



STRATEGIC PLANNING COMMITTEE
OF THE BOARD OF DIRECTORS BRIEFING

July 19, 2018
Boardroom
125 Worth Street, Room 532

AGENDA

- | | | |
|------|--|---|
| I. | Call to Order | Gordon J. Campbell |
| II. | Adoption of April 12, 2018
Strategic Planning Committee Meeting Minutes | Gordon J. Campbell |
| | a. Legislative Update | Matthew Siegler
Senior Vice President
Managed Care & Patient Growth |
| III. | Information Items | |
| | a. Update and system Dashboard | Matthew Siegler
Senior Vice President
Managed Care & Patient Growth |
| | | Dr. Eric Wei
Vice President Chief Quality Officer |
| IV. | Old Business | |
| V. | New Business | |
| VI. | Adjournment | Gordon J. Campbell |

Minutes

STRATEGIC PLANNING COMMITTEE MEETING OF THE BOARD OF DIRECTORS

April 12, 2018

The meeting of the Strategic Planning Committee of the Board of Directors was held on April 12, 2018 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 Strategic Planning Committee
Mitchell Katz, MD, CEO/President
Helen Arteaga Landaverde
Josephine Bolus, RN

OTHER ATTENDEES

J. DeGeorge, Analyst, Office of State Comptroller

NYC HEALTH + HOSPITALS' STAFF

D. Chokshi, MD, Vice President, Population Health
R. DeLuna, Senior Director, Press Secretary
Matthew Siegler
Theodore Long, MD
Eric Wei, MD
W. Foley, Senior Vice President, Acute Care Operations
C. Hercules, Chief of Staff, Office of the Chairman of the Board of Directors
B. Ingraham-Roberts, Assistant Vice President, Legislative Analysis
K. Mendez, Senior Vice President, Chief Nurse Executive
M. McClusky, Senior Vice President, Post-Acute Care
J. Uruchima, Assistant Director, Managed Care

CALL TO ORDER

Mr. Gordon Campbell, Chair of the Strategic Planning Committee, called the meeting of April 12, 2018 Strategic Planning Committee to order. The minutes of the October 11, 2017 meeting were adopted.

INFORMATIONAL ITEMS

Revised System Scorecard

Matthew Siegler, Senior Vice President, Managed Care

Eric Wei, MD, Chief Quality Officer

Mr. Campbell, Chair of the Board and Strategic Committee informed the members that the Board did not have a scorecard until approximately two years ago (2016). Since then, the system worked on developing a System Scorecard. In late 2017, NYC Health + Hospitals Executive Sponsors developed a System Scorecard. Next the System Scorecard were presented to the members by Mr. Matthew Siegler, SVP of Managed Care and Eric Wei, MD, Chief Quality Officer.

Mr. Siegler, SVP of Managed Care informed the members of the top three priorities for the system: expand primary care, improve access to specialty care and fiscal solvency. These priorities will result in addressing health needs, improving the patient experience and the maximization of new revenue opportunities.

Mr. Siegler outlined the Seven Point Financial Plan and emphasized that the seven items will assist in ensuring the system's viability. The seven items are the reduction of administrative expenses, contracting effectively with managed care plans, accurately billing insurance, servicing paying patients, investing in revenue generating positions, providing well reimbursed specialized services, and converting uninsured patients that qualify for coverage to being insured.

Mr. Siegler informed the members that the executive budget and updated strategic plan was under development. The goal is to build on the system's mission and ensure that all teams are empowered to work towards key goals that will ensure long term financial sustainability.

Mr. Siegler and Eric Wei, MD, Chief Quality Officer, informed the members of the changes in the System Scorecard. Of the eighteen (18) metrics, ten metrics were new metrics and eight metrics were retained from the old Scorecard. Of the eight retained metrics, six were retained with no changes and two were retained with updated benchmarks. Mr. Siegler explained the updated System Scorecard reflects key goals and

initiatives across the system, but there is still work that is needed to align metrics across the system.

There being old or new business to discuss.

The meeting was adjourned by Chair Gordon Campbell.

Legislative Update

Strategic Planning Committee

July 19, 2018

Local Update

- In the FY19 Adopted Budget, H+H facilities received over \$14 million in capital funds from the City Council and Borough Presidents to purchase new equipment, upgrade existing ones, and renovate patient care areas.
- We also received \$435,000 in expense funding from the City Council to support immigrant health initiatives, including \$300,000 for the New York Legal Assistance Group (NYLAG), which provides legal assistance to our immigrant patients.
- H+H participated in City Council Hearings on (mental health, migrant kids on June 20 and July 14, respectively).

State Update

NYS Indigent Care Workgroup Purpose

- The indigent care workgroup was required by a side letter agreement between the Executive and the Legislature in the enacted State Fiscal Year (SFY) 2018-19 budget.
 - “The Department will establish a temporary workgroup on hospital indigent care methodology which will make recommendations regarding Disproportionate Share Hospital (DSH) and Indigent Care Pool (ICP) funding. This workgroup will convene no later than June 1, 2018 and create a report on its finding no later than December 1, 2018.”

Workgroup Membership

Co-chairs:

Bea Grause – HANYS

Dan Sheppard – DOH

Elisabeth Benjamin – Community Services Society

Hospitals/Health Plan	Consumers/Labor
Dr. Katz – NYC Health + Hospitals	Lara Kassel – Medicaid Matters
Gary Fitzgerald – Iroquois Healthcare Alliance	Claudia Calhoon – NY Immigration Coalition
Colleen Blye – Montefiore	Rebecca Telzak – Make the Road NY
Phyllis Lantos – NY Presbyterian	Anthony Andrews – NYC H+H/Queens CAB
Dennis Whalen – Northwell	Sudha Acharya – South Asian Council of Social Services
Hugh Thomas – Rochester Regional	Sharon Chesna – Mothers and Babies Perinatal Network of South Central NY
Michael Israel – Westchester Medical	Amanda Gallipeau – Empire Justice Center
Elisabeth Wynn – Greater NY Hospital Association	Leon Bell – NYSNA
Eric Linzer – Health Plan Association	Moira Dolan – DC 37
	Helen Schaub – 1199 SEIU

Federal Update

- ACA repeal and/or major cuts to hospital reimbursement unlikely in near term.
 - Federal cuts to navigator funding and ACA risk adjustment.
- Continuing resolution expires end of September.
- Monitoring hearings on 340B; potential opioid legislation.
- H+H contributing to city response to Trump Administration family separation policy.

Strategic Planning Committee Update and System Dashboard

Matt Siegler
SVP Managed Care and Patient Growth

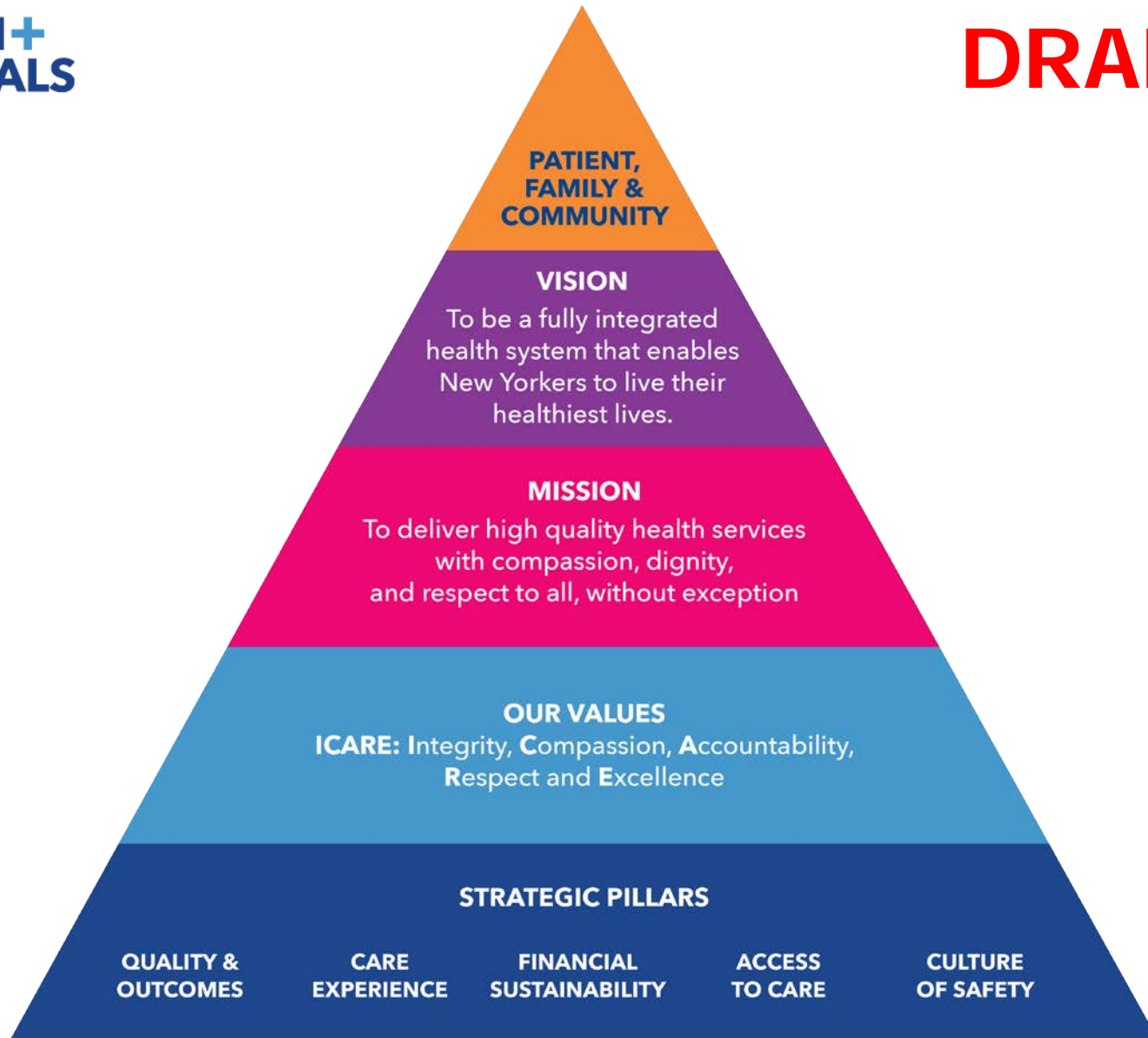
Dr. Eric Wei
Chief Quality Officer

Strategic Planning Committee
July 19, 2018



Strategic Initiatives Diagram

- **Problem:** lack of alignment of priorities, metrics, dashboards
- **Solution:** create an one-page strategic initiatives diagram for communication, alignment, and cascading of dashboards



Cascading of Dashboards

- System dashboard accompanies diagram – system level metrics
- Facilities identify 3-5 metrics within each pillar that will be facility dashboard
- Unit level dashboard
- Provider level dashboard



Next Steps

- Communication/rollout plan
- Supporting documentation
- Harmonization of high level dashboards and metrics



	EXECUTIVE SPONSOR	REPORTING FREQUENCY	TARGET	ACTUAL FOR PERIOD	VARIANCE TO TARGET	PRIOR PERIOD	PRIOR YEAR SAME PERIOD
Increase Primary Care							
FY 2018							
1	Unique primary care patients seen in last 12 months	VP PC	Annually	430,000	N/A	N/A	432,000 447,000
Access to Care							
Q4 2018							
2	Number of e-consults completed/quarter	CPHO	Quarterly	11,000	9,745	1,225	8,090 4,790
Financial Sustainability							
3	Patient Care Revenue/Expenses	CFO + SVP MC	Quarterly	↑	56%	N/A	55% 53%
4	# insurance applications submitted/month	CFO + SVP MC	Quarterly	20,100	17,582	-12.5%	17,473 15,105
5	% of M+ medical spend at H+H	SVP MC	Quarterly	42%	39%	-3%	37% 36%
6	Total AR days per month (excluding in-house)	CFO	Monthly	45	45.3	+0.3	45.5 47.6
Information Technology							
7	Epic implementation milestones	CIO	Quarterly	100%	100%	0	100% N/A
8	ERP milestones	CIO	Quarterly	100%	100%	0	100% N/A
Quality and Outcomes							
CY 2018							
9	Sepsis 3-hour bundle	CMO + CQO	Quarterly	63.5%	67.7%	+4.2%	61.88% -
10	Follow-up appointment kept within 30 days after behavioral health discharge	CMO + CQO	Quarterly	66%	64.4%	-1.6%	N/A N/A
11	HgbA1c control < 8	CPHO + VP PC	Quarterly	66.6%	63.9%	-2.7%	64.4% 64.4%
12	% Left Without Being Seen in EDs	CMO + CQO	Monthly	4%	7%	-3% ⁰⁰	- 6%
Care Experience							
CY 2018							
13	Inpatient care - overall rating (Top Box)	CNO + SVP AC	Quarterly	65.4%	61.9%	-3.5%	60.8% -
14	Ambulatory care (medical practice) – Recommend Provider Office (Top Box)	CNO + SVP AC + VP PC	Quarterly	83.6%	81.8%	-1.8%	82.1% -
15	Post-acute care - likelihood to recommend (mean)	CNO + SVP PAC	Semi-Annually	84.3%	84.1%	-0.2%	83.7% -
Culture of Safety							
CY 2018							
16	Acute Care – Overall Safety Grade	CNO + CQO + SVP AC	Annually	76%	62%	-14%	59% N/A
17	Post-Acute Care – Overall Safety Grade	CNO + CQO + SVP PAC	Annually	74%	72%	-2%	62% N/A
18	Ambulatory (D & TC) – Overall Safety Grade	CNO + CQO + VP PC	Annually	50%	39%	-11%	41% N/A



Updated System Dashboard Glossary

Increase Primary Care

1 Unique primary care patients seen in last 12 months New metric Measure of primary care growth and access; measures active patients only, period = FY 17

Access to Care

2 Number of e-consults completed/quarter New metric Top priority initiative and measure of specialty access

Financial Sustainability

3 Patient Care Revenue/Expenses New metric 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

4 # insurance applications submitted/month New metric Top priority initiative and measure of efforts to convert self-pay to insured

5 % of M+ medical spend at H+H New metric Global measure of M+ efforts to steer patient volume to H+H, removes pharmacy and non medical spend

6 Total AR days/month (excluding in-house) Retained metric Unity/Soarian. Total AR days, excluding in-house

Information Technology

7 Epic implementation milestones Updated metric Reflects updated deployment schedule: Enterprise validation and build + four acute care + one ambulatory facility live; testing and training at two other acute care and two ambulatory facilities on track.

8 ERP on track New metric Reflects key milestones in finance/supply chain go live, human capital management upgrade, and payroll project design

Quality and Outcomes

9 Sepsis 3-hour bundle Retained metric NYSDOH Quarterly Facility Sepsis Report-aggregated to reflect a system score

10 Follow-up appointment kept within 30 days after behavioral health discharge Retained metric Follow-up appointment kept with-in 30 days after behavioral health discharge as reported by the MCO (Emblem & MetroPlus) data for VBP QIP submission

11 HgbA1c control < 8 New metric Population health measure for diabetes control

12 % Left Without Being Seen in EDs New metric Measure of ED efficiency and safety

Care Experience

13 Inpatient care - overall rating (Top Box) Retained metric Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)

14 Ambulatory care (medical practice) - Recommend Provider Office (Top Box) Retained metric Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)

15 Post-acute care - likelihood to recommend (mean) Retained metric Press Ganey Survey. Likelihood to recommend (mean)

Culture of Safety

16 Acute Care – Overall Safety Grade New metric Measure of patient safety, quality of care, and staff psychological safety

17 Post-Acute Care – Overall Safety Grade New metric Measure of patient safety, quality of care, and staff psychological safety

18 Ambulatory (D & TC) – Overall Safety Grade New metric Measure of patient safety, quality of care, and staff psychological safety



ERP Implementation Milestones

- Completed Phase 1 – Waves 1-5 which included PeopleSoft's Finance (Accounts Payable/General Ledger), & Supply Chain modules across all NYC H+H locations.
- Cost Accounting is on track for go-live in September 2018.
- Phase 2 – PeopleSoft Payroll/Time & Labor/Absence Management/Electronic Time Capture:
 - Payroll Go-Live on track for January 2019
 - Time and Labor/Absence Management on track for May 2019
 - Electronic Time Capture on track for June 2019
- Clairvia Clinical Scheduling in progress and expected to go live in Spring 2019

CARE Experience

July 19, 2018



Inpatient

Rate the Hospital 0-10

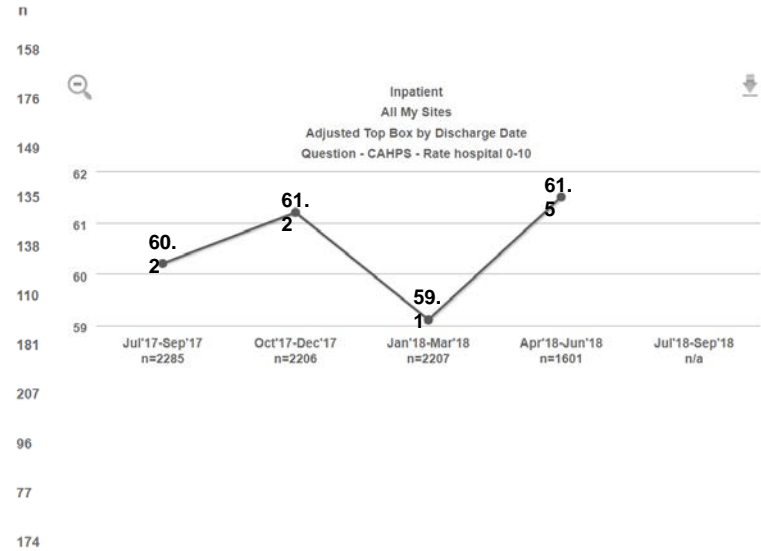
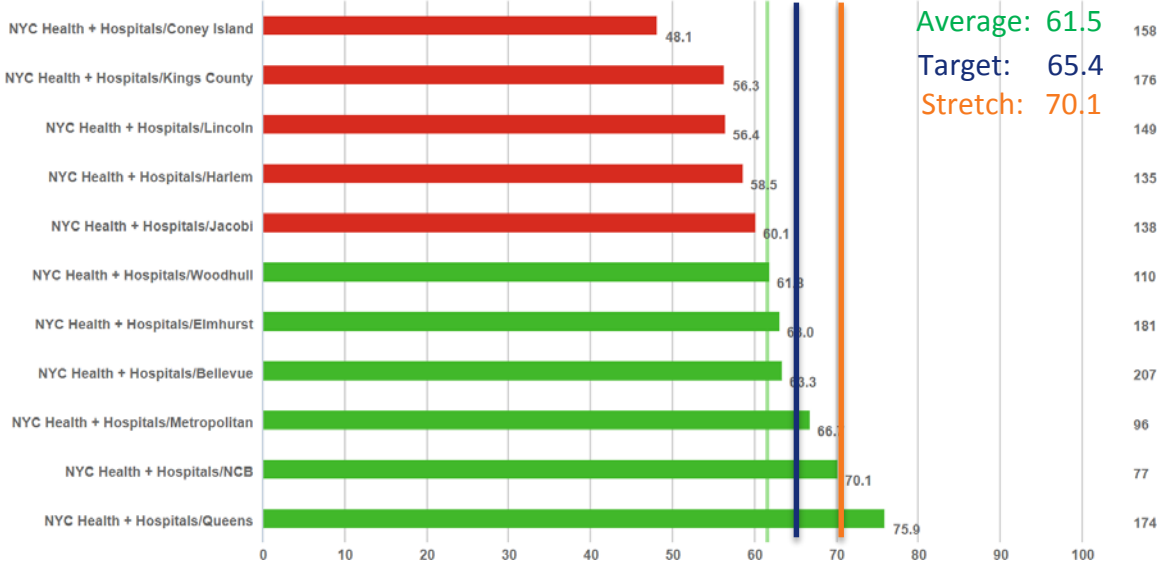
Discharge Date
Previous
Period
Top Box
Run on: 7.12.18

Inpatient
Adjusted Top Box By Discharge Date - Apr 2018-Jun 2018
Question - CAHPS - Rate hospital 0-10

Sort by: Score: Low to High

Service Average: 61.5

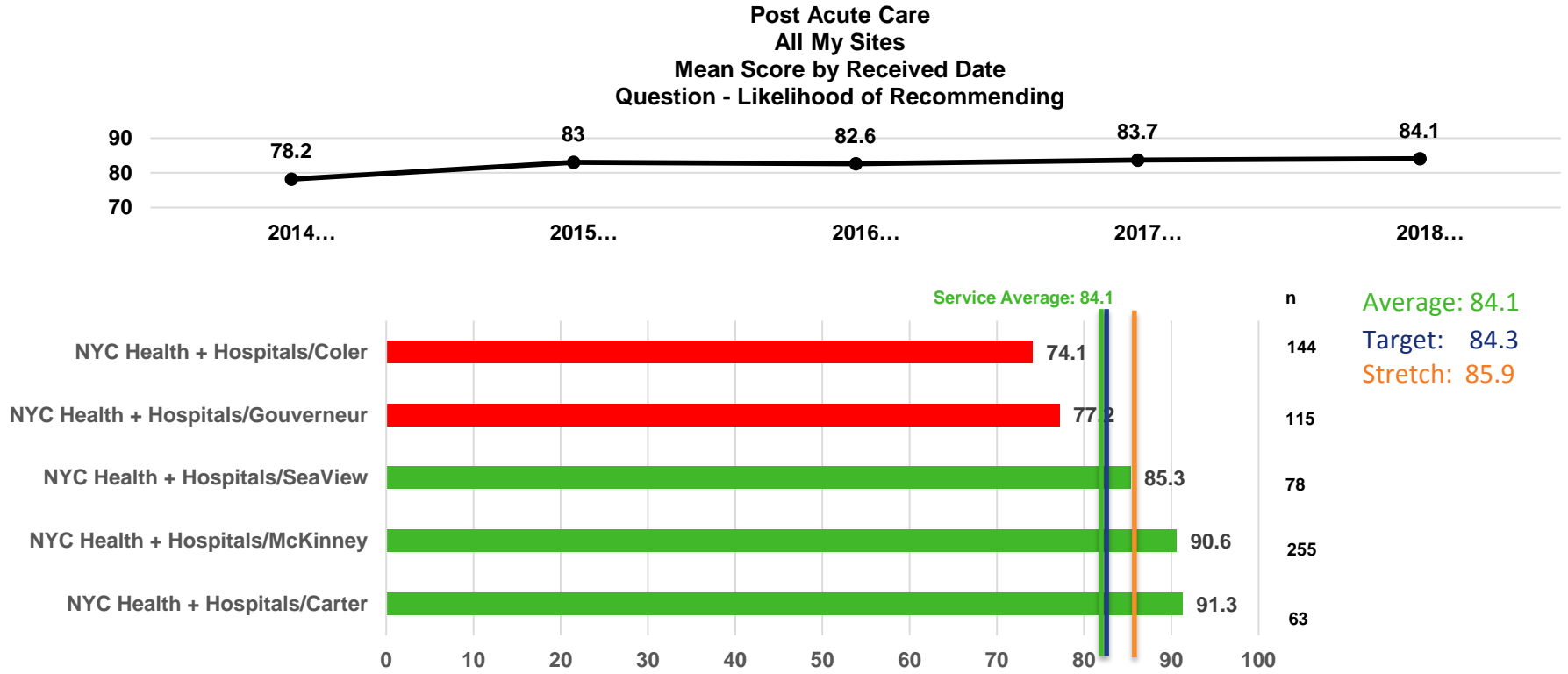
Average: 61.5
Target: 65.4
Stretch: 70.1



Post-Acute Care

Likelihood of Recommending

Received Date
Mean Score
Run on: 7.12.18



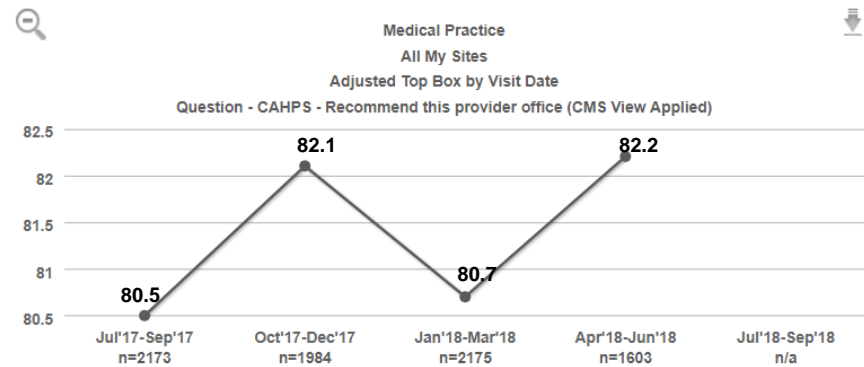
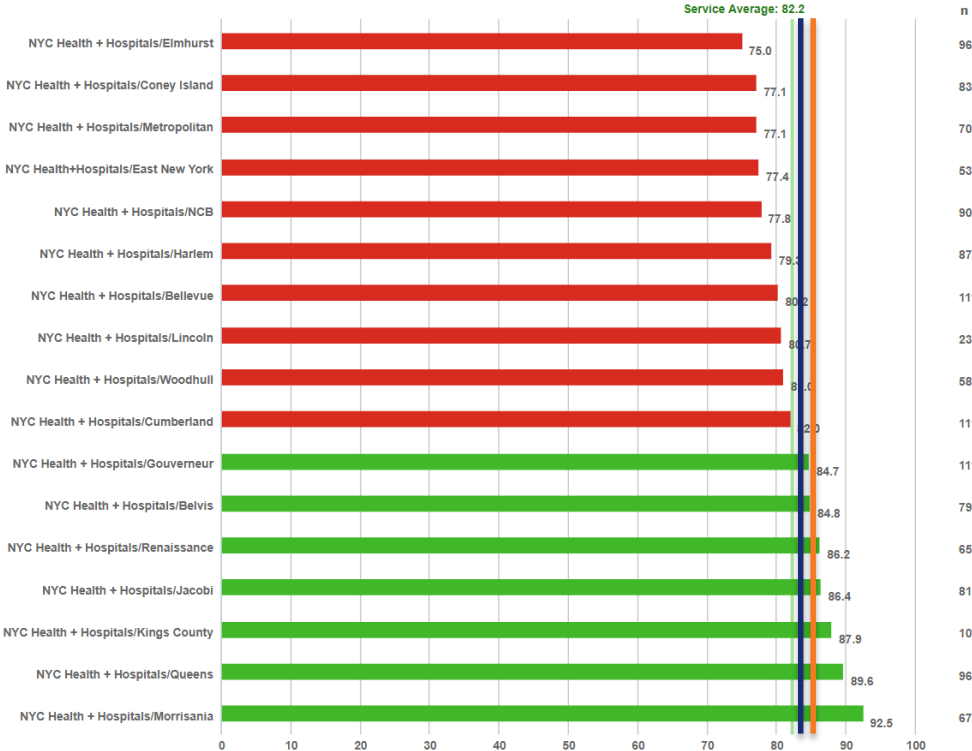
Medical Practice

Recommend this Provider Office

Visit Date
Previous
Period
Mean Score
Run on 7.12.18

Medical Practice
Adjusted Top Box By Visit Date - Apr 2018-Jun 2018
Question - CAHPS - Recommend this provider office (CMS View Applied)
Sort by: Score: Low to High

Average: 82.2
Target: 83.6
Stretch: 85.9



HAPPY^{OR}NOT[®]

Happy-or-Not Meters

Happy Index



i Happy Index is a summed-up score calculated as the weighted average of the four smileys.

$$\frac{(\text{😊} \times 100) + (\text{😊} \times 66.66) + (\text{😞} \times 33.33) + (\text{😞} \times 0)}{\text{😊} + \text{😊} + \text{😞} + \text{😞}}$$

RANKING

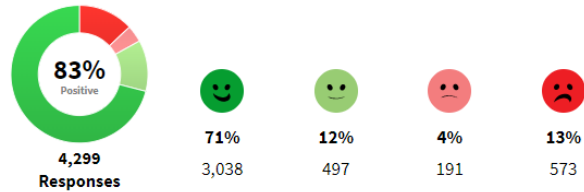
KEY FINDINGS



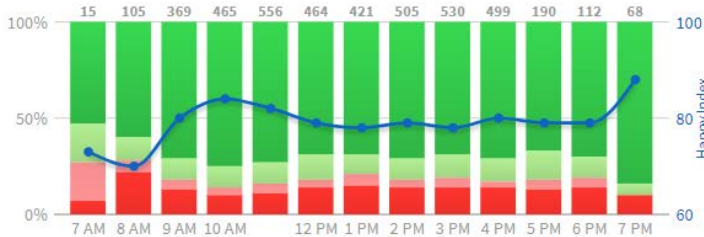
Primary Care
Your performance was stable last month

- Top location: [Jacobi - Purple Pod](#)
- Your best hour was 10:00 AM, and best day was Wednesday
- Your overall best day was Jun 20, 2018
- Bottom location: [Morrisania - Adult medicine 2nd floor](#)
- The worst hour was 8:00 AM, and worst day was Monday
- The overall worst day was Jun 18, 2018
- This score is in the bottom 30% of your industry

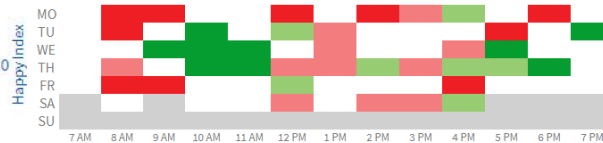
OVERALL DISTRIBUTION



HOURLY DISTRIBUTION



HOURLY PATTERN



1.	Jacobi - Purple Pod	93	—
2.	Jacobi - Green Pod	92	—
3.	Lincoln - Medical Pavilion	85	—
4.	Bellevue - Adult Primary Care - Firm C	86	—
5.	Jacobi - Yellow Pod	87	—
6.	Bellevue - Adult Primary Care - Firm A	87	—
7.	East NY - Adult medicine 3rd Floor	87	—
8.	Belvis - Adult medicine 2nd floor	84	—
9.	Bellevue - Adult Primary Care - Firm B	85	—
10.	Bellevue - Adult Primary Care - Firm D	84	—
11.	Renaissance - Adult medicine 2nd floor	82	—
12.	Jacobi - Blue Pod	86	—
13.	Cumberland - Adult medicine 3rd Floor	81	—
14.	Elmhurst - MPC	79	—
15.	NCB - Ambulatory Care Medicine	77	—
16.	Coney - Primary care	76	—
17.	Govv - Medicine department 2fl	76	—
18.	Met - 3rd Floor OPD	76	—
19.	Harlem - Primary Care - Ron H Brown Bldg	74	—
20.	KCHC Primary Care Adult E-Building 7th Floor	71	—
21.	Queens - Medical Practice	73	—
22.	Woodhull - Primary Clinic	59	—
23.	Woodhull - Primary Clinic 2	62	—
24.	Morrisania - Adult medicine 2nd floor	52	—

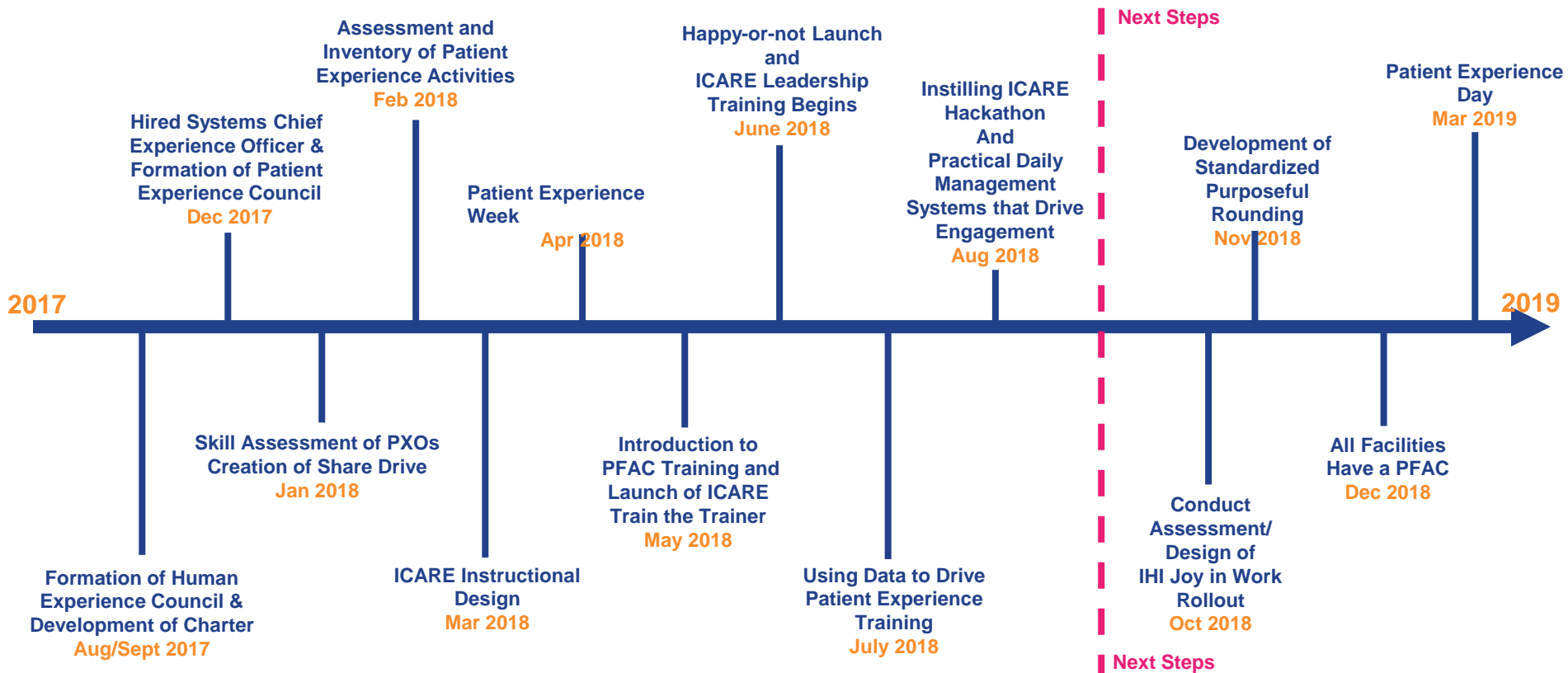


Patient Experience Initiatives

1. Human Experience Council
2. PXO Council
3. Skills Assessment of all PXOs
4. Creation of Share Drives
5. Education on Press Ganey Portal and how to interpret Data
6. Continuous Education to PXOs
7. Assessment and Inventory of all Patient Experience Activities Across at Each Facility
8. Patient Experience Week
9. Patient Experience Day (2019)
10. Happy-or-Not Meter Launch
11. ICARE



Time Line of Events



Press Ganey

Product	Action Taken
Value Based Purchasing Calculator	Facilities use this to monitor earnback across incentive payment categories: Clinical Care, Person & Community Engagement (P&CE), Safety, Efficiency and Cost Reduction.
Key Driver Report – Priority Index	Used to identify priority areas of improvement (domains, questions) to drive overall patient experience.
InfoEdge	Used to analyze data at a granular level. Report can be broken down in a variety of ways, such as: Age, Sex, Unit, Room, date of discharge, language, etc.
Comment Report	Used to analyze more specific patient concerns. Also, used to analyze employee accolades and recognition.
Webinars	Continuous updates on industry standards, regulations and best practices.
Advisory Days	Facilities engaged Press Ganey to assist with their strategic planning, data analysis Training on the Press Ganey Portal Provide Facility Targets and Scorecards Provide body of knowledge and continuous support
Point of Care	Used at several facilities as a purposeful rounding tool.
Improvement Portal	Used for the library of knowledge and recourses. Provide quick scorecards. Used to teach PXO scripts.



ICARE Strategic Values

INTEGRITY

COMPASSION

ACCOUNTABILITY

RESPECT

EXCELLENCE

Each initial helps define “what we stand for” and serves as a basis for our mission, strategy, and other key decisions.



ICARE Strategic Values

Using ICARE as a framework to unify our workforce around a common set of principles and service behaviors that align the way we think, act, and work. Every staff member is unique and possess different skills, backgrounds, and roles within our organization, ICARE's core values apply equally to each of us.

Every employee has an important role in driving the vision and mission of our organization – to deliver high quality health services with compassion, dignity, and respect to all, without exception.



Care Experience Next Steps

- Integration of ICARE values
- Continue to leverage Press Ganey data analysis & resources
- Joy in Work
- Standardize Purposeful Rounding
- System-wide Patient and Family Advisory Councils -
December 2018
- Patient Experience Day – March 2019

