NYC HEALTH+ HOSPITALS

STRATEGIC PLANNING COMMITTEE

June 16, 2025

Boardroom

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

11:00am

AGENDA

I.	**Call to Order**	**Jose A. Pagán**
II.	**Adoption of December 2, 2024 Strategic Planning Committee Meeting Minutes.**	**Jose A. Pagán**
III.	**Action Item** **Adopting in the name of the New York City Health and Hospitals Corporation ("NYC Health+ Hospitals") Board of Directors the 2025 Twelve Community Health Needs Assessments ("CHNA") prepared for each of NYC Health+ Hospitals' ten acute care hospitals over 11 campuses and for the Henry J. Carter Specialty Hospital and Rehabilitation Center ("HJC").** **VENDEX: NA / EEO: NA**	**Deborah Brown** **Senior Vice President** **External & Regulatory Affairs**
IV.	**Information Items** **a. Update and System Dashboard**	**Matthew Siegler** **Senior Vice President** **Chief Growth and Strategy Officer** **Hillary Jalon, Senior Vice President, Quality and Safety** **Deborah Brown, Senior Vice President, External and Regulatory Affairs**
V.	**Old Business**	**Jose A. Pagán**
VI.	**New Business**	
VII.	**Adjournment**	

MINUTES

STRATEGIC PLANNING COMMITTEE MEETING OF THE BOARD OF DIRECTORS

DECEMBER 02, 2024

The meeting of the Strategic Planning Committee of the Board of Directors was held on December 02, 2024 with Dr. José Pagán, presiding as Chairperson.

Dr. Pagán noted for the record that Shadi Chamany will be representing Dr. Michelle Morse in a voting capacity.

ATTENDEES

COMMITTEE MEMBERS

José Pagán, Ph.D., Presiding as Chairperson
Shadi Chamany representing Michelle Morse, M.D.
Sally Hernandez-Piñero listening in a virtual capacity
Mitchell Katz, M.D.
Anita Kawatra
Freda Wang

OTHER ATTENDEES

HHC STAFF

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

Strategic Planning Committee Meeting – December 02, 2024
As Reported by: Dr. José Pagán
Committee members present: Dr. José Pagán, Dr. Mitchell Katz, Freda Wang, Anita Kawatra, Shadi Chamany representing Dr. Michelle Morse – Sally Hernandez-Piñero listening in a virtual capacity.

Dr. José Pagán, called the December 2nd, 2024 meeting of the Strategic Planning Committee (SPC) to order at 11:03 am.

> Dr. Pagán noted for the record that Shadi Chamany will be representing Dr. Michelle Morse in a voting capacity.

Dr. Pagán called for a motion to approve the June 10, 2024 minutes of the Strategic Committee meeting.

Upon motion made and duly seconded the minutes of the June 10, 2024 Strategic Planning Committee meeting was unanimously approved.

INFORMATION ITEMS

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

City Update

Ms. Brown reported that this is the time of the year for actively planning on all levels. Neither the City nor the budget process have been done.

State Update

Ms. Brown reported that we are actively putting our priorities, both financially and legislatively, on the State side in this dormant period. The cycle is between September and August.

Federal Update

Ms. Brown reported that we continue to advance our priorities, specifically on DSH funding, which is the beginning and the end of our Federal advocacy. We continue to be engaged with the Delegation. Senator Schumer has been very vocal in his support for DSH, and his reassurance that we will not be harmed. We continue to push on Telehealth flexibility, Hospital at Home, and other things that were born out of the COVID crisis.

Dr. Eric Wei, Senior Vice President, Chief Quality Officer reported on FY-25 Q1 (Period Comparison: Jul-Sept 2024 compared to Apr-Jun 2024) Performance:

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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%	.0.99%	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

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

Positive Trends:

Quality and Outcomes

1. Post-Acute Care (PAC): All Cause Hospitalization rate: **1.8 per 1,000 care days** from 2.0 per 1,000 care days (target: 1.6 per 1,000 care days)
3. Hgb A1c control <8: Improved slightly to **68.8.8%** from 67.8% (revised target: 69%)
4. % Left without being seen in emergency departments (ED): Improved slightly to **4.4%** from 4.7% (target 4.0%)

Financial Sustainability

9. % of Uninsured patients enrolled in health insurance coverage or financial assistance: **77%** from 71% (below target of 90%)
11. Total A/R days per month: **54.4 days** from 64.1 days (target: 45 days)
13. 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**

Care Experience
7. MyChart Activations: **82.4%** from 81.1% (revised target: 84%)

Access to Care
14. Unique Primary Care Patients: **447,583** from 440,411 (target: 405,000)
16. NYC Care: **149,348** from 146,026 (revised target: 150,000)

Stable Trends:

Quality and Outcomes
2. Follow-up appointment kept within 30 days after behavioral health discharge: **remained about the same at 62.3%** from 62.9% (revised target: 88.39%)

Care Experience
6. Ambulatory care experience – Recommended provider office: **remained about the same at 87.4%** from 87.9% (revised target: 88.39%)

Culture of Safety
17. Total Wellness Encounters: **remained about the same at 2,047** from 2,070 (revised target: 1,500)

Financial Sustainability
8. Patient Care Revenue/Expenses: **Remained the same at 78.4%** (revised target: 75%)
10. % MetroPlus medical spend at NYC Health + Hospitals: **Remained about the same at 40.6%** from 40.2% (target: 45%)

Access to Care
27. % Occupancy: **Remained about the same at 73.7%** from 73.6%

Negative Trends: (better than or close to target)

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

Access to Care
15. # of e-consults: **105,812** from 113,669 (remains better than target of 95,100)

Equity Measures:

Racial & Social Equity Measures
18. % of New Physician Hires being underrepresented minority (URM), 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%

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

FOLLOW-UP ITEMS:

- The Committee expressed an interest in seeing if the State is able to detect the number of patients that will be turning 65 and will not need NYC Care.
- The Committee expressed an interest in seeing a utilization metric for MyChart activations.
- The Committee also noted that it would like to revisit some of the ambiguous metric and the need to redefine NYC Care and e-consults.

Dr. Pagán thanked the presenters.

There being no old business, nor new business, the meeting was adjourned at 12:03 pm.

RESOLUTION

Adopting in the name of the New York City Health and Hospitals Corporation (" **NYC Health + Hospitals** ") Board of Directors the twelve 2025 Community Health Needs Assessments (" **CHNA** ") prepared for each of NYC Health + Hospitals' ten acute care hospitals over 11 campuses and for the NYC Health + Hospitals/ Carter Specialty Hospital and Nursing Facility (" **Carter** ") .

WHEREAS, NYC Health + Hospitals operates ten acute care hospitals over 11 campuses and Carter, a long-term acute care hospital; and

WHEREAS, NYC Health + Hospitals has tax exempt status under Section 501(c)(3) the Internal Revenue Code; and

WHEREAS, The Patient Protection and Affordable Care Act, signed into law in 2010 (the "**Affordable Care Act**"), added to the Internal Revenue Code Section 501(r)(3) which requires that hospitals with 501(c)(3) tax status conduct a CHNA at least once every three years; and

WHEREAS, regulations adopted under the Affordable Care Act specify that a CHNA be prepared for each licensed facility operated by hospital organizations enjoying 501(c)(3) status; and

WHEREAS, NYC Health + Hospitals has conducted CHNAs covering the three-year period since the last CHNA in 2022 summaries of which are attached; and

WHEREAS, under the Affordable Care Act, a hospital organization's governing body or a committee authorized by the governing body must adopt the CHNA.

NOW, THEREFORE, BE IT RESOLVED, that the New York City Health and Hospitals Corporation's Board of Directors hereby adopts the twelve Community Health Needs Assessments prepared for each of NYC Health + Hospitals' ten acute care hospitals over 11 campuses and for NYC Health + Hospitals/Carter Specialty Hospital and Nursing Facility.

NYC HEALTH + HOSPITALS

EXECUTIVE SUMMARY

ADOPTION OF
2025 NYC HEALTH + HOSPITALS COMMUNITY HEALTH NEEDS ASSESSMENT

OVERVIEW: Through an amendment to the Internal Revenue Code (the "**IRC**") the Affordable Care Act imposed on all tax-exempt hospital organizations the obligation to conduct a CHNA not less often than every three years with respect to all acute care hospitals they operate. Regulations adopted under the IRC make clear that CHNAs may properly be prepared for multiple acute care hospitals at one time provided that there is a separate analysis made for each facility. New York City Health and Hospitals Corporation ("NYC Health + Hospitals") has prepared a CHNA every three years since 2010 and its Board has duly adopted the same.

PROPOSAL: NYC Health + Hospitals' Strategic Planning Committee has collaborated with the Office of External and Regulatory Affairs to prepare the current CHNA. To prepare the proposed CHNA, the team made extensive efforts to engage the various communities through the hospitals' Community Advisory Boards, new focus group meetings, Advisory Group, over 6,500 quantitative surveys, and in other ways. A copy of the full CHNA titled, 2025 NYC Health + Hospitals Community Health Needs Assessment has been distributed to every member of the NYC Health + Hospitals' Board of Directors and upon its adoption by the Board of Directors, the CHNA will be posted on the NYC Health + Hospitals' public website as required by IRC Section 501(r).

2025 Community Health Needs Assessment

Strategic Planning Committee Meeting
June 16, 2025

Deborah Brown, Senior Vice President
External & Regulatory Affairs

Care for NYC. No Exceptions.

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For Strategic Planning Committee Consideration

Adopting in the name of the New York City Health and Hospitals Corporation ("**NYC Health + Hospitals**") Board of Directors the twelve 2025 Community Health Needs Assessments ("**CHNA**") prepared for each of NYC Health + Hospitals' ten acute care hospitals over 11 campuses and for the NYC Health + Hospitals/ Carter Specialty Hospital and Nursing Facility ("**Carter**")

NYC HEALTH+ HOSPITALS

About the Community Health Needs Assessment

The Community Health Needs Assessment (CHNA) identifies and assesses the priority health needs of the communities served by NYC Health + Hospitals.

Bronx
NYC Health + Hospitals/Jacobi
NYC Health + Hospitals/Lincoln
NYC Health + Hospitals/North Central Bronx

Brooklyn
NYC Health + Hospitals/Kings County
NYC Health + Hospitals/South Brooklyn Health
NYC Health + Hospitals/Woodhull

Manhattan
NYC Health + Hospitals/Bellevue
NYC Health + Hospitals/Carter
NYC Health + Hospitals/Harlem
NYC Health + Hospitals/Metropolitan

Queens
NYC Health + Hospitals/Elmhurst
NYC Health + Hospitals/Queens

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COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) BACKGROUND

- IRS requirement for non-profit provider systems
- Opportunity to understand prioritized community health needs and co-create solutions through an implementation strategy
- To be adopted by the NYC Health + Hospitals Board
- 2022 CHNA was approved and made publicly available on the NYC Health + Hospitals website

FY25 CHNA

- Define the community served
- Assess the community's priority health needs from community input
- Identify assets to address priority needs
- Evaluate impact of actions taken in prior CHNA
- Made publicly available by June 26

FY26 – FY2028 IMPLEMENTATION STRATEGY

(to be developed)

- Actions the system will take to address identified needs
- Anticipated impact of these strategies
- Programs, partnerships and resources the system will commit
- Made publicly available by November 2025

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2022 CHNA

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2022 CHNA FINDINGS FOCUSED ON:

PRIORITY #1: Advancing health equity and combatting chronic disease

PRIORITY #2: Enhancing access to resources

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ACTIONS IMPLEMENTED TO ADDRESS THE HEALTH NEEDS IDENTIFIED IN THE 2022 CHNA

Following the 2022 Community Health Needs Assessment, the Implementation Strategy Plan to address the identified needs was adopted by the Board of Directors in November 2022. The following actions were adopted:

1. Address existing health equity challenges
2. Optimize the patient care experience by increasing access to information and promoting continuity of care
3. Promote longitudinal, integrated care for all New Yorkers to improve health outcomes
4. Address lifestyle behavior change by empowering patients to move towards healthier practices
5. Improve access and service navigation
6. Continued recovery from the impact of the COVID-19 pandemic

NYC HEALTH+ HOSPITALS

2022 Key Priority #1

ADVANCING HEALTH EQUITY AND COMBATTING CHRONIC DISEASE

ACHIEVEMENTS:

- NYC Health + Hospitals received recognition from the American Heart Association and American Medical Association for delivering high-quality care in critical areas, including type 2 diabetes, high blood pressure, heart failure, stroke and resuscitation.
- A Lung Cancer Screening program was launched at ten hospital sites. Over 10,000 scans have been performed since the beginning of the Lung Cancer Screening program in September 2022.
- A comprehensive three-year plan was launched to strengthen and expand behavioral health services, with $41 million in funding from the State.
- New services were introduced, including a state-of-the-art surgical retina service at Harlem Hospital and 3D mammogram machines at multiple Gotham Health sites.
- Our post-acute facilities were recognized in America's Best Nursing Homes 2023 and 2024 lists by Newsweek, and NYC Health + Hospitals/Sea View ranked #1 in NY State.
- All eleven of our hospitals are now officially Baby-Friendly.
- Twenty new wellness rooms were opened across the system, providing staff with dedicated spaces to decompress and prioritize mental health.

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2022 Key Priority #2

ENHANCING ACCESS TO RESOURCES

ACHIEVEMENTS:

- NYC Health + Hospitals celebrated the opening of the Ruth Bader Ginsburg Hospital at NYC Health + Hospitals/South Brooklyn Health, designed to withstand future storms and enhance care delivery in the region.
- Telehealth abortion access was launched through Virtual ExpressCare, expanding access to essential care.
- NYC Health + Hospitals/Correctional Health Services opened the first-ever reentry service on Rikers Island, providing a critical resource hub for individuals released from jail.
- NYC Health + Hospitals successfully advocated for $146 million in funding to support medical equipment funding and infrastructure upgrades across the system.
- The Housing for Health team assisted over one thousand patients in securing permanent housing, directly supporting stable living conditions for vulnerable New Yorkers.
- The health system led a team of Community Health Workers who assisted 35,000 patients, connecting them to specialty care and addressing day-to-day needs, such as housing, financial, food, and legal services, as well as scheduling health care appointments and coordinating transportation.

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2022 CHNA IN USE

- Used internally by
  - NYC Health + Hospitals facilities
  - NYC Health + Hospitals Philanthropy
  - NYC Health + Hospitals Community Affairs
- Used by Centers for Medicare and Medicaid Services (CMS) during their borough health insurance forums
- Used by Downstate Community Advisory Board for their proposal that will modernize their hospital

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2025 CHNA

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NYC HEALTH + HOSPITALS CONDUCTED A COMPREHENSIVE CHNA PROCESS THAT INCLUDED:

QUALITATIVE ANALYSIS

+35 Expert Interviews

- System clinical service line leads
- NYC Health + Hospitals Central Office and facility leadership
- NYC Health + Hospitals Board Members
- New York City Department of Health and Mental Hygiene (DOHMH) leadership
- MetroPlusHealth leadership

19 Community Forums

- 12 forums total, one at each NYC Health + Hospitals facility, in conjunction with Community Advisory Board (CAB) meetings
- 5 Borough-wide focus groups
- 1 Gotham Health CABs focus group
- 1 Youth forum
- Input from CHNA Advisory Board

QUANTITATIVE ANALYSIS

+6,589 Surveys

- Intensive primary data review and analysis with internal Data and Analytics team
- DOHMH and New York State Department of Health (NYSDOH) literature review and data sources

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BOROUGH-WIDE FOCUS GROUP PARTICIPANTS

- Brooklyn Center for Independence of the Disabled
- Brooklyn Community Board 5
- Chatham Green Cooperative
- Dreamers Helping Hands
- Harlem Dowling
- NMPP Cares
- NYC Health + Hospitals Community Advisory Board Members
- NYC Department of Education
- Office of Assembly Member Sam Pirozzolo
- Police Athletic League, Inc.
- Project Hospitality
- Staten Island Partnership for Community Wellness
- United Activities Unlimited, Inc.

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OVER 6,500 COMMUNITY STAKEHOLDERS IDENTIFIED TOP RISKS AND CAUSES OF POOR HEALTH AND DEATH IN THEIR COMMUNITIES

Top 10 Perceived Risk Factors for Poor Health and Death by Community Stakeholders

	Average ranking (Scale 1 to 5)
High out-of-pocket costs	4.03
Fear of medical cost	3.99
Stress and emotional health	3.86
Lack of housing access, affordability and quality	3.80
Lack of exercise and physical activity	3.74
Lack of health insurance	3.68
Lack of knowledge of when and how to use health care services	3.62
Limited economic opportunity	3.58
Poverty and limited resources	3.58
Lack of mental health and behavioral health care providers	3.58

Top 10 Perceived Causes of Poor Health and Death by Community Stakeholders

	Average ranking (Scale 1 to 5)
Diabetes and high blood sugar	3.92
High blood pressure	3.87
Mental health disorders	3.77
Obesity (high BMI)	3.70
Heart disease	3.53
Substance use	3.51
Cancer	3.41
Asthma, breathing issues and lung disease	3.37
Violence	3.31
Infectious disease (COVID-19, flu, hepatitis)	3.24

1 - Not a significant problem **5 -** Significant problem

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2025 CHNA FINDINGS FOCUSED ON:

PRIORITY #1: Advancing inclusive care services and strategies

PRIORITY #2: Bridging health gaps

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2025 Priority Area

ADVANCING INCLUSIVE CARE SERVICES AND STRATEGIES

IDENTIFIED CHALLENGES

- Chronic disease prevention and management, with a particular focus on hypertension and diabetes
- Maternal health care
- Respiratory care, with a particular focus on asthma
- Mental health care
- Holistic care for substance use disorder
- Cancer prevention and care
- Patient experience

Chronic Disease Prevention and Management

"One of the most critical priorities is addressing the social determinants of health, such as poverty, education, housing, and food security, which directly influence health outcomes. Under-resourced communities often experience higher rates of chronic diseases and mental health challenges, largely due to limited access to healthy food, safe environments, and economic stability. Expanding access to affordable, high-quality health care is an essential priority."

– Michelle Lewis,
CEO NYC Health + Hospitals/Gotham Health

Mental Health

"The child mental health crisis is a top health issue following the pandemic. They are the future generation of adults and do not have a voice to advocate for their own behavioral health needs."

– Omar Fattal, MD, MPH,
System Chief for Behavioral Health, co-Deputy Chief Medical Officer

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2025 Priority Area

BRIDGING HEALTH GAPS

OUR COMMUNITIES REPORT NEEDING ADDITIONAL ACCESS TO ECONOMIC AND SOCIAL SUPPORTS INCLUDING:

- Health system access and education
- Quality, accessible housing
- Access to nutritious and affordable food
- Economic opportunity
- Safe outdoor spaces
- Violence prevention

Health System Access and Education

"A lot of people in our community don't know what services we offer or what programs we have. We must let people know how to utilize and use the hospitals and clinics."

– Jackie Rowe-Adams, Board of Directors,
NYC Health + Hospitals

Housing

"With housing and rent burdens being so high, it affects everything else—can you afford childcare? Can you afford food and other things you need to take care of yourself and live well?"

– Community forum participant,
NYC Health + Hospitals/Metropolitan

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EXPERT INSIGHTS

Taking a deeper dive into the health needs that were raised consistently and highlighting system efforts and initiatives to address them:

MATERNAL HEALTH CARE

- **The Maternal Medical Home Program** provides comprehensive, wraparound support for individuals with complex clinical, behavioral health, or social needs.
- Protocols from the **Safe Motherhood Initiative** have been integrated into care protocols.
- **The RISE Center** at NYC Health + Hospitals/ Lincoln, set to open in late 2026 or early 2027, will provide comprehensive, family-centered care.

STAFF WELLNESS

- One significant initiative has been the focus on addressing burnout, stress, and morale, all of which have been exacerbated by the challenges of working in a high-pressure health care environment.
- Leadership has also worked to equip managers with the skills to support their teams and foster a more empathetic, collaborative environment.

PATIENTS EXPERIENCING HOMELESSNESS

- Patients experiencing homelessness are more likely to visit emergency departments three times as often and have longer hospital stays. To address this, the Housing for Health initiative was established to help move patients experiencing homelessness into permanent housing to improve their health and wellbeing. This includes the City's largest medical respite program, housing placement services, and the ability to develop housing on hospital owned land.

YOUTH INSIGHTS

- Participants shared insights on the strengths and challenges within their communities, highlighting both the resources they rely on and the barriers they face in accessing health care, healthy food, and wellness support.

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NEXT STEPS

- Disseminate findings
- Identify and engage community and agency stakeholders for implementation planning
- From August to October, the Office of External Affairs will convene stakeholders to develop strategies and identify effective solutions to address the priority needs presented in the CHNA
- Present Implementation Plan to the NYC Health + Hospitals Board by November 2025
- Monitor and evaluate progress from 2025 to 2028
- Continue growing community relationships and opportunity for input

For Strategic Planning Committee Approval

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Appendix A:

Facilities At A Glance

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NYC HEALTH + HOSPITALS/BELLEVUE

Patients and visit types

156,305 Total patients

828,560 Total visits

30,086 Inpatient

120,659 Emergency Department

686,056 Outpatient

Why are patients coming in?

- Routine preventative visits
- Opioid dependence
- Obesity
- Pregnancy
- Pre-procedural exam
- Surgical follow-up
- Type 2 diabetes
- Children's routine preventative visits
- Post traumatic stress disorder

Community stats

1,678
Babies delivered

11,000
Jobs generated

$2.80B
Economic activity

Assets and challenges identified by community members

Assets

- Diversity
- Access to transportation
- Local hospitals and education

Challenges

- Environmental health
- Housing
- Mental health
- Substance use
- Access to food
- Senior health

Community forum participant comments

"It is very difficult to change an adult's way of life and influence their habits. It's why it's so important to focus our efforts on teaching children good habits early on."

"There is a gap between what people need and want, what they know how to access, and what the services want and are able to provide."

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NYC HEALTH + HOSPITALS/CARTER

Patients and visit types

2,096 Total patients

3,303 Total visits

433 Inpatient

2,870 Outpatient

Why are patients coming in?

- Physical exam, pre-employment
- Routine adult health maintenance
- Chronic respiratory failure
- Immunization
- Dysphagia
- PEG (percutaneous endoscopic gastrostomy)
- Pain

Community stats

1,300
Jobs generated

$253M
Economic activity

Assets and challenges identified by community members

Assets

- Multiculturalism
- Community bonds and resilience
- Proximity to health care

Challenges

- Mental health
- Chronic conditions
- Environmental health
- Access to resources

Community forum participant comments

"A lot of the same providers and NYC Health + Hospitals are taking the brunt of patient care in this community, and the appointments are so far away that it gets people discouraged."

"The supermarkets continue to go up in prices, which messes with our access to food. It's all about their profit, not about our community."

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NYC HEALTH + HOSPITALS/ELMHURST

Patients and visit types

152,688 Total patients

828,607 Total visits

21,319 Inpatient

144,13 Emergency Department

673,049 Outpatient

Why are patients coming in?

- Routine adult well and preventive visits
- Pregnancy
- Opioid dependence
- Routine child well and preventive visits
- Type 2 diabetes
- Immunization
- Shizoaffective disorder

Community stats

2,603
Babies delivered

6,600
Jobs generated

$1.72B
Economic activity

Assets and challenges identified by community members

Assets

- Diversity
- Civic engagement
- Community collaboration

Challenges

- Housing
- Mental health
- Substance use
- Food access
- Senior health

Community forum participant comments

"Infrastructure can lead to a healthier lifestyle. Open streets have made it so more kids walk, bike or take scooters to school. Cultural changes in infrastructure make a change in lifestyle and health."

"We have to be truthful about how life and our environment has changed and how that has caused an enormous eruption psychologically and otherwise."

NYC HEALTH + HOSPITALS

NYC HEALTH + HOSPITALS/HARLEM

Patients and visit types

87,070 Total patients

386,973 Total visits

10,415 Inpatient

99,215 Emergency Department

282,060 Outpatient

Why are patients coming in?

- Routine adult well and preventive visits
- Schizophrenia
- Hypertension
- Routine child well and preventive visits
- Dental caries
- End stage renal disease
- Surgical follow up
- Type 2 diabetes
- Chest pain

Community stats

671
Babies delivered

4,400
Jobs generated

$1.13B
Economic activity

Assets and challenges identified by community members

Assets

- Faith based institutions
- Community engagement
- History

Challenges

- Housing
- Access to resources
- Public safety and crime

Community forum participant comments

"One of the contributing factors to the health challenges in our community is that we don't have the same amount of resources to contribute to our quality of life."

"When you're already a community with racial and social inequities, what's going to happen? Who's not going to get services?"

NYC HEALTH + HOSPITALS

NYC HEALTH + HOSPITALS/JACOBI

Patients and visit types

126,440 Total patients

546,301 Total visits

20,413 Inpatient

118,408 Emergency Department

418,798 Outpatient

Why are patients coming in?

- Routine adult well and preventive visits
- Routine child well and preventive visits
- Pregnancy
- Hypertension
- Type 2 diabetes
- Surgical follow-up
- Dental caries
- Cancer screening

Community stats

1,736
Babies delivered

9,700
Jobs generated

$2.70B
Economic activity

Assets and challenges identified by community members

Assets

- Community members
- Diverse cultures
- Strong institutions

Challenges

- Health care access
- Mental health
- Substance use
- Maternal health
- Senior health
- Access to resources

Community forum participant comments

"It's important to pause and think about how inaccessible outpatient care is and how challenging it is to access primary care. The Bronx has many parts that have primary care shortages."

"I'm forced to go into Manhattan for my primary care because most of the clinics in the Bronx are not accepting new patients or there are no appointments available."

NYC HEALTH + HOSPITALS

NYC HEALTH + HOSPITALS/KINGS COUNTY

Patients and visit types

145,324 Total patients

872,119 Total visits

19,235 Inpatient

136,318 Emergency Department

728,128 Outpatient

Community stats

1,390
Babies delivered

9,700
Jobs generated

$2.14B
Economic activity

Why are patients coming in?

- Routine adult well and preventive visits
- Opioid dependence
- Hypertension
- Opioid abuse
- Hypertension
- Type 2 diabetes
- Routine child well and preventive visits
- Hyperglycemia
- Worried well visit
- Malignant tumor of prostate

Assets and challenges identified by community members

Assets

- Sense of community
- Diversity
- Unity

Challenges

- Mental health
- Substance use
- Housing
- Food insecurity
- Maternal health
- Senior health

Community forum participant comments

"If you have to think about what you're going to eat and where you're going to lay your head, that increases stress and impacts your health in general."

"The problem is racism. It's why we have less food and more alcohol and nicotine and less access to parks. It's why we encounter racism in the hospital also. We need to name it and address the root cause of it to be able to move forward in a meaningful way."

NYC HEALTH + HOSPITALS

NYC HEALTH + HOSPITALS/LINCOLN

Patients and visit types

135,500 Total patients

604,022 Total visits

18,294 Inpatient

152,574 Emergency Department

728,128 Outpatient

Why are patients coming in?

- Routine adult well and preventive visits
- Routine child well and preventive visits
- Dental caries
- Pregnancy
- Hypertension
- Surgical follow-up
- Type 2 diabetes
- Chest pain

Community stats

1,495
Babies delivered

7,000
Jobs generated

$1.56B
Economic activity

Assets and challenges identified by community members

Assets

- Sense of unity
- Community organization
- Commitment to education

Challenges

- Mental health
- Substance use
- Access to resources
- Environmental health
- Chronic illness

Community forum participant comments

"Poison is cheap—the fast food options are affordable, but anything that contributes to a healthier lifestyle is not."

"I will take a cab home to avoid taking the train so I don't have to pass the drug use in the streets. I grew up here so I know what the '80s looked like - and we have the same problem now, with needles in the street."

NYC HEALTH + HOSPITALS

NYC HEALTH + HOSPITALS/METROPOLITAN

Patients and visit types

83,233	Total patients	**8,369**	Inpatient
508,779	Total visits	**65,478**	Emergency Department
		434,195	Outpatient

Why are patients coming in?

- Routine adult well and preventive visits
- Routine child well and preventive visits
- Pregnancy
- Opioid dependence
- Hypertension
- Type 2 diabetes
- Anxiety
- Dental caries

Community stats

1,153
Babies delivered

3,800
Jobs generated

$889M
Economic activity

Assets and challenges identified by community members

Assets

- Green space
- Transportation
- Cultural institutions

Challenges

- Food insecurity
- Housing
- Safety
- Senior health
- Mental health

Community forum participant comments

"With housing and rent burdens being so high it affects everything else—can you afford childcare? Can you afford food and other things you need to take care of yourself and live well?"

"We are a community in need that bears the burden of so many recovery services. You can't bring all of that here in one place—we've been carrying that burden for so long."

NYC HEALTH + HOSPITALS

NYC HEALTH + HOSPITALS/NORTH CENTRAL BRONX*

Patients and visit types

56,758	Total patients	**7,757**	Inpatient
266,752	Total visits	**53,176**	Emergency Department
		209,669	Outpatient

Why are patients coming in?

- Routine adult well and preventive visits
- Pregnancy
- Routine child well and preventive visits
- Type 2 diabetes
- Hypertension
- Dental caries
- Cancer screening
- Gynecological exam
- Chest pain

Community stats

942
Babies delivered

9,700†
Jobs generated

$2.7B
Economic activity

Assets and challenges identified by community members

Assets

- Sense of unity
- Communication
- Community engagement

Challenges

- Safety
- Housing
- Mental health
- Substance use
- Environmental health
- Senior health

Community forum participant comments

"The Bronx is so neglected in terms of community services."

"Mental health issues are everywhere - they don't have a certain face to it. It affects everyone."

*NCB serves as the North Bronx campus of NYC Health + Hospitals/Jacobi
†NCB data is calculated together with Jacobi

NYC HEALTH + HOSPITALS

NYC HEALTH + HOSPITALS/QUEENS

Patients and visit types

107,947 Total patients

600,967 Total visits

12,477 Inpatient

111,239 Emergency Department

481,223 Outpatient

Why are patients coming in?

- Routine adult well and preventive visits
- Hypertension
- Type 2 diabetes
- Shizoaffective disorder
- Routine child well and preventive visits
- Pregnancy
- Chest pain
- Schizophrenia

Community stats

1,319
Babies delivered

4,300
Jobs generated

$1.09B
Economic activity

Assets and challenges identified by community members

Assets

- Community groups
- Tight knit communities
- Mutual support

Challenges

- Mental health and substance use
- Housing
- Education
- Food insecurity
- Health care access

Community forum participant comments

"As a single mother, if my child has an appointment at school, but I will be penalized for missing 2 hours at work to get there—where does that leave me? What choice do I have to make?"

"The general hustle and bustle to get to one place or the next–that's the biggest factor in why people aren't at a place where they're even at a level to be functional."

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†NCB data is calculated together with Jacobi

NYC HEALTH + HOSPITALS

NYC HEALTH + HOSPITALS/SOUTH BROOKLYN HEALTH

Patients and visit types

90,781	Total patients	**14,298**	Inpatient
437,343	Total visits	**102,078**	Emergency Department
		327,138	Outpatient

Why are patients coming in?

- Routine adult well and preventive visits
- Hypertension
- Type 2 diabetes
- Shizoaffective disorder
- Routine child well and preventive visits
- Pregnancy
- Chest pain
- Schizophrenia

Community stats

1,410
Babies delivered

4,600
Jobs generated

$2.41B
Economic activity

Assets and challenges identified by community members

Assets

- Natural environment
- Health care infrastructure
- Sense of community

Challenges

- Health care costs
- Food accessibility
- Mental health
- Substance use
- Senior health

Community forum participant comments

"There is not enough focus on preventative measures, but a lot of focus on cures. Health care companies won't pay for prevention, they'll just wait until you get sick and then they will pay."

"Eighteen and nineteen-year-olds are so depressed and withdrawn, they are always on their phones or sitting alone. Depression can lead to a lot of other illnesses."

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†NCB data is calculated together with Jacobi

NYC HEALTH + HOSPITALS

NYC HEALTH + HOSPITALS/WOODHULL

Patients and visit types

95,859	Total patients	**9,500**	Inpatient
505,146	Total visits	**93,497**	Emergency Department
		404,095	Outpatient

Community stats

1,169
Babies delivered

4,300
Jobs generated

$1.03B
Economic activity

Why are patients coming in?

- Routine adult well and preventive visits
- Dental caries
- Pregnancy
- Hypertension
- Opioid abuse
- Hypertension
- Routine child well and preventive visits
- Dental examination
- Type 2 diabetes
- Preventative health care
- Worried well visit
- Human immunodeficiency virus infection

Assets and challenges identified by community members

Assets

- Diversity
- Community engagement
- Sense of community

Challenges

- Mental health
- Food insecurity
- Air quality
- Maternal health
- Senior health
- Access to health care

Community forum participant comments

"When you're affected by mental health issues or domestic violence or food insecurity or homelessness, it holds you back. It stops you from taking advantage of the resources that the city has for their residents."

"I've met families who came from Mexico, and none of their children had asthma before they came here. After moving to Brooklyn, all five of their children developed it."

*NCB serves as the North Bronx campus of NYC Health + Hospitals/Jacobi
†NCB data is calculated together with Jacobi

Strategic Planning Committee

Matt Siegler
Senior Vice President, Chief Growth and Strategy Officer, NYC Health + Hospitals

Deborah Brown
Senior Vice President, Chief External Affairs Officer, NYC Health + Hospitals

June 16, 2025

Agenda

- Scope of Trends in System Dashboard
  - FY2025 Q2 (October to December 2024) compared to FY2025 Q3 (January to March 2025)
- Five Year System Goals Update
- Government Affairs Overview

System Dashboard, Trends: FY2025 Q3

FY25 Q3 (Period comparison: October-December 2024 compared to January-March 2025) Performance: Positive Trends*

Quality and Outcomes

- Post Acute Care (PAC): All Cause Hospitalization rate: **1.9 per 1,000 care days** from 2.1 per 1,000 care days [1] (target: 1.6 per 1,000 care days)
- % Left without being seen in emergency departments (ED): Improved slightly to **3.5%** from 3.6% [2] (target: 4.0%)

Access to Care

- Unique Primary Care Patients: **459,305** from 457,501 [3] (target: 450,000)
- NYC Care: **141,129** from 146,988 [4] (target: 150,000)—*Although a decrease, this is a positive trend due to conversion of patients from NYC Care to Medicaid in 65+ population, please see note (4) below*

NOTES:

*Change reflected from **Q2 FY24 (October-December 2024) to Q3 FY25 (January-March 2025). Notes include the following:**

[1] *PAC: All Cause Hospitalization Rate: (lower is better for this metric)* There was a decrease in the all cause hospitalization rate to 1.9 from the previous quarter and lower than the prior year same period. The rate remains just over the target. Treat in place is a key strategy to mitigate potential unplanned hospitalizations, along with ensuring a high 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] *% Left without being seen in ED: (lower is better for this metric)* This metric has improved over the year, and more substantially improved over the last 6 months, with the LWBS now better than the target of 4%. Of note, seasonality matters for this metric, with increases in winter months, which is why yearly data is variable.

[3] *Unique Primary Care Patients*: This measure continues to improve and is now above the target for the past 2 quarters, in part due to NYC H+H prioritizing an increase in its capacity for new patients. To increase this capacity, we decreased new patient appointment lengths from 40 to 20 minutes; this allowed for additional unique patients to be seen. We also began assigning new patients to providers based on the availability in their continuity patient panels. Thus, newer providers with smaller panels now see an increased number of new patients as they grow their patient panel, and providers with full panels can see their patients that they have developed relationships with.

[4] *NYC Care*: NYC Care membership, which is reserved for uninsured New York City residents, has decreased since New York State expanded health insurance eligibility in January 2024. The expansion made undocumented New Yorkers 65 years of age and older eligible for state-funded health insurance. Since 2023, NYC Care has seen a 50% decrease in NYC Care members 65 years of age and older.

FY25 Q3 (Period comparison: October-December 2024 compared to January-March 2025) Performance: Positive Trends, continued*

Care Experience

- Inpatient care – Overall rating: **66.2%** from 64.4% [1] (target: 66.3%)
- Ambulatory care – Recommended provider office: **88.4%** from 87.8% [2] (target: 88.39%)
- MyChart Activations: **86.4%** from 83.9% [3] (revised target: 84%)

NOTES:

*Change reflected from **Q2 FY24 (October-December 2024) to Q3 FY25 (January-March 2025). Notes include the following:**

[1] *Inpatient care experience – overall rating:* Top box scores improved over the quarter for inpatient overall rating. Targeted efforts on inpatient units have been underway to improve the patient and employee experience 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. As of this reporting quarter, this measure has achieved the target.

[2] *Ambulatory care experience – recommended provider office:* The outpatient satisfaction score improved over the quarter, and NYC H+H has now achieved the target, which was recently increased to 88.39%. Importantly, this continued increase occurred during a time when we decreased the time allotted for new patient appointments from 40 to 20 minutes. We believe we achieved these gains by adding additional members to our care teams which, by alleviating work from providers, allowed them to focus more on providing direct patient care. By continuing to also improve our patients' experience outside of their visits through the use of tools such as the patient portal, we've seen additional gains.

[3] *MyChart Activations:* MyChart activation rate has increased over the past several quarters. Of note, this metric definition changed about 6 months ago to focus on activation percentage among patients empaneled to NYC H+H 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. Finally, we are continuing to increase the options available on MyChart to incentivize engagement, such as increased access to direct scheduling of appointments in primary care, pediatrics, and gynecology (more than 59,000 appointments scheduled this last quarter in these three departments alone).

FY25 Q3 (Period comparison: October-December 2024 compared to January-March 2025): Positive Trends, continued*

Financial Sustainability

- % of Uninsured patients enrolled in health insurance coverage or financial assistance: **88%** from 78% [1] (target: 90%)
- Total A/R days per month: **39 days** from 44.5 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 15% completion** *(*achieved target, *see note below)* [3]

NOTES:

*Change reflected from **Q2 FY24 (October-December 2024) to Q3 FY25 (January-March 2025). Notes include the following:**

[1] *% of Uninsured patients enrolled in health insurance coverage or financial assistance:* NYC H+H continues to see progressive improvement in the percentage of uninsured patients screened and enrolled in insurance or financial assistance as a result of efforts to realign staffing levels with patient volumes and enhance financial counseling workflows.

[2] *Total AR days per month: (lower is better for this measure)* NYC H+H has made significant progress in working through lingering issues related to 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 begin submitting claims and receiving payments in April 2024, it took much longer to both reconnect to Change Healthcare and direct payers to our new clearinghouse, Experian, for remittance files to post to the a/r. Several payers were themselves impacted by the cyberattack and were unable to produce remittance files. We have caught up with most payers, but continue to reconcile and track down files that were caught up in the period of the outage. The remaining issues are related to a backlog in patient statements as Change Healthcare unexpectedly terminated that line of business after the cyberattack. It took several months to identify and connect to a new vendor. We are working through the backlog but self-pay days in AR remain high.

[3] *UnPrint, A 5 Year Initiative to Increase Printing Alternative Awareness and Reduce System Printing:* UnPrint is a 5-year initiative, "printing alternative awareness and reduce system printing." 1) The UnPrint initiative is a 5-year phased approach which launched in 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. 2) For FY25Q3 (CY25Q1), the UnPrint initiative remained on target with campaign deliverables and was at 15% overall completion, which is 100% of the current deliverables.

FY25 Q3 (Period comparison: October-December 2024 compared to January-March 2025): Positive Trends, continued*

Culture of Safety

- Total Wellness Encounters: **2,550** from 2,267 [1] (target: 1,500)
  - ***This measure will be retired, new metrics included as follows:***

- % of Total Staff across NYC H+H Completing ICARE with Kindness **Pledge**: **31.73%** from 21.74% [2] (Target: 80%) [see pledge on next slide]

- % of Total Staff across NYC H+H Completing ICARE with Kindness **Training**: **25.10%** from 15.01% [3] (Target: 80%)

NOTES:

*Change reflected from Q2 FY24 (October-December 2024) to Q3 FY25 (January-March 2025). Notes include the following:

[1] *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. Wellness Program Directors are now embedded at each of the NYC H+H facilities conducting debriefs and wellness events with regular cadence. There continues to be emphasis on proactive and prevented holistic wellness across all sites and services, focused on the issues impacting our workforce, and the consistent need for these interventions. This measure will be retired.

[2] *% of Total Staff across NYC H+H Completing ICARE with Kindness **Pledge**:* This is the first new measure which corresponds with the number 1 goal of NYC H+H. Staff members are asked to take a pledge to demonstrate the ICARE with Kindness five step framework to integrate our system's values into action every day, and have kindness at the center of every interaction with patients, families, and co-workers. This measure tracks the percentage of staff commitments to ICARE with Kindness; the health system's newly established Service Excellence Standards, through an e-signature on the pledge document. Total headcount includes employee, affiliate, agency, attending, contingent worker, fellow, resident, and remote staff. [see next slide]

[3] *% of Total Staff across NYC H+H Completing ICARE with Kindness **Training**:* This is the second new measure which corresponds with the number 1 goal of NYC H+H. This measure tracks the percentage of staff that have taken the ICARE with Kindness training. This training educates staff on our newly established service excellence standards which build off of our current ICARE values of integrity, compassion, accountability, respect and excellence. This training allows staff to learn and grow together to build a stronger environment of kindness which enhance a culture of trust, respect, communication and safety for not only our populations served but also our staff. Unique trainings have been tailored to various levels of the organization including leadership, manager/supervisor and all-staff. Multiple modalities for this training are available for all staff including in-person and virtual. This training began in FY25 Q2 (end of 2024), and we are steadily progressing toward our total target of 80%. During the next fiscal year, some strategies that the Service Excellence Program Managers plan to implement include scheduling marathon training periods or pledge blitzes, and building tailored training calendars based on departmental availability, combining pledge promotion efforts with training participation, training new staff at new employee orientation sessions, and signing staff up for training sessions when rounding.

NYC HEALTH+ HOSPITALS

ICARE WITH KINDNESS

As a proud employee of NYC Health + Hospitals, I am taking a pledge to put kindness at the center of every interaction I have with patients, their families, and my co-workers. Kindness is woven into the fabric of who we are and believe we should always treat others the way we would also like to be treated.

To do this, I am committing to put our ICARE values into action every day.

I PLEDGE TO:

Initiate with Integrity

+ I will offer a friendly greeting
+ I will make eye contact, smile, and introduce myself
+ I will be proactive and offer to help

Connect with Compassion

+ I will say, "Thank you for choosing NYC Health + Hospitals" and state the specific location or service line
+ I will ask, "How may I help you?"
+ I will listen without interruptions

Acknowledge with Accountability

+ I will minimize distractions and be fully present
+ I will repeat what I heard to make sure I understand the request
+ I will clarify and reassure where necessary

Respond with Respect

+ I will set expectations: timeframe, content, next steps
+ I will commit to under-promising to allow for over-delivering
+ I will be candid: I may not have the answer, but I can connect people, investigate, and get back

End with Excellence

+ I will ask, "Did we answer your questions? Did you get what you needed?"
+ I will make sure there is a warm handoff to the next person that can help
+ I will always say, "Thank you."

In addition to the above, I also pledge to be kind to myself and kind to my co-workers recognizing that working in an environment where kindness is valued and prioritized makes us all happier and more engaged employees and colleagues.

FY25 Q3 (Period comparison: October-December 2024 compared to January-March 2025): Negative Trends (better than or close to target)*

Quality & Outcomes

- Hgb A1c control <8: Reduced slightly to **68.1%** from 69.7% [1] (remains close to target of 69%)
- Follow-up appointment kept within 30 days after behavioral health discharge: Reduced slightly to **67%** from 68.8% [2] (remains better than target of 65%)

NOTES:
Change reflected from **Q2 FY24 (October-December 2024) to Q3 FY25 (January-March 2025). Notes include the following:**

[1] *Hgb A1c control:* There was a slight drop-off in the A1c control rate in FY25 Q3 compared to FY25 Q2. We typically see some seasonality in diabetes control, which tends to peak in Q2 and drop off in Q3 after the winter holiday season. Reviewing difference in diabetes control from Q3 2024 to Q3 2025 can provide a better comparison that addresses seasonality. Between Q3 2024 and Q3 2025, the diabetes denominator grew by 2.2k and the diabetes control rate increased by 0.7%, from 67.4% to 68.1%. Efforts are underway across the system to improve diabetes control including conducting targeted outreach to patients with uncontrolled diabetes who are overdue for their A1c, increasing capacity and referrals to diabetes management programs like Treat to Target and CDTM Pharmacists, and education and dissemination of an updated NYC H+H Diabetes Algorithm.

[2] *Follow-up appointment kept within 30 days after behavioral health discharge:* NYC H+H has observed progressive increases in this measure over the past 2 years, and while there was a slight decrease over the quarter, rates have sustained and have consistently been above 60% at more than half of our sites. The System rate is above the target of 65%. 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 on appropriate workflow to fully document follow-up appointments in the electronic health record. NYC H+H 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.

FY25 Q3 (Period comparison: October-December 2024 compared to January-March 2025): Negative Trends (better than or close to target)* (continued)

Access to Care

- # of e-consults: **94,772** from 97,201 [1] (remains close to target of 95,100)

Financial Sustainability

- Patient care revenue/expenses: **76.9%** from 78.4% [2] (remains better than target of 75%)

NOTES:
Change reflected from **Q2 FY24 (October-December 2024) to Q3 FY25 (January-March 2025). Notes include the following:**

[1] # of *e-consults:* Optimization efforts are underway, which, as designed, will impact volume for e-consults. With the optimization, the overall number of "e-consults" are expected to decrease while the quality of eConsults increases, leading to decreased reliance on specialty visits for lower acuity issues. We have optimized two specialties so far on our new eConsult system – Urology (live in October 2024) and Pulmonology (live in April 2025.) Since this change, we have provided fast (under 72 hours) specialty-led care without the use of an appointment for over 380 patients. Over the next 3 months we anticipate the addition of 6 more specialties.

[2] *Patient care revenue/expenses:* Patient Care Revenue/Expense ratio has remained steady over time, with a slight decrease over the quarter. It remains better than the recently revised target of 75%.

FY25 Q3 (Period comparison: October-December 2024 compared to January-March 2025): Negative Trends*

FINANCIAL SUSTAINABILITY

- % MetroPlus medical spend at NYC Health + Hospitals: **37.6%** from 39.4% [1] (target: 45%)
- PAC Total AR Days (12 months): **59 days** from 54 days [2] (target: 50 days)

NOTES:

*Change reflected from **Q2 FY24 (October-December 2024) to Q3 FY25 (January-March 2025). Notes include the following:**

[1] *% MetroPlus medical spend at NYC Health + Hospitals:* The % of MetroPlus medical spend is down slightly since the prior quarter. This is largely due to a decrease in risk surplus due to prior year decreases in membership.

[2] *PAC Total AR Days measure: (lower is better for this measure):* There are several reasons for higher A/R days in PAC, which the PAC service line is working on to resolve, including the following: *For the LTACH,* here has been a rate discrepancy in one health plan from 2023 to 2025; in 2024 the rate difference has not been not paid in another health plan, and there has been a commercial contract issue from 2024 to 2025 with another payer that will take 45 days to resolve (as of 5/29/2025). Also, there is a UPL adjustment that is pending for 2024 cases. *For the Skilled Nursing Facilities*, collection for 65+ Medicaid expansion cases is taking longer than anticipated, also impacting this metric.

Racial & Social Equity Measures

- # of Equity Lenses Applied to Performance Improvement (PI) Projects, with Data [1]
  - FY25 Q2 (October-December 2024): **101** (revised target: 100)
  - FY25 Q3 (January-March 2025): **124** *(Note: this contains **partial data** and will be updated in the next reporting quarter)*

NOTE:

[1] *# of Equity Lenses Applied to PI Projects, with Data:* 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 typically 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, Quality Academy program completed projects, etc.).

Equity Measures

Racial & Social Equity

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

Category	April-June 2024	July-September 2024	October-December 2024	January-March 2025
Women	40.8%	46.5%	48.03%	43.35%
Non-Binary	0%	0%	0%	0%
Asian	19%	21.1%	25.33%	19.21%
Black or African American	7.1%	5.2%	6.99%	7.39%
Hispanic or Latino	4.7%	2.9%	3.93%	5.91%
American Indian or Alaska Native	0%	0.2%	0%	0%
Native Hawaiian or Other Pacific Islander	0%	0%	0%	0%
Unknown Ethnicity	41.7%	47.50%	31%	37.44%

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.

FY25 Q3 (Period comparison: October-December 2024 compared to January-March 2025)*

- Total % Occupancy: Remained about the same at **75.1%** from 74% [1]
  - **% Occupancy specifically for Med Surg and ICU Units across NYC H+H:** Increased substantially to **88.4%** from 81.4%

NOTE:

*Change reflected from **Q2 FY24 (October-December 2024) to Q3 FY25 (January-March 2025).**

Note includes the following:

[1] *Total % Occupancy*: Remains consistent across the acute care facilities. However, when occupancy is broken out for Med Surg and ICU units, there has been a substantial increase over the quarter, with the current occupancy at 88.4%. Some of NYC H+H healthcare sites have occupancy of more than 90% given increased volume and a recent hospital closure in New York City.

NYC HEALTH+ HOSPITALS

System Dashboard

REPORTING PERIOD – Q3 FY25 (January 1 through March 31 | 2025)

		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)	VP CQO+SVP PAC	Quarterly	1.6	1.9	-.3	2.1	2.2
2	Follow-up appointment kept within 30 days after behavioral health discharge	SVP CO + VP CQO	Quarterly	65%	67%	-2%	68.8%	66.3%
3	HgbA1c control < 8	SVP AMB + VP CPHO	Quarterly	69%	68.1%	-0.9%	69.7%	-
4	% Left without being seen in the ED	SVP CO + VP CQO	Quarterly	4.0%	3.5%	0.5%	3.6%	5.1%
	CARE EXPERIENCE							
5	Inpatient care - overall rating (top box)	VP CQO + SVP CNE	Quarterly	66.3%	66.2%	-0.1%	64.4%	64.4%
6	Ambulatory care (medical practice) recommended provider office (top box)	VP CQO + SVP AMB	Quarterly	88.39%	88.4%	.0.99%	87.8%	86.8%
7	MyChart Activations	VP CQO + SVP AMB	Quarterly	84%	86.4%	2.4%	83.9%	79.1%
	FINANCIAL SUSTAINABILITY							
8	Patient care revenue/expenses	SVP CFO + SVP MC	Quarterly	65%	76.9%	11.9%	78.4%	79.5%
9	% of Uninsured patients Enrolled in Health Insurance Coverage or Financial Assistance	SVP CFO + SVP MC	Quarterly	90%	88.0%	-2%	78.0%	71.0%
10	% of M+ medical spend at H+H	SVP MC	Quarterly	45%	37.6%	7.4%	39.4%	46.6%
11	Total AR days per month (Outpatient, Inpatient) [lower better for this measure]	SVP CFO	Quarterly	45	39	5.9	44.5	48.0
12	Post Acute Care Total AR days(12 months) [lower better for this measure]	SVP CFO	Quarterly	50	59	-9.0	54.0	72.0
13	UnPrint: 5 Year Initiative to Increase Printing Alternative Awareness and Reduce System Printing, % Completion	SVP CIO	Quarterly	100%	15% complete, which is 100% of deliverable	-85%	10%	-
	ACCESS TO CARE							
14	Unique primary care patients seen in last 12 months	SVP AMB	Quarterly	450,000	459,305	9,205	457,501	439,564
15	Number of e-consults completed/quarter	SVP AMB	Quarterly	95,100	94,772	10,712	97,201	113,503
16	NYC Care	SVP AMB	Quarterly	150,000	141,129	-8,871	146,988	139,819
	CULTURE OF SAFETY							
17	Addition of measure% of total staff across NYC H+H completing ICARE with kindness **pledge**	VP CQO + SVP HR + SVP MC + SVP GA	Quarterly	80%	31.73%	-48.27%	21.7%	-
18	Addition of measure: % of total staff across NYC H+H completing ICARE with kindness **training**	VP CQO + SVP HR + SVP MC + SVP GA	Quarterly	80%	25.10%	-54.9%	15.01%	-
19	Total Wellness Encounters (WILL RETIRE)	VP CQO + SVP CNE	Quarterly	1,500	2,550	1,050	2,267	1,904
	RACIAL AND SOCIAL EQUITY							
20	# of Equity Lenses Applied to PI Projects	VP CQO	Quarterly (data will lag so Apr-Jun 24 reported)	100 (revised target)	124	84	101	214
21	% of New Physician Hires being underrepresented minority (WILL RETIRE)	SVP CMO + SVP HR	Quarterly		See slide 13			-

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

NYC HEALTH+ HOSPITALS

System Dashboard Glossary

REPORTING PERIOD – Q3 FY25 (January 1 through March 31 | 2025)

		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
	CARE EXPERIENCE	
5	Inpatient care - overall rating (top box)	Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)
6	Ambulatory care (medical practice) recommended provider office (top box)	Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)
7	MyChart Activations	Number of patients who have activated a MyChart account in primary care
	FINANCIAL SUSTAINABILITY	
8	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
9	% 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
10	% 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
11	Total AR days per month (Outpatient ,Inpatient)	Total accounts receivable days, excluding days where patient remains admitted (lower is better)
12	Post Acute Care Total AR days(12 months)	Total accounts receivable days (lower is better)
13	UnPrint: A 5 Year Initiative to Increase Printing Alternative Awareness and Reduce System Printing	Measures milestones achieved in major information technology project to increase printing alternative awareness to reduce printing across the System
	ACCESS TO CARE	
14	Unique primary care patients seen in last 12 months	Measure of primary care growth and access; measures active patients only
15	Number of e-consults completed/quarter	Top priority initiative and measure of specialty access
16	NYC Care	Total enrollees in NYC Care program
17	% Occupancy	Total % occupancy for all services and % occupancy specifically in med surg and ICU units
	CULTURE OF SAFETY	
18	Total Wellness Encounters (to be retired)	Aggregate measure that includes the following: Number of 1:1 debriefs, Number of group debriefs, Number of combined support debriefs, & Number of wellness events
19	New Metric: % of total staff across NYC H+H completing ICARE with kindness pledge	Total % of staff across NYC H+H completing ICARE with kindness pledge, which includes all sites, service lines, and MetroPlus to achieve the System goal of ensuring a kindness culture across the entire System
20	New Metric: % of total staff across NYC H+H completing ICARE with kindness training	Total % of staff across NYC H+H completing ICARE with kindness training, which includes all sites, service lines, and MetroPlus to achieve the System goal of ensuring a kindness culture across the entire System
	RACIAL AND SOCIAL EQUITY	
21	% 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
22	# of Equity Lenses Applied to PI Projects	Total # 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

Five Year System Goals Update

- In 2023 Dr. Katz and the Senior Leadership team set ten goals for the system to achieve over the next five years
- Goals are aligned with the system's strategic pillars and the goals in the system dashboard
- These ambitious goals are largely on track, though availability of capital investment dollars and policy risks pose challenges

NYC HEALTH+ HOSPITALS

Five Year System Goal	Key Performance Indicators	Year 2 status	Ahead of plan; on/near plan; behind plan
Make H+H friendlier place to get care	Patient satisfaction score, secret shopper, google/yelp review	ICARE w/Kindness launched; staff engagement and patient satisfaction scores rising	
Improve Metroplus/H+H patient satisfaction scores to make it best plan/provider partnership for low income New Yorkers	Medicaid CAHPS scores	Positive brand perception results, dedicated Metroplus access/appointment efforts in place, mixed results on patient satisfaction scores	
Increase percentage of nursing staff in permanent positions to pre COVID levels	Percentage of nursing staff in permanent positions	On track to surpass pre-COVID levels by end of FY25	
Build pathway for physicians from racial and ethnic groups underrepresented in medicine	H+H and affiliate HR data	MOSAIC project ongoing, new physician hiring website launched	
Improve diabetes and hypertension control for patients experiencing homelessness	Registry quality scores	DM control 59.6% vs 67.4% system wide HT control 72.% vs 79% system wide	
House 3000 patients	Patients housed	1200 patients housed	
Upgrade age of infrastructure and medical equipment make system more resilient, secure, and sustainable	List of projects/key initiatives and blended age of infrastructure metric	Commitment rate increasing, bond issuance forthcoming	
Increase lifestyle medicine encounters	Total encounters	System-wide expansion and continued growth	
Meet HHS 2030 carbon goal by 2028, in part by lowering waste and improving equipment recycling	Carbon emissions vs baseline in HHS agreement	Multiple projects in flight, federal support likely limited	
Successful roll out of payroll, timekeeping, & scheduling	Stable system launch	Multi-year project on track	

Government Affairs Overview

- FEDERAL
  - Budget debate
  - Other Federal priorities
- STATE
  - Budget and legislative session
- CITY
  - Elections
  - City budget