NYC HEALTH + HOSPITALS

STRATEGIC PLANNING COMMITTEE OF THE BOARD OF DIRECTORS

May 9, 2017
10:00 am
Boardroom
125 Worth Street, Room 532

AGENDA

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

II. **Adoption of March 16, 2017 Strategic Planning Committee Meeting Minutes** — **Gordon J. Campbell**

III. **Information Item**

a. Intergovernmental Affairs Update
John Jurenko, Vice President
Government, Community Relations, and Planning

b. Summary of Commission Briefs on One New York: Health Care for our Neighborhoods
Dr. Ross Wilson, Chief Transformation Officer
Office of Transformation

c. NYC Health + Hospitals' System Scorecard CY'17 First Quarter Report
Dr. Ross Wilson, Chief Transformation Officer
Office of Transformation

d. Update on Transformation
Dr. Ross Wilson, Chief Transformation Officer
Office of Transformation

NYC HEALTH + HOSPITALS

IV. Old Business

V. New Business

VI. Adjournment Gordon J. Campbell

MINUTES

STRATEGIC PLANNING COMMITTEE MEETING OF THE BOARD OF DIRECTORS

MARCH 16, 2017

The meeting of the Strategic Planning Committee of the Board of Directors was held on March 16, 2017 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
Stanley Brezenoff, CEO/President
Josephine Bolus, RN

OTHER ATTENDEES

M. Chambers, COO, PAGNY
J. De George, Analyst, OSDC
K. Krutz, CAM, PAGNY
J. Watson, Analyst, OSDC
J. Wessler, Community Advocate
J. Yeaw, Board Member Designee

NYC HEALTH + HOSPITALS' STAFF

S. Abbott, Assistant Director, Corporate Planning Services
P. Albertson,Vice President, Operations
M. Allen, Interim Chief Medical Officer
P. V. Anantharam, Senior Vice President, Finance
D. Ashkanase, Assistant Vice President, Office of Transformation
C. Barrow, Senior Associate Director, NYC Health + Hospitals | Lincoln
M. Belizaire, Assistant Director, Government and Community Relations
M. Beverly, Assistant Vice President, Finance
S. Bussey, Chief, Ambulatory Care
M. Chidester, Chief of Staff, Office of Transformation
A. Cohen, Vice President, Office of Transformation

R. De Luna, Press Secretary, Office of the President
J. Goldstein, Assistant Director, Corporate Planning Services
C. Hercules, Chief of Staff, Office of the Chairman of the Board of Directors
L. Guttman, Assistant Vice President, Intergovernmental Affairs
S. Kleinbart, Director of Planning, NYC Health + Hospitals | Coney Island
P. Lockhart, Secretary to the Corporation, Office of the Chairman of the Board of Directors
S. Loville, Sr. Management Consultant, Central Office Finance
A. Martin, Chief Operating Officer, Executive Vice President
C. Mastromano, Interim CEO, NYC Health + Hospitals | Jacobi
R. Melican, Senior Director, Finance
M. McClusky, Senior Vice President, Post Acute Care
S. Newmark, Senior Corporate Health Project Advisor, Office of the President
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
A. Shkolnik, Assistant Director, Medical & Professional Affairs
D. Thompson, Associate Executive Director, NYC Health + Hospitals | Kings County
S. White, Chief of Staff, NYC Health + Hospitals | Harlem
K. Whyte, Senior Director, Government and Community Relations
R. Wilson M.D., Senior Vice President, Chief Transformation Officer
V. Yogeshwar, Senior Director, Office of Transformation

CALL TO ORDER

Mr. Gordon Campbell, Chair of the Strategic Planning Committee, called the meeting of the March 16, 2017 Strategic Planning Committee to order. The minutes of the January 23, 2016 meeting were adopted.

Mr. Campbell, on behalf of Mr. Stanley Brezenoff and the Board of Directors, thanked Mr. Antonio Martin for his dedicated 34 years of service at NYC H+H.

DECISIONS:

Mr. Campbell requested that in the future all off target areas/indicators in "red" in the System Scorecard be explained in written detail.

INFORMATIONAL ITEMS

Intergovernmental Affairs Legislative Update

John Jurenko, Vice President
Government, Community Relations, and Planning

Presentation: Federal and State Budget Legislative Update

The repeal of the ACA would have a significant impact on NYC residents and Health + Hospitals patients. It is estimated that the repeal would impact coverage for 1.6 million NYC residents, including ~200,000 H+H patients. The overall financial impact shows over $500 million in Medicaid cuts, $481 billion loss over 10 years in Medicare, and $289 million in FFY18 and $462 million in FFY24 for DSH.

Further, the introduction of "The American Health Care Act" (AHCA) proposal by the House Republicans includes reduction of enhanced Medicaid rate from 90% to 50%, elimination of funding for Basic Health Plan, DSH cuts for MA expansion states for FFY 2018 & 2019.

H+H is working closely with the New York Delegation in the U. S. Senate and House, coordinating with State and Federal Hospital Associations (AEH, AHA, GNYHA & HANYS), as well as the Mayor's Office, and participating in ongoing collaboration with Union Partners.

Proposed New York State executive budget provisions for SFY 2017-18 do not include funding for Safety Net reimbursement; $500 million was included for capital funds. H+H has meetings scheduled with the members of the NYS Senate and Assembly; 100+ members participated in the Community Advisory Board Lobby Day in Albany; and nearly every H+H facility has Legislative Forums.

Intergovernmental Affairs Community Engagement Update

John Jurenko, Vice President, Government, Community Relations, and Planning
Kicy Kwamina Motley, Director, Government, Community Relations, and Planning

Presentation: Community Resource Exchange (CRE)

Results from the Community Resource Exchange were positive overall. A key priority area for increased

focus is the availability of appointments for patients. The consolidated system-wide H+H Call Center will address this issue, by giving patients the ability to "one stop shop" - if there is no availability of appointment time at one facility, patients can find out what options are available at other facilities.

Mental Health and Nutrition services were identified as the most important to the community while smoking cessation is the least important; respondents indicated that they would like to see more provider continuity and availability of weekend hours in the future.

The Ambulatory Care team is exploring the possibility of additional evening and weekend hours in some communities.

System Scorecard

Dr. Ross Wilson, Chief Transformation Officer, Office of Transformation

Presentation: System Scorecard, CY2016, Q4

H+H is on target for all metrics tied to increasing efficiency through investments in technology and capital. DSRIP is on track to improve high-quality, safe care in a culturally sensitive and coordinated way and funding is being received.

Access to Appointments is trending towards target and significant work is being done to address capacity in Primary Care, including efforts to recruit more Primary Care clinicians and increase appointment availability.

CLABSI-SIR shows a minor deterioration due to a few infections that were reported. Patient Revenue as proportion expense area has declined in performance due in part to increase in Accounts Receivable (AR) days, which is aggressively being rectified. The implementation of Enterprise Resource Planning (ERP) Program will improve the ability to review performance related to spend.

Post-Acute Care Services Metrics

Maureen McClusky, Senior Vice President, Post-Acute Care Services

Acute performance metrics were developed in August of 2016:

- Patient Experience: Nursing Home Satisfaction and Long-term Acute Care Hospital (LTACH) satisfaction;
- Clinical metrics: Rate of all-cause hospitalizations for all patients/residents, 30-day re-hospitalization rate, pain management, and pressure ulcers.
- Financial metrics:1:1 utilization, Clinical escort utilization, and Occupancy rate
- Internal Market Share metrics: Admission rates and Traumatic Brain Injury Utilization at Seaview.

Additional metrics in 2017 include long-term care residents who have Depressive Symptoms, Pharmacy costs, CMI score, blended RUGs score, time for MetroPlus authorization, and Global FTE Budget.

Ambulatory Care Services Metrics

Steve Bussey, Chief of Ambulatory Care

Ambulatory Care performance metrics demonstrated that patient experience adult cycle times have

improved by 10-15% and Press Ganey scores are increasing.

Ambulatory Care metrics address: workforce engagement, health outcomes , patient access, panel and provider continuity, and patient engagement.

The Board Chair asked the Finance team to work with the Ambulatory Care and Post-Acute Care teams to consider financial perspective in their metrics.

Staff Engagement Improvements

Christopher Mastromano, Interim CEO
NYC Health + Hospitals |Jacobi

Jacobi made significant improvements in their staff engagement— moving from having the lowest score of H+H hospitals in 2015 to the highest score in 2016. Communication, respect and recognition, and camaraderie were identified as the most important areas for improving staff engagement. In response, the Jacobi management team has increased communication with staff through Town Hall meetings, newsletters, shared calendars of Jacobi events, flat screens, and social media, with emphasis on staff acknowledgement and celebration of accomplishments. The Jacobi staff engagement approach was shared with other facilities through the JCOGG group.

Update on Transformation

Dr. Ross Wilson, Chief Transformation Officer, Office of Transformation

The Office of Transformation is assisting to drive savings in Supply Chain Services and Revenue Cycle.

In 2016, savings of ~$40 million were achieved in Supply Chain; the 2017 goal is $63.5 million. FY17 value actions in supply chain address savings in business/office, lab, med-surg, peri-operative, pharmacy 340B and radiology. Supply Chain services were centralized in October 2013 with the goals of standardizing goods, services, equipment; improving quality, and identifying savings.

Revenue Cycle FY17 initiatives focus on diagnosis code capture, coding optimization, cash acceleration (e.g., increasing charge throughput, supporting conversion of self-pay to insurance) and denials management. Finance is on target to achieve its goals.

There were no action items to discuss.

There was no old or new business to discuss.

The meeting was adjourned by Chair Gordon Campbell.

Federal and State Budget and Legislative Update

John Jurenko
Vice President
Government, Community Relations, and Planning

Strategic Planning Committee
May 9, 2017

NYC HEALTH+ HOSPITALS

Federal Update

- **American Health Care Act (AHCA) Passed House 217-213**
  - New amendments allow states to seek waivers for Essential Health Benefits, community ratings and funding added for pre-existing conditions
  - Passed without new CBO score

- **Moves to Senate for consideration**
  - Majority Leader McConnell formed workgroup
  - Needs CBO score
  - Reconciliation rules apply
  - Longer process
  - GOP can only lose 2 members: 12-13 with concerns

NYC HEALTH+ HOSPITALS

State Budget Update

- **Safety Net Funding** - $20 million gross over two years in new state funding for enhanced safety net hospitals.

- **Capital Funding** - $500 million for the statewide Health Care Facility Transformation Program to support projects that facilitate health care transformation. Up to $300 million for projects not funded under last year's capital request. Of the total, at least $75 million will be dedicated to community-based providers and $50 million is designated for Montefiore Medical Center.

- **New Medicaid Powers** - If Federal Medicaid funding to NYS is expected to be reduced by at least $850 million in FFY 2017 or 2018, the Director of Budget shall prepare a reduction plan. Reductions shall be applied equally and proportionally to the affected programs. The Legislature will have 90 days to respond, in the absence of a legislative plan, the Director of Budget's plan will go into effect.

- **Medicaid Cuts** - rejects the Governor's proposal to increase Essential Plan premiums and reduce reimbursement for potentially preventable ED admissions.

- **Raise the Age** - requires the removal of juveniles from Rikers no later than 10/1/18.

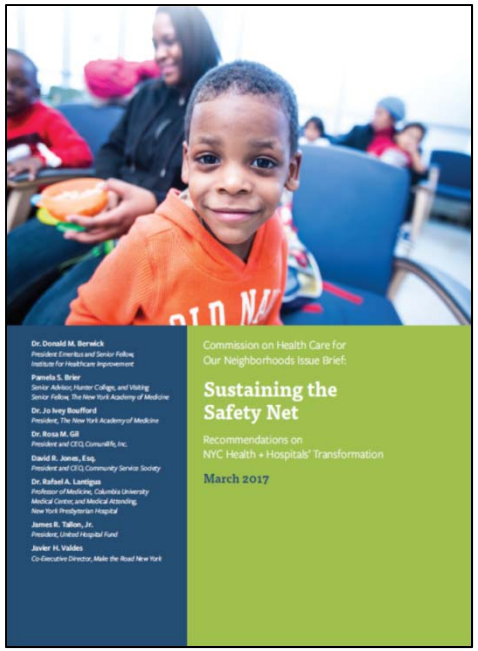
Summary of Commission Briefs on One New York Health Care for Our Neighborhood

Dr. Ross Wilson
Chief Transformation Officer
Office of Transformation

Strategic Planning Committee
May 9, 2017

Commission on Health Care for our Neighborhoods

Ambition: To provide recommendations, which consistent with the "Triple Aim" of improving the patient experience, improving the health of populations, and reducing the cost of care, inform NYC Health + Hospitals' efforts to transform into a sustainable high-performing system that keeps New Yorkers healthy throughout their lives



Commission Members

***Dr. Donald M. Berwick**, Institute for Healthcare Improvement*

***Pamela S. Brier**, Hunter College and The New York Academy of Medicine*

***Dr. Jo Ivey Boufford**, The New York Academy of Medicine*

***Dr. Rosa M. Gil**, Comunilife, Inc.*

***David R. Jones Esq.**, Community Service Society*

***Dr. Rafael Lantigua**, Columbia Univ. and NY Presbyterian Hospital*

***James R. Tallon Jr.**, United Hospital Fund*

***Javier H. Valdes**, Make the Road*

http://www.nychealthandhospitals.org/transformation-blue-ribbon-commission/

Recommendations from the Commission

Re-envisioning Clinical Infrastructure	Building Clinical Partnerships	Sustaining the Safety Net
• Restructure clinical services, including new investments to expand ambulatory services, to ensure financially-sustainable, high-quality care • Restructure in a way that balances operational efficiency, patient experience and the health of communities • Develop a visionary population health strategy, including long-term strategies to address social determinants	• Partner with other providers to ensure coordinated care across settings and across health care systems • Explore a range of clinical partnership models tailored to variation in geography, community needs and the capabilities of potential partners	• Pursue multiple strategies to ensure H+H can continue to fulfill its mission (including strategies to prevent federal DSH cuts and strategies to ensure uninsured patients can access care in the same way as those with insurance)

System Scorecard

Dr. Ross Wilson
Chief Transformation Officer

Strategic Planning Committee
May 9, 2017

DRAFT

SYSTEM SCORECARD CY 2017 Q1
as of 4.28.2017

		TARGET Q1	ACTUAL Q1	VARIANCE TO TARGET		PRIOR QUARTER	PRIOR YEAR	TARGET 2020
Anticipate & meet patient needs								
1	Out-patient satisfaction (overall mean)	85%	81%	-5%	Y	78%	78%	93%
2	In-patient satisfaction (rate-the-hospital top box score)	65%	61%	-7%	Y	60%	59%	80%
Engage our workforce where each of us is supported & personally accountable								
3	Staff completing leadership programs	420	128	-70%	R	839	385	1,200
4	Employee engagement (5 point scale)	4.1	TBD	0%		3.7	4	4.1
Provide high quality safe care in a culturally sensitive, coordinated way								
5	Hospital-acquired infections (CLABSI SIR)	1.00	1.33	+33%	Y	1.78	1.07	1.00
6	DSRIP on track	90%	TBD	0%		99%	100%	90%
Expand access to serve more patients (market share)								
7	Access to appts (new adult patient TNAA days)	14	16	+14%	Y	23	20	14
8	Unique patients (thousand)	1,252	1,140	-9%	R	1,153	1,172	2,000
9	MetroPlus members (thousand)	525	508	-3%	Y	510	493	675
10	Patient revenue (proportion of expense)	64%	56%	-12%	Y	53%	55%	70%
Increase efficiency by investing in technology & capital (organizational reform)								
11	EMR budget variance	0%	0%	0%	G	0%	0%	0%
12	EMR implementation on track (milestones)	100%	100%	0%	G	94%	90%	100%
13	Contractors performance at service level	100%	98%	-2%	G	98%	91%	100%
14	FEMA projects on track	100%	100%	0%	G	96%	100%	100%
		TARGET	ACTUAL	VARIANCE		PRIOR QUARTER	PRIOR YEAR	TARGET 2020

Indicator #4: Annual survey. Last Pulse survey conducted Q4, 2016.
Indicator #5: Methodology has been revised for 2017 NHSN version 8.6.2015 is now current baseline. CDC expects SIRs will increase for all institutions. CLABSI data continually subject to change but considered to be most accurate after the CMS reporting.
Indicator # 6: Payment has not been received for Q1, 2017.
Indicator #7: Coney Island, Queens and Elmhurst data is not included. EPIC installation has impacted data retrieval for this indicator.

Color coding based on variance from Target, Prior Quarter and Prior Year		
	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)

Color coding based on variance from Target, Prior Quarter and Prior Year

G	on target
Y	trending toward target
R	off target

System Scorecard: Off-target Indicators

	Explanation	Action Plan
Staff completing leadership programs	• Delay in execution of contract with the Advisory Board Company to provide leadership programs	On track for meeting target in future quarters due to ability to offer additional programs: • *Fellowship Program April 2017* • *Leading in Times of Change Q2, 2017* • *Middle Manager Leadership Development Q4, 2017* • *Leadership Management Series (TBD)*
Decline in unique patients	• Inpatient utilization is decreasing across the country • Appointment availability is decreasing due to inability to hire adult primary care providers • Enrollment in health insurance gives patients alternative provider options	• Increasing access and appointment availability • MetroPlus is working to ensure more patients are assigned to H+H PCPs • Efforts to expand MetroPlus membership base

Transformation Update

Dr. Ross Wilson
Chief Transformation Officer
Office of Transformation

Strategic Planning Committee
May 9, 2017

Our Future State

May 2017

- A best-in-class integrated health system that is the provider of choice for our patients by delivering accessible, high quality, culturally competent, patient/family centered care and partners with others to holistically meet community health needs

- A data-driven, financially sustainable system that provides care to patients in the most appropriate setting, with integration of health and social needs that can succeed in population health driven value-based-purchasing environment

- Entirely consistent with our mission, care will continue to be available for all regardless of their ability to pay

Key Elements of our Future State

May 2017

1. A clearly articulated strategy
2. Appropriately-sized inpatient and ambulatory care capacity to meet demand
3. Expanded primary care capacity
4. Redesigned distribution of clinical services across settings based on quality and community need
5. Fully integrated expanded care management services that proactively anticipates demand and improves outcomes and utilization
6. New relationships with old and new partners (affiliates, labor, providers, academic affiliates, community-based organizations) that drive growth, quality and efficiencies
7. Population health management and financial risk management to ensure competitive performance in value-based payment arrangements
8. A right-sized workforce to meet patients' needs in a financially sustainable way, that is also engaged, talented and set up for success (e.g., clearly defined roles, standardized trainings, continuous development)
9. Standardized processes, procedures, and organizational structure that support effective decision making and execution, with explicit operating and business models and clear accountabilities
10. Robust informatics and analytic capabilities to provide insights and tools to manage performance

Strategic Goals for our Future State

May 2017

1. Quality of care is nationally competitive
2. Access to care meets community needs
3. Patient experience of care is nationally competitive
4. Staff engagement scores are nationally competitive
5. Services are provided in a financially sustainable way, with regards to revenue and cost
6. Services are configured to best meet community needs
7. Culture of continuous improvement and shared-learning is fostered