



STRATEGIC PLANNING COMMITTEE OF THE BOARD OF

DIRECTORS July 12, 2021 - 11:00 A.M.

125 Worth Street, Room 532

AGENDA

- | | | |
|-------------|--|--|
| I. | Call to Order | Feniosky Peña-Mora |
| II. | Adoption of April 12, 2021
Strategic Planning Committee Meeting Minutes | Feniosky Peña-Mora |
| III. | Information Items | |
| | a. Update and System Dashboard | Matthew Siegler
Senior Vice President
Managed Care, Patient Growth,
CEO One City Health & CEO ACO |
| | | Dr. Eric Wei
Senior Vice President/
Chief Quality Officer |
| | | Deborah Brown
Senior Vice President
Legislative Analysis |
| IV. | Old Business | |
| V. | New Business | |
| VI. | Adjournment | Feniosky Peña-Mora |

MINUTES

STRATEGIC PLANNING COMMITTEE MEETING OF THE BOARD OF DIRECTORS

JULY 12, 2021

The meeting of the Strategic Planning Committee of the Board of Directors was held on April 12, 2021 with Mr. Feniosky Peña-Mora, presiding as Chairperson.

ATTENDEES

COMMITTEE MEMBERS

Feniosky Peña-Mora, Chairperson of the Strategic Planning Committee
Jose A. Pagán, Ph.D.
Mitchell Katz, M.D.
Sally Hernandez-Piñero
Freda Wang

OTHER ATTENDEES

HHC STAFF

M. Belizaire, Director, Government and Community Relations
D. Brown, Senior Vice President, External & Regulatory Affairs
N. Davis, Vice President, Population Health
C. Hercules, Corporate Secretary and Chief of Staff, Office of the Chair, Board Affairs
R. McLean, Office of Inventory Care and Population Health
J. Segall, Chief Wellness Officer, Office of Quality Utilization and Risk Management
M. Siegler, Senior Vice President, Managed Care, Patient Growth, CEO one City
Health & CEO ACO
E. Wei, Vice President, Chief Quality Officer

CALL TO ORDER

Mr. Feniosky Peña-Mora, called the April 12th meeting of the Strategic Planning Committee (SPC) to order at 12:13 P.M.

Mr. Peña-Mora proposed a motion to adopt the minutes of the Strategic Planning Committee meeting held on January 11th, 2021.

Upon motion made and duly seconded the minutes of the January 11th, 2021 Strategic Planning Committee meeting was unanimously approved.

INFORMATION ITEM

Strategic Planning Committee Update and System Dashboard

Matt Siegler
SVP Managed Care and Patient Growth
Dr. Eric Wei
SVP Chief Quality Officer
Deborah Brown
SVP External and Regulatory Affairs

The meeting was then turned over to Matthew Siegler, Senior Vice President, Managed Care and Executive Director of OneCity Health/ACO to present the second quarter of fiscal year 2021, October 1st through December 31st, 2020 Performance and Strategic Planning Update. Mr. Siegler reported that this period covers a timeframe, including part of the second surge in the pandemic. The decline in patient volumes following the spring surge period has significant impact on key strategic measures. Some updates in FY21 priority measures correspond with strategic and operational priorities, based on Committee input. The Q2F21 results show both improvements and areas for opportunity, given the next phase of the pandemic. Federal, state, and city external factors remain a major factor in full year FY21 performance and FY22 Strategy. Mr. Siegler stated that today's meeting goals are: to give an update on external policy environment and to review key metrics and performance.

Mr. Siegler turned the meeting over to Deborah Brown, Senior Vice President, External and Regulatory Affairs to present on the key external factors, Federal, State and City that are affecting our system's FY21 performance and going into FY22.

Federal Update

Ms. Brown reported that since our last meeting there was a passage of President Biden's American Rescue Plan. While this rescue plan did not include direct funding for hospitals, it did include state and local government funding. A cascade of federal money going to the State, going to the City is potentially coming to Health + Hospitals.

The next big consideration is the infrastructure package that President Biden and many others have been speaking about. Many of Health + Hospitals' colleagues around the country including individual hospitals as well as associations are really pushing for the inclusion of

hospital needs as a component of infrastructure. Importantly, this pandemic has shown us the need for ongoing, strong, resilient buildings and that is very much the focus of current federal advocacy.

Lastly, Ms. Brown stated that we are fortunate to have great representation from the House of Representatives, such as Majority Leader Schumer and Senator Gillibrand, who represent our hospitals. Especially important is Congresswoman Yvette Clark, who sits on the Energy and Commerce Committee. As health policy roles in the Biden Administration get filled, we will have a chance to delve into some of the policy regulatory issues that have a significant impact on our work strategically and financially.

State Update

Ms. Brown reported that the New York State Fiscal Year 2022 budget has officially passed the legislature. Health + Hospitals, as well as many hospital colleagues, were successful in deterring significant cuts, which would have had about a \$250 million impact in our system. Ms. Brown acknowledged Michelle DiBacco, Assistant Vice President, the system's lobbyist residing in Albany, New York, as well as other members of her team for organizing the system's strategic advocacy starting back to last summer.

Albany session is now post-budget and until the end of the session, a series of programmatic bills and policy bills are being introduced. Many allies in chamber, at the Department of Health and in the legislature are working with the system in creative ways.

City

Ms. Brown reported that the initial preliminary budget hearing with Dr. Katz, President and CEO, John Ulberg, Senior Vice President, Finance and a number of other staff members went well. As we are awaiting mayoral changes, it is important to track the health platforms of many of the mayoral candidates who are largely sympathetic, supportive of the system, understand the need for a public hospital system, and the issues of equity that we work through every day. Ms. Brown acknowledged both the community advisory boards (CABs) and the Auxiliaries for their advocacy at the State level budget. Ms. Brown stated that there is more and more interest in Health + Hospitals expanding services to new communities. As our community work gets bigger, stronger and tougher, Health + Hospitals looks forward to serving all of these community needs.



System Dashboard – April 2021

REPORTING PERIOD – Q2 FY21 (October 1 through December 31 | 2020)

	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)	CGO+SVP PAC	Quarterly	-	1.55	1.32	-
2	Follow-up appointment kept within 30 days after behavioral health discharge	SVP CMO + SVP CGO	Quarterly	66.00%	37.97%	-28.03%	58.20%
3	HgA1c control < 8	SVP AMB + VP CPHQ	Quarterly	66.60%	61.00%	-5.60%	62.00%
4	% Left without being seen in the ED	SVP CMO + SVP CGO	Quarterly	4.00%	1.80%	2.19%	6.56%
CARE EXPERIENCE							
5	Inpatient care - overall rating (top box)	SVP CGO + SVP CNE	Quarterly	65.40%	66.65%	1.25%	65.31%
6	Ambulatory care (medical practice) recommended provider office (top box)	SVP CGO + SVP AMB	Quarterly	83.60%	82.88%	-0.72%	84.34%
7	MyChart Activations	SVP CGO + SVP AMB	Quarterly	30.00%	55.00%	-25.00%	36.00%
FINANCIAL SUSTAINABILITY							
8	Patient care revenue/expenses	SVP CFO + SVP MC	Quarterly	60.00%	72.60%	-12.60%	65.30%
9	% of Uninsured patients Enrolled in Health Insurance Coverage or Financial Assistance	SVP CFO + SVP MC	Quarterly	76.00%	58.00%	-18.00%	61.40%
10	% of MH medical spend of H+H	SVP MC	Quarterly	45.00%	39.10%	-5.90%	42.34%
11	Total All days per month (Outpatient, Inpatient)	SVP CFO	Quarterly	45.00	62.60	-17.60	59.30%
12	Post Acute Care Total All days (12 months)	CFO	Quarterly	53.00	51.00	-4.00	50.00
13	ED readmissions	SVP CMO	Quarterly	100%	85.00%	-15.00%	80.00%
ACCESS TO CARE							
14	Unique primary care patients seen in last 12 months (see note below)	SVP AMB	Annually	418,000	406,794	-9,206	412,309
15	Number of e-consults completed /quarter	SVP AMB	Quarterly	46,000	71,793	25,793	65,933
16	NYC Care	SVP AMB	Quarterly	30,000	46,460	16,460	35,483
CULTURE OF SAFETY							
17	New Mesorial Total Wellness Encounters #	SVP CGO + SVP CNE	Quarterly	-	737	-	-
COVID-19							
18	COVID-19 Tests Administered	SVP AMB	Quarterly	undefined	1,010,840	-	412,372
19	COVID-19 Positive Tests	SVP AMB	Quarterly	undefined	54,049	-	5,010
20	Post Acute Care COVID-19 Infections	SVP PAC	Quarterly	undefined	26.50	-	12.50
21	Number of 1 st dose vaccinations	SVP AMB	Quarterly	undefined	199,882	-	-
22	Number of 2 nd dose vaccinations	SVP AMB	Quarterly	undefined	100,363	-	-
23	% Bed Occupied (not including ED)	SVP AMB	Quarterly	undefined	54.00%	-	-

Unique Primary Care patients seen in last 12 months: The 406,793 is based on a former definition used for this metric, which used the primary care grouper, plus a list of various departments throughout NYC Health + Hospitals that were added. As of FY21 Q2, the definition has changed to only include the primary care grouper. This results in lesser number of Unique Primary Care Patients from this point forward. **The revised FY21 Q2 number using the new definition is 377,010** (which includes 332,301 televisits and 44,509 in-person visits).

Mr. Siegler reported on FY21 Q2 (October 1 to December 31, 2020) Performance: Positive Trends:

Quality and Outcomes

4. %Left without being seen: **1.8%** from 3.3% (target: 4.0%)
 - Increased staffing levels, improvements in patient tracking and flow, and facility management in EDs have improved performance in this measure. Overall ED utilization decreased during this time period, similar to last quarter, in part due to the pandemic. There have been concomitant decreases in the % of patients who left the emergency departments without being seen.

Care Experience

5. Inpatient care: overall rating: **66.65%** from 65.31% (target: 65.4%)
7. MyChart Activations: **55%** from 36% (target: 30%)
 - An essential goal has been to increase activations through this portal, allowing patients access to pertinent medical information while improving ultimately patients' experience with their care teams and access to health information in a simple, secure manner.

Financial Sustainability

8. Patient care revenue/expenses: **72.6%%** from 65.3% (target: 60%)
 - Ratio improved, mostly due to a one-time receipt of CARES funds from the federal government and an increase in patient service revenue. This is mostly due driven by increase in cash collections and an increase in the case mix index that is COVID-19 related.

13. ERP Milestones: **85%** from 80% (target: 100%)

Access to Care

15. # of e-consults: **71,793** from 65,933 (target: 46,000)
- Continues to be a top priority initiative and measure of specialty access. Visits have recovered from the pandemic, starting in July, and continued through this reporting period. The overall system-wide focus is on improving referral review, scheduling, and follow-up time.
16. NYC Care enrollment: **46,460** from 35,483 (target: 30,000)
- Enrollment continues to grow, due to conscientious efforts to improve primary care capacity and continuity, providing low – or no-cost access to New Yorkers who do not qualify or cannot afford health insurance.

Mr. Siegler reported on FY21 Q2 (October 1 to December 31, 2020) Performance: Negative Trends:

Quality and Outcomes

2. Follow-up appointment kept within 30 days after behavioral health discharge: **37.97%** from 46.5% (target: 66%)
- The data capture method for this metric changed; starting in April 2020, this metric began to be captured via Epic, rather than through a homegrown database. The denominator now includes a larger number of patients because of this. Additionally, staff are currently being trained on the workflow for documenting these follow-up appointments in Epic, and this training was delayed due to the pandemic, resulting in documentation of less follow-up appointments than are actually made. Finally, telephonic encounters are not captured in this metric, contributing to rate decreases.
3. HgbA1c control <8: **61%** from 62.0% (target 66.6%)
- Since the pandemic, there are more telehealth visits and fewer in-person clinic visits, with fewer in-person visits to check A1c labs, contributing to continued decreases in control rate. This remains a top priority, with nurse chronic disease coordinators working closely with patients to develop diabetes self-management skills, and leveraging technology solutions and peer mentors to support patients in managing diabetes between clinic visits. These continue to be critical strategies during the pandemic.
1. Post-Acute Care (PAC): All Cause Hospitalization rate: **1.55 per 1,000 care days** from 1.32 per 1,000 care days (**new measure as of FY21 Q1**)
- Hospitalizations from post-acute facilities at NYC Health + Hospitals were higher during this reporting period, at 1.55, compared to 1.32 per 1,000 care days in the prior period. Post-acute facilities consistently review all reasons for why residents are hospitalized, drill down on the root causes, and implement strategies to continue to enhance clinical capabilities in the post-acute facilities.

Care Experience

6. Ambulatory care – recommend provider office **82.88%** from 84.34% (target: 83.6%)

Financial Sustainability

9. % of Uninsured patients enrolled in health insurance coverage or financial assistance (**new measure as of FY21 Q1**); **58%** vs. 61.4% (target: 76%)

- Performance is below the target and also below the previous quarter due to ongoing ramp up of efforts to screen uninsured patients receiving outpatient services. Screening rates for patients seen in the ED or inpatient settings are approaching or exceeding the target.
10. % MetroPlus medical spend at NYC Health + Hospitals: **39.1%** vs. 42.34% (target: 45%)
- % has continued to increase due to costs decreasing because of the COVID-19 pandemic, though Health + Hospitals continues to obtain payment from MetroPlus from risk arrangements.
11. Total AR days per month: **62.6** from 59.2 (target: 45)
- Includes both inpatient and outpatient for the acute care facilities (lower is better for this measure). The target for this current fiscal year (21) is 45 days, representing a move toward best practice. The days are moving in the right direction as compared to last year at this time, though still inflated with significant self-pay balances related to the pandemic.

Access to Care

14. Unique Primary Care Patients seen in last 12 months: **408,793** from 412,309 (target: 418,000)
- The 408,793 total includes the following: 283,777 in-person office visits and 125,016 Telehealth visits (last quarter: 381,177 in-person office visits and 31,132 Telehealth visits).

Mr. Siegler reported on FY21 Q2 (October 1 to December 31, 2020) Performance: Steady Trends:

Financial Sustainability

12. Post-Acute Care Total AR Days (12 months): remaining relatively steady, **51** vs. 50 days (target: 55)

Culture of Safety

17. Total Wellness Encounters (**new measure as of FY21 Q2**): 737
- This number includes the following, in aggregate: Number of 1:1 Debriefs: 227; Number of Group Debriefs: 466; Number of Combined Support Debriefs (mix of 1:1 and group debriefs): 26; and Number of Wellness Events: 18.

Mr. Siegler reported on FY21 Q2 (October 1 to December 31, 2020) Performance: COVID-19 Metrics

COVID-19

18. Total # of COVID-19 Test Administered: **1,010,840**
- Includes PCR tests administered.
19. Total # of COVID-19 Positive Tests: **54,049**
- Includes PCR tests administered.
20. Post-Acute Care COVID-19 Infection Rate
- Rate is expressed per 1,000 residents within the post-acute facilities at NYC Health + Hospitals. The rate increased due to a surge in November 2020. However, the post-acute rate remains lower than the NYS COVID-19 average infection rate from the

same time period of which was 142 per 1000 residents and the National Average remained at 219.3 per 1000 residents.

21. COVID-19 Vaccine: #1 1st Dose: **199,882**
22. COVID-19 Vaccine: # 2nd Dose: **100,363**
Occupied Average Beds: **2,552**
Active Beds: **4,690**
23. % of Occupied Beds: **54%**

RECOMMENDATIONS

Before making any changes to the “Follow-up appointment kept within 30 days after behavioral health discharge” target of 66%, which is very difficult to reach, Mr. Peña-Mora made the recommendation to show the benchmarking against similar hospital systems to see how they are meeting their target. He also recommended to establish a target for the two new measures, “Post-acute Care All Cause Hospitalization Rate” and “Total Wellness Encounters” and to include them before this month’s full Board meeting.

Mr. Siegler turned the meeting over to Dr. Nichola Davis, Vice President, Population Health, and invited her to walk the Committee through some of the Equity and Access Council’s work and how we are considering adding new metrics to look at our Social and Racial Equity base of our strategic pyramid. Dr. Davis stated that the goal of the Equity and Access Council is to provide strategic direction for the development of programs and initiatives aimed at eliminating barriers, institutional and structural inequities, and improve the health and well-being of vulnerable and marginalized communities. The Equity and Access Council work is organized into four workgroups:

1. The evaluation and monitoring workgroup uses data to measure the program efficacy.
2. The workforce workgroup uses initiatives to enhance talent diversity.
3. The workplace workgroup looks at strategies to promote inclusive practice
4. The Equity of Care workgroup looks at strategies to eliminate racial and social inequities.

To drive the Equity and Access Council work forward, considerations for Equity and Access Metrics include:

1. Build a robust data infrastructure to create disease-specific queries that incorporate race, ethnicity, and other social identity categories to identify disparities.
2. Establish Inclusion Groups to connect, collaborate and support career growth for physicians from underrepresented groups.
3. Evaluate and, where appropriate, replace race-based algorithms in medical care.
4. Improve the accuracy and reliability of the collection of race, ethnicity, language, sexual orientation, gender identity, and disability demographic values in support of the System’s ongoing efforts to improve health care delivery and health care outcomes.

Mr. Siegler invited Jeremy Segall to give an overview of MyChart – Patient Portal and also present on the successes of MyChart as well as future projects. Mr. Segall introduced himself as the System’s Chief Wellness Officer. He stated that My Chart is a patient engagement and tool to make easy, seamless experience for our patient populations that Health + Hospitals serve to connect to our system. It aligns to all five of our Strategic Pillars and is a pipeline to patient growth, but more importantly enhanced population health outcomes. He invited Rebecca McLean, to provide some overview of the patient portal’s metrics, accomplishments,

ongoing projects and to conclude by showing how the System's mission, vision and values are aligned with the enhancement of MyChart.

Ms. McLean introduced herself as part of the Office of Inventory Care and Population Health on MyChart. She describes MyChart as New York City Health + Hospitals' patient portal which gives patients access to their health information 24/7. Using MyChart, patients can either test results, request and view appointments, track their medications, send messages to their doctors' office, pay their bills and more. To track MyChart engagement and activation success throughout 2020, the MyChart steering committee established three core metrics:

1. The percentage of patients that are active in MyChart,
2. The number of MyChart users; and
3. The number of times users of MyChart log into their accounts.

She referred to the MyChart - Our Patient Portal slide for the overall data for 2020, as well as where we stood as of late March at the end of Q1 for 2021. The MyChart Executive Steering Committee has also added additional metrics to track in 2021. Reporting and components are currently being built to track these metrics and embed them into our reporting processes to inform our systemwide initiatives as well as our site-specific projects. Ms. McLean shared with the Committee a snapshot of MyChart projects completed in 2020 around staff and provider education as well as patient engagement. A few of the most impactful 2020 projects include: working with the Office of Diversity and Inclusion colleagues to ensure of patient-facing MyChart guides for the patient are translated into the top 13 languages; operationalizing MyChart video visits across the system during the ongoing pandemic; and establishing a dedicated MyChart helpline for patients to use if they have questions about MyChart or if they need a little bit of technical support. A few of the upcoming and in-progress projects include:

- Launching our facility-based MyChart Steering Committees to assist in improvement efforts
- Working to identify and implement performance and project
- Continuing to leverage MyChart to directly link patients to Virtual Express Care, should they need, within the app
- Using MyChart surveys to address VBP care gaps, Gotham Adolescent Engagement Campaign
- Updating sites in in-patient spaces with new MyChart engagement posters

Two separate workgroups were created to continue to improve upon MyChart activations, as well as user ability for both patients but also the workforce:

1. A Patient Engagement Workgroup made up of a variety of different departments and disciplines at every touchpoint that a patient touches and might be able to engage in MyChart.
2. A Workforce Engagement Workgroup composed of different providers of care, various levels of the organization, to really help us understand how we can optimize user ability on their end as well.

In addition, the plan is to revamp and restructure the enterprise-wide MyChart Executive Steering Committee made up of high officials across the System, as well as various department heads and disciplines, so as to have a unified and uniform approach and strategy for the System. The core MyChart Planning Committee is to ensure that all communication is not only

robust, but that we are all on the same page for our goals, missions and initiatives. Upcoming projects in the coming weeks include: site-specific committees that are made up at the site level, to ensure that the Care Experience Officers, as well as other stakeholders and champions of MyChart, can work together. MyChart is extraordinary for providing incredible data that can drill down to a service, a department, and then to a provider. MyChart provides a lot of opportunities to do some PDSA cycles and improvement efforts to engage patients better and to make sure that it is an efficient and effective tool for all. Finally, efforts are being made to create our own MyChart score card that the Executive Committee will see on a consistent basis and to remove the special pathogens-only visits, which could be the COVID testing patients and drill down even further in the primary care active patients to identify where we have further opportunities.

Mr. Siegler concluded the presentation by informing the Committee that the targets will be added to the new measures as requested by the Chair and that an update of some of the targets will be presented at the next Committee meeting in July.

Mr. Peña-Mora thanked Matt, and the other presenters.

There being no old business, nor new business, the meeting was adjourned at 12:59 PM.

Strategic Planning Dashboard and Committee Update

Matthew Siegler

SVP MANAGED CARE AND PATIENT GROWTH

Dr. Eric Wei

SVP CHIEF QUALITY OFFICER

Deborah Brown

SVP EXTERNAL AND REGULATORY AFFAIRS

July 12, 2021

External landscape

FEDERAL

- **Regulatory:**
 - **Biden admin priorities:**
 - Bolster Obamacare, eliminate admin burden on abortion services, protect gay and transgender patients
 - Looking forward: equity, residency slots
 - **Agency leaders in place**
 - Instrumental for Special Pops, State waiver application
- **Legislative:**
 - **Earmarks:**
 - Partnered with all facilities on submissions; 4 have “live” projects (Jacobi, Elmhurst, Queens, CIH)
 - Great support from delegation: recent events with Leader Schumer; Sen Gillibrand; Reps Meng, Bowman, AOC
 - These earmarks will be considered with Labor/HHS Appropriations bills that will be under negotiation next month
 - **Infrastructure:**
 - Ongoing partisan divide
 - Hospitals excluded

External landscape, con't

STATE

- Albany session concluded
 - 116% increase in bills, 892 passed both houses, ~730 not yet acted upon by Governor
 - Major items: staffing bills (chaptered), SNF transparency provisions (not delivered), provision of sickle cell patient information (not delivered), creation of suicide prevention hotline (not delivered)
 - Unpassed bills: Indigent Care Pool restructuring, telehealth parity. Priorities for next session.
- Budget impact minimal: averted \$250M in cuts
- State waiver activity

CITY

- Citywide primary elections
 - BP Adams prevails
 - New era: Mayor, Comptroller, BPs, Council
- City budget adopted

FY21 Q3 (January 1 to March 31, 2021) Performance: Positive Trends*

QUALITY AND OUTCOMES

- Follow-up appointment kept within 30 days after behavioral health discharge: **55.7%** from 37.97% ¹ (target: 66%)

CARE EXPERIENCE

- Care Experience, Ambulatory care – recommend provider office: **86.97%** from 82.88% (target: 87%)
- MyChart Activations: **66%** from 55% ² (target: 75%)

*Change reflected from the Prior Period, which was **Q2 FY21 (October 1 to December 31, 2020)**. Notes include the following:

¹ *Follow-up appointment kept within 30 days after behavioral Health discharge:* The data capture method for this metric has improved since last quarter's reporting. Staff continue to be trained on the workflow for appropriate, full documentation of these follow-up appointments in Epic. Encounters are only considered fully complete when there is full documentation in the electronic health record.

² *MyChart Activations:* This measure remains as an essential goal, and activations have consistently increased through this portal, allowing patients access to pertinent medical information while ultimately improving patients' experience with their care teams and access to health information in a simple, secure manner. The target has been increased to 75% (originally was 30%, but we've far surpassed that target).

FY21 Q3 (January 1 to March 31, 2021) Performance: Positive Trends (continued)*

FINANCIAL SUSTAINABILITY

- Patient care revenue/expenses: **74%** from 72.6% ¹ (target: 60%)
- % of Uninsured patients enrolled in health insurance coverage or financial assistance: from **72%** from 58% ² (target: 76%)
- Total AR days per month: **60** from 62.6 days ³ (target: 45)
- Post Acute Care Total AR days (12 months): **48.2** from 51 days ⁴ (target: 55)

*Change reflected from the Prior Period, which was **Q2 FY21 (October 1 to December 31, 2020)**. Notes include the following:

¹ *Patient care revenue/expenses*: Patient Care Revenue/Expense ratio continued to improved during this reporting period, mostly attributed to an increase in patient service revenue related to the COVID-19 pandemic, as well as because of revenue generating initiatives being implemented.

² *% of Uninsured patients enrolled in health insurance coverage or financial assistance*: Performance is still below the target, though has improved since the previous quarter and is approaching the target. We anticipate continued improvement due to ongoing ramp-up of efforts to screen uninsured patients receiving outpatient services. Screening rates for patients seen in the ED or inpatient areas are approaching or exceeding the target.

³ *Total AR days per month*: Includes both inpatient and outpatient for the acute care facilities (*lower is better for this measure*). The target for the current fiscal year ('21) is 45 days, representing a move toward best practice. The days are significantly below last year at the same time period, though remains inflated with significant self-pay balances related to the COVID-19 pandemic.

⁴ *Post Acute Care Total AR days*: (*lower is better for this measure*). This measure has improved since last quarter, and is better than the target of 55 days.

FY21 Q3 (January 1 to March 31, 2021) Performance: Positive Trends (continued)*

ACCESS TO CARE

- # of e-consults: **82,226** from 71,793 ¹ (target: 46,000)
- NYC Care enrollment: **65,788** from 46,460 ² (target: 50,000)

CULTURE OF SAFETY

- Total Wellness Encounters: **916** from 737 ³

*Change reflected from the Prior Period, which was **Q2 FY21 (October 1 to December 31, 2020)**. Notes include the following:

¹ # of e-consults: This continues to be a top priority initiative and measure of specialty access. Visits have consistently recovered from the start of the COVID-19 pandemic. The overall system-wide focus is on improving referral review, scheduling, and follow-up time. The target of 46,000 will be updated, based on the growth in this area.

² NYC Care: Enrollment is steadily growing, with focus on efforts to improve primary care capacity and continuity. NYC Care continues to provide low- or no-cost access to New Yorkers who don't qualify or can't afford health insurance. This remains a top priority and has surpassed the target.

³ Total Wellness Encounters: This number includes the following, in aggregate: Number of 1:1 Debriefs: 264; Number of Group Debriefs: 498; Number of Combined Support Debriefs (mix of 1:1 and group debriefs): 50; and Number of Wellness Events: 104. Wellness encounters are of the highest priority, as clinicians and staff need these critically important resources to heal from the tremendous burden and impact from the COVID-19 pandemic.

FY21 Q3 (January 1 to March 31, 2021) Performance: Negative Trends*

QUALITY AND OUTCOMES

- % Left without being seen: **3.0%** from **1.8%** ¹ (remains better than the target of 4.0%)
- Post Acute Care (PAC): All Cause Hospitalization rate: **1.85 per 1,000 care days** from 1.55 per 1,000 care days ²

CARE EXPERIENCE

- Care Experience: Inpatient care – overall rating: **64.96%** from 66.65% ³ (target: 66.3%)

ACCESS TO CARE

- Unique Primary Care Patients: **370,878** from 376,558 ⁴ (target: TBD)

*Change reflected from the Prior Period, which was **Q2 FY21 (October 1 to December 31, 2020)**. Notes include the following:

¹ % Left without being seen: During this reporting quarter, overall ED utilization increased, although not quite at pre-pandemic levels. Because of this increase, there have been concomitant increases in the % of patients who left the emergency departments without being seen.

² PAC: All Cause Hospitalization rate: Hospitalizations from post acute facilities at NYC Health + Hospitals increased during this reporting period, at 1.85, compared to 1.55 per 1000 care days in the prior period. Strategies to improve this measure include opening a telemetry unit at one of the post acute facilities, supporting providers to treat in place, adding new diagnostic tools, and improving communication and coordination of care with acute care hospitals.

³ Care Experience: Inpatient Care: Although the overall rating has decreased from the prior period, the actual for this period has improved as compared to the prior year same period (Jan 1-Mar 31, 2020) of 63.00%.

⁴ Unique Primary Care patients: The definition for this measure has been modified to account for the most accurate departments, visit, and encounter types that should be part of the count. It includes visits occurring at primary care clinics, as follows: family medicine, adult medicine, geriatrics, HIV, pediatrics. In the past, certain departments, visit, and encounter types were counted, including COVID-19 testing data, which had inflated the calculation for this metric; these encounters are no longer included.

FY21 Q3 (January 1 to March 31, 2021) Performance: Steady Trends and New Highlights*

QUALITY AND OUTCOMES

- Hgb A1c control <8: remaining relatively stable, **60.7%** from 61%¹ (target: 66.6%)
- Integration of Bio Medical Devices (**new measure as of FY21 Q3**): **103%**² (target: 100%)

FINANCIAL SUSTAINABILITY

- % MetroPlus medical spend at NYC Health + Hospitals: **38.8%** from 39.1%³ (target: 45%)
- Data Center Migration progress (**new measure as of FY21 Q3**): **90%**⁴ (target: 100%)

*Change reflected from the Prior Period, which was **Q2 FY21 (October 1 to December 31, 2020)**. Notes include the following:

¹ *Hgb A1c Control*: Since the pandemic, there continues to be fewer in-person clinic visits, with fewer checks of A1c labs. However, during this reporting period, this measure has remained the same as in the prior period. Chronic disease management continues to be of the highest priority, with nurse chronic disease coordinators working closely with patients to develop diabetes self management skills, and leveraging technology and peer mentors to support patients in managing diabetes in-between clinic visits. These continued to be critical strategies during the second surge of the pandemic.

² *Integration of Bio Medical Devices*: This is a new IT measure; Current performance is at 103% (304/294) for CY21 Q1, and target is 100% (294/294) for CY21 Q1. (Note: Project goal is 2,560 Bio Medical devices integrated by December 2021. $294/2,560 = 12\%$ of overall project goal)

³ *% MetroPlus medical spend at NYC Health + Hospitals*: % has mostly remained the same since the prior quarter. It remains below the target, though NYC Health + Hospitals continues to obtain payment from MetroPlus's risk arrangements.

⁴ *Data Center Migration*: This is a new IT measure; Data Center is at 90% of meeting project deliverables for CY21 Q1. Completion of 100% of the CY21 Q1 project deliverables is the quarterly goal.

RACIAL & SOCIAL EQUITY MEASURES

- **% of New Physician Hires being underrepresented minority (URM) (new measure as of FY21 Q3): N/A**
- **% of Chronic Disease Dashboards with Race, Ethnicity, & Language Data) (new measure as of FY21 Q3): 0% (target: 100%)**
- **% of total procurement spend on MWBE) (new measure as of FY21 Q3): N/A (target: 30%)**

FY21 Q3 (January 1 to March 31, 2021) Performance: COVID-19 Metrics

Metric	FY21 Q3 (Jan 1-Mar 31, 2021)	FY21 Q2 (Oct 1-Dec 31, 2020)
<ul style="list-style-type: none"> Total # of COVID-19 Tests Administered ¹ 	1,194,500	1,010,840
<ul style="list-style-type: none"> Total # of COVID-19 Positive Tests ¹ 	102,538	54,049
<ul style="list-style-type: none"> Post Acute Care COVID-19 Infection Rate ² 	86.6	26.5
<ul style="list-style-type: none"> COVID-19 Vaccine: # 1st Dose 	366,448	199,882
<ul style="list-style-type: none"> COVID-19 Vaccine: # 2nd Dose 	303,568	100,363
<ul style="list-style-type: none"> % of Occupied Beds 	69%	54%

¹ Includes PCR tests administered.

² Rate is expressed per 1,000 residents within the post acute facilities at NYC Health + Hospitals. The rate increased due to a surge in this reporting quarter. However, the post acute rate continues to remain lower than the NYS COVID-19 average infection rate which was 142 per 1000 residents and the National Average remained at 219.3 per 1000 residents.

System Dashboard – July 2021

REPORTING PERIOD – Q3 FY21 (January 1 through March 31 | 2021)

		DESCRIPTION
QUALITY AND OUTCOMES		
1	Post Acute Care All Cause Hospitalization Rate (per 1,000 care days)	Total # residents transferred from a PAC facility to hospital with outcome of admitted, inpatient/admitted over total # of resident care days
2	Follow-up appointment kept within 30 days after behavioral health discharge	Follow-up appointment kept with-in 30 days after behavioral health discharge
3	HgbA1c control < 8	Population health measure for diabetes control
4	% Left without being seen in the ED	Measure of ED efficiency and safety
5	Integration of Bio Medical devices	Integration of strategic biomedical devices so that our nurses, doctors and ancillary staff are acting on the most up to date clinical information and are limiting non value added work. Our staff will be freed from data entry and able to spend more time on clinical care.
CARE EXPERIENCE		
6	Inpatient care - overall rating (top box)	Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)
7	Ambulatory care (medical practice) recommended provider office (top box)	Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)
8	MyChart Activations	Number of patients who have activated a MyChart account
FINANCIAL SUSTAINABILITY		
9	Patient care revenue/expenses	Measures patient care revenue growth and expense reduction adjusting for changes in city/state/federal policy or other issues outside H+H management's control
10	% of Uninsured patients Enrolled in Health Insurance Coverage or Financial Assistance	
11	% of M+ medical spend at H+H	Global measure of Metro Plus efforts to steer patient volume to H+H, removes pharmacy and non-medical spend
12	Total AR days per month (Outpatient ,inpatient)	Data source: Unity/Soarian. Total accounts receivable days, excluding days where patient remains admitted (lower is better)
13	Post Acute Care Total AR days(12 months)	Total accounts receivable days
14	Data Center Migration progress	
ACCESS TO CARE		
15	Unique primary care patients seen in last 12 months	Measure of primary care growth and access; measures active patients only
16	Number of e-consults completed/quarter	Top priority initiative and measure of specialty access
17	NYC Care	Total enrollees in NYC Care program
CULTURE OF SAFETY		
18	Total Wellness Encounters *	This is an aggregate measure that includes the following: Number of 1:1 debriefs, Number of group debriefs, Number of combined support debriefs, & Number of wellness events
COVID-19		
19	COVID-19 Tests Administered	Total number of COVID-19 tests (swab and rapid) administered
20	COVID-19 Positive Tests	Total number of tests yielding positive results (some positive results were recorded after June 30 th)
21	Post Acute Care COVID-19 Infection	COVID-19 Infection Rate per 1,000 resident days
22	1 st dose vaccinations Administered	Total number of 1 st dose vaccinations administered by NYC Health + Hospitals Facilities
23	2nd dose Vaccinations Administered	Total number of 2nd dose vaccinations administered by NYC Health + Hospitals Facilities
24	% Bed Occupied(Not Including ED)	Average number of occupied beds divided by all active beds

System Dashboard – July 2021

REPORTING PERIOD – Q3 FY21 (January 1 through March 31 | 2021)

		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)	CQO+SVP PAC	Quarterly	1	1.85	-0.85	1.55	-
2	Follow-up appointment kept within 30 days after behavioral health discharge	SVP CMO + SVP CQO	Quarterly	66%	55.70%	-10.30%	37.97%	56.82%
3	HgbA1c control < 8	SVP AMB + VP CPHO	Quarterly	66.60%	60.70%	-5.90%	61%	66.10%
4	% Left without being seen in the ED	SVP CMO + SVP CQO	Quarterly	4.00%	3%	2.19%	1.8%	7.84%
5	Integration of Bio Medical devices	SVP CIO	Quarterly	100.00%	103%	+3.00%	-	-
CARE EXPERIENCE								
6	Inpatient care - overall rating (top box)	SVP CQO + SVP CNE	Quarterly	66.30%	64.96	0.35%	66.65%	63.00%
7	Ambulatory care (medical practice) recommended provider office (top box)	SVP CQO + SVP AMB	Quarterly	87.00%	86.97	-4.12%	82.88%	84.50%
8	MyChart Activations	SVP CQO + SVP AMB	Quarterly	75%	66%	-20%	55%	17%
FINANCIAL SUSTAINABILITY								
9	Patient care revenue/expenses	SVP CFO + SVP MC	Quarterly	60%	74%	14.00%	72.60%	61.60%
10	% of Uninsured patients Enrolled in Health Insurance Coverage or Financial Assistance	SVP CFO + SVP MC	Quarterly	76%	72%	-4%	58%	-
11	% of M+ medical spend at H+H	SVP MC	Quarterly	45%	38.80%	-5.90%	39.10%	-
12	Total AR days per month (Outpatient ,Inpatient)	SVP CFO	Quarterly	45	60	-15	62.6	72
13	Post Acute Care Total AR days(12 months)	CFO	Quarterly	55	48.2	6.8	51	-
14	Data Center Migration progress	SVP CIO	Quarterly	100%	90%	-10%	-	-
ACCESS TO CARE								
15	Unique primary care patients seen in last 12 months	SVP AMB	Quarterly	TBD	370,878	-5,680	376,558	-
16	Number of e-consults completed/quarter	SVP AMB	Quarterly	46,000	82,226	36,226	71,793	51,890
17	NYC Care	SVP AMB	Quarterly	50,000	65,788	16,460	46,460	20,000
CULTURE OF SAFETY								
18	Total Wellness Encounters *	SVP CQO + SVP CNE	Quarterly	N/A	916	N/A	737	-
RACIAL AND SOCIAL INEQUITY								
19	(New Measure) % of New Physician Hires being underrepresented minority (URM)	SVP CMO + SVP HR	Quarterly		N/A		-	-
20	(New Measure) % Chronic Disease Dashboards with Race, Ethnicity, & Language Data	SVP AMB + VP CPHO	Quarterly	100%	0%	100%	-	-
21	(New Measure) % of Total Procurement spend on MWBE	SVP SUPPLY CHAIN + SVP OFD	Quarterly	30%	N/A		-	-
COVID-19								
22	COVID-19 Tests Administered	SVP AMB	Quarterly	undefined	1,194,500	N/A	1,010,840	-
23	COVID-19 Positive Tests	SVP AMB	Quarterly	undefined	102,538	N/A	54,049	-
24	Post Acute Care COVID-19 Infection	SVP PAC	Quarterly	undefined	86.6	N/A	26.5	-
25	Number of 1 st dose vaccinations	SVP AMB	Quarterly	undefined	366,448	N/A	199,882	-
26	Number of 2nd dose vaccinations	SVP AMB	Quarterly	undefined	303,568	N/A	100,363	-
27	% Bed Occupied(Not Including ED)	SVP AMB	Quarterly	undefined	69%	N/A	54.00%	N/A