

# HEALTH AND HOSPITALS CORPORATION

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## WHAT WE DO

The Health and Hospitals Corporation (HHC), the largest municipal hospital and health care system in the country, is an \$8 billion public benefit corporation. It provides medical, mental health and substance abuse services through its 11 acute care hospitals, four skilled nursing facilities, six large diagnostic and treatment centers and more than 60 community and school-based clinics. HHC also provides specialized services such as trauma, high risk neonatal and obstetric care and burn care. HHC acute care hospitals serve as major teaching hospitals. HHC operates a certified home health agency and a health maintenance organization, MetroPlus. One in every six New Yorkers receives health services at an HHC facility. HHC is the single largest provider of health care to uninsured New Yorkers.

## FOCUS ON EQUITY

HHC's mission "to extend equally to all New Yorkers, regardless of their ability to pay, comprehensive health services of the highest quality in an atmosphere of humane care, dignity and respect" underscores HHC's commitment to equity. An affirmation of HHC's mission is the continuous work to reduce healthcare disparities among New Yorkers who experience the greatest challenges accessing equitable, inclusive, patient-centered and welcoming healthcare. All HHC facilities will complete the Human Rights Campaign's Healthcare Equality Index (HEI) survey in 2015, required to earn the designation "leader in LGBT healthcare equality." All equality leaders must document adoption of foundational policies and practices, and provide training to staff, to ensure lesbian, gay, bisexual, and transgender (LGBT) patient-centered care. In August 2014 nine of 11 HHC hospitals and one of six Diagnostic and Treatment Centers achieved leadership status. In addition, HHC continues its collaboration with disability advocates to increase access to primary care for women with disabilities by renovating patient care areas, redesigning exam rooms, purchasing specialized equipment, and training of staff at eight HHC facilities.

## OUR SERVICES AND GOALS

### **SERVICE 1 Provide medical, mental health and substance abuse services to New York City residents regardless of their ability to pay.**

- Goal 1a Improve access to outpatient services.
- Goal 1b Expand enrollment in insurance programs.
- Goal 1c Achieve/surpass local and national performance standards for specific health interventions and efficient delivery of health services.
- Goal 1d Reduce unnecessary emergency room visits and re-hospitalizations.

# HOW WE PERFORMED IN FISCAL 2015

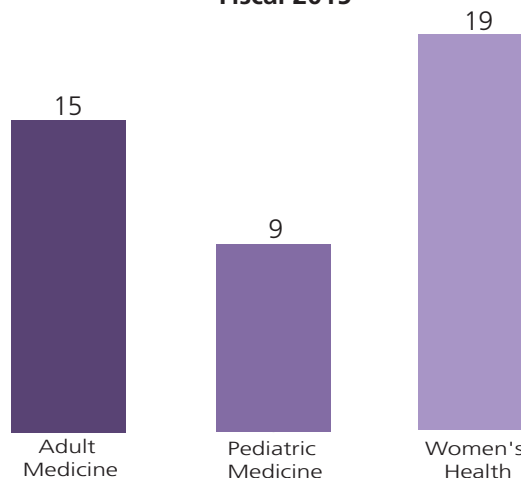
## SERVICE 1 Provide medical, mental health and substance abuse services to New York City residents regardless of their ability to pay.

### Goal 1a Improve access to outpatient services.

The percentage of prenatal patients retained in care through delivery increased from 85.5 percent in Fiscal Year 2014 to 87.1 percent in Fiscal Year 2015. There is a time lag in facility reporting of this indicator and the data included are from July 2013 to June 2014 for clinic data and July 2013 to March 2015 for deliveries. The increase in the percentage of patients retained in care was driven by the resumption of services at Bellevue and Coney Island Hospital, which had been closed or were offering limited services following Hurricane Sandy. Additionally, the inpatient obstetrics service at North Central Bronx Hospital re-opened in September 2014.

This report uses a measure of patient wait time as an indicator of access to outpatient services—a change that results in a marked drop in reported statistics. Previously, HHC reported “average time spent for a patient waiting for care” as time from registration to time of discharge. This report measures “in clinic wait time,” which is the sum of minutes from scheduled time of appointment to when the patient sees his/her doctor. The new metric excludes the time in the exam room with the doctor and any wait time caused by arrival before the actual appointment time.

**Average Wait Time Spent by Patient for a Primary Care Visit (minutes) Fiscal 2015**



Performance Indicators	Actual					Target		Desired Direction	5yr Trend
	FY11	FY12	FY13	FY14	FY15	FY15	FY16		
★ Prenatal patients retained in care through delivery (%)	86.4%	85.8%	83.0%	85.5%	87.1%	90.0%	90.0%	Up	Neutral
★ HIV patients retained in care (%) (annual)	87.4%	87.4%	84.3%	86.6%	86.1%	85.0%	85.0%	Up	Neutral
★ Average wait time for a primary care visit at hospitals and diagnostic and treatment centers (minutes) - Adult medicine	NA	NA	NA	NA	15.0	60.0	30.0	Down	NA
★ Average wait time for a primary care visit at hospitals and diagnostic and treatment centers (minutes) - Pediatric medicine	NA	NA	NA	NA	9.0	60.0	30.0	Down	NA
★ Average wait time for a primary care visit at hospitals and diagnostic and treatment centers (minutes) - Women's health	NA	NA	NA	NA	19.0	60.0	30.0	Down	NA
Calendar days to third next available new appointment - adult medicine	NA	NA	NA	NA	29.9	14.0	14.0	Down	NA
Calendar days to third next available new appointment - pediatric medicine	NA	NA	NA	NA	6.5	5.0	5.0	Down	NA

★ Critical Indicator "NA" - means Not Available in this report ↕ shows desired direction

**Goal 1b** Expand enrollment in insurance programs.

In Fiscal 2015, the number of uninsured patients served at HHC hospitals continued to decline as more New Yorkers enroll in health insurance programs offered through health insurance exchanges. The number of uninsured patients served declined from 469,239 in Fiscal 2014 to 410,791 in Fiscal 2015, a decrease of 12.5 percent. HHC expects the decline to continue in Fiscal 2016.

The total number of enrollees in Medicaid Managed Care, Child Health Plus and Family Health Plus and the individuals enrolled in MetroPlus Medicaid, Child Health Plus and Family Health Plus has increased by 6.5 percent and 5.2 percent, respectively, from Fiscal 2014 to Fiscal 2015. HHC is committed to increasing its Medicaid Managed Care market share.

Performance Indicators	Actual					Target		Desired Direction	5yr Trend
	FY11	FY12	FY13	FY14	FY15	FY15	FY16		
★ Uninsured patients served (annual)	477,957	478,731	475,627	469,239	410,791	↓	↓	Down	Down
Total Medicaid Managed Care, Child Health Plus and Family Health Plus enrollees	498,324	521,434	525,804	526,460	560,631	513,400	513,400	Up	Up
- MetroPlus Medicaid, Child Health Plus and Family Health Plus enrollees	401,967	420,459	413,893	407,572	428,668	446,932	446,932	Up	Neutral

★ Critical Indicator "NA" - means Not Available in this report ↓ ↑ shows desired direction

**Goal 1c** Achieve/surpass local and national performance standards for specific health interventions and efficient delivery of health services.

The mammography screening indicator has been changed to follow the NCQA/HEDIS (National Committee for Quality Assurance/Healthcare Effectiveness Data and Information Set) 2014 guidelines of measuring the percentage of eligible women receiving screening between the ages of 50 to 74 years old. The percentage for the end of Fiscal 2015 was 77.8 percent with a new target of 80 percent.

In Fiscal 2015, the general care average length of stay of 5.1 days remains slightly above the Corporate target of 4.7 days. HHC is working to enhance process improvements in admission and discharge planning to sustain operational efficiencies which reduce length of stay.

Performance Indicators	Actual					Target		Desired Direction	5yr Trend
	FY11	FY12	FY13	FY14	FY15	FY15	FY16		
Two-year olds immunized (%) (annual)	97.0%	97.0%	97.0%	NA	NA	98.0%	98.0%	Up	NA
★ Eligible women receiving a mammogram screening from HHC (%)	72.0%	73.0%	73.9%	75.6%	77.8%	70.0%	80.0%	Up	Neutral
★ General care average length of stay (days)	4.6	4.7	5.0	5.0	5.1	4.7	4.7	Down	Up
★ Net days of revenue for accounts receivable	52.3	56.4	48.3	54.6	59.6	56.0	56.0	Down	Neutral

★ Critical Indicator "NA" - means Not Available in this report ↓ ↑ shows desired direction

**Goal 1d** Reduce unnecessary emergency room visits and re-hospitalizations.

30-day readmissions of psychiatry inpatients remained stable at 7.4 percent in Fiscal 2014 and Fiscal 2015. However, this drop may be due in part to the installation of the new computer system at Coney Island Hospital as no data were reported for three months during the roll-out.

Performance Indicators	Actual					Target		Desired Direction	5yr Trend
	FY11	FY12	FY13	FY14	FY15	FY15	FY16		
★Emergency room revisits for adult asthma patients (%)	5.1%	5.4%	6.0%	6.2%	6.1%	5.0%	5.0%	Down	Up
★Emergency room revisits for pediatric asthma patients (%)	2.7%	3.7%	3.8%	2.9%	3.1%	3.2%	3.2%	Down	Neutral
Adult patients discharged with a principal psychiatry diagnosis who are readmitted within 30 days (%)	8.7%	7.0%	6.5%	7.4%	7.4%	8.5%	8.5%	Down	Down

★ Critical Indicator "NA" - means Not Available in this report ↕ shows desired direction

## AGENCY RESOURCES

Resource Indicators	Actual					Plan <sup>1</sup>		5yr Trend
	FY11	FY12	FY13	FY14	FY15	FY15	FY16	
Expenditures (\$000,000) <sup>2</sup>	\$6,294.7	\$6,554.7	\$6,314.8	\$6,440.5	\$6,899.8	\$7,497.1	\$8,249.3	Neutral
Revenues (\$000,000)	\$6,847.9	\$7,015.2	\$6,603.2	\$6,728.1	\$7,452.3	\$8,349.1	\$7,920.3	Neutral
Personnel	38,898	38,387	37,435	37,857	38,748	38,333	39,033	Neutral
Overtime paid (\$000,000)	\$125.9	\$128.5	\$133.0	\$136.7	\$143.5	\$134.9	\$138.3	Up
Capital commitments (\$000,000)	\$147.4	\$272.7	\$307.9	\$242.2	\$106.6	\$490.1	\$340.8	Down

<sup>1</sup>Authorized Budget Level "NA" - Not Available in this report <sup>2</sup>Expenditures include all funds.

## NOTEWORTHY CHANGES, ADDITIONS OR DELETIONS

- As reported in the Preliminary Fiscal 2015 Mayor’s Management Report, HHC has revised its method for tracking the three indicators related to time spent at outpatient primary care visits. These indicators now include only in-clinic wait time, defined as the number of minutes from the scheduled time of appointment to the time the patient sees the provider. Historical data is not available.
- HHC revised Fiscal 2016 targets for all three ‘Average wait time for a primary care visit at hospitals and diagnostic and treatment centers (minutes)’ indicators.
- HHC introduces two new measures of access to care for new patients in this report and is now reporting ‘Calendar days to third next available new appointment’ for adult and pediatric medicine.
- The mammography screening indicator has been changed to follow the NCQA/HEDIS (National Committee for Quality Assurance/Healthcare Effectiveness Data and Information Set) 2014 guidelines of measuring the percentage of eligible women receiving screening between the ages of 50 to 74 years old.
- The period during which the data for the indicator ‘Two-year olds immunized (%) (annual)’ are collected does not coincide with the MMR reporting period. HHC revised the reporting period and target population for its child immunization indicator and will report a new measurement of immunization for 3 year olds in the Preliminary Fiscal 2016 Mayor’s Management Report.

## ADDITIONAL RESOURCES

For more information on the agency, please visit: [www.nyc.gov/hhc](http://www.nyc.gov/hhc).