health + Hospitals: **46.6%** from 43.3% ¹ (target: 45%)
- Total A/R days per month: **40.9 days** from 42.2 days ² (target: 45 days)
- Enterprise Data Center Migration progress ³
 - **As of December 2023, 100%** of the overall data center initiative is complete (achieving target of 100%)
 - **Timeline was 5/2021-12/2023**
 - See note **3**, below, for more information

NOTES:

*Change reflected from **Q2 FY24 (Oct to Dec 2023) to Q3 FY24 (Jan to March 2024)**. Notes include the following:

¹ % MetroPlus medical spend at NYC Health + Hospitals: This measure has increased over the past 2 quarters. The 43.3% from Oct-Dec 2023 increased from a little under 40% in the period of July-Sept 2023, and that is mainly due to the risk surplus, which went from 14.25 of expense to 17.05%. The high percentage for Jan-Mar 2024 is attributable to the fact that MetroPlus tends to pay NYC H+H quickly, so the early read on paid claims tends to favor NYC H+H expenses.

² Total AR days per month: (lower is better for this measure) AR days in this period are better than the target of 45 days. Of note: this comparison is from October to December 2023, rather than until March 2024. The reason for this is as follows: Change Healthcare, NYC H+H's clearinghouse vendor for all patient statements, insurance eligibility, and claims and remittance transactions, experienced a cyberattack on February 21, 2024. This cyberattack impacted the claims and remittance operations of many payers in addition to providers. NYC H+H has connected to an alternative vendor, Experian, for claims for all payers beginning April 1, 2024. However, we are still working on the new connection for remittances, and have reconnected to Change Healthcare for some of our payers. This has caused a sharp increase in the recorded days in current AR due to our inability to post payment transactions to the patient accounting system. This increase is not reflective of payments received by the system, and therefore is not reflective of actual performance.

³ Enterprise Data Center Migration progress: The transition from Sungard to QTS (1st data center) was 100% complete by 9/30/2022. Work is now underway to transform the legacy Jacobi data center into being one of two new MDF locations (along with Building 1) to support Jacobi campus, replacing the aging location in Building 2. Thank you to everyone across NYC H+H for supporting the successful transition!

FY24 Q3 (Period comparison: Jan-Mar 2024 compared to Oct-Dec 2023): Stable Trends*

CARE EXPERIENCE

- Ambulatory care experience – Recommended provider office: **remained about the same at 86.83%** from 86.12% ¹ (very close to target: 87.0%)

FINANCIAL SUSTAINABILITY

- Patient care revenue/expenses: **Remained about the same at 73.1%** from 73.8% ² (target: 65%)
- % of Uninsured patients enrolled in health insurance coverage or financial assistance: **remained the same over the past 6 months, at 71%** ³ (below target of 90%)

NOTES:

*Change reflected from **Q2 FY24 (Oct to Dec 2023) to Q3 FY24 (Jan to March 2024)**. Notes include the following:

¹ *Ambulatory care experience – recommended provider office*: The outpatient satisfaction score, rated on a scale of Yes, definitely/Yes, somewhat/No, increased slightly by 0.8%, from an 86.12% satisfaction rating to 86.83%. This slight score increase represents a stable trend and is in line with the expected rate of change for our outpatient services. This trend is expected to continue through the remainder of the fiscal year.

² *Patient care revenue/expenses*: Patient Care Revenue/Expense ratio has remained relatively steady over time, with a slight 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%.

³ *% of Uninsured Patients Enrolled in Health Insurance Coverage or Financial Assistance*: This measure has remained the same at 71%. NYC Health + Hospitals has seen a slight decline in financial counseling screening rates at a few facilities, primarily been driven by short-term staffing issues. There is ongoing work to address this issue. Additionally, there was what is expected to be a brief and temporary decline in the % 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.

QUALITY AND OUTCOMES

- Post Acute Care (PAC): All Cause Hospitalization rate: **2.4 per 1,000 care days** from 2.0 per 1,000 care days ¹ (target: 1.6 per 1,000 care days)

FINANCIAL SUSTAINABILITY

- PAC Total AR days: **48 days** from 45 days ² (better than target of 50 days)

NOTES:

*Change reflected from **Q2 FY24 (Oct to Dec 2023) to Q3 FY24 (Jan to March 2024)**. Notes include the following:

¹ PAC: All Cause Hospitalization rate: (lower is better for this measure) There was a slight increase in the all-cause hospitalization rate to 2.4 from previous quarter and slightly lower than prior year same period. Two of the post-acute sites, McKinney and Coler met the target this quarter (McKinney at 1.3 and Coler at 1.6). Case reviews of all hospitalizations are conducted by the site clinical teams to identify patterns, trends and opportunities for improvement. All hospitalizations were deemed unavoidable and due to the need for acute emergency consultative or specialty services not provided at the post-acute sites and could not have been avoided by earlier recognition. Treat in place remains a key strategy to mitigate potential unplanned hospitalizations with continued awareness and education along with ensuring the plan of care of patients/residents at risk for hospitalizations. New efforts have been initiated to focus on chronic care management of our post-acute populations based on data analytics.

² PAC Total AR Days: (lower is better for this measure) AR days in this period are better than the target of 50 days for PAC. Of note: this comparison is from October to December 2023, rather than until March 2024. The reason for this is as follows: Change Healthcare, NYC H+H's clearinghouse vendor for all patient statements, insurance eligibility, and claims and remittance transactions, experienced a cyberattack on February 21, 2024. This cyberattack impacted the claims and remittance operations of many payers in addition to providers. NYC H+H has connected to an alternative vendor, Experian, for claims for all payers beginning April 1, 2024. However, we are still working on the new connection for remittances, and have reconnected to Change Healthcare for some of our payers. This has caused a sharp increase in the recorded days in current AR due to our inability to post payment transactions to the patient accounting system. This increase is not reflective of payments received by the system, and therefore is not reflective of actual performance.

RACIAL & SOCIAL EQUITY

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

Category	Jan-Mar 2023	Apr-Jun 2023	July-Sept 2023	Oct-Dec 2023	Jan-Mar 2024
Women	19.9%	24.4%	24.7%	11.3%	10.0%
Non-Binary	0%	0%	0%	0%	0%
Asian	11.0%	9.3%	14.0%	6.5%	5.1%
Black or African American	4.4%	4.1%	4.7%	2.0%	0.8%
Hispanic or Latino	3.8%	1.9%	3.9%	1.1%	0.8%
American Indian or Alaska Native	0.3%	0.3%	0.1%	0%	0.1%
Native Hawaiian or Other Pacific Islander	0%	0%	0%	0%	0%
Unknown	10.2%	24.5%	14.6%	5.9%	7.0%

NOTES:

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 FY24 Q3, 7% of new hire physicians’ ethnic groups are unknown due to missing information that is reported, representing a substantial improvement over prior quarters. Documentation of “Unknown” has progressively improved over the past 2 ½ 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.
- 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 ¹
 - FY24 Q2 (October-December 2023): **85** (above target of 40)
 - FY24 Q3 (January-March 2024): **51** (*Note: this contains **partial data only** and will be updated in the next reporting quarter*)

NOTES:

¹ # 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 FY24 Q3 data will be modified in the next quarter to include all of the Quality Academy graduates' PI projects with health equity lenses.

FY24 Q3 Jan-Mar 2024: COVID-19 Metrics*

Metric	FY24 Q2 (Oct-Dec, 2023)	FY24 Q3 (Jan-Mar, 2024)
■ % of Occupied Beds**	76%	78%
■ % of COVID-19 Occupied Beds*		
■ # of COVID-19 Therapies – Oral Antivirals*		
■ # of COVID-19 Therapies – Infusion Treatments*		

NOTES:

*COVID-19 metrics have all been retired as of this report, given that there is no longer a need to track these data points, with the acute phase of the pandemic having ended.

**% of Occupied Beds: This is a System-wide Average.

System Dashboard

REPORTING PERIOD – Q3 FY24 (January 1 through March 31 | 2024)

	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)	SVP CQO+SVP PAC	Quarterly	1.6	2.4	-0.9	2.0	2.5
2	Follow-up appointment kept within 30 days after behavioral health discharge	SVP CMO + SVP CQO	Quarterly	50%	65.4%	15.4%	63.9	51.7%
3	HgbA1c control < 8	SVP AMB + VP CPHO	Quarterly	67.3%	70.1%	2.8%	69.8%	68.5%
4	% Left without being seen in the ED	SVP CMO + SVP CQO	Quarterly	4.0%	5.08%	-1.08%	5.15%	4.8%
5	Integration of Bio Medical devices	SVP CIO	Quarterly-RETIRED METRIC	100%				
CARE EXPERIENCE								
6	Inpatient care - overall rating (top box)	SVP CQO + SVP CNE	Quarterly	66.3%	64.46%	-1.84%	61.91%	62.60%
7	Ambulatory care (medical practice) recommended provider office (top box)	SVP CQO + SVP AMB	Quarterly	87.0%	86.83%	-0.17%	86.12%	85.96%
8	MyChart Activations	SVP CQO + SVP AMB	Quarterly	60%	56.2%	-3.8%	50%	58%
FINANCIAL SUSTAINABILITY								
9	Patient care revenue/expenses	SVP CFO + SVP MC	Quarterly	65%	73.1%	8.1%	73.8%	73.8%
10	% of Uninsured patients Enrolled in Health Insurance Coverage or Financial Assistance	SVP CFO + SVP MC	Quarterly	90%	71%	-19%	71%	80%
11	% of M+ medical spend at H+H	SVP MC	Quarterly	45%	46.6%	1.6%	43.3%	46.6%
12	Total AR days per month (Outpatient ,Inpatient)* [lower better for this measure]	SVP CFO	Quarterly	45	40.9	4.1	42.2	48.4
13	Post Acute Care Total AR days(12 months) [lower better for this measure]*	SVP CFO	Quarterly	50	48.0	2.0	45.0	48
14	Enterprise Data Center Migration progress	SVP CIO	Quarterly	100%	100%	0%	100%	100% of deliverables met; 92% complete
ACCESS TO CARE								
15	Unique primary care patients seen in last 12 months	SVP AMB	Quarterly	405,000	416,516	11,516	415,351	424,105
16	Number of e-consults completed/quarter	SVP AMB	Quarterly	95,100	113,813	18,713	103,385	111,445
17	NYC Care	SVP AMB	Quarterly	100,000	136,876	36,876	126,585	116,360
CULTURE OF SAFETY								
18	Total Wellness Encounters	SVP CQO + SVP CNE	Quarterly	600	1,904	1,304	1,274	586
RACIAL AND SOCIAL EQUITY								
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	51 (partial)	11	85	73

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

*Total AR Days comparison period is from October to December 2023, rather than until March 2024, due to the Change Healthcare cyber attack that impacted the claims and remittance operations of many payers in addition to providers.

System Dashboard Glossary

REPORTING PERIOD – Q3 FY24 (January 1 through March 31 | 2024)

		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 (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.
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 (TO BE RETIRED, PROJECT COMPLETE)	Measures milestones achieved in major information technology project
ACCESS TO CARE		
15	Unique primary care patients seen in last 12 months	Measure of primary care growth and access; measures active patients only
16	Number of e-consults completed/quarter	Top priority initiative and measure of specialty access
17	NYC Care	Total enrollees in NYC Care program
CULTURE OF SAFETY		
18	Total Wellness Encounters *	This is an aggregate measure that includes the following: Number of 1:1 debriefs, Number of group debriefs, Number of combined support debriefs, & Number of wellness events

System Dashboard Glossary

REPORTING PERIOD – Q3 FY24 (January 1 through March 31 | 2024)

		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	# 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
COVID-19		
22	COVID-19 Tests Administered (RETIRED)	Total number of COVID-19 tests (swab and rapid) administered
23	COVID-19 Positive Tests (RETIRED)	Total number of tests yielding positive results (some positive results were recorded after June 30 th)
24	Post Acute Care COVID-19 Infection (RETIRED)	COVID-19 Infection Rate per 1,000 resident days
25	1 st dose vaccinations Administered (RETIRED)	Total number of 1 st dose vaccinations administered by NYC Health + Hospitals Facilities
26	2nd dose Vaccinations Administered (RETIRED)	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