



NYC HEALTH + HOSPITALS

Dr. Mitchell Katz, President/Chief Executive Officer

WHAT WE DO

NYC Health + Hospitals, the largest municipal hospital and health care system in the country, includes 11 acute care hospitals, five skilled nursing facilities, and more than 70 community- and school-based health centers. NYC Health + Hospitals provides comprehensive health care including preventive and primary care, behavioral health, substance abuse, trauma, high-risk neonatal and obstetric care and burn care. NYC Health + Hospitals' acute care hospitals serve as major teaching hospitals. In addition, the system includes MetroPlus Health Plan (a managed care plan), an Accountable Care Organization, a Certified Home Health Agency and Correctional Health Services. NYC Health + Hospitals is the City's single largest provider of care to Medicaid patients, New Yorkers with mental health needs, and the uninsured, serving more than 1.1 million New Yorkers throughout the five boroughs.

FOCUS ON EQUITY

NYC Health + Hospitals' mission is to deliver high quality health care services to all New Yorkers with compassion, dignity and respect to all, without exception. Building upon the successful strategies outlined in the "One New York: Health Care for our Neighborhoods" report, NYC Health + Hospitals is working to ensure the public hospital system's long-term stability and quality by focusing on three top priorities: invigorating and expanding primary care, improving access to needed specialty care, and achieving fiscal solvency. Accordingly, NYC Health + Hospitals is establishing new ambulatory care sites in high-need neighborhoods; hiring new primary care providers; expanding the 'eConsult' telehealth system to increase specialty access, and continuing to focus on clinical quality, care experience, and patient safety. NYC Health + Hospitals is working to ensure financial sustainability by reducing administrative expenses; billing insurance for insured patients; coding and documenting effectively in order to receive payment for services provided; retaining paying patients, particularly from the system's health plan MetroPlus Health Plan; investing resources into hiring positions that are revenue generating; providing specialized services that are well reimbursed; and converting uninsured patients who qualify for insurance to insured.

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 Enhance the sustainability of the Health + Hospitals system.
- Goal 1c Maximize quality of care and patient satisfaction.

HOW WE PERFORMED IN FISCAL 2018

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

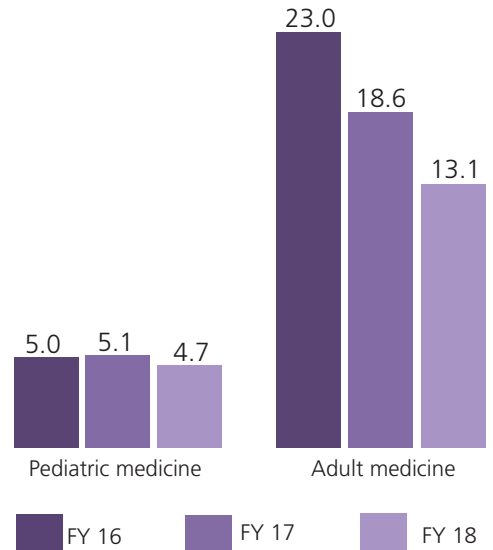
Goal 1a Expand access to care.

NYC Health + Hospitals provided primary care services to 417,000 unique patients in Fiscal 2018. Expanding primary care services is a top priority for the system. To accomplish this growth goal, Health + Hospitals is opening new community health center sites, improving appointment availability at current sites, increasing clinic efficiency, and strengthening multi-disciplinary primary care teams to include physicians, nurse practitioners, case managers, pharmacists and community health workers. The system is also investing in its patient care infrastructure. Expanded services at sites in the Bronx, Brooklyn and Queens will be able to serve 42,000 more patients than before the expansion.

NYC Health + Hospitals is also focused on improving access to needed specialty care. In Fiscal 2018, the number of eConsults—enhanced communication between primary care providers and specialists to co-manage patients—increased from 12,649 to 28,956. The use of eConsult continues to increase as the system is scaled across more Health + Hospitals sites. Over 50 specialty clinics across six facilities have been using eConsult for months or years; ultimately, every specialty clinic will use eConsult to improve access to specialty care across the system.

Appointment availability has also improved. The number of calendar days to third next available new appointment for adult medicine patients has declined by almost 30 percent over the course of the reporting period, from 18.6 days in Fiscal 2017 to 13.1 days in Fiscal 2018. NYC Health + Hospitals has also implemented a number of measures to improve patient experience and satisfaction by reducing wait times, standardizing appointment scheduling, and optimizing panel management across facilities. Panel management links patients to a primary care provider and a care team. This allows primary care teams to better manage patients in their care as well as the clinicians responsible for those patients.

Calendar days to third next available new appointment



Performance Indicators	Actual					Target		Trend	
	FY14	FY15	FY16	FY17	FY18	FY18	FY19	5-Year	Desired Direction
★ Number of unique patients	1,176,275	1,172,405	1,168,663	1,133,984	1,112,975	↑	↑	Neutral	Up
Unique primary care patients	NA	453,000	446,000	425,000	417,000	*	*	NA	Up
★ Uninsured patients served	469,239	421,647	425,089	414,738	381,805	↓	↓	Down	Down
★ eConsults completed	NA	NA	NA	12,649	28,956	22,000	54,000	NA	Up
★ Eligible women receiving a mammogram screening (%)	75.6%	77.8%	76.4%	75.4%	75.9%	80.0%	80.0%	Neutral	Up
★ HIV patients retained in care (%) (annual)	86.6%	86.1%	85.7%	83.5%	84.9%	85.0%	85.0%	Neutral	Up
Calendar days to third next available new appointment - adult medicine	NA	26.0	23.0	18.6	13.1	14.0	14.0	NA	Down
Calendar days to third next available new appointment - pediatric medicine	NA	6.5	5.0	5.1	4.7	5.0	5.0	NA	Down
★ Prenatal patients retained in care through delivery (%)	85.5%	87.1%	87.0%	86.1%	89.0%	90.0%	90.0%	Neutral	Up
Total correctional health clinical visits (includes intake exams, sick calls, follow-up, mental health and dental)	802,405	769,459	674,825	637,966	651,211	*	*	Down	*
Patients with a substance abuse diagnosis in a jail-based substance abuse program (%)	NA	10.0%	10.0%	9.0%	12.0%	*	*	NA	*
★ Follow-up appointment kept within 30 days after behavioral health discharge (%)	NA	NA	NA	64.90%	NA	65.38%	65.38%	NA	Up
★ Critical Indicator	"NA" Not Available		↑↓ Directional Target	* None					

Goal 1b Enhance the sustainability of the Health + Hospitals system.

Nearly two-thirds of MetroPlus Health Plan medical spending—over \$1 billion per year—goes outside the system. The percent of MetroPlus medical spending at Health + Hospitals increased over the reporting period, from 39 percent in Fiscal 2017 to 39.3 percent in Fiscal 2018. Health + Hospitals is working to improve access at facilities, reduce wait times, and improve referral processes in order to keep more MetroPlus Health Plan members in the system. NYC Health + Hospitals, in coordination with the de Blasio Administration, has taken a number of measures over the course of this reporting period to bring fiscal solvency to the system. The system ended Fiscal 2018 with a closing cash balance of \$616 million, the result of revenue-generating initiatives—including \$150 million in revenue cycle improvements, i.e., better capturing funds that were due through improved billing and coding—and \$345 million in expense-reducing initiatives.

Performance Indicators	Actual					Target		Trend	
	FY14	FY15	FY16	FY17	FY18	FY18	FY19	5-Year	Desired Direction
★ MetroPlus membership	468,020	472,251	501,134	503,044	521,731	↑	↑	Up	Up
★ General care average length of stay (days)	5.0	5.1	5.2	5.4	5.5	4.9	4.9	Up	Down
★ Net days of revenue for accounts receivable	54.6	57.2	51.1	45.8	NA	42.0	42.0	NA	Down
★ MetroPlus Health Plan medical spending at Health + Hospitals (%)	44.8%	44.2%	37.2%	39.0%	39.3%	42.0%	42.0%	Down	Up
★ Insurance applications submitted	NA	NA	13,819	15,143	17,540	20,000	20,000	NA	Up
★ Critical Indicator	"NA" Not Available		↑↓ Directional Target	* None					

Goal 1c Maximize quality of care and patient satisfaction.

The percentage of adult patients discharged with a principal psychiatry diagnosis who are readmitted within 30 days decreased from 7.1 percent in Fiscal 2017 to 6.5 percent in Fiscal 2018. Focusing on the most vulnerable patients with high readmission rates and complex social needs, Health + Hospitals staff worked closely to improve connections to post-discharge care, which contributed to this reduction.

NYC Health + Hospitals is committed to maintaining safe and high quality patient care and improving the patient experience. Among other improvements, over the course of the reporting period, the 'Hospital-Acquired Central Line-Associated Bloodstream Infection (CLABSI) rate' declined from 1.47 in Fiscal 2017 to 1.16 in Fiscal 2018 at our 11 acute care hospitals. NYC Health + Hospitals/Elmhurst was a major contributor to the public hospital system's overall improved CLABSI rate. Elmhurst launched an education initiative that targeted nursing and physician staff. Staff participated in simulation training on the maintenance of central line sites, and promoted the practice of having no blood specimens drawn from central line sites.

Performance Indicators	Actual					Target		Trend	
	FY14	FY15	FY16	FY17	FY18	FY18	FY19	5-Year	Desired Direction
Adult patients discharged with a principal psychiatry diagnosis who are readmitted within 30 days (%)	7.4%	7.4%	6.8%	7.1%	6.5%	6.9%	6.9%	Down	Down
Inpatient satisfaction rate (%)	60.0%	63.0%	62.0%	61.0%	62.0%	65.4%	65.4%	Neutral	Up
Outpatient satisfaction rate (%)	76.9%	77.6%	77.8%	81.3%	82.1%	83.6%	83.6%	Neutral	Up
Hospital-Acquired Central Line-Associated Bloodstream Infection (CLABSI) rate	0.89	0.94	0.90	1.47	1.16	1.00	1.00	Up	Down
★ Patients receiving a defined set of medical services to treat sepsis within three hours of presentation (%)	NA	NA	NA	66.2%	64.0%	63.5%	63.5%	NA	Up
★ Patients diagnosed with diabetes who have appropriately controlled blood sugar (%)	NA	NA	61.8%	63.3%	63.5%	66.6%	66.6%	NA	Up
★ Post-acute care satisfaction rate (%)	NA	81.4%	82.4%	85.0%	NA	84.3%	86.3%	NA	Up
Overall safety grade - acute care	NA	NA	NA	NA	62.0%	76.0%	76.0%	NA	Up

Performance Indicators	Actual					Target		Trend	
	FY14	FY15	FY16	FY17	FY18	FY18	FY19	5-Year	Desired Direction
Overall safety grade - post-acute care (%)	NA	NA	NA	NA	72.0%	74.0%	74.0%	NA	Up
Overall safety grade - ambulatory care (D & TC)(%)	NA	NA	NA	NA	39.0%	50.0%	50.0%	NA	Up
★ Critical Indicator "NA" Not Available ⬆️⬆️ Directional Target * None									

AGENCY RESOURCES

Resource Indicators	Actual ¹					Plan ²		5yr Trend	
	FY14	FY15	FY16	FY17	FY18	FY18	FY19		
Expenditures (\$000,000) ³	\$6,440.5	\$6,874.7	\$7,571.5	\$7,536.0	\$8,168.4	\$7,222.1	\$7,740.0	Up	
Revenues (\$000,000)	\$6,728.1	\$7,417.7	\$8,046.3	\$8,139.0	\$8,838.6	\$7,472.2	\$8,365.2	Up	
Personnel	37,857	38,748	39,443	37,575	36,574	37,575	37,025	Neutral	
Overtime paid (\$000,000)	\$136.7	\$143.5	\$144.7	\$141.7	\$151.5	\$153.6	\$153.6	Neutral	
Capital commitments (\$000,000)	\$242.2	\$106.6	\$203.5	\$202.1	\$283.6	\$1,204.8	\$578.5	Up	
¹ Actual financial amounts for the most current fiscal year are not yet final. ² Authorized Budget Level, including Transformation Plan and prior-year cash rollovers. ³ Expenditures include all funds "NA" - Not Available *None									

SPENDING AND BUDGET INFORMATION

Where possible, the relationship between an agency's goals and its expenditures and planned resources, by budgetary unit of appropriation (UA), is shown in the 'Applicable MMR Goals' column. Each relationship is not necessarily exhaustive or exclusive. Any one goal may be connected to multiple UAs, and any UA may be connected to multiple goals.

Unit of Appropriation	Expenditures FY17 ² (\$000,000)	Modified Budget FY18 ³ (\$000,000)	Applicable MMR Goals ⁴
001 - Lump Sum Appropriation (OTPS) ¹	\$783.4	\$869.0	All
¹ These figures are limited to the City's contribution and planned contribution respectively. ² Comprehensive Annual Financial Report (CAFR) for the Fiscal Year ended June 30, 2017. Includes all funds. ³ City of New York Adopted Budget for Fiscal 2018, as of June 2018. Includes all funds. ⁴ Refer to agency goals listed at front of chapter. "NA" Not Available * None			

NOTEWORTHY CHANGES, ADDITIONS OR DELETIONS

- As the system focuses on these key priorities to ensure its long-term sustainability, some of the goals and measures tracked in this report will change. These changes incorporate the key performance indicators Health + Hospitals system leadership and its independent board, in close partnership with the de Blasio Administration and the City Council, use to track system performance. Measures reported in prior reports are still tracked by the system and available to the public, but this report attempts to align critical measures with those most actionable and impactful for the system's long term stability.
- The following indicators have been added to this report: 'Unique primary care patients,' 'eConsults completed,' 'Follow-up appointment kept within 30 days after behavioral health discharge (%)', 'MetroPlus Health Plan medical spending at Health + Hospitals (%)', 'Insurance applications submitted,' 'Patients receiving a defined set of medical services to treat sepsis within three hours of presentation (%)', 'Patients diagnosed with diabetes who have appropriately controlled blood sugar (%)', 'Post-acute care satisfaction rate (%)', 'Overall safety grade – acute care (%)', 'Overall safety grade – post-acute care (%)' and 'Overall safety grade – ambulatory care (D & TC) (%)'.
- The following indicators have been removed from this report: 'Emergency room revisits for adult asthma patients (%)', 'Emergency room revisits for pediatric asthma patients (%)', 'Patient cycle time – adult medicine (minutes)', 'Patient cycle time – pediatrics (minutes)', and 'Patient cycle time – women's health (minutes)'.

- Goal 1b has been revised to ‘Enhance the sustainability of the Health + Hospitals system.’
- Fiscal 2018 figures for the indicators ‘Follow-up appointment kept within 30 days after behavioral health discharge (%)’ and ‘Post-acute care satisfaction rate (%)’ are not yet available and will be reported in the Preliminary Fiscal 2019 Mayor’s Management Report. Fiscal 2019 targets for the indicators ‘Inpatient satisfaction rate (%)’ and ‘Outpatient satisfaction rate (%)’ were revised in this report.
- Fiscal 2018 data is not available for the indicator ‘Net days of revenue for accounts receivable’ and will be reported in the Preliminary Fiscal 2019 Mayor’s Management Report.

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.

