NYC HEALTH + HOSPITALS

STRATEGIC PLANNING COMMITTEE OF THE BOARD OF DIRECTORS

November 3, 2016
12 Noon
Boardroom
125 Worth Street, Room 532

AGENDA

I. **Call to Order** — **Gordon J. Campbell**

II. **Adoption of September 8, 2016 Strategic Planning Committee Meeting Minutes** — **Gordon J. Campbell**

III. **Information Item**

a. Update on Transformation
Ross Wilson, MD, Senior Vice President, Chief Transformation Officer

b. NYC Health + Hospitals' System Scorecard FY'16 Third Quarter Report
Ross Wilson, MD, Senior Vice President, Chief Transformation Officer

IV. **Old Business**

V. **New Business**

VI. **Adjournment** — **Gordon J. Campbell**

MINUTES

STRATEGIC PLANNING COMMITTEE MEETING OF THE BOARD OF DIRECTORS

SEPTEMBER 8, 2016

The meeting of the Strategic Planning Committee of the Board of Directors was held on September 8, 2016 in NYC Health + Hospitals' Boardroom, which is located at 125 Worth Street with Mr. Gordon Campbell, presiding as Chairperson.

ATTENDEES

COMMITTEE MEMBERS

Gordon Campbell, Chairperson of the Committee
Ram Raju, M.D.
Lilliam Barrios-Paoli, Ph.D., Chairman of the Board
Josephine Bolus
Robert F. Nolan
Bernard Rosen

OTHER ATTENDEES

A. Shermansong, Civic Consulting
J. Milloz, Civic Consulting
J. Watson, Analyst, OSDC
J. Wessler, Community Advocate

NYC HEALTH + HOSPITALS' STAFF

P. Albertson,VP, Operations
M. Allen, Interim Chief Medical Officer
C. Barrow, Senior Associate Director, H+H/Lincoln
M. Belizaire, Assistant Director of Community Affairs, Office of Intergovernmental Relations and Planning
M. Beverly, Assistant Vice President, Finance
T. Carlisle, Associate Executive Director, Corporate Planning Services
R. Carter, Director, Patient Experience
E. Casey, Director, Corporate Planning, HIV Services

A. Divittis, Senior Associate Director, NYC Health + Hospitals/Woodhull
R. Dixon, Associate Director, NYC Health + Hospitals/Harlem
T. Hamilton, Assistant Vice President, Corporate Planning and HIV Services
C. Hercules, Chief of Staff, Office of the Chairman of the Board of Directors
L. Johnston, Vice President, Chief Nursing Officer
S. Kleinbart, Director of Planning, NYC Health + Hospitals/Coney Island
Z. Liu, Senior Management Consultant, Corporate Planning Services
P. Lockhart, Secretary to the Corporation, Office of the Chairman of the Board of Directors
L. Lombardi, Chief Strategy Officer, NYC Health + Hospitals/Bellevue
R. Mark, Chief of Staff Office of the President
A. Marengo. Senior Vice President Communications and Marketing
M. McClusky, Senior Vice President, Post Acute Care
S. Newmark, Senior Corporate Health Project Advisor, Office of the President
K. Park, AED Grants, H+H /Elmhurst
C. Philippou, Assistant Director, Corporate Planning Services
S. Ritzel, Associate Director, NYC Health + Hospitals/Kings County
S. Russo, Senior Vice President, Office of Legal Affairs
U. Tambar, Assistant Vice President, Office of Transformation
D. Thompson, AED, Strategic Planning
K. Whyte, Senior Director, Intergovernmental Relations and Planning
R. Wilson M.D., Senior Vice President, Chief Transformation Officer
V. Yogeshwar, Senior Director, Office of Transformation
A. Young, Director of Community Affairs, Office of Intergovernmental Relations and Planning
M. Zaccagnino, Chief Administrative Officer

MINUTES OF THE SEPTEMBER 8, 2016 STRATEGIC PLANNING COMMITTEE

CALL TO ORDER

Mr. Gordon Campbell Chairman of the Strategic Planning Committee, called the September 8th meeting of the Strategic Planning Committee (SPC) to order. The minutes of the June 8th, 2016 SPC meeting were adopted.

ACTION ITEM

FY'16 Community Health Needs Assessment Implementation Strategies
Sharon Abbott, PhD, Assistant Director, Corporate Planning Services
Steven Fass, Assistant Vice President, Corporate Planning Services

RESOLUTION

Adopting, in the name of the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") Board of Directors, the twelve Implementation Strategies prepared for each of NYC Health + Hospitals' eleven acute care hospitals and for the Henry J. Carter Specialty Hospital and Rehabilitation Center ("HJC") as supplemental documents to the Community Health Needs Assessments ("CHNA"), which were approved by the Board of Directors in June 2016.

Mr. Fass said that The Affordable Care Act (ACA) mandates that each 501(c) (3) tax exempt hospital must update or conduct a Community Health Needs Assessment (CHNA) every three years. The goal of the CHNA is to improve community health by identifying opportunities to improve health care delivery or address other community needs. CHNAs conducted for New York City Health + Hospitals facilities were approved by the Board of Directors on June 30, 2016. Hospitals are also required to develop and make available to the public implementation strategies that address the high priority needs identified in the CHNA.

An Implementation Strategy (IS) identifies the actions, programs, or initiatives that will be undertaken that addresses each of the identified significant community health needs identified in the CHNA. If a facility does not intend to address an identified need, an explanation must be provided. Implementation strategies must be adopted by an authorized body of the facility no later than 4 months and 15 days after the end of the fiscal year, or November 15.

Below is a summary table of the 12 hospitals' significant community health needs and some of the larger or more common implementation strategies employed. The leftmost column are the consolidated significant health needs of all 12 hospitals. The center column shows the DSRIP projects that directly addresses the significant health needs, and two projects that address multiple needs. The right column includes examples of some of the more common or larger projects employed at hospitals. The individual CHNA IS reports include a more complete inventory of projects. The table below shows that NYC Health + Hospitals is addressing all significant community health needs identified in the CHNA report with large scale projects and evidence based interventions with carefully planned evaluations and outcome metrics.

Community Health Needs and Commonly Employed Implementation Strategies at NYC Health + Hospitals

Community Health Need	DSRIP Projects	Additional Projects
Hypertension and Heart Disease	Improve Cardiovascular Disease Management: Support primary care excellence and patient self-management	Cardiovascular Risk Registry: Identify and manage patients with hypertension to ensure disease management, adherence to medications and other treatment plans
		Treat to Target: Enroll patients with uncontrolled hypertension in an intensive care management program
Diabetes	n/a	Diabetes Registry: Identify and manage Diabetic patients to ensure disease management, adherence to medications and other treatment plans
		Diabetes Center of Excellence
Obesity	n/a	Farmers Market: Provide patients and staff access to fresh fruit and vegetables and promote healthy eating
		Community Garden: Educate community residents about healthy diet and nutrition, and grow to fresh produce.
Mental Illness / Substance Use	Integrate Primary Care and Behavioral Health Services: Ensure optimal care coordination by providing coordinated, accessible behavioral health and primary care to patients with behavioral health issues	Ambulatory Detox Program: Provide ambulatory access to substance abuse treatment services as an alternative to inpatient care.
Asthma	Home Environmental Asthma Management Program: Reduce avoidable ED use and hospitalizations related to asthma by changing the patient's indoor environment to reduce exposure to asthma triggers	Asthma Educators: Engage patients with Asthma before and after provider visit to provide general information and inhaler techniques to reduce the number of asthma related ED visits
Cancer	Integrate Palliative Care into the PCMH Model: Integrate palliative care into appropriate settings including PCPs and other community resources.	No Cost Colon Cancer Screening Program
Smoking	n/a	Smoking Cessation Program: Provide education and support for tobacco cessation
Multiple Community Health Needs	Care Transitions: For patients discharged from the hospital at high risk of readmission, special teams will bridge the patient to community resources	
	Health Home At Risk: For patients with poor control of chronic disease; social problems; or behavioral health conditions, provide additional resources to address social determinants of health, including increased linkages to community support	

Mr. Fass said that the next steps would be to: disseminate the 12 reports to public before Nov. 15, 2016; collect public input which must be included in the subsequent CHNA report; keep the information current, including population and patient demographics, population health, avail able resources, and better understand the gap between community need and community resources.

Mr. Campbell brought this proposal to vote and it was passed unanimously.

INFORMATIONAL ITEMS

Overview of Transformation
Ross Wilson, MD, Chief Transformation Officer & Senior Vice President/
CEO of Health + Hospitals Accountable Care Organization

Dr. Raju addressed the members: Healthcare around us is changing very fast and this change got exacerbated by the implementation of Affordable Care Act across the country. It produced some pressure points to all public hospitals across the country. With that in mind, we came up with the Transformation Strategic Plan that is called 2020 Vision. This Plan is all about the efficiency and growth. Patient experience and access to care are two important aspects; together with the employee engagement, it will really drive us to better market share and better market share will eventually give us financial sustainability. Subsequently, City Hall worked with the NYC Health + Hospitals and came up with 12 strategies: revenue strategies, expense strategies, and other strategies on how to reduce expenses and increase revenue. One of the 12 strategies require us to create the Office of Transformation. The Office of Transformation will lead us into 2020 Vision and beyond that and also, will implement 12 strategies that were identified by City Hall. Dr. Ross Wilson was chosen and appointed to lead the Office of Transformation.

Dr. Wilson addressed the members: Discussion of appropriate ways to keep the Board of Directors informed about the aforementioned activities. It has been decided to have the Office of Transformation report as a standing item on the agenda.

- One New York Report - Data comparison overview
  - NYC Health + Hospitals and other NYC Hospital Systems
  - Hospitals within NYC H+H
- 3 key missions: quality, access to care, and financial performance
- Provision of sustainable coverage and access to the uninsured
  - Managing the uninsured
  - Establishing maximum revenue from other sources
  - Maximizing how many of uninsured could be eligible for coverage and help that to occur
- Move to Value-Based systems in a Managed Care environment
  - Incentive to manage patients in the community or at home and to minimize unnecessary encounters with the health system
- Expansion of the Community-based services
- Transformation of our system to a high-performing healthcare system
  - Focus on operational efficiency
- Maximization of Metro Plus revenue
- Establishment of workgroups and executive leadership

Dr. Wilson informed the members that City Hall sees it as the whole city transformation process. City Hall is developing an oversight process for this project. It is a very complicated process and needs to be carefully planned. It is an opportunity to leverage resources. We have to work constructively with other city agencies. We are still in early development stage.

Dr. Raju concurred and commented that this is a major project and needs to be properly coordinated with City Hall.

- Summarized Progress Report as of September 2, 2016 - Overview
  - Outline of 12 Strategies from the Mayors Report, Work groups, Progress made, Critical issues & Risks, and Actions

Mr. Campbell addressed the members with the following recommendations: Committee will be meeting 6 times a year instead of 11 for a 2-hour block of time and with the idea that in each of the meetings, it will be drilling-down one or two major recommendations and the reports out. Part of the discussion will be high level and part will be granular. The Office of Transformation report to be part of every Board meeting. Members in agreement to accept the recommendations.

NYC Health + Hospitals' System Scorecard FY'16 Second Quarter Report
Ross Wilson, MD, Chief Transformation Officer & Senior Vice President/
CEO of Health + Hospitals Accountable Care Organization

SYSTEM SCORECARD 2016 Q2

	LEAD	TARGET Q2	ACTUAL Q2	VARIANCE TO TARGET		PRIOR QUARTER	PRIOR YEAR	TARGET 2020
Anticipate & meet patient needs								
1 Out-patient satisfaction (overall mean)	COO	80%	78%	-3%	Y	78%	78%	93%
2 In-patient satisfaction (rate-the-hospital top box score)	COO	62%	62%	-0%	Y	59%	63%	80%
Engage our workforce where each of us is supported & personally accountable								
3 Staff completing leadership programs	COO	362	521	+44%	G	385	381	1,200
4 Employee engagement (5 point scale)	COO	4.1	3.6	-13%	Y	3.5	NA	4.1
Provide high quality safe care in a culturally sensitive, coordinated way								
5 Hospital-acquired infections (CLABSI SIR)	CMO	1.00	0.79	-21%	G	1.07	0.92	0.50
6 DSRIP on track	OneCity CEO	90%	98%	+9%	G	100%	NA	90%
Expand access to serve more patients (market share)								
7 Access to appts (new adult patient TNAA days)	CMO	14	19	+36%	Y	20	27	14
8 Unique patients (thousand)	COO	1,200	1,171	-2%	Y	1,172	1,167	2,000
9 MetroPlus members (thousand)	M+ CEO	500	501	+0%	G	493	474	675
10 Patient revenue (proportion of expense)	COO	63%	56%	-11%	Y	55%	56%	70%
Increase efficiency by investing in technology & capital (organizational reform)								
11 EMR budget variance	CIO	0%	0%	0%	G	0%	0%	0%
12 EMR implementation on track (milestones)	CIO	100%	90%	-10%	Y	90%	90%	100%
13 Contractors performance at service level	COO	100%	92%	-8%	Y	91%	NA	100%
14 FEMA projects on track	COO	100%	91%	-9%	Y	100%	NA	100%
	LEAD	TARGET	ACTUAL	VARIANCE		PRIOR QUARTER	PRIOR YEAR	TARGET 2020

Note: Calendar year.
CLABSI data continually subject to change but considered to be most accurate after the CMS reporting deadline for the quarter (5 months after the close of the reporting period)

G on target
Y trending toward target
R off target

GLOSSARY

Anticipate & meet patient needs		
1	Out-patient satisfaction (overall mean)	Roll-up average of all outpatient scores from each outpatient survey (random sample); by visit date
2	In-patient satisfaction (rate-the-hospital top box score)	% in-patients surveyed who rank hospital 9 or 10 out of 10 (random sample); by discharge date
Engage our workforce where each of us is supported & personally accountable		
3	Staff completing leadership programs	Cumulative YTD employees completing supervisor, manager, leadership, and fellowship training; ~5,000 employees are eligible
4	Employee engagement (5 point scale)	Survey of employees "I would recommend this organization as a good place to work"; actual Q2 2016; target national safety net average
Provide high quality safe care in a culturally sensitive, coordinated way		
5	Hospital-acquired infections (CLABSI SIR)	Observed / expected Central Line Associated Blood Stream Infection - Standardized Infection Rate; data not finalized for 5 months after the reporting period; considered to be most accurate after CMS reporting deadline for the quarter
6	DSRIP on track	Total PPS $ awarded / total potential (up to $1.2 B over five years); cumulative since April 2015; reported Jan & Jul
Expand access to serve more patients (market share)		
7	Access to appts (new adult patient TNAA days)	Average days to third next available appointment for new adult patients (primary care only)
8	Unique patients (thousand)	12-month cumulative of unique patients across entire system (not double counting patients who visit multiple sites); high estimate; actuals = 3 month cumulate
9	MetroPlus members (thousand)	Active MetroPlus members across all categories at the end of the quarter
10	Patient revenue (proportion of expense)	Patient-generated revenue / operating expense excluding City payments (cash receipts & disbursements YTD)
Increase efficiency by investing in technology & capital (organizational reform)		
11	EMR budget variance	EMR implementation over or under budget
12	EMR implementation on track (milestones)	Estimate of milestones completed on time: Green = 100%; Yellow = missed milestones have no impact on go-live dates; Red = delays expected for go-live
13	Contractors performance at service level	% of contracts with satisfactory reviews(total number of reviews scored satisfactory or outstanding / total number of reviews at each facility).
14	FEMA projects on track	% milestones from monthly FEMA Program Dashboard on track (green or yellow)

G	on target
Y	trending toward target
R	off target

Dr. Raju explained that CEOs will evaluate the performance of their respective facilities and meet quarterly with Mr. Antonio Martin to report out. If they are not meeting target scores, the explanation and action plan will have to be provided.

NYC Health + Hospitals' Facility Level Scorecard Template

Antonio Martin, Executive Vice President and Chief Operating Officer

Mr. Antonio Martin addressed the members: Over the last 6 months, we have appointed 3 Service Line Leaders and 9 new CEOs at our facilities. It was clearly communicated that they will be held accountable for their facility's performance.

- Overview of the Hospitals Scorecard
  - Metrics aligned at hospital level with system-wide measures, in some cases with more granularity
  - Developed in collaboration with CMO, Finance, IT, Planning, and Hospital CEOs
- Hospitals Scorecard: a utility for the hospital CEOs
  - Focuses on H+H key missions around patient experience, people, quality / patient safety, and finance
  - Provides a "true north," clear goals and tracks progress of strategic initiatives
  - Promotes dialogue, accountability and standardization
  - Creates a fact base for performance improvement and helping the CEO group identify opportunities across hospitals
  - Supports informed decision-making and to set expectations for the direct reports
- Training/ Educational opportunities for the employees - Discussion

2016 June

		TARGET	ACTUAL SYSTEM	ACTUAL HOSPITAL		PRIOR PERIOD	PRIOR YEAR	TARGET 2020
Patient experience								
1	In-patient satisfaction (rate-the-hospital 9 or 10)	62%	60%	65%	G	67%	64%	80%
2	Emergency Dept satisfaction (overall)	80%	73%	78%	Y	76%	81%	85%
3	Out-patient satisfaction (overall)	80%	78%	74%	Y	72%	75%	93%
People								
4	Recommend this org as a place to work (out of 5)	4.1	3.6	3.7	Y	3.5	NA	4.1
5	Staff completing leadership programs	NA	502	44		48	NA	TBD
5.a	% eligible supervisors & managers trained	19%	16%	10%	R	11%	NA	TBD
6	Quality index based on NYSPFP *	1.0	0.1	0.2	Y	0.4	0.22	1.0
7	ALOS (excluding psych & rehab - in days)	5.0	5.2	5.6	Y	5.6	6.37	5.0
8	Emergency Dept - left without being seen	6%	8%	4%	G	4%	NA	3%
9	Access to appts (new adult patient TNAA days)	14	19	18	Y	21	NA	14
10	Diabetic patients w A1c < 8 (outpatient 1ry care)	70%	NA	65%	Y	66%	65%	70%
11	Unique patients (last 12 months, thousand)	TBD	1,169	131		132	132	TBD
12	Occupancy (staffed bed excluding psych & rehab)	85%	76%	77%	Y	76%	NA	90%
13	FTEs	TBD	48,406	5,899		5,831	NA	TBD
13.a	% clinical FTEs	45%	39%	39%	R	NA	NA	51%

G on target
Y trending toward target
R off target - trending off target

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Metrics definitions

	Metrics	SOURCE	DEFINITION	Update
Patient experience				
1	In-patient satisfaction (rate-the-hospital 9 or 10)	PressGaney.com - Dir Patient Experience	% in-patients surveyed who rank hospital 9 or 10 out of 10 (random sample). 3-month average. Data pull performed on 8.18.16. Byreceived date	Monthly
2	Emergency Dept satisfaction (overall)	PressGaney.com - Dir Patient Experience	Standard overall statisfaction score (%). 3-month average. Data pull performed on 8.18.16. By received date	Monthly
3	Out-patient satisfaction (overall)	PressGaney.com - Dir Patient Experience	Roll-up average of all outpatient scores from each outpatient survey (random sample). 3-month average. Data pull performed on 8.18.16. By received date	Monthly
People				
4	Recommend this org as a place to work (out of 5)	PressGaney.com - Dir Patient Experience	Survey of employees "I would recommend this organization as a good place to work"; baseline Q3 2015; actual Q2 2016	Quarterly
5	Staff completing leadership programs	HR - Dir Workforce Development	12 month number of employees completing Central Office supervisor and manager, leadership and fellowship one-month training.	Monthly
5.a	% of eligible supervisors & managers	HR - Dir Workforce Development	#5 as a percentage of total eligible employees (supervisors defined as managing 2+ people, Manager defined as managing 5+ people)	Monthly
Quality / patient safety				
6	Quality Index based on NYSPFP	NYSPFP.org - Wing Lee	Composite index tracking NYSPFP dashboard metrics. Based on NYSPFP targets, each metrics on target contributes 1 / Denominator Denominator is equal to the number of metrics available for the period. Goal is at 1.0	Monthly and quarterly
7	ALOS (excluding psych & rehab - in days)	Finance - ASVP	Average Length Of Inpatient Stay, in days, excluding 1-day stays, psychiatric and rehab patients. Based on discharges only	Monthly
8	Emergency Dept - left without being seen	ED Dashboard	% of patients who left before being seen by a provider	Monthly
9	Access to appts (new adult patient TNAA days)	Access database - SAVP Office of the President	Average length of time in days between the day a new patient makes a request for an appointment with a provider and the third available appointment for a new patient physical, routine exam, or return visit exam. Adult medicine	Monthly
10	Diabetic patients w A1c < 8 (outpatient 1ry care)	Population Health - Dir Clinical Quality Improvement Initiatives	Numerator = Total # of adult diabetic patients 18 to 75 in Patient Registry at the end of the reporting period with latest A1c<8 in past 12 months Denominator = Total # of adult diabetics 18 to 75 in Patient Registry at the end of the reporting period. A1c stands for haemoglobin A1c level, a standard indicator of diabetes risk)	Quarterly
Finance				
11	Unique patients (last 12 months, thousand)	Finance - ASVP	Rolling number of Last Twelve Months (LTM) unique patients (in-patient, Emergency Department and out-patient). Note that NYC H+H considers its billing complete after 3 months, which causes the latest time period to be slightly lowered.	Monthly
12	Occupancy (staffed bed excluding psych & rehab)	Finance - ASVP	Inpatient occupancy rate as a function of staffed beds, excluding psych & rehab. Numerator: Total number of inpatient days for a the month Denominator: Available staffed beds x Number of days in the period	Monthly
13	FTEs	Finance - ASVP	Total FTEs including NYC H+H staff (payroll), affiliate, allowances, overtime, temporary services (nursing), temporary services (general temps), FTE charge backs, and overtime	Monthly
13.a	% clinical FTEs	Finance - ASVP	Numerator: Clinical FTEs employees (Registered Nurses, LPN, Physicians, Residents, Nurse specialists) Denominator: Total FTEs employees	Monthly
6	**Quality Index based on NYSPFP**			
6.a	CLABSI rate	NYSPFP.org	Central Line Associated Blood Stream Infections (CLABSI) Rate per 1,000 central line days - ICU & Non-ICU	Monthly
6.b	CAUTI rate	NYSPFP.org	Catheter Associated Urinary Tract Infections (CAUTI) Rate per 1,000 Urinary Catheter Days - ICU & Non-ICU	Monthly
6.c	SSI rate (Surgical Site Infections)	NYSPFP.org	SSI rates per 100 operative procedures (hip, CABG, colon, hysterectomy, knee)	Monthly
6.d	VAE (Ventilator-Associated Events)	NYSPFP.org	VAE rate per 1,000 ventilator days	Monthly
6.e	VTE (Venous Thromboembolism)	NYSPFP.org	VTE rate per 100 adult inpatient discharges	Monthly
6.f	Clostridium difficile	NYSPFP.org	CDI healthcare facility-onset incidence rate per 10,000 patient days	Monthly
6.g	Injuries From Falls and Immobility	NYSPFP.org	Falls with moderate or greater harm per 1,000 patient days	Monthly
6.h	Pressure ulcer rate	NYSPFP.org	Prevalence rate of patients with facility-acquired pressure ulcers of Stage 2 or higher (rate per 100 patients)	Quarterly
6.i	30-days preventable readmission	NYSPFP.org	30 day potentially preventable readmission rate (PPR) - Observed	Quarterly

MetroPlus Updates

Arnold Saperstein, MD, President & Chief Executive Officer of MetroPlus

- Current state
  - Reached 500,000 members in July
  - Over 5% membership growth since January 2016
  - On track with five-year growth plan

Membership as 8/1/2016	
Line of Business	**Membership**
Medicaid	384,521
QHP	19,216
EP	58,436
Other LOBs	38,594
Total	**500,767**

- Growth Trajectory
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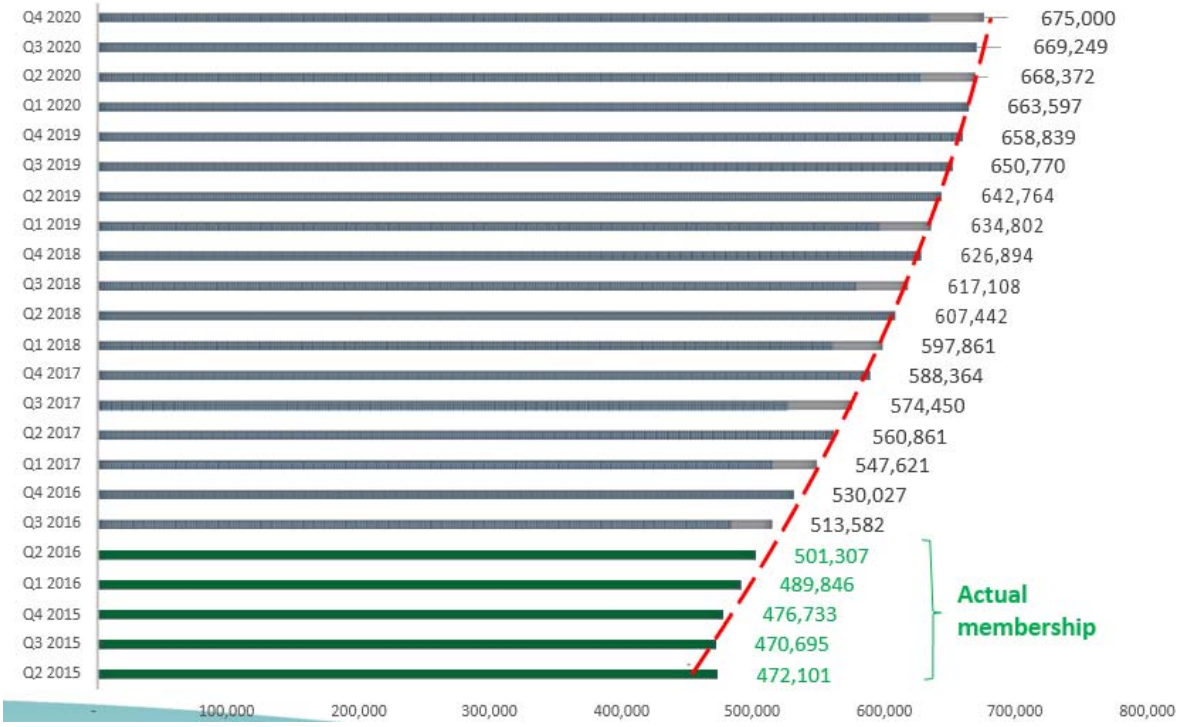

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- Market Share – 2016

	Percentage of Total (NYC)	
	QHP	EP
MetroPlus	23.48	16.52
Healthfirst	17.54	28.85
Fidelis Care	14.41	19.22
Empire BCBS	10.02	11.50
United	5.16%	9.92%
Affinity	4.72%	5.28%

- New Enrollment – 2015 vs. 2016

- Increasing Enrollment
  - o Identifying products to target increased enrollment (QHP and EP products)
  - o Creating marketing and distribution campaigns to support enrollment (focused advertising, community offices, etc.)
  - o Enhancing collaboration with H + H (enrollment, quality, access)
  - o Developing and employing strategies to increase member satisfaction (enhance call center, member outreach, etc.)
  - o Increasing marketing staff engagement (incentive programs)
  - o Building stronger partnerships with City agencies

- Decreasing Enrollment
  - o Deploying survey to catalogue drivers of member attrition
  - o Rewarding members for engagement in care (Finity contract)
  - o Electronic communications to members (text and email)
  - o Partnering with ZocDoc
  - o Enhancing member portal for increased member satisfaction (access to self-service modules)
  - o Expanding network and developing closer relationships with providers

ADJOURNMENT

There being no further business, the meeting was adjourned.

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Transformation Update

Strategic Planning Committee of the Board

Dr. Ross Wilson
Senior Vice President and Chief Transformation Officer
November 3, 2016

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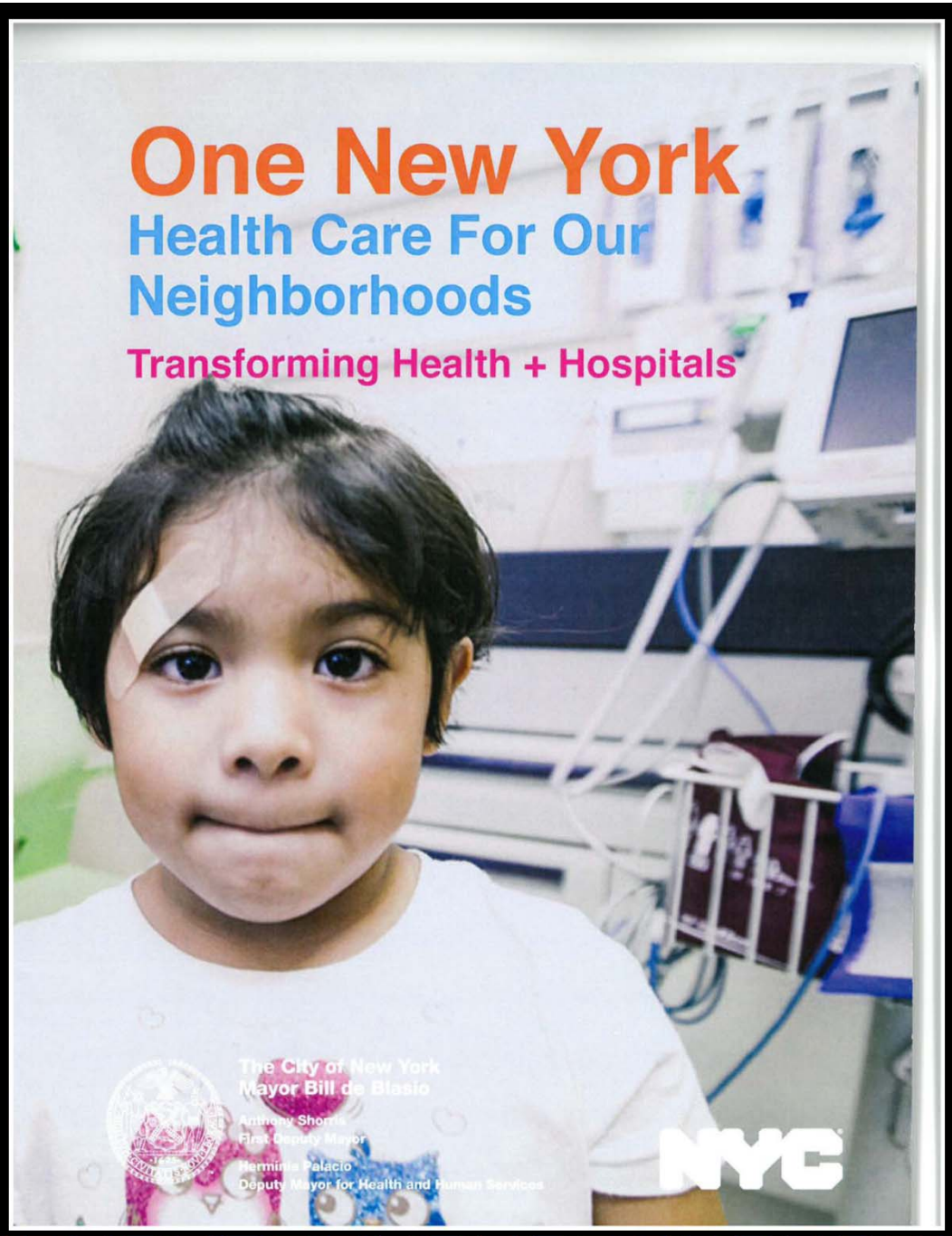

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Transformation Areas from the “12 Strategies” in Mayoral Report

Key Implications of Current State Findings

- **Busy emergency departments with low admission rates indicate patient needs could be better addressed in lower-cost, lower-acuity settings**
- **New York City has an excess of inpatient bed capacity as more care is provided in ambulatory setting**
- **Community needs indicate opportunities for outpatient and post-acute investment and integrated social services**
- **Significant investments needed in physical plants to maintain accreditation over next 15-20 years**

Larger-scale structural change is necessary to set Health+ Hospitals up for sustainability and success.
Investment is needed in repurposing existing facilities, creating of new ambulatory and post-acute services

**New York State trauma registry 2010-2013. 2013-2016 registry statistics not yet available but additional analysis is currently being conducted. Elmhurst, Bellevue, Jacobi and Kings historically among the mot utilized trauma centers in the City*

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What Does the Community Need?

Community Needs Assessments indicate that our patients have chronic illness and preventive care needs. These needs are often best addressed outside the hospital

Greater access to primary care, preventative, and urgent care services outside of costly emergency settings, including after hours

Greater capacity for mental health and substance abuse services, including continued access to inpatient psychiatric services and alternative settings for care

Improved care coordination and care management to connect individuals to community supports, link care across settings, and manage chronic conditions *(hypertension, diabetes, heart disease, obesity, and mental illness prevalent in most recent community needs assessments)*

"One stop shopping" for health care services to reduce burden and inconvenience on individuals

Timely access to emergency and trauma care in the community

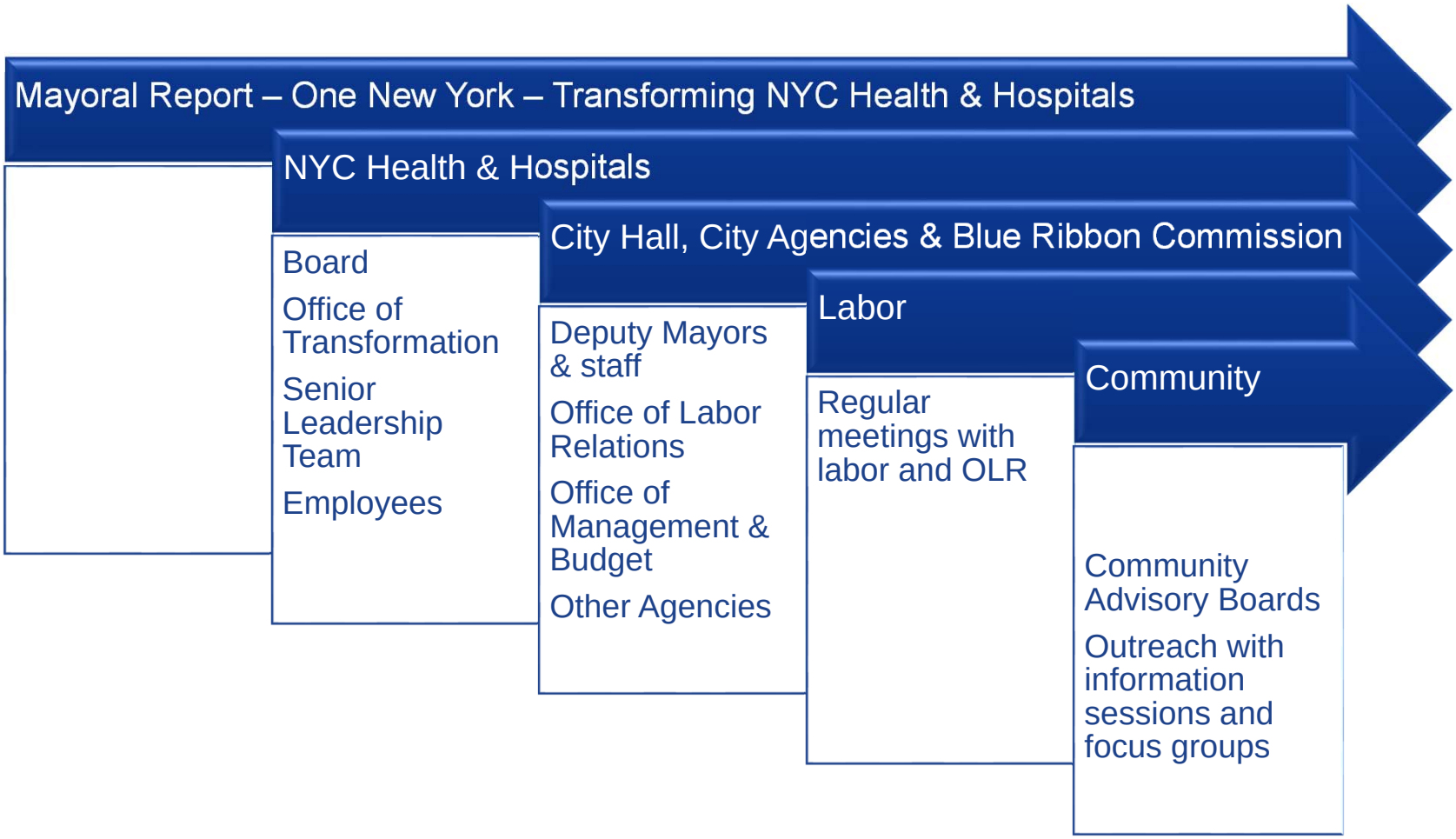
Linkages and access to high quality tertiary care, other high acuity care and post acute care for the very sickest patients

Increased attention to addressing the social determinants of health, and integrated access and linkages to social and community supports, including day care and housing *(at least 6% of current occupancy is from patients who are clinically able to be discharged but need transitional care, also known as ALOC)*

The Tasks

1. **Design the healthcare delivery system that is appropriate for 2020**
    - That is consistent with our mission
    - That meets the health care needs of those we serve
    - That has strong partnerships to ensure we cover the continuum of care
    - That is financially sustainable
    - That succeeds (with MetroPlus) in a managed care, population health, value based purchasing environment
2. **Maximize revenue from external sources**
    - Delay DSH reductions and change NYS distribution
    - NYS Safety Net Legislation
    - Development of a new waiver for additional funding for uninsured care
3. **Maximize internal operating efficiency**
    - Transition from network structure to “service lines” for inpatient, ambulatory and post-acute care
    - Transition to a centralized share services model for finance, HR, emergency management etc
    - Maximize organizational effectiveness
    - Specific attention to revenue cycle, supply chain and real estate opportunities
4. **Maximize patient engagement and clinical quality**

We are seeking advice…….



What are others doing?

Regional Community Acute Care Campuses

- Full service emergency and acute care
- Broader diversity of specialty services
- Referral centers, focus on quality and sufficient volume of higher acuity procedures

Community Access Campuses

- Emergency services with modest inpatient footprint (plus strong referral relationships)
- Sophisticated outpatient services including clinics, procedures and outpatient specialty programs

Health & Wellness Ambulatory Campuses

- Multi-disciplinary outpatient medical centers with significant ambulatory care services and extended-hour access *(possibly 24-7).*

Community Clinics and Access Points

- Access points in communities that provide integrated behavioral/physical health care, enhanced primary care, and sometimes urgent care or other targeted specialty or social services
- Diagnostic & Treatment Centers
- Satellite and School-Based Clinics
- Community Health & Social Service Partnerships
- Post-Acute and Long Term Care

Level of Care

How H+H Benefits from Partnerships

- Increased likelihood of receiving new federal funds for uninsured care and commitment to caring for this population from partners
- Improved care coordination, especially for patients bouncing between different systems
- Ability to thoughtfully rationalize clinical services by downsizing inpatient and growing ambulatory care assets
- Opportunity for joint deployment of population health infrastructure
- Opportunity for joint development of ambulatory care capacity
- Enhanced ability to get VBP contracts from payors and manage the total cost of care under those contracts

Example Health & Wellness Campus Models:

Institute for Community Living Health Care Hub in East New York

- The Institute for Community Living (ICL) is proceeding with plans for a 44,600-square-foot center, where the nonprofit Community Healthcare Network will provide primary care in 5,100 square feet of the space
- The Hub will offer nine different programs, including mental health services, social services and care coordination. The nonprofit's goal is to provide needed health care services in one of the most underserved areas of the city
- Scheduled for completion in 2018, the new site will double the Institute for Community Living's capacity for services to about 9,700 patients annually and will create 150 full-time jobs and 50-construction-related temporary jobs
- ICL is using Dattner Architects and Mega Contracting Corp as its general contractor
- ICL accessed $26.5M in New Market Tax Credits, a $18.4M loan from Deutsche Bank's Community Development Finance Group, and $750K from NYC

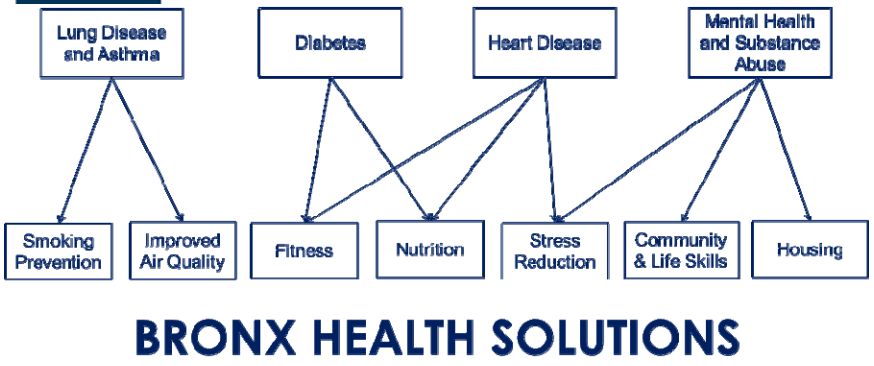
Example Health & Wellness Campus Models:

CHOP South Philadelphia Community Health and Literacy Center

- The Children's Hospital of Philadelphia (CHOP) launched a $42.5 million, Community Health and Literacy Center in South Philadelphia in May 2016
- The 96,000 square foot facility will house just over 50,000 square feet of clinical services through:
  - The CHOP Pediatric Health Clinic will include six new exam rooms and a roomy waiting area with a dedicated station for reading and computer use by patients and their families
  - Philadelphia Dept of Public Health's "Health Center 2" will offer both adult and pediatric care in 29k sq ft of space, including dental care and women's health services
- The DiSilvestro Playground and Recreation Center, with a state-of-the-art renovated playground and green space will also be on site, providing youth programs, a basketball court and new outdoor community events in partnership with the library
- The South Philadelphia Neighborhood Library will add a full day of operation in 12,000 square feet, including a new Consumer Health Resource Center, a new computer lab, new literacy training, and a site for career development and guidance

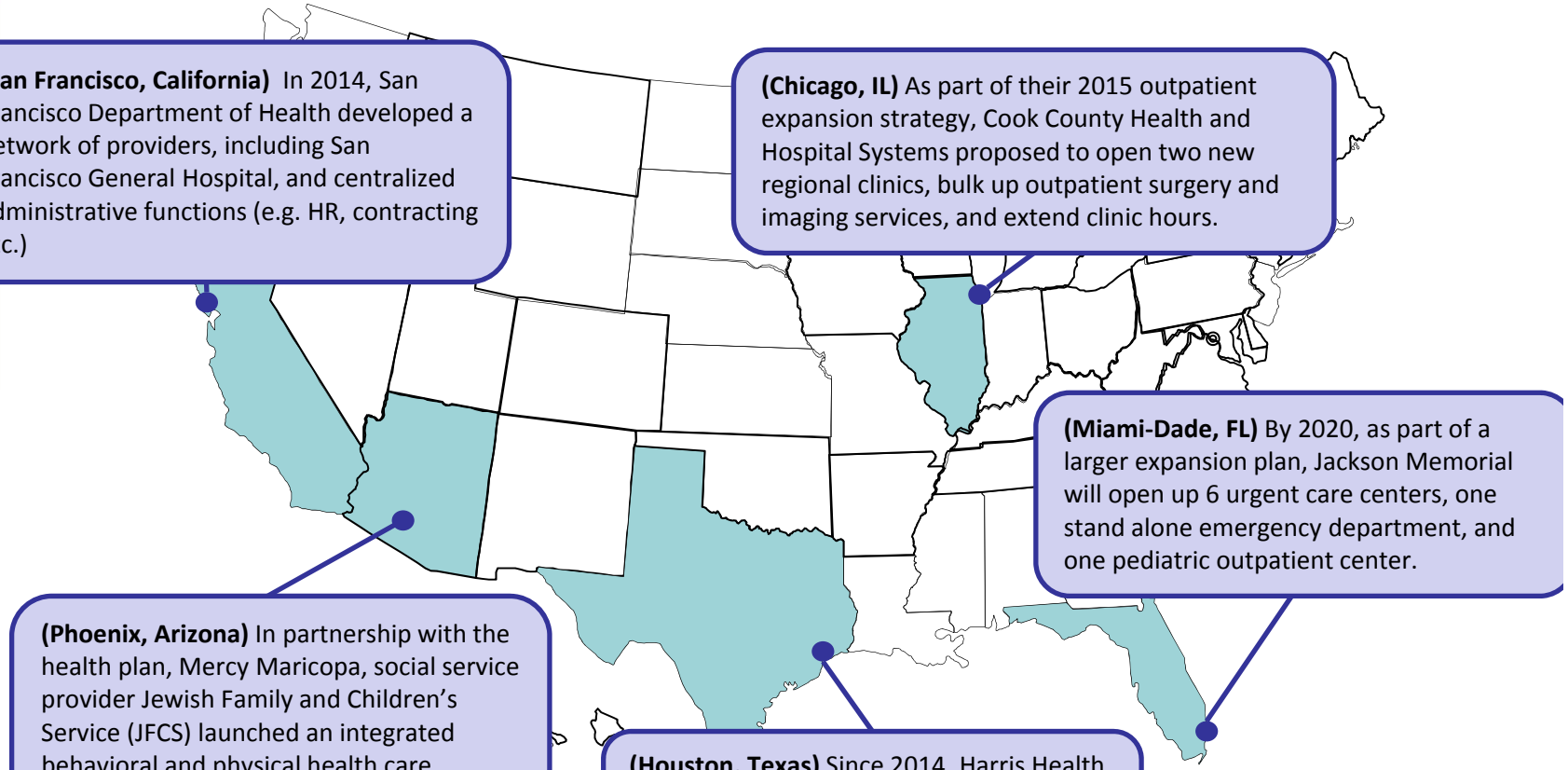
Example Health & Wellness Campus Models:

St Barnabas Community Wellness Project, The Bronx



- **Medical Facility**
  - 8,000 SF Urgent Care
  - 22,000 SF Mind Body Center and Population Health Space
  - 13,000 SF Women and Children's Centers
  - 6,000 SF Nutrition/WIC Programs
- **Affordable Housing**
  - 50 MRT Units
  - 45 Working Homeless Units
  - 219 Affordable Units
- **Commercial Space**
  - Extended Hour Daycare
  - Local Pharmacy
  - Healthy Food Café
- **Financing**
  - $147M total financing; $26M in construction cost
  - $1M in financing from Bronx Borough

Public Systems Across County Investing in Ambulatory, Urgent Care & Behavioral Health



(San Francisco, California) In 2014, San Francisco Department of Health developed a network of providers, including San Francisco General Hospital, and centralized administrative functions (e.g. HR, contracting etc.)

(Chicago, IL) As part of their 2015 outpatient expansion strategy, Cook County Health and Hospital Systems proposed to open two new regional clinics, bulk up outpatient surgery and imaging services, and extend clinic hours.

(Miami-Dade, FL) By 2020, as part of a larger expansion plan, Jackson Memorial will open up 6 urgent care centers, one stand alone emergency department, and one pediatric outpatient center.

(Phoenix, Arizona) In partnership with the health plan, Mercy Maricopa, social service provider Jewish Family and Children's Service (JFCS) launched an integrated behavioral and physical health care treatment and service center in 2016.

(Houston, Texas) Since 2014, Harris Health System has opened 6 same day clinics and 3 ambulatory centers. Harris Health is also tightly aligned with the UT Health System

Sources: http://www.chicagobusiness.com/article/20150824/NEWS03/150829957/cook-county-rethinks-strategy-as-obamacare-pushes-outpatient-care; https://www.mercymaricopa.org/jfcs-integrated-care; https://www.harrishealth.org/en/about-us/who-we-are/pages/history.aspx; http://jacksonhealth.org/releases/15-05-15-urgent-care-centers.asp; http://www.miamiherald.com/news/health-care/article48032300.html; http://kff.org/health-reform/issue-brief/evolving-picture-of-nine-safety-net-hospitals-implications-of-the-aca-and-other-strategies/

NYC HEALTH+ HOSPITALS

System Scorecard

Strategic Planning Committee of the Board

Dr. Ross Wilson

Senior Vice President and Chief Transformation Officer

November 3, 2016

SYSTEM SCORECARD 2016 Q3

		LEAD	TARGET Q3	ACTUAL Q3	VARIANCE TO TARGET		PRIOR QUARTER	PRIOR YEAR	TARGET 2020
Anticipate & meet patient needs									
1	Out-patient satisfaction (overall mean)	COO	85%	79%	-7%	Y	78%	78%	93%
2	In-patient satisfaction (rate-the-hospital top box scc	COO	65%	61%	-6%	R	62%	62%	80%
Engage our workforce where each of us is supported & personally accountable									
3	Staff completing leadership programs	COO	504	627	+24%	G	521	462	1,200
4	Employee engagement (5 point scale)	COO	4.1	3.6	-13%	Y	3.6	4	4.1
Provide high quality safe care in a culturally sensitive, coordinated way									
5	Hospital-acquired infections (CLABSI SIR)	CMO	0.90	0.79	-12%	G	0.79	0.85	0.50
6	DSRIP on track	OneCity CEO	90%	98%	+9%	G	98%	100%	90%
Expand access to serve more patients (market share)									
7	Access to appts (new adult patient TNAA days)	CMO	14	22	+54%	Y	23	21	14
8	Unique patients (thousand)	COO	1,218	1,153	-5%	R	1,171	1,168	2,000
9	MetroPlus members (thousand)	M+ CEO	510	505	-1%	Y	501	472	675
10	Patient revenue (proportion of expense)	COO	63%	56%	-11%	Y	56%	56%	70%
Increase efficiency by investing in technology & capital (organizational reform)									
11	EMR budget variance	CIO	0%	0%	0%	G	0%	0%	0%
12	EMR implementation on track (milestones)	CIO	100%	90%	-10%	Y	90%	90%	100%
13	Contractors performance at service level	COO	100%	94%	-6%	Y	92%	91%	100%
14	FEMA projects on track	COO	100%	96%	-4%	Y	91%	100%	100%
		LEAD	TARGET	ACTUAL	VARIANCE		PRIOR QUARTER	PRIOR YEAR	TARGET 2020

Note: Calendar year.

CLABSI data continually subject to change but considered to be most accurate after the CMS reporting deadline for the quarter (5 months after the close of the reporting period)

Indicators 4,5 &10 reflect Q2. Q3 not yet available

G on target
Y trending toward target
R off target

GLOSSARY

Anticipate & meet patient needs		
1	Out-patient satisfaction (overall mean)	Roll-up average of all outpatient scores from each outpatient survey (random sample); by visit date. Based on data received as of 10.19.2016. QTD totals and subject to update
2	In-patient satisfaction (rate-the-hospital top box score)	% in-patients surveyed who rank hospital 9 or 10 out of 10 (random sample); by discharge date. Based on data received as of 10.19.2016. QTD totals and subject to update
Engage our workforce where each of us is supported & personally accountable		
3	Staff completing leadership programs	Cumulative YTD employees completing supervisor, manager, leadership, and fellowship training; ~5,000 employees are eligible
4	Employee engagement (5 point scale)	Survey of employees "I would recommend this organization as a good place to work"; actual Q2 2016; target national safety net average
Provide high quality safe care in a culturally sensitive, coordinated way		
5	Hospital-acquired infections (CLABSI SIR)	Observed / expected Central Line Associated Blood Stream Infection - Standardized Infection Rate; data finalized 5 months after the reporting; most accurate after CMS reporting deadline for the
6	DSRIP on track	Total PPS $ awarded / total potential (up to $1.2 B over five years); cumulative since April 2015; reported Jan & Jul. Projected percentage and subject to update
Expand access to serve more patients (market share)		
7	Access to appts (new adult patient TNAA days)	Average days to third next available appointment for new adult patients (primary care only).
8	Unique patients (thousand)	12-month cumulative of unique patients across entire system (not double counting patients who visit multiple sites); high estimate; actuals = 3 month cumulate
9	MetroPlus members (thousand)	Active MetroPlus members across all categories at the end of the quarter
10	Patient revenue (proportion of expense)	Patient-generated revenue / operating expense excluding City payments (cash receipts & disbursements YTD)
Increase efficiency by investing in technology & capital (organizational reform)		
11	EMR budget variance	EMR implementation over or under budget
12	EMR implementation on track (milestones)	Estimate of milestones completed on time: Green = 100%; Yellow = missed milestones have no impact on go-live dates; Red = delays expected for go-live
13	Contractors performance at service level	% of contracts with satisfactory reviews (total number of reviews scored satisfactory or outstanding / total number of reviews at each facility) for top 10 contracts by spend
14	FEMA projects on track	% milestones from monthly FEMA Program Dashboard on track (green or yellow)

G on target
Y trending toward target
R off target