

NYC HEALTH + HOSPITALS

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WHAT WE DO

The Health and Hospitals Corporation (HHC), now NYC Health + Hospitals, 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 Gotham Health neighborhood health centers and more than 60 community and school-based health centers. NYC Health + Hospitals' acute care hospitals serve as major teaching hospitals. The health care system includes MetroPlus, a managed care plan; an Accountable Care Organization; and a Certified Home Health Agency. Nearly 1.2 million New Yorkers received health services at an NYC Health + Hospitals facility in 2016. NYC Health + Hospitals is the City's single largest provider of care to Medicaid patients, mental health patients, and the uninsured.

FOCUS ON EQUITY

NYC Health + Hospital's mission is to extend comprehensive health services of the highest quality to all New Yorkers, regardless of income, race, or immigration status, in an atmosphere of humane care, dignity, and respect. OneNYC Health Care for Our Neighborhoods, expanding on Vision 2020, is Health + Hospitals' updated strategic plan to ensure that New Yorkers have access to the healthcare services they need now, and will continue to have unfettered access to high-quality healthcare services in the future. In Fiscal 2016, several initiatives were undertaken to strengthen the public healthcare system. For example, hours of operation (including nights and weekends) were expanded, resulting in significantly reduced wait time for pediatric, primary care and behavioral health appointments. A state-of-the-art patient electronic health record platform, Epic, is being implemented and will be an indispensable building block to providing excellent patient care. A plan entitled One New York Health Care for Our Neighborhoods was released, which contains new strategies and provides recommendations for implementation. Working collaboratively, NYC Health + Hospitals will continue to lead the nation in improving the health of its residents and communities – especially for low income and immigrant New Yorkers.

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 Expand access to care.
- Goal 1b Increase the number of patients served.
- Goal 1c Maximize quality of care and patient satisfaction.

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.

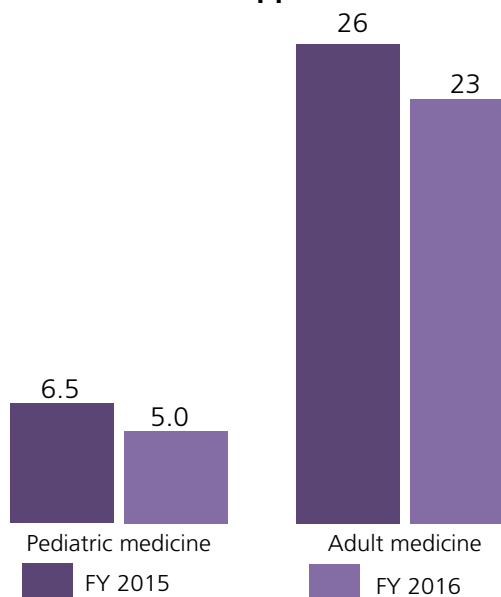
Goal 1a Expand access to care.

The percentage of eligible women receiving mammography screening decreased slightly between Fiscal 2015 and 2016, falling from 77.8 percent to 76.4 percent after successive gains in fiscal years 2013, 2014 and 2015. Fiscal 2016 figures exclude two facilities due to a crossover to a new electronic health record system at these facilities, which caused a temporary interruption in access for the fourth quarter of Fiscal 2016 and extended into the first quarter Fiscal 2017.

In Fiscal 2016, the rate of Hospital-acquired Central Line-acquired Bloodstream Infection (CLABSI) declined to 0.90 from 0.94 in Fiscal 2015, near a 4-year low.

To improve access to care, NYC Health + Hospitals has employed several strategies to improve wait times including streamlining the registration process and expanding hours and days of operation. The number of calendar days to the third next available new appointment for adult medicine patients improved, falling from 26 days to 23 days between Fiscal 2015 and 2016. Similarly, the number of calendar days to the third next available new appointment for pediatric medicine patients also improved, decreasing from 6.5 days to 5.0 days, meeting NYC Health + Hospitals' target of 5.0 days. While first and second available appointments are sometimes the result of last minute cancellations, the third next available appointment is a more accurate representation of appointment availability and has been adopted by the industry as a standard measure for appointment access.

Calendar days to third next available new appointment



Performance Indicators	Actual					Target		Desired Direction	5yr Trend
	FY12	FY13	FY14	FY15	FY16	FY16	FY17		
★ Eligible women receiving a mammogram screening (%)	73.0%	73.9%	75.6%	77.8%	76.4%	80.0%	80.0%	Up	Neutral
★ Emergency room revisits for adult asthma patients (%)	5.4%	6.0%	6.2%	6.1%	6.2%	5.0%	5.0%	Down	Up
★ Emergency room revisits for pediatric asthma patients (%)	3.7%	3.8%	2.9%	3.1%	3.2%	3.2%	3.2%	Down	Down
Adult patients discharged with a principal psychiatry diagnosis who are readmitted within 30 days (%)	7.0%	6.5%	7.4%	7.4%	6.8%	8.5%	8.5%	Down	Neutral
Inpatient satisfaction rate (%)	NA	58.0%	60.0%	63.0%	62.0%	62.0%	65.0%	Up	NA
Outpatient satisfaction rate (%)	NA	76.5%	76.9%	77.6%	77.8%	80.0%	80.0%	Up	NA
Hospital-acquired Central Line-acquired Bloodstream Infection (CLABSI) rate	NA	1.133	0.890	0.940	0.900	1.000	1.000	Down	NA
★ HIV patients retained in care (%) (annual)	87.4%	84.3%	86.6%	86.1%	85.7%	85.0%	85.0%	Up	Neutral
Calendar days to third next available new appointment - adult medicine	NA	NA	NA	26.0	23.0	14.0	14.0	Down	NA
Calendar days to third next available new appointment - pediatric medicine	NA	NA	NA	6.5	5.0	5.0	5.0	Down	NA

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

Goal 1b Increase the number of patients served.

The number of unique patients in the Health + Hospitals system has been trending downwards over the past few years. This trend is consistent with a decline in hospital use citywide. While the number of uninsured Health + Hospitals patients has declined, consistent with expanded health insurance coverage as a result of the Affordable Care Act, more than one-third of Health + Hospitals' patients were uninsured at some point in Fiscal 2016.

The number of enrollees at MetroPlus rose by 6.1 percent between Fiscal 2015 and 2016, increasing to 501,134. MetroPlus's Qualified Health Plan is the most popular in the health care exchange; nearly one in four New Yorkers who purchased a qualified health plan purchased a MetroPlus plan. Additionally, MetroPlus' Essential Plan, designed for those earning between 138 percent and 200 percent of poverty, has enrolled nearly 60,000 individuals since it was introduced in 2016. MetroPlus has engaged in several initiatives to retain and engage members, including enhanced customer outreach via phone calls and text messages, the availability of an online member portal to view claims history, and a new partnership with ZocDoc to make it easier for members to make online appointments.

The percent of prenatal patients retained in care through delivery remained stable at 87 percent for Fiscal 2016. NYC Health + Hospitals is singularly important for ensuring equitable health care access across the City, which includes providing prenatal care, labor and delivery services and comprehensive gynecology, women's health and primary care outpatient services to support new mothers and their babies.

Performance Indicators	Actual					Target		Desired Direction	5yr Trend
	FY12	FY13	FY14	FY15	FY16	FY16	FY17		
★Number of unique patients	NA	1,169,326	1,176,275	1,172,405	1,168,663	↑	↑	Up	NA
★MetroPlus membership	NA	429,931	468,020	472,251	501,134	↑	↑	Up	NA
★Uninsured patients served	478,731	475,627	469,239	421,647	425,089	↓	↓	Down	Down
★Prenatal patients retained in care through delivery (%)	85.8%	83.0%	85.5%	87.1%	87.0%	90.0%	90.0%	Up	Neutral

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

Goal 1c Maximize quality of care and patient satisfaction.

The general care average length of stay of 5.2 days in Fiscal 2016 remains slightly above the System's target of 4.9 days. NYC Health + Hospitals has created an operating unit to manage post-acute and long-term care services and will implement processes to improve discharge planning and transitions in care to minimize avoidable hospital use. The general care average length of stay is expected to decline as more services move to ambulatory settings.

Net days of revenue for accounts receivable, a measure of how long it takes to collect payments, decreased between Fiscal 2015 and 2016 from 57.2 to 51.1 days due to a decrease in patient accounts receivable, the majority of which resulted from an increase in cash collections.

As of January 1, 2016, Health + Hospitals has assumed management of Correctional Health Services (CHS) - a \$237 million program with 1,700 full-time equivalent (FTE) staff that operates 24 hours a day, seven days a week in 12 jails. A new CHS division within Health + Hospitals is directly responsible for daily operations in the jails.

Performance Indicators	Actual					Target		Desired Direction	5yr Trend
	FY12	FY13	FY14	FY15	FY16	FY16	FY17		
★General care average length of stay (days)	4.7	5.0	5.0	5.1	5.2	4.9	4.9	Down	Neutral
★Net days of revenue for accounts receivable	56.4	48.3	54.6	57.2	51.1	56.0	56.0	Down	Neutral
Total correctional health clinical visits (includes intake exams, sick calls, follow-up, mental health and dental)	NA	858,172	802,405	769,459	674,825	*	*	Neutral	NA
Patients with a substance abuse diagnosis in a jail-based substance abuse program (%)	NA	NA	NA	10.0%	10.0%	*	*	Neutral	NA

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

AGENCY RESOURCES

Resource Indicators	Actual ¹					Plan ²		5yr Trend
	FY12	FY13	FY14	FY15	FY16	FY16	FY17	
Expenditures (\$000,000) ³	\$6,554.7	\$6,314.8	\$6,440.5	\$6,874.7	\$7,586.5	\$8,249.3	\$8,142.1	Up
Revenues (\$000,000)	\$7,015.2	\$6,603.2	\$6,728.1	\$7,417.7	\$8,032.7	\$7,920.3	\$7,479.5	Up
Personnel	38,387	37,435	37,857	38,748	39,443	39,885	38,379	Neutral
Overtime paid (\$000,000)	\$128.5	\$133.0	\$136.7	\$143.5	\$144.7	\$143.9	\$153.6	Up
Capital commitments (\$000,000)	\$272.7	\$307.9	\$242.2	\$106.6	\$203.5	\$491.5	\$705.7	Down

¹Actual financial amounts for the most current fiscal year are not yet final. Final fiscal year actuals, from the Comptroller's Comprehensive Annual Financial Report, will be reported in the next PMMR. Refer to the "Indicator Definitions" at nyc.gov/mmr for details. ²Authorized Budget Level ³Expenditures include all funds
 "NA" - Not Available in this report

NOTEWORTHY CHANGES, ADDITIONS OR DELETIONS

None.

ADDITIONAL RESOURCES

- OneNYC Health Care for Our Neighborhoods: <http://www1.nyc.gov/assets/home/downloads/pdf/reports/2016/Health-and-Hospitals-Report.pdf>

For more information on the agency, please visit: www.nyc.gov/hhc.