



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

December 2, 2024

Boardroom

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

11:00am

AGENDA

- | | | |
|-------------|---|--|
| I. | Call to Order | José Pagán |
| II. | Adoption of June 10, 2024 | José Pagán |
| 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 | José Pagán |
| V. | New Business | |
| VI. | Adjournment | |

MINUTES

STRATEGIC PLANNING COMMITTEE MEETING OF THE BOARD OF DIRECTORS

JUNE 10, 2024

The meeting of the Strategic Planning Committee of the Board of Directors was held on June 10, 2024 with Ms. Freda Wang, presiding as Chairperson.

Ms. Wang 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:

Dr. Jose Pagán has authorized Molly Wasow-Park, represented by Karen St. Hilaire, be counted for the purposes of quorum and voting on his behalf.

ATTENDEES

COMMITTEE MEMBERS

Freda Wang, Presiding as Chairperson
Mitchell Katz, M.D.
Karen St. Hilaire representing Jose A. Pagán, Ph.D.

OTHER ATTENDEES

HHC STAFF

L. Atlas, Senior Director, External & Regulatory Affairs
C. Hercules, Corporate Secretary and Chief of Staff, Office of the Chair, Board Affairs
E. Wei, Vice President, Chief Quality Officer

Strategic Planning Committee Meeting – June 10, 2024

As Reported by: Freda Wang

Committee members present: Sally Hernandez-Piñero, Dr. Mitchell Katz, Karen St. Hilaire representing Dr. Jose Pagán

Freda Wang, called the June 10th, 2024 meeting of the Strategic Planning Committee (SPC) to order at 10:54 am.

Ms. Wang 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:

Dr. Jose Pagán has authorized Molly Wasow-Park, represented by Karen St. Hilaire, be counted for the purposes of quorum and voting on his behalf.

Ms. Wang called for a motion to approve the November 20, 2023 minutes of the Strategic Committee meeting.

Upon motion made and duly seconded the minutes of the November 20, 2023 Strategic Planning Committee meeting was unanimously approved.

INFORMATION ITEMS

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

City Update

Ms. Atlas reported that we have begun to learn about the budgets allotted to our facilities, and that we do not anticipate any more changes.


State Update

Ms. Atlas reported that the State has passed over 800 bills, since January, the majority of which were passed within the last week. The Governor has until the end of the year to act on these bills. We will continue to advocate throughout the year to make sure our priorities can be met. There were workforce bills, which we advocated for, that were passed by both Houses. This included a bill allowing licensed creative arts therapists to bill for Medicaid, a bill allowing PA's to serve as Primary Care doctors for the purpose of Medicaid managed plans, changes to the PA scope of practice, and aligning supervision requirements for Radiologic Technologists who administer intravenous contrast media within the National standards. The State budget resolved this spring in a positive place for us. The Medicaid rate was increased, there is a partial refill of managed care quality pools, and unfortunately there remains a Capital cut that we are continuing to work with our other partners and Hospital systems to advocate for ongoing enhancements to Medicaid.

Federal Update

Ms. Atlas reported that Congress continues to debate appropriation’s priorities for FY-25, which will begin on October 1st. Health & Hospitals submitted several congressionally directed spending requests.

Dr. Eric Wei, Senior Vice President, Chief Quality Officer reported on FY-24 Q3 (Period Comparison: Jan-Mar 2024 compared to Oct-Dec 2023) Performance:



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%	-.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.

Quality and Outcomes

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

Care Experience

- 6. Inpatient care experience - overall rating: **64.46%** from 61.91% (target: 66.3%)
- 8. MyChart Activations: **56.2%** from 50% (slightly below target of 60%)

Culture of Safety

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

Access to Care

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

Financial Sustainability

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

Stable Trends:Care Experience

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

Financial Sustainability

9. Patient Care Revenue/Expenses: **Remained about the same at 73.1%** from 73.8% (target: 65%)
10. % of Uninsured patients enrolled in health insurance coverage or financial assistance: **Remained about the same over the past 6 months, at 71%** (below target of 90%)

Negative Trends: (better than or close to target)Quality and Outcomes

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

Financial Sustainability

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

Equity Measures:Racial & Social Equity Measures

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

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

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*		

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.

FOLLOW-UP ITEMS:

- The Committee expressed an interest in seeing more of a breakdown, taking in consideration of not clean beds, than narrowed metrics on the Occupancy dashboard.
- The Committee expressed an interest in seeing how frequently telemedicine is being used across the System.

Ms. Wang thanked the presenters.

There being no old business, nor new business, the meeting was adjourned at 11:32 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

December 2, 2024

- Government Affairs Overview
- Scope of Trends in System Dashboard
 - FY2025 Q1: July to September 2024 compared with April to June 2024

- CITY
 - Overview
 - Budget process
- STATE
 - Budget and legislative session planning
- FEDERAL
 - NYC H+H Priorities

System Dashboard, Trends: FY2025 Q1



QUALITY AND OUTCOMES

- Post Acute Care (PAC): All Cause Hospitalization rate: **1.8 per 1,000 care days** from 2.0 per 1,000 care days ¹ (target: 1.6 per 1,000 care days)
- Hgb A1c control <8: Improved slightly to **68.8%** from 67.8% ² (revised target: 69%)
- % Left without being seen in emergency departments (ED): Improved slightly to **4.4%** from 4.7% ³ (target: 4.0%)

NOTES:

*Change reflected from **Q4 FY24 (April-June 2024) to Q1 FY25 (July-September 2024)**. Notes include the following:

¹ *PAC: All Cause Hospitalization Rate: (lower is better for this metric)* There was a slight decrease in the all-cause hospitalization rate to 1.8 from previous quarter and slightly lower than the prior year same period, and the rate is just over the target. Treat in place remains a key strategy to mitigate potential unplanned hospitalizations, with continued awareness and education, along with ensuring a quality plan of care for residents at risk for hospitalizations. Efforts have been initiated to focus on chronic care management of our post-acute populations.

² *Hgb A1c control:* Over 2023, the System had steady increases in A1c control, and rates are between 63.7% and 74.2% at facilities across the System. Facility teams are working with the Office of Population Health on many interventions for Diabetes Care. The System now has more information on medications prescribed that help to review prescribing patterns and differences among facilities and providers. The data for this quarter demonstrates that the aggregate control has to 68.8%, which is why the target has been increased. A1c control continues to be monitored closely.

³ *% Left without being seen in ED: (lower is better for this metric)* This metric has improved over 3 quarters and is now just below the target of 4%. Overall ED utilization has continued to substantially increase, with concomitant increases in the % of patients who left the EDs without being seen and in patients boarding and 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. Of note, seasonality matters for this metric, with increases in winter months, which is why yearly data is variable.

FY25 Q1 (Period comparison: July-September 2024 compared to April-June 2024): Positive Trends, continued*

FINANCIAL SUSTAINABILITY

- % of Uninsured patients enrolled in health insurance coverage or financial assistance: **77%** from 71% ¹ (target: 90%)
- Total A/R days per month: **54.4 days** from 64.1 days ² (target: 45 days)
- UnPrint: A 5 Year Initiative to Increase Printing Alternative Awareness and Reduce System Printing: Has achieved **100% of deliverables identified at this preliminary phase, representing overall 5% completion** (achieved target, *see note below*) ³

NOTES:

*Change reflected from **Q4 FY24 (April-June 2024) to Q1 FY25 (July-September 2024)**. Notes include the following:

¹ % of Uninsured patients enrolled in health insurance coverage or financial assistance: This metric is moving in the right direction, with a target of 90% being an aggressive goal. We've seen a recovery in financial counseling screening rates after a decline that was primarily driven by staffing issues and staffing not keeping pace with increases in patient volumes. There is ongoing work to continue to improve the screening rates as well as improve the % of patients who are screened who are enrolled in Health Insurance Coverage or Financial Assistance.

² Total AR days per month: (lower is better for this measure) While a/r has decreased substantially, NYC H+H is still recovering from the cyberattack on Change Healthcare, NYC H+H clearinghouse vendor for all patient statements, and insurance eligibility, claims and remittance transactions that occurred on February 21, 2024. While we were able to submit claims and receive payments beginning in April, it took much longer to both reconnect to Change Healthcare and our new clearinghouse, Experian, for remittance files to post to the a/r. We have caught up with many payers, but continue to reconcile and track down files that were caught up in the period of the outage. This caused a sharp increase in the recorded days in a/r due to our inability to post all of the payment transactions to the patient accounting system and the resulting inability to work denials on a timely basis. Of note: Legacy a/r is still included in this metric, and the calculation will be modified to include Epic only.

³ UnPrint, A 5 Year Initiative to Increase Printing Alternative Awareness and Reduce System Printing: This is a 5 year phased initiative which launched July 2024, starting with the development of an overall plan inclusive of service line walk-throughs, educational tools, website development, identification of champions, service line utilization assessment, and meetings with leadership to establish individual goals. Central Office is the first business to be addressed. The UnPrint initiative will provide quarterly updates **on % completion of the phased campaign progress based on identified deliverables**. At present, the UnPrint initiative is on target with campaign deliverables and has achieved 100% of the deliverables identified at this preliminary phase, representing an overall 5% completion.

CARE EXPERIENCE

- MyChart Activations: **82.4%** from 81.1% ¹ (revised target: 84%)

ACCESS TO CARE

- Unique Primary Care Patients: **447,583** from 440,411 ² (revised target: 450,000)
- NYC Care: **149,348** from 146,026 ³ (revised target: 150,000)

NOTES:

*Change reflected from **Q4 FY24 (April-June 2024) to Q1 FY25 (July-September 2024)**. Notes include the following:

¹ *MyChart Activations*: MyChart activation rate has increased over the quarter. Of note, this metric definition has changed to focus on activation percentage among patients empaneled to NYC Health + Hospitals primary care, a more meaningful metric than for activation across the system. We have exceeded the target of 75%, which is why the target has now increased. The MyChart team has implemented digital and physical promotional material to display at sites, leveraging MyChart experts, and increased adoption by enhancing the MyChart patient experience. MyChart is leveraging EPIC Hello World to send text messages to patient to promote same day activations. Patients have access to [MyChart educational videos](#) (available in 13 languages) for topics covering how to sign up and how to do video visits.

² *Unique Primary Care Patients*: This measure continues to improve, in part due to NYC Health + Hospitals prioritizing increasing the capacity for new patients in the System, using blocks in schedules and working to add members to the care team to support primary care doctors.

³ *NYC Care*: Enrollment in NYC Care observed progressive increases over the past 2 years and continues to surpass its membership goals, prompting the revision of the target. 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. Of note: the population of over 65 will likely be decreasing at the beginning of CY2025 due to converting to insurance.

FY25 Q1 (Period comparison: July-Sept 2024 compared to April-June 2024): Stable Trends*

QUALITY AND OUTCOMES

- Follow-up appointment kept within 30 days after behavioral health discharge: **remained about the same at 62.3%** from 62.9% ¹ (revised target: 65%)

CARE EXPERIENCE

- Ambulatory care experience – Recommended provider office: **remained about the same at 87.4%** from 87.9% ² (revised target: 88.39%)

CULTURE OF SAFETY

- Total Wellness Encounters: **remained about the same at 2,047 from 2,070** ³ (revised target: 1,500)

NOTES:

*Change reflected from **Q4 FY24 (April-June 2024) to Q1 FY25 (July-September 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 measure over the past 18 months, achieving rates well above the original target of 50%, prompting us to increase it. 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 follow-up appointments in the electronic health record. NYC Health + Hospitals also 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 *Ambulatory care experience – recommended provider office:* The outpatient satisfaction score, rated on a scale of Yes, definitely/Yes, somewhat/No, remained about the same as the prior quarter, and NYC Health + Hospitals has now achieved the target for 2 quarters consecutively. This trend is expected to continue through the remainder of the fiscal year, prompting us to slightly increase the target.

³ *Total Wellness Encounters:* This measure includes 1:1 debriefs, group debriefs, and wellness events. Total wellness encounters have progressively increased, now for more than 2 years, and is about the same 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.

FY25 Q1 (Period comparison: July-Sept 2024 compared to April-June 2024): Stable Trends, continued*

FINANCIAL SUSTAINABILITY

- Patient care revenue/expenses: **Remained the same at 78.4%** ¹ (revised target: 75%)
- % MetroPlus medical spend at NYC Health + Hospitals: **Remained about the same at 40.6%** from 40.2% ² (target: 45%)

ACCESS TO CARE

- % Occupancy: **Remained about the same at 73.7%** from 73.6% ³

NOTES:

*Change reflected from **Q4 FY24 (April-June 2024) to Q1 FY25 (July-September 2024)**. Notes include the following:

¹ *Patient care revenue/expenses*: Patient Care Revenue/Expense ratio has remained steady over time. It has continued to be better than the target of 65%, prompting us to increase the target.

² *% MetroPlus medical spend at NYC Health + Hospitals*: This remains about the same from the prior quarter. Of note: reporting for this metric will change to a rolling 12 months (e.g., 10/1/2023-9/30/2024) instead of a single quarter of data (e.g., 7/1/2024-9/30/2024). This definition change will occur because claims paid for the most recent quarter are not fully mature, so only approximately 50% of the claims for those months have actually been paid. The claims data for the 12 month period is more complete – over 80% of those claims have been paid. Since the claims for the longer period are more, the information extracted from that data will be most accurate.

³ *% Occupancy*: Remains consistent across the acute care facilities, with some of our healthcare sites having occupancy of more than 90% given increased volume and anticipated hospital closures in New York City.

OF NOTE re: *PAC Total AR Days measure: (lower is better for this measure)*: NYC Health + Hospitals current cannot calculate the PAC total A/R days metric due to the Change Healthcare issues. Change Healthcare, NYC H+H's clearinghouse vendor for patient statements, insurance eligibility, and claims and remittance transactions experienced a cyberattack on February 21, 2024, and there have been a large number of unposted remittances from Feb 2024.

FY25 Q1 (Period comparison: July-September 2024 compared to April-June 2024): Negative Trends (better than or close to target)*

CARE EXPERIENCE

- Inpatient care - overall rating: **66.1%** from 68.4% ¹ (about the same as target of 66.3%)

ACCESS TO CARE

- # of e-consults: **105,812** from 113,669 ² (remains better than target of 95,100)

NOTES:

* Change reflected from **Q4 FY24 (April-June 2024) to Q1 FY25 (July-September 2024)**. Notes include the following:

¹ *Inpatient care experience – overall rating:* Although there was a decrease in this measure compared to the prior period, NYC Health + Hospitals has achieved the target of 66.3%. Targeted efforts on inpatient units to improve the patient and employee experience have been underway including improving perceptions of communication between care teams and patients, and teamwork as seen as by patients. These remain key drivers to improve the overall inpatient experience.

² *# of e-consults:* Although this measure has decreased over the quarter, it remains better than the target of 95,100. Optimization efforts are underway, which, as designed, will impact volume for e-consults. With the optimization, e-consults are anticipated to decrease.

RACIAL & SOCIAL EQUITY

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

Category	April-June 2024	July-September 2024
Women	40.8%	46.5%
Non-Binary	0%	0%
Asian	19%	21.1%
Black or African American	7.1%	5.2%
Hispanic or Latino	4.7%	2.9%
American Indian or Alaska Native	0%	0.2%
Native Hawaiian or Other Pacific Islander	0%	0%
Unknown Ethnicity	41.7%	47.50%

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 FY25 Q1, there was an increase in the “Unknown” category to 41.7% in new hire physicians’ ethnic groups due to missing information that is reported. Prior reporting periods of “Unknown” race/ethnicity were well over 65% in 2021, and although there has been a recent increase, there has been some improvement to date. Of note, the total N for the April to June 2024 period was 211 new physician hires, and in the period of July to September 2024, there was a large increase in new hires to 648. 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 Q4 (April-June 2024): **147** (well above target of 40)
 - FY25 Q1 (July-September 2024): **20** (*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 Q4 data is higher than typical due to the Quality Academy completed projects being included.

System Dashboard

REPORTING PERIOD – Q1 FY25 (July 1 through September 30 | 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	1.8	-.2	2.0	2.0
2	Follow-up appointment kept within 30 days after behavioral health discharge	SVP CMO + SVP CQO	Quarterly	65%	62.3%	-2.7%	62.9%	61.0%
3	HgbA1c control < 8	SVP AMB + VP CPHO	Quarterly	69%	68.8%	-0.2%	67.8%	-
4	% Left without being seen in the ED	SVP CMO + SVP CQO	Quarterly	4.0%	4.4%	-0.4%	4.7%	5.3%
CARE EXPERIENCE								
5	Inpatient care - overall rating (top box)	SVP CQO + SVP CNE	Quarterly	66.3%	66.1%	-0.2%	68.4%	64.4%
6	Ambulatory care (medical practice) recommended provider office (top box)	SVP CQO + SVP AMB	Quarterly	88.39%	87.4%	.099%	87.9%	85.4%
7	MyChart Activations	SVP CQO + SVP AMB	Quarterly	84%	82.4%	-1.6%	81.1%	76.9%
FINANCIAL SUSTAINABILITY								
8	Patient care revenue/expenses	SVP CFO + SVP MC	Quarterly	65%	78.4%	8.1%	78.4%	79.5%
9	% of Uninsured patients Enrolled in Health Insurance Coverage or Financial Assistance	SVP CFO + SVP MC	Quarterly	90%	77%	-13%	71%	77%
10	% of M+ medical spend at H+H	SVP MC	Quarterly	45%	40.6%	-4.4%	40.2%	39.9%
11	Total AR days per month (Outpatient, Inpatient) [lower better for this measure]	SVP CFO	Quarterly	45	54.4	-9.4	64.1	43.1
12	Post Acute Care Total AR days(12 months) [lower better for this measure]	SVP CFO	Quarterly	50	-	-	-	45.0
13	UnPrint: 5 Year Initiative to Increase Printing Alternative Awareness and Reduce System Printing, % Completion	SVP CIO	Quarterly	100%	5%; 100% of deliverable	95%	-	-
ACCESS TO CARE								
14	Unique primary care patients seen in last 12 months	SVP AMB	Quarterly	405,000	447,583	42,583	440,411	430,810
15	Number of e-consults completed/quarter	SVP AMB	Quarterly	95,100	105,812	10,712	113,669	106,827
16	NYC Care	SVP AMB	Quarterly	150,000	149,348	-652	146,026	123,013
CULTURE OF SAFETY								
17	Total Wellness Encounters	SVP CQO + SVP CNE	Quarterly	600	2,047	1,447	2,070	637
RACIAL AND SOCIAL EQUITY								
18	% of New Physician Hires being underrepresented minority (URM)	SVP CMO + SVP HR	Quarterly	See slide 11				-
19	# of Equity Lenses Applied to PI Projects	SVP CQO	Quarterly (data will lag so Apr-Jun 24 reported)	40	147	107	85	73

System Dashboard Glossary

REPORTING PERIOD – Q1 FY25 (July 1 through September 30 | 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 – Q1 FY25 (July 1 through September 30 | 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