

# NYC HEALTH + HOSPITALS

Dr. Mitchell Katz, President and CEO



## WHAT WE DO

NYC Health + Hospitals (the System), the largest municipal public health system in the country, includes eleven acute care locations, five post-acute care (skilled nursing) facilities, and over 50 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 use disorder, 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 patients with Medicaid, patients with mental health diagnoses, 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, in consideration of the impact the COVID-19 pandemic has 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 attain insurance.

The System's Correctional Health Services (CHS) is among the City's strongest advocates for social justice, and is a key partner in the broader efforts to reform the criminal legal system. CHS' mission is to diagnose and treat individuals while they are in its care and to provide support, from the first to the last day of incarceration, that will help its patients successfully reenter their communities. To enhance CHS' work in helping patients reenter their community and to advance health and housing equity, CHS has launched Just Home—the city's first permanent, supportive housing for CHS patients who are unhoused but have medical needs that preclude shelter or street living.

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 efforts 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 use 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 2022

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

### Goal 1a Expand access to care.

Throughout Fiscal 2022, the System increased access to health care services in response to changes to the health care landscape as a result of the COVID-19 pandemic. NYC Care, a health care access program that connects New Yorkers, who otherwise would not be eligible for or cannot afford health insurance, to high quality primary and preventive services at little or no cost, saw increased enrollment in Fiscal 2022. Enrollment in NYC Care increased from 69,309 patients in Fiscal 2021 to 113,178 patients in Fiscal 2022, surpassing the program's original goal for enrollment. This is due, in part, to the success of the System's partnership with over 20 community-based organizations (CBOs). Each CBO conducted culturally sensitive and ethnically inclusive outreach to prospective NYC Care members across all five boroughs, building trust with communities and educating them about available benefits of the program. The System will continue to work collaboratively with the community to continue the important work in achieving health equity for all New Yorkers.

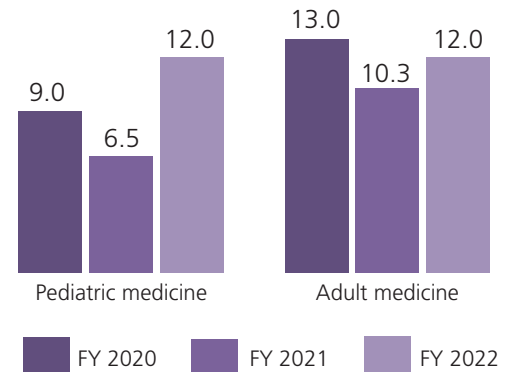
Unique primary care patient volume remains a key priority, with a total of 413,908 patients seen during Fiscal 2022, an increase from 389,505 unique primary care patients in Fiscal 2021. Primary care remains the first point of contact for all health care needs and having a primary care doctor continues to be the key to a person's overall sense of health. The total number of unique patients decreased slightly from 1,148,019 to 1,110,039 in Fiscal 2022. The decrease, relative to the prior year, may be attributed to fewer patients utilizing the System to be treated for COVID-19 in Fiscal 2022. The System saw the number of uninsured patients served increase from 304,174 in Fiscal 2021 to 391,810 in Fiscal 2022. This metric increased primarily because the definition for this measure was modified in Fiscal 2021, which excluded NYC Care members from the total number of uninsured patients. NYC Care facilitates access and ongoing care, but it is not technically an insurance product.

The continued use of technology that was first expanded in Fiscal 2020 has allowed the System to better engage with patients. During the height of 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 Fiscal 2021, over one million telehealth visits were conducted, reflecting NYC Health + Hospitals' commitment to its patients maintaining access to care during the pandemic. In Fiscal 2022, the number of telehealth visited decreased to 684,066, which can be attributed to a return to in-patient visits. The System expects the number of telehealth visits to continue to decrease as patients continue to go directly to clinics for face-to-face care, though the System remains committed to telehealth as an option for those who need it.

The number of completed eConsults, an online tool that makes it easier for primary care providers and specialists to communicate about patients, increased substantially from 322,229 in Fiscal 2021 to 404,406 in Fiscal 2022. 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 patients' health conditions, eliminating the need for in-person specialty care visits in approximately 15 percent of the time.

Following the initial waves of COVID-19, a strong effort has been made to bring patients back into the System. As a result, the number of calendar days to third next available new appointment (TNAA-New), a measure of access, increased for both adults and pediatrics. The number of calendar days to TNAA-New in Fiscal 2022 was 12 days for both adult and pediatric practices. For adults, this is a slight improvement from Fiscal 2020 (from 13 days), but an increase from Fiscal 2021 of 10.3 days. For pediatrics, this is an increase from Fiscal 2021, when it was 6.5. While TNAA-New has increased, the System is overall still below its goal of 14 days for any new patient, and it is proud to be able to offer any new patient to the System an appointment within two weeks, regardless of the borough. Moreover, TNAA-New is sometimes an imperfect measure,

Calendar days to third next available new appointment



in that the System is also working to improve access through offering same-day new patient appointments and ensuring access for patients that are already part of the System. For all patients, we are working to ensure continued and rapid access through measures like improving template build, which improves timely access to appointments, and contact center scripting, which provides patients with scheduling options by including alternative locations, dates, and times.

The percentage of women enrolled in care in the first trimester of their pregnancy decreased from 61.2 percent in Fiscal 2021 to 55.0 percent in Fiscal 2022. 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. The System is focusing efforts to improve access for early referral of newly pregnant patients to prenatal clinics for care by improving template scheduling changes to further address timely access for newly pregnant patients, allowing for patient flexibility and to ensure it is using providers' expertise efficiently.

The percentage of HIV patients retained in care decreased from 85.0 percent in Fiscal 2021 to 82.1 percent in Fiscal 2022. The rate of HIV diagnoses in NYC has continued to trend downward over the past several years, which may be attributed to increased awareness and availability of prevention measures, including medication and syringe exchange programs. While the rate of diagnoses continues to decrease, the System remains committed to eradicating health inequities that persist in many communities that the System serves. Many patients served in this population are highly mobile due to housing insecurity, which can negatively impact continuity of care. The System will continue its practice of immediately linking patients to continuous, team-based, and coordinated quality care when they learn they are infected with HIV. People with an HIV diagnosis receive antiretroviral treatment and self-management health education to help them be healthier, live longer, and prevent transmission.

There have been steady increases with patients returning to the System, indicating a return to pre-pandemic baselines as well. Eligible women receiving mammogram screening continued to increase from 70.5 percent in Fiscal 2021 to 72.7 percent in Fiscal 2022. The goal moving forward is to maintain access, as more women come back to in-person visits for their mammogram screenings.

Follow-up appointments kept within 30 days after behavioral health treatment increased from 44.6 percent in Fiscal 2021 to 48.1 percent in Fiscal 2022. The Office of Behavioral Health is working with staff, with a focus on training, about the appropriate workflow to fully document these follow-up appointments in Epic. Encounters are only considered complete when there is full documentation in the electronic health record. NYC Health + Hospitals' behavioral health services has also been working with the City to provide cell phones and data to this specific patient population to continue to improve access.

The total Correctional Health clinical encounters per 100 average daily population decreased from 14,999 in Fiscal 2021 to 12,170 in Fiscal 2022. The decrease is primarily attributed to disruptions in the provision of clinical services caused by sustained shortages in NYC Department of Correction (DOC) staffing. The delivery of health services requires DOC to escort patients to clinic visits and to maintain safe and secure conditions in all clinical areas for the provision of health care.

Mental Health Service Corps (MHSC) clinicians served 5,494 patients at 55 System sites across the city. The program also hired 32 new social workers across 5 boroughs to begin their training with MHSC. A total of 76 percent of service locations included in this program are located in federally designated mental health professional shortage areas. Throughout the pandemic, MHSC members continued to deliver these important services, including both in-person and telehealth mental health services, for patients.

Performance Indicators	Actual					Target		Trend	
	FY18	FY19	FY20	FY21	FY22	FY22	FY23	5-Year	Desired Direction
★ Unique patients	1,112,975	1,081,156	1,153,089	1,148,019	1,110,039	↑	↑	Neutral	Up
Unique primary care patients (seen in the last 12 months)	417,000	NA	445,672	389,505	413,908	*	*	NA	Up
★ Uninsured patients served	381,805	374,988	378,104	304,174	391,810	↓	↓	Neutral	Down
★ eConsults completed	28,956	75,999	171,569	322,229	404,406	↑	↑	Up	Up
Telehealth visits	NA	NA	289,238	1,008,900	684,066	*	*	NA	*
★ Eligible women receiving a mammogram screening (%)	75.9%	74.0%	63.5%	70.5%	72.7%	80.0%	80.0%	Neutral	Up
★ HIV patients retained in care (%) (annual)	84.9%	84.0%	81.6%	85.0%	82.1%	85.0%	85.0%	Neutral	Up
Calendar days to third next available new appointment - adult medicine	13.1	12.0	13.0	10.3	12.0	14.0	14.0	Down	Down
Calendar days to third next available new appointment - pediatric medicine	4.7	6.0	9.0	6.5	12.0	5.0	5.0	Up	Down
★ NYC Care enrollment	NA	NA	28,151	69,309	113,178	↑	↑	NA	Up
★ Patients enrolled in care in the 1st trimester of pregnancy	61.4%	62.0%	62.5%	61.2%	55.0%	↑	↑	Neutral	Up
★ Follow-up appointment kept within 30 days after behavioral health discharge (%)	57.80%	59.96%	56.68%	44.59%	48.08%	↑	↑	Down	Up
Correctional health patients with a substance use diagnosis that received jail-based contact (%)	96%	95%	94%	91%	87%	90%	90%	Neutral	Up
Total correctional health clinical encounters per 100 average daily population	8,294	8,027	15,675	14,999	12,170	*	*	Up	*
Individuals who received clinical services from Mental Health Service Corps behavioral health clinicians	NA	NA	2,749	5,874	5,494	4,950	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 their ability to pay, improved in Fiscal 2022. Specifically, net days of revenue for accounts receivable (AR) decreased from 59.9 days in Fiscal 2021 to 49.7 days in Fiscal 2022. AR days continue to trend downward, which is positive. The improvement can be attributed to a reduction in claim denials, as well as addressing backlogs accumulated during high volume COVID-19 periods. The ratio of patient care revenues to expenses improved to 75 percent in Fiscal 2022. The increases in patient revenue have been driven mostly by an increase in patient volume, both increases in visits and discharges. There has also been an increase in appropriations from the City as well.

MetroPlus membership increased by five percent, from 620,041 members in Fiscal 2021 to 648,369 in Fiscal 2022. The biggest gains were seen in Child Health Plus, Essential Plan, and Qualified Health Plan, which all saw increases of over 20 percent. This increase in MetroPlus membership is a result of the ongoing commitment to identify and connect Medicaid eligible people to MetroPlus and encouraging them to obtain this necessary coverage. MetroPlus medical spend increased from 39.3 percent in Fiscal 2021 to 42.4 percent in Fiscal 2022 as a result of the increased enrollment. Higher enrollment helps raise patient service revenue and also provides more people with consistent access to health care services.

The percentage of patients who left emergency departments without being seen increased from 3.5 percent in Fiscal 2021 to 5.2 percent in Fiscal 2022. The previous low rate in Fiscal 2021 was directly related to the COVID-19 pandemic, which resulted in overall ED utilization decreases, with associated declines in the percentage of patients who left the EDs without being seen. As a result, the increased rate for Fiscal 2022 is still lower than the rate prior to the pandemic, as increases in staffing levels, enhancements in patient tracking and flow, and facility management in the EDs have contributed to improved performance in this measure.

While the monthly average of insurance applications submitted decreased from 7,895 in Fiscal 2021 to 6,667 in Fiscal 2022, this metric is agnostic to changes in uninsured patient volumes, programmatic changes, and does not necessarily indicate the outcome of the applications. Nevertheless, the percentage of uninsured patients enrolled in health insurance coverage or financial assistance increased from 70 percent in Fiscal Year 2021 to 88 percent in Fiscal Year 2022. The System has

prioritized financial counseling and efforts to screen and enroll patients in health insurance for those eligible, and financial assistance for those ineligible or unable to afford coverage.

Performance Indicators	Actual					Target		Trend	
	FY18	FY19	FY20	FY21	FY22	FY22	FY23	5-Year	Desired Direction
Patients who left Emergency Department without being seen (%)	7.7%	7.2%	6.9%	3.5%	5.2%	4.0%	4.0%	Down	Down
★ Net days of revenue for accounts receivable	NA	42.3	71.3	59.9	49.7	42.0	42.0	NA	Down
Patient care revenue/expenses (%)	59.2%	60.8%	61.6%	74.0%	74.8%	60.0%	60.0%	Up	Up
★ MetroPlus Health Plan medical spending at Health + Hospitals (%)	39.3%	39.9%	39.9%	39.3%	42.4%	↑	↑	Neutral	Up
★ MetroPlus membership	521,731	518,681	560,212	620,041	648,369	↑	↑	Up	Up
★ Insurance applications submitted by Health + Hospitals staff (monthly average)	NA	NA	NA	7,895	6,667	↑	↑	NA	Up
Percentage of uninsured patients enrolled in insurance or financial assistance	NA	NA	NA	70%	88%	*	*	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 emphasize quality of care and patient experience in Fiscal 2022. 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. In Fiscal 2022, MyChart activations remained steady at 69 percent, continuing to perform above the national average of 47 percent. The System hopes to retain patients who initially used MyChart to register for a COVID-19 test or vaccine but had not otherwise used System services and continues to promote patient account activations through workforce education, patient engagement and awareness.

The Fiscal 2022 score of 85.2 for outpatient satisfaction is greater than the set target of 85.4 and the Fiscal 2021 score of 84.50, indicative of a gradual and steady upward trend. This can be attributed to an increase in access to care post-COVID surges, the opening of three new Gotham Health Centers, as well as increased availability of telemedicine visits that addressed challenges related to wait time and the subsequent quality of interactions between patients and their care teams.

Due to COVID-19 related pivoting of clinical operations, including repurposing of inpatient units and dynamic visitation policies, through two major surges in New York City, the Fiscal 2022 inpatient satisfaction actual score (62.9) is less than the set target for Fiscal 2022 (65.8) as well as the actual score for Fiscal 2021. This data aligns with declining trends in patient experience across healthcare organizations in the nation but ultimately, remains higher than the inpatient satisfaction rate prior to the pandemic.

The Fiscal 2022 post-acute satisfaction actual score of 80.9 is less than the Fiscal 2021 actual score of 81.9. With more steady state guidance on COVID-19 protocol and resident-friendly visitation policies in place, it is expected that this score will move in a favorable direction.

The percentage of patients diagnosed with diabetes who have controlled blood sugar increased from 63.7 percent in Fiscal 2021 to 65.3 percent in Fiscal 2022. The increase is due to more patients returning to health care facilities for regular testing and services. During the pandemic, many patients avoided health care facilities and did not obtain the services needed to stabilize their chronic conditions. Chronic disease coordinators in the System are contacting patients to resume in-person visits for chronic disease management. In addition, clinicians are working with diabetic patients in primary care clinics to improve diabetes management skills, and trainings for multiple clinical disciplines have been developed to enhance patient education specific to managing diabetes and nutritional interventions. The System also opened a new Gotham Health Diabetes Center for Staten Island, which has on-site services including eye and foot care, virtual nutrition counseling, and the use of innovative technology, like the text-message based Mobile Insulin Titration Intervention (MITI) program to monitor blood sugar.

During the COVID-19 pandemic, the System’s overall safety grades, as rated by employees, improved in both acute and ambulatory care. The System’s ability to take care of its patients depends on the health and safety of its employees. At the same time, the overall safety grade for post-acute care decreased, as front-line staff contended with not only treating COVID-19 patients, but also to regulatory pressures with surveys occurring frequently throughout post-acute care sites. NYC Health + Hospitals has placed great emphasis on addressing staff and clinician wellbeing through a variety of efforts, including the Helping Healers Heal program that has been instrumental during the pandemic to improve psychological safety, providing a combination of wellness rounds and debriefs from peer support champions to staff across the System. To address the impact that the pandemic has had on the System’s workforce, NYC Health + Hospitals continues to increase its investment in wellness programming across all service lines.

The System maintains multiple institutional mechanisms to promote community outreach and patient participation in its strategic planning. One of the primary mechanisms is its Community Advisory Boards (CABs). CABs are all made up of volunteer advocates representing 21 of the System’s facilities serving the City of New York. The CAB members are aware and concerned about crucial health care issues and carrying out the mission and values of the System. The 21 Community Advisory Boards had 190 meetings in Fiscal 2022. In conjunction with the System’s 21 CABs throughout the City of New York, there is also a Council of Community Advisory Boards composed of the 21 Chairpersons of each facility’s CAB. The Council is a collective body for health advocacy, and coordinates the citywide activities of the Community Advisory Boards. The Council of Community Advisory Boards had 10 meetings in Fiscal 2022.

Performance Indicators	Actual					Target		Trend	
	FY18	FY19	FY20	FY21	FY22	FY22	FY23	5-Year	Desired Direction
Inpatient satisfaction rate (%)	62.0%	61.1%	63.0%	65.7%	62.9%	65.8%	65.8%	Neutral	Up
Outpatient satisfaction rate (%)	82.1%	82.0%	83.6%	84.5%	85.2%	85.4%	85.4%	Neutral	Up
MyChart Activations (%)	NA	NA	20%	69%	69%	50%	50%	NA	Up
★ Patients receiving a defined set of medical services to treat sepsis within three hours of presentation (%)	64.0%	76.8%	NA	NA	NA	↑	↑	NA	Up
★ Patients diagnosed with diabetes who have appropriately controlled blood sugar (%)	63.5%	64.6%	64.6%	63.7%	65.3%	↑	↑	Neutral	Up
★ Post-acute care satisfaction rate (%)	85.3%	80.7%	86.7%	81.9%	80.9%	86.3%	86.3%	Neutral	Up
Overall safety grade - acute care	62.0%	NA	64.0%	NA	69.0%	*	*	NA	Up
Overall safety grade - post-acute care (%)	72.0%	NA	70.0%	NA	64.0%	*	*	NA	Up
Overall safety grade - ambulatory care (D & TC)(%)	39.0%	NA	42.0%	NA	48.0%	*	*	NA	Up
Total System Council of Community Advisory Board meetings held over the year	NA	NA	NA	NA	10	*	*	NA	*
Total facility-specific Community Advisory Board meetings held over the year	NA	NA	NA	NA	190	*	*	NA	*

★ Critical Indicator    ● Equity Indicator    "NA" Not Available    ↑↓ Directional Target    \* None

## AGENCY RESOURCES

Resource Indicators	Actual <sup>1</sup>					Plan <sup>2</sup>		5yr Trend
	FY18	FY19	FY20	FY21	FY22	FY22	FY23	
Expenditures (\$000,000) <sup>3</sup>	\$7,868.1	\$8,222.1	\$8,581.6	\$11,134.0	\$12,742.1	\$10,412.5	\$8,873.6	Up
Revenues (\$000,000)	\$8,604.2	\$8,999.3	\$9,373.0	\$11,920.6	\$13,474.5	\$11,187.7	\$9,626.7	Up
Personnel	36,574	37,711	39,765	40,062	38,497	37,272	37,272	Neutral
Overtime paid (\$000,000)	\$151.5	\$178.1	\$153.6	\$192.3	\$192.3	\$164.3	\$164.3	Up
Capital commitments (\$000,000)	\$283.6	\$459.4	\$531.9	\$369.6	\$535.8	\$892.4	\$799.8	Up

<sup>1</sup>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](http://nyc.gov/mmr) for details.    <sup>2</sup>Authorized Budget Level    <sup>3</sup>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 FY21 <sup>2</sup> (\$000,000)	Modified Budget FY22 <sup>3</sup> (\$000,000)	Applicable MMR Goals <sup>4</sup>
001 - Lump Sum Appropriation (OTPS) <sup>1</sup>	\$2,522.7	\$2,703.8	All

<sup>1</sup>These figures are limited to the City's contribution and planned contribution respectively. <sup>2</sup>Comprehensive Annual Financial Report (CAFR) for the Fiscal Year ended June 30, 2021. Includes all funds. <sup>3</sup>City of New York Adopted Budget for Fiscal 2022, as of June 2022. <sup>4</sup>Refer to goals listed at front of chapter "NA" Not Available  
\* None

## NOTEWORTHY CHANGES, ADDITIONS OR DELETIONS

- NYC Health + Hospitals has added a new indicator, "Uninsured patients enrolled in insurance or financial assistance (%)", that comprehensively represents both its efforts to screen the majority of uninsured patients and its success in enrolling them into a program to help them cover their health care expenses. As a percentage, this metric also controls for changes in uninsured patient volumes and is already used for systemwide strategic planning and is reported out regularly to stakeholders across NYC Health + Hospitals and its Board.
- NYC Health + Hospitals has added new indicators for "Total facility-specific Community Advisory Board meetings held over the year" and "Total system Council of Community Advisory Board meetings held over the year" to measure the System's mechanisms to incorporate community outreach and patient participation in its strategic planning.
- The indicator "Unique primary care patients (seen in the last 12 months)" now uses a new methodology. The calculation now uses a new methodology that has been updated based on a refined primary care definition and visit count that now only includes patients with a fully billable completed provider encounter (i.e. excludes lab work or immunization-only encounters). Therefore, current data cannot be compared to prior years' data, which will have a higher number before this methodology change. The new, stricter definition will continue going forward and is aligned with its essential goal of ensuring timely access to quality primary care for all New Yorkers.
- The Fiscal 2022 figure for the "Uninsured patients served" indicator included NYC Care patients. These patients were excluded in previously reported data.
- Data for 'Patients receiving a defined set of medical services to treat sepsis within three hours of presentation (%)' remains unavailable. Data for this measure is reported by the New York State Department of Health and stopped in March 2020.

## ADDITIONAL RESOURCES

For more information on NYC Care, please visit: [www.nyccare.nyc](http://www.nyccare.nyc)

For more information on the agency, please visit: <https://www.nychealthandhospitals.org/>