NYC HEALTH + HOSPITALS

Dr. Mitchell Katz, President/Chief Executive Officer

WHAT WE DO

NYC Health + Hospitals, the largest public health system in the country, includes 11 acute care hospitals, five post-acute care (skilled nursing) facilities, and more than 70 patient care locations including community- and school-based health centers. NYC Health + Hospitals provides comprehensive health care services 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 (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, mental health patients, and the uninsured, serving more than 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 eConsult telehealth system to increase specialty access; and continuing our focus on clinical quality, care experience, and patient safety. NYC Health + Hospitals is working to ensure financial sustainability by reducing administrative expenses; improving insurance billing for insured patients; coding and documenting effectively in order to receive optimal payment for services provided; retaining paying patients, particularly from the system's health plan MetroPlus; 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 be insured. Collectively, these efforts will help NYC Health + Hospitals play an essential role in implementing the Administration's Guaranteed Care commitment through the new NYC Care program and the City's Public Option Metroplus.

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 2019

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 number of completed eConsults, or specialty referrals, saw an increase from 28,956 in Fiscal 2018 to 75,999 in Fiscal 2019. This increase of 162 percent is a strong indicator of the system's ongoing commitment and continued efforts to expand access to specialty services. The use of eConsult expands access to ambulatory specialty care by enhancing communication between primary care providers and specialists, enabling providers to continue to care for patients in the primary care setting in some instances and maximizing the usefulness of specialty visits when a face-to-face visit is needed. More than 100 specialty clinics across all NYC Health + Hospitals acute care facilities are now using eConsult. The eConsult rollout is scheduled to be complete across all specialty clinics by calendar 2021.

The average wait time for the third-next-available appointment for adult medicine declined from an average of 13.1 calendar days in Fiscal 2018 to an average of 12 in Fiscal 2019 due to staffing and workflow improvements. In Fiscal 2019, the number of calendar days to third-next-available appointment for pediatric medicine increased from an average of 4.7 days in Fiscal 2018 to an average of 6 days. Scheduling limits related to the implementation of the new electronic medical record impacted appointment availability for pediatric services. In adult medicine, this effect was offset by newly funded positions and hiring. NYC Health + Hospitals is working to expand access and reduce wait times by improving continuity between patients and their providers; implementing patient-centered scheduling practices to reduce no-shows; and taking steps to improve clinic efficiency.
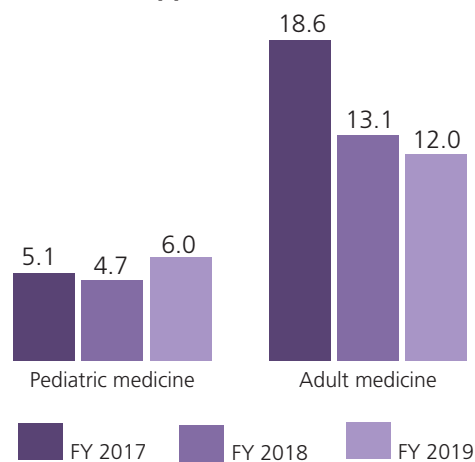
Correctional Health Services provides a variety of services for people with a substance use disorder, including the nation's oldest and largest opioid treatment program, counseling, and re-entry planning. The percentage of correctional health patients with a substance use diagnosis that received jail-based contact remained stable between Fiscal 2018 and Fiscal 2019. Fiscal 2019 performance continued to exceed the target of 90 percent.

Calendar days to third next available new appointment

Performance Indicators	Actual					Target		Trend	
	FY15	FY16	FY17	FY18	FY19	FY19	FY20	5-Year	Desired Direction
★ Unique patients	1,172,405	1,168,663	1,133,984	1,112,975	1,081,156	⇧	⇧	Neutral	Up
Unique primary care patients (seen in the last 12 months)	453,000	446,000	425,000	417,000	NA	*	*	NA	Up
★ Uninsured patients served	421,647	425,089	414,738	381,805	374,988	⇩	⇩	Down	Down
★ eConsults completed	NA	NA	12,649	28,956	75,999	⇧	⇧	NA	Up
★ Eligible women receiving a mammogram screening (%)	77.8%	76.4%	75.4%	75.9%	74.0%	80.0%	80.0%	Neutral	Up
★ HIV patients retained in care (%) (annual)	86.1%	85.7%	83.5%	84.9%	84.0%	85.0%	85.0%	Neutral	Up
Calendar days to third next available new appointment - adult medicine	26.0	23.0	18.6	13.1	12.0	14.0	14.0	Down	Down
Calendar days to third next available new appointment - pediatric medicine	6.5	5.0	5.1	4.7	6.0	5.0	5.0	Neutral	Down
★ Prenatal patients retained in care through delivery (%)	87.1%	87.0%	86.1%	89.0%	85.3%	90.0%	90.0%	Neutral	Up
★ Follow-up appointment kept within 30 days after behavioral health discharge (%)	NA	NA	61.30%	57.80%	59.96%	⇧	⇧	NA	Up

Performance Indicators	Actual					Target		Trend	
	FY15	FY16	FY17	FY18	FY19	FY19	FY20	5-Year	Desired Direction
Correctional health patients with a substance use diagnosis that received jail-based contact (%)	NA	97%	97%	96%	95%	90%	90%	NA	Up
Total correctional health clinical encounters per 100 average daily population	NA	7,999	8,290	8,294	8,027	*	*	NA	*

★ Critical Indicator   "NA" Not Available   ⇧⇩ Directional Target   * None

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

The percent of individuals who left without being seen in the Emergency Department (ED) improved from 7.7 percent in Fiscal 2018 to 7.2 in Fiscal 2019, compared to the same period in Fiscal 2018. NYC Health + Hospitals increased provider and nurse staffing levels, amended accountability practices and improved patient tracking and facility management in EDs to improve performance in this area. Efforts to improve inpatient flow are also expected to improve performance in this area. Moving forward, NYC Health + Hospitals is working to ensure that this measure is as precise as possible; currently the figures include patients who do not fully check in, patients who would be transferred to NYC Health + Hospital's own urgent care Express Care clinics, patients who were transferred to the psychiatric ED, and patients who, for some reason, were not checked out.

The system's financial solvency and its ability to sustainably provide care to all New Yorkers regardless of their ability to pay improved in Fiscal 2019. The ratio of patient care revenues to expenses improved from 59 percent to 60.8 percent through May 2019. This increase reflects better billing of insurance companies, improved registration and follow up by revenue cycle staff, more accurate coding and documentation along with managed care contracting improvements. Full-year Fiscal 2019 data will be available after audit close out, in October 2019.

In Fiscal 2019, NYC Health + Hospitals continued its efforts to link uninsured New Yorkers to health insurance. During the reporting period the average number of insurance applications submitted increased 15 percent, from 17,540 in Fiscal 2018 to 20,173 in Fiscal 2019. As more uninsured patients obtain health insurance, uninsured patient volumes are expected to decline.

Performance Indicators	Actual					Target		Trend	
	FY15	FY16	FY17	FY18	FY19	FY19	FY20	5-Year	Desired Direction
★ MetroPlus membership	472,251	501,134	503,044	521,731	518,681	⇧	⇧	Neutral	Up
Patients who left Emergency Department without being seen (%)	NA	9.0%	7.7%	7.7%	7.2%	4.0%	4.0%	NA	Down
★ Net days of revenue for accounts receivable	57.2	51.1	45.8	NA	60.8	42.0	42.0	NA	Down
Patient care revenue/expenses (%)	NA	59.2%	56.2%	59.2%	60.8%	60.0%	60.0%	NA	Up
★ MetroPlus Health Plan medical spending at Health + Hospitals (%)	44.2%	37.2%	39.0%	39.3%	39.9%	⇧	⇧	Neutral	Up
★ Insurance applications submitted (monthly average)	NA	13,819	15,143	17,540	20,173	⇧	⇧	NA	Up

★ Critical Indicator   "NA" Not Available   ⇧⇩ Directional Target   * None

Goal 1c   Maximize quality of care and patient satisfaction.

The number of patients receiving a defined set of medical services to treat sepsis within three hours of presentation increased from 64 percent to nearly 77 percent. Staff training, education and increased workflow monitoring improved performance in this area. This key indicator of patient safety is meaningful for the system financially, resulting in additional quality bonus payments from state programs and managed care companies.

The 'post-acute care satisfaction rate (%)' declined to 80.7 percent in Fiscal 2019 from 85.3 percent in Fiscal 2018. In order to improve patient satisfaction, NYC Health + Hospitals' survey is now administered twice a year to improve patient/resident satisfaction tracking and support improvements in care for residents.

Performance Indicators	Actual					Target		Trend	
	FY15	FY16	FY17	FY18	FY19	FY19	FY20	5-Year	Desired Direction
Inpatient satisfaction rate (%)	63.0%	62.0%	61.0%	62.0%	61.1%	65.4%	65.8%	Neutral	Up
Outpatient satisfaction rate (%)	77.6%	77.8%	81.3%	82.1%	82.0%	83.6%	85.4%	Neutral	Up
★ Patients receiving a defined set of medical services to treat sepsis within three hours of presentation (%)	NA	NA	66.2%	64.0%	76.8%	⇧	⇧	NA	Up
★ Patients diagnosed with diabetes who have appropriately controlled blood sugar (%)	NA	61.8%	63.3%	63.5%	64.6%	⇧	⇧	NA	Up
★ Post-acute care satisfaction rate (%)	81.4%	82.4%	85.0%	85.3%	80.7%	84.3%	86.3%	Neutral	Up
Overall safety grade - acute care	NA	NA	NA	62.0%	NA	*	*	NA	Up
Overall safety grade - post-acute care (%)	NA	NA	NA	72.0%	NA	*	*	NA	Up
Overall safety grade - ambulatory care (D & TC)(%)	NA	NA	NA	39.0%	NA	*	*	NA	Up

★ Critical Indicator   "NA" Not Available   ⇧⇩ Directional Target   * None

AGENCY RESOURCES

Resource Indicators	Actual[1]					Plan[2]		
	FY15	FY16	FY17	FY18	FY19	FY19	FY20	5yr Trend
Expenditures ($000,000)[3]	$6,874.7	$7,571.5	$7,536.0	$7,868.1	$8,222.1	$7,740.0	$7,829.7	Up
Revenues ($000,000)	$7,417.7	$8,046.3	$8,139.0	$8,604.2	$8,999.3	$8,365.0	$8,683.9	Up
Personnel	38,748	39,443	37,575	36,574	37,711	37,272	37,272	Neutral
Overtime paid ($000,000)	$143.5	$144.7	$141.7	$151.5	$178.1	$153.6	$153.6	Up
Capital commitments ($000,000)	$106.6	$203.5	$202.1	$283.6	$415.6	$660.1	$766.9	Up

[1]Actual financial amounts for the most current fiscal year are not yet final.   [2]Authorized Spending Financial Plan/Budget   [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 FY18[2] ($000,000)	Modified Budget FY19[3] ($000,000)	Applicable MMR Goals[4]
001 - Lump Sum Appropriation (OTPS)[1]	$872.0	$1,030.5	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, 2018. Includes all funds.   [3] City of New York Adopted Budget for Fiscal 2019, as of June 2019. Includes all funds.   [4]Refer to agency goals listed at front of chapter.
"NA" Not Available   * None

NOTEWORTHY CHANGES, ADDITIONS OR DELETIONS ✎

- Fiscal Year 2019 data is not available for unique primary care patients seen in the last 12 months. Beginning in October 2018, NYC Health + Hospitals embarked on a system-wide transition to a new electronic medical record and financial

system. In addition to modernizing the electronic medical record, H+H is implementing a data and analytics governance strategy that will streamline, standardize, and improve the quality of data reporting, such as how to categorize and calculate patient types. Data for this indicator will be available under the new system in early 2020, as NYC Health + Hospitals is scheduled to complete rollout at the end of Calendar 2019.

- Fiscal 2019 data for 'patient care revenue/expenses' is estimated based on data through May 2019. The June 2019 actual will be available after close out of NYC Health + Hospitals' annual audit in October 2019.

- Fiscal 2019 data for the indicators 'Overall safety grade – acute care (%),' '- post-acute care (%)' and ' – ambulatory care (D & TC)(%)' are not available. This survey is conducted every two years and was last conducted in Fiscal 2018. The patient safety survey will be conducted again in October 2019 and Fiscal 2020 figures will be available in December 2019.

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.nychealthandhospitals.org

For more information on NYC Care, please visit: www.nyccare.nyc