

NYC HEALTH + HOSPITALS

Dr. Mitchell Katz, President/Chief Executive Officer



WHAT WE DO

NYC Health + Hospitals (the System), the largest municipal public health system in the country, includes 11 acute care hospitals, five post-acute care (skilled nursing) facilities, and over 70 patient care locations of community and school-based health centers (Gotham Health). The System provides comprehensive health care services including preventive and primary care, behavioral health, substance abuse, trauma, high-risk neonatal and obstetric care, and burn care. The System's acute care hospitals serve as major teaching hospitals. In addition, the System includes a managed care plan called MetroPlus; an Accountable Care Organization that provides Medicare beneficiaries with coordinated care and chronic disease management, avoiding unnecessary duplication of services and preventing medical errors; a Certified Home Health Agency; a Health Home; and Correctional Health Services. NYC Health + Hospitals is New York's single largest provider of care to Medicaid patients, mental health patients, and the uninsured, serving more than one million New Yorkers within the five boroughs. NYC Health + Hospitals continues to have an important role in caring for the most vulnerable New Yorkers during the COVID-19 pandemic.

FOCUS ON EQUITY

NYC Health + Hospitals' mission is to deliver high quality health care services to all New Yorkers with compassion, dignity, and respect, regardless of income, gender identity, or immigration status. By the very nature of the System's mission, NYC Health + Hospitals provides high quality care to the most vulnerable New Yorkers within the diverse communities it serves, many of whom are uninsured or underinsured. People in these communities who would typically lack access to health care services are the most impacted, by being able to obtain the quality care that they need and deserve through NYC Health + Hospitals. For instance, the NYC Care Program ensures that New Yorkers in need of health care services are being connected with affordable, high quality primary, preventive, and specialty care. This access has become even more important, considering the impact the COVID-19 pandemic has had on New Yorkers who are not eligible for or cannot afford health insurance. NYC Health + Hospitals also continues to expand MetroPlus membership, offering low to no-cost health insurance options to eligible people living within the five boroughs of New York City who otherwise would not be able to obtain insurance. The System's Correctional Health Services, in particular, is among the City's strongest advocates for social and racial justice, and is a key partner in the broader efforts to reform the criminal justice system. Finally, to further address equity, an advisory group called the Equity and Access Council, supports the Human Resources Office of Diversity and Inclusion and develops initiatives that promote equity among both staff and patients. This Council optimizes the delivery of care and health outcomes for diverse patient populations, with its primary focus to advance racial and social justice to eliminate barriers, promote institutional and structural equities, identify and reduce health disparities, and continuously improve the health of vulnerable communities.

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 2021

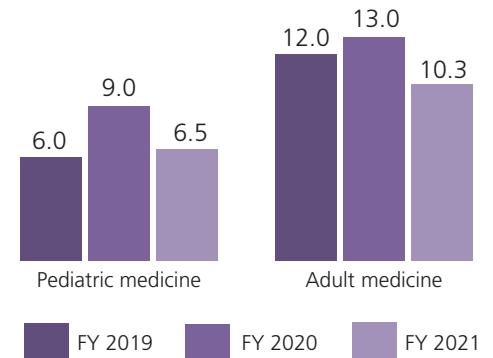
SERVICE 1 Provide medical, mental health and substance abuse services to New York City residents regardless of their ability to pay.

Goal 1a Expand access to care.

The NYC Care Program enrollment nearly tripled in one year, from 28,151 in Fiscal 2020 to 69,309 in Fiscal 2021. This essential program connects New Yorkers, who otherwise wouldn't be eligible for or cannot afford health insurance, with access to affordable, high quality primary and preventive health care services. At the same time, the number of uninsured patients served decreased from 378,104 in Fiscal 2020 to 304,174 in Fiscal 2021. This decline is a direct result of the increase in NYC Care enrollment; as uninsured patients became connected to care through this program, they were no longer in the category of patients considered uninsured.

The number of calendar days to third next available new appointment, a measure of access, improved for both adults and pediatrics: for adults, from 13.0 days in Fiscal 2020 to 10.3 days in Fiscal 2021, and for pediatrics from 9.0 days in Fiscal 2020 to 6.5 days in Fiscal 2021. NYC Health + Hospitals' ambulatory care division has focused on improving access to appointments through implementing specific practices, such as carving out dedicated time slots available only for new patients, in addition to improving access to revisit appointments by template improvements, better coordination with the Contact Center, and increasing efficiency through the use of telemedicine. This has ultimately helped to maintain and surpass the access targets for both adult and pediatric patients.

Calendar days to third next available new appointment



The number of eConsults (electronic specialty referrals) completed increased substantially for the fourth consecutive quarter, from 171,569 in Fiscal 2020 to 322,229 in Fiscal 2021. This is an indicator of NYC Health + Hospitals' ongoing commitment to expand access to specialty services. Through eConsults, primary care providers and specialists can co-manage and communicate about patients' health conditions, eliminating the need for in-person specialty care visits in approximately 15 percent of the time.

During the COVID-19 pandemic, telehealth visits, both telephone and video, rapidly increased and they were an important way to maintain continuity of care to patients when in-person visits were disrupted. In the month prior to the pandemic, there were 500 billable virtual visits, while between March and June 2020, there was a total 289,238 telehealth visits. In Fiscal 2021, 1,008,900 telehealth visits were conducted, reflecting NYC Health + Hospitals' commitment to its patients maintaining access to care during the pandemic. Alongside in-person visits, the System's long-term goal is to continue telehealth services as a viable source of quality care. Feedback from our patients about telehealth visits has been overwhelmingly positive.

Unique patients decreased slightly from 1,153,089 in Fiscal 2020 to 1,148,019 in Fiscal 2021. At the same time, the number of primary care visits decreased from 445,672 in Fiscal 2020 to 389,505 in Fiscal 2021. This decrease is primarily because the definition for this measure was modified in Fiscal 2021 to account for the most accurate departments, visits, and encounter types. It includes visits occurring at primary care clinics, including family medicine, adult medicine, geriatrics, HIV, and pediatrics. In the past, certain departments, visits, and encounter types were counted, including COVID-19 testing data, which inflated the calculation for this metric; these encounters are no longer included in this indicator.

The percentage of women enrolled in care in the first trimester of their pregnancy decreased slightly from 62.5 percent in Fiscal 2020 to 61.21 percent in Fiscal 2021. This decrease is a result of patients limiting in-person visits because of their discomfort with coming to health care settings during the pandemic. Care during the first trimester of pregnancy remains an important measure of women's health, with the American College of Obstetricians and Gynecologists recommending that women with uncomplicated pregnancies be examined at least once in their first trimester for prenatal care.

Eligible women receiving mammogram screening increased from 63.5 percent in Fiscal 2020 to 70.5 percent in Fiscal 2021, coming closer to pre-pandemic rates. Screening rates had decreased primarily due to patients avoiding health care institutions for routine appointments and screenings during the pandemic. The goal moving forward is to maintain access, as more women come back to in-person visits for their mammogram screenings.

The percentage of HIV patients retained in care increased from 81.6 percent in Fiscal 2020 to 85.0 percent in Fiscal 2021, now achieving the target and above pre-pandemic levels. This increase is a result of a combination of both in-person and telehealth visits being accessible for HIV patients. This rate was anticipated to improve from the prior year as, again, telehealth visits were leveraged to maintain continuity of care for this cohort of patients during the pandemic.

Follow-up appointments kept within 30 days after behavioral health treatment decreased from 56.68 percent in Fiscal 2020 to 44.59 percent in Fiscal 2021. Most of this decrease is attributable to a modification in the way the data for this metric was collected in Fiscal 2021, now captured through the electronic health record system rather than through a separate database. This change created an opportunity to update the number of patient categories included in the denominator. Additionally, because of the pandemic, patients opted out of attending appointments at a higher rate than usual. Even though there was connection using tele-mental health services, not all patients were reached due to lack of access to devices or inability of some patients to use the technology. NYC Health + Hospitals' behavioral health services is working with the City to provide cell phones and data to this specific patient population to improve access.

The total number of correctional health clinical encounters per 100 average daily population decreased slightly from 15,675 in Fiscal 2020 to 14,999 in Fiscal 2021. Correctional health patients with substance use diagnosis that received jail-based contact decreased from 94 percent in Fiscal 2020 to 91 percent in Fiscal 2021, though remains above the target of 90 percent. Correctional Health Services continues to offer a broad range of services to people with substance use disorders, including the nation's largest opioid treatment program, counseling, and reentry planning.

The number of individuals served by Mental Health Services Corps behavioral health clinicians within NYC Health + Hospitals was 5,884 in Fiscal 2021, exceeding the target of 4,950. In January 2020, NYC Health + Hospitals launched a redesigned Mental Health Service Corps, providing three years of high-quality training in evidence-based practice to early career behavioral health clinicians, embedded in 46 NYC Health + Hospitals' sites across five boroughs. A total of 76 percent of service locations included in this program are located in federally designated mental health professional shortage areas. During the pandemic, Corps members continued to deliver these important services, including both in-person and telehealth mental health services, for patients.

Performance Indicators	Actual					Target		Trend	
	FY17	FY18	FY19	FY20	FY21	FY21	FY22	5-Year	Desired Direction
★ Unique patients	1,133,984	1,112,975	1,081,156	1,153,089	1,148,019	↑	↑	Neutral	Up
Unique primary care patients (seen in the last 12 months)	425,000	417,000	NA	445,672	389,505	*	*	NA	Up
★ Uninsured patients served	414,738	381,805	374,988	378,104	304,174	↓	↓	Down	Down
★ eConsults completed	12,649	28,956	75,999	171,569	322,229	↑	↑	Up	Up
Telehealth visits	NA	NA	NA	289,238	1,008,900	*	*	NA	*
★ Eligible women receiving a mammogram screening (%)	75.4%	75.9%	74.0%	63.5%	70.5%	80.0%	80.0%	Down	Up
★ HIV patients retained in care (%) (annual)	83.5%	84.9%	84.0%	81.6%	85.0%	85.0%	85.0%	Neutral	Up
Calendar days to third next available new appointment - adult medicine	18.6	13.1	12.0	13.0	10.3	14.0	10.0	Down	Down
Calendar days to third next available new appointment - pediatric medicine	5.1	4.7	6.0	9.0	6.5	5.0	5.0	Up	Down
★ NYC Care enrollment	NA	NA	NA	28,151	69,309	↑	↑	NA	Up
★ Patients enrolled in care in the 1st trimester of pregnancy	59.7%	61.4%	62.0%	62.5%	61.2%	↑	↑	Neutral	Up
★ Follow-up appointment kept within 30 days after behavioral health discharge (%)	61.30%	57.80%	59.96%	56.68%	44.59%	↑	↑	Down	Up
Correctional health patients with a substance use diagnosis that received jail-based contact (%)	97%	96%	95%	94%	91%	90%	90%	Neutral	Up
Total correctional health clinical encounters per 100 average daily population	8,290	8,294	8,027	15,675	14,999	*	*	Up	*
Individuals who received clinical services from Mental Health Service Corps behavioral health clinicians	NA	NA	NA	2,749	5,874	4,950	*	NA	*
★ Critical Indicator	● Equity Indicator	"NA" Not Available			↑↓ Directional Target	* None			

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

Financial sustainability and ability to provide care to all New Yorkers, regardless of ability to pay, improved over Fiscal 2021. Specifically, net days of revenue for accounts receivable decreased from 71.3 days in Fiscal 2020 to 59.9 days in Fiscal 2021 (lower is better for this measure). Though still below the target of 42 days, this is a positive trend, with the days in accounts receivable significantly below last year at the same time. It is also important to note that the net days of revenue for accounts receivable calculation has changed, comprising both inpatient and outpatient accounts receivable. The ratio of patient care revenues to expenses improved from 61.6 percent in Fiscal 2020 to 74 percent in Fiscal 2021, representing a 12.4 percent improvement. This is mostly attributable to an increase in patient service revenue related to the pandemic as well as other revenue-generating initiatives, including continuing to improve registration and follow-up by revenue cycle staff members, coding more accurately, and focusing on managed care contracting improvements.

MetroPlus membership continued to increase, from 560,212 members in Fiscal 2020 to 620,041 in Fiscal 2021. This increase is a result of the ongoing commitment to identify and connect Medicaid eligible people to MetroPlus and encouraging them to obtain this necessary coverage. At the same time, MetroPlus Health Plan medical spend remained neutral from 39.9 percent in Fiscal 2020 to 39.3 percent in Fiscal 2021.

The percentage of patients who left the emergency departments without being seen had an observed, continued decline, from 6.9 percent in Fiscal 2020 to 3.5 percent in Fiscal 2021, at this point surpassing the target of 4 percent. The major driver of this decrease was the decline in overall emergency department volume over the course of the pandemic. NYC Health + Hospitals’ acute care facilities put various improvement efforts in place, including operational changes to augment patient flow, and decreased boarding for patients who are admitted for inpatient services, which contributed to improved performance in this measure.

The number of insurance applications submitted per month averaged 7,895 in Fiscal 2021. In Fiscal 2020 this number was at 16,402. The decline compared to the same period last year is linked to a change in reporting. Before July 2020, the number of insurance applications submitted reflected a manual count, but from July 2020 forward, the number includes data pulled from the electronic health record system. Data no longer includes applications submitted by Health Plan facilitated enrollers on site at NYC Health + Hospitals facilities. As a result, comparisons between periods are not consistent.

Performance Indicators	Actual					Target		Trend	
	FY17	FY18	FY19	FY20	FY21	FY21	FY22	5-Year	Desired Direction
Patients who left Emergency Department without being seen (%)	7.7%	7.7%	7.2%	6.9%	3.5%	4.0%	4.0%	Down	Down
★ Net days of revenue for accounts receivable	45.8	NA	42.3	71.3	59.9	42.0	45.0	NA	Down
Patient care revenue/expenses (%)	56.2%	59.2%	60.8%	61.6%	74.0%	60.0%	60.0%	Up	Up
★ MetroPlus Health Plan medical spending at Health + Hospitals (%)	39.0%	39.3%	39.9%	39.9%	39.3%	↑	↑	Neutral	Up
★ MetroPlus membership	503,044	521,731	518,681	560,212	620,041	↑	↑	Up	Up
★ Insurance applications submitted by Health + Hospitals staff (monthly average)	NA	NA	NA	NA	7,895	↑	↑	NA	Up
★ Critical Indicator ● Equity Indicator “NA” Not Available ↑↓ Directional Target * None									

Goal 1c Maximize quality of care and patient satisfaction.

The System continued to place great emphasis on care experience in Fiscal 2021. MyChart is an important part of this effort. Each facility across NYC Health + Hospitals has encouraged patients to sign up or “activate” their MyChart accounts. MyChart is an electronic patient portal which allows patients to access important information about lab results, appointments, after visit summaries, review of medical history, medications, immunizations, and other personal health data. The portal allows patients to communicate seamlessly with their care teams to ask clinical questions and also request medication refills. MyChart activations increased from 20 percent in Fiscal 2020 to 69 percent in Fiscal 2021. During the pandemic in particular, MyChart has been critically important for patients to connect to and communicate with their care teams, as well as to obtain refills and important real-time test results (including COVID-19 testing results). MyChart has directly improved the patient experience with their care team, allowing quick and efficient access to health information in a convenient and secure way.

There was an observed increase in patient satisfaction across both inpatient and outpatient services. Inpatient satisfaction rate rose from 63.0 percent in Fiscal 2020 to 65.7 percent in Fiscal 2021 and outpatient satisfaction rate rose from 83.6 percent in Fiscal 2020 to 84.5 percent in Fiscal. Despite the pandemic, patient satisfaction remained positive as health care workers continued to focus on providing patients with the best care experience possible. Additionally, improvements in wait times for outpatient services, access to telehealth visits and overall communication among the care teams in both inpatient and outpatient settings contributed to the improvements.

The actual score post-acute care satisfaction rate of 81.9 percent is below the set target of 86.3 percent for Fiscal 2021. Due to the adverse impact of the pandemic on residents and staff working in skilled nursing facilities (SNFs), the System anticipated that patient satisfaction would decrease Fiscal 2021. However, the NYC Health + Hospitals' post-acute service satisfaction rate remains above the national score (80.7) and the New York State score (77.1). Despite limitations visitation, communal dining, and group activities, residents generally remained satisfied due to alternative methods of engagement. In fact, all post-acute care sites ranked the highest, at 5 Stars, in the CMS Quality Ratings, a federal ratings system for healthcare facilities focused on quality-of-care metrics.

The percentage of patients diagnosed with diabetes who have controlled blood sugar decreased from 64.6 percent in Fiscal 2020 to 63.7 percent in Fiscal 2021. During the pandemic, many patients avoided health care facilities and did not obtain the services needed to stabilize their chronic conditions. Chronic disease coordinators are contacting patients to resume in-person visits for chronic disease management. Clinicians are working with diabetic patients in primary care clinics to improve diabetes management skills, and trainings for multiple clinical disciplines were developed to enhance patient education specific to managing diabetes and nutritional interventions. Finally, some of the decline in control rates is simply due to missing laboratory testing as patients avoided coming to health care facilities during the pandemic; if testing was not documented, the patient was considered "not in-control." This will resolve as more patients return.

The overall safety grade is updated every two years. The next Safety Culture surveys will be administered in September/October 2021 and results will be reported for Fiscal 2022.

Performance Indicators	Actual					Target		Trend	
	FY17	FY18	FY19	FY20	FY21	FY21	FY22	5-Year	Desired Direction
Inpatient satisfaction rate (%)	61.0%	62.0%	61.1%	63.0%	65.7%	65.8%	65.8%	Neutral	Up
Outpatient satisfaction rate (%)	81.3%	82.1%	82.0%	83.6%	84.5%	85.4%	85.4%	Neutral	Up
MyChart Activations (%)	NA	NA	NA	20%	69%	50%	75%	NA	Up
★ Patients receiving a defined set of medical services to treat sepsis within three hours of presentation (%)	66.2%	64.0%	76.8%	NA	NA	↑	↑	NA	Up
★ Patients diagnosed with diabetes who have appropriately controlled blood sugar (%)	63.3%	63.5%	64.6%	64.6%	63.7%	↑	↑	Neutral	Up
★ Post-acute care satisfaction rate (%)	85.0%	85.3%	80.7%	86.7%	81.9%	86.3%	86.3%	Neutral	Up
Overall safety grade - acute care	NA	62.0%	NA	64.0%	NA	*	*	NA	Up
Overall safety grade - post-acute care (%)	NA	72.0%	NA	70.0%	NA	*	*	NA	Up
Overall safety grade - ambulatory care (D & TC)(%)	NA	39.0%	NA	42.0%	NA	*	*	NA	Up
★ Critical Indicator ● Equity Indicator "NA" Not Available ↑↓ Directional Target * None									

AGENCY RESOURCES

Resource Indicators	Actual ¹					Plan ²		5yr Trend
	FY17	FY18	FY19	FY20	FY21	FY21	FY22	
Expenditures (\$000,000) ³	\$7,536.0	\$7,868.1	\$8,222.1	\$8,581.6	\$11,996.4	\$8,011.4	\$10,412.5	Up
Revenues (\$000,000)	\$8,139.0	\$8,604.2	\$8,999.3	\$9,373.0	\$12,730.1	\$8,879.9	\$11,187.7	Up
Personnel	37,575	36,574	37,711	39,765	40,062	37,272	37,272	Neutral
Overtime paid (\$000,000)	\$141.7	\$151.5	\$178.1	\$153.6	\$153.6	\$153.6	\$153.6	Neutral
Capital commitments (\$000,000)	\$202.1	\$283.6	\$459.4	\$531.9	\$369.6	\$694.7	\$640.5	Up
¹ Actual financial amounts for the 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. ² Authorized Budget Level 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 FY20 ¹ (\$000,000)	Modified Budget FY21 ² (\$000,000)	Applicable MMR Goals ⁴
001 - Lump Sum Appropriation (OTPS) ¹	\$830.2	\$2,677.8	All

¹Comprehensive Annual Financial Report (CAFR) for the Fiscal Year ended June 30, 2020. Includes all funds. ²City of New York Adopted Budget for Fiscal 2021, as of June 2021. Includes all funds. ³Refer to agency goals listed at front of chapter. ⁴“NA” Not Available * None

NOTEWORTHY CHANGES, ADDITIONS OR DELETIONS

- The previously published indicator ‘Insurance applications submitted (monthly average)’ was retired and replaced with ‘Insurance applications submitted by Health + Hospitals staff’ in Fiscal 2021. This replacement is due to implementation of reporting through the electronic records system instead of manual counts from enroller groups.
- Data for ‘Patients receiving a defined set of medical services to treat sepsis within three hours of presentation (%)’ is no longer reported by the New York State Department of Health. This indicator will be updated when new reporting guidelines become available.
- NYC Health + Hospitals adjusted Fiscal 2022 targets for ‘Calendar days to third next available new appointment—adult medicine’ because previously published targets were exceeded.
- NYC Health + Hospitals adjusted Fiscal 2022 targets for ‘Net days of revenue for accounts receivable’ to align with the median net accounts receivable days benchmark cited by the 2015 Revenue Cycle Benchmarking Survey conducted by The Advisory Board Company.
- NYC Health + Hospitals adjusted Fiscal 2022 targets for ‘MyChart Activations (%)’ because previously published targets were exceeded.
- A new indicator, ‘Individuals who received clinical services from Mental Health Service Corps behavioral health clinicians’, was added to Goal 1a.
- Equity NYC indicators are identified with a burst (✳). These indicators are also reported in the Social Indicators and Equity Report (SIER) and explore the economic, social, environmental, and physical health of New York City across race/ethnicity, gender, location, and income.

ADDITIONAL RESOURCES

For additional information go to:

- The Social Indicators and Equity Report, EquityNYC:
<http://equity.nyc.gov/>

For more information on the agency, please visit: www.nychealthandhospitals.org

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

