



NYC HEALTH + HOSPITALS

Dr. Mitchell Katz, President and CEO

WHAT WE DO

NYC Health + Hospitals (the System), the largest municipal health system in the country, includes 11 acute care locations, five post-acute care (skilled nursing) facilities, and over 30 patient care community health centers (Gotham Health). The System provides comprehensive health care services including preventive and primary care, behavioral health care, trauma care, 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; a Certified Home Health Agency; a Health Home; and Correctional Health Services (CHS), serving patients on Rikers Island. Approximately 70 percent of NYC Health + Hospital's adult patients are on Medicaid or are uninsured, and the System collectively serves approximately one million New Yorkers across the five boroughs each year.

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. In keeping with its mission, NYC Health + Hospitals provides high quality, accessible care to diverse communities, including historically marginalized populations, without exception. More than 70 percent of patients identify as either Black/African American, Hispanic/Latinx, or Asian American Pacific Islander, and an estimated 30 percent of patients are limited English proficient. The System serves marginalized groups who are more likely to experience poverty and face a disproportionate amount of harmful daily stressors and barriers, which contribute to and exacerbate chronic disease and health inequity.

Over 70 percent of NYC Health + Hospitals patients either rely on Medicaid or have no insurance. The System works to advance health equity by creating models of care that remove barriers for special populations. For instance, the NYC Care program ensures that New Yorkers who cannot access insurance are connected to affordable, high quality primary, preventive, and specialty care, regardless of their ability to pay. In addition, the System's Street Health Outreach + Wellness (SHOW) program addresses the needs of diverse populations, with a focus on people experiencing homelessness, by deploying mobile health units across the City to reach underserved individuals. SHOW provides care without pre-scheduled appointments or cost, connecting thousands to essential services like COVID-19 testing, vaccinations, primary care, mental health resources, and more. 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.

The System's CHS division provides a full spectrum of high-quality health care to people incarcerated in New York City with dignity and respect. CHS' mission is to diagnose and treat individuals in custody and to provide support from the first to the last day of incarceration, which will help patients successfully reenter their communities.

Finally, to further address equity, an advisory group called the Equity and Access Council, supports the System's 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. NYC Health + Hospitals also acknowledges the importance of a diverse workforce and thus established the Medical Opportunities for Students and Aspiring Inclusive Clinicians (MOSAIC) program to encourage under-represented groups to join the medical workforce. NYC Health + Hospitals continues to develop recruitment and retention programs to attract staff who reflect the communities it serves.

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 2024

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

Goal 1a

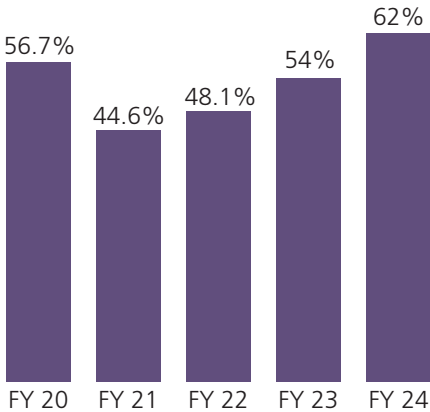
Expand access to care.

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. That is why unique primary care patient volume remains a key priority within the System. In Fiscal 2024, there were 442,736 unique primary care patients, an increase of over 15,000 patients from Fiscal 2023. This growth reflects elevated demand for primary care services, as well as strengthened pathways to primary care from various mechanisms such as NYC Care and virtual patient engagement, including the online portal for appointment scheduling. More broadly, the total number of unique patients entering the System increased from 1,204,174 in Fiscal 2023 to 1,210,437 in Fiscal 2024. The System also saw a nearly 14 percent increase in the reported number of uninsured patients served since Fiscal 2023, rising to 249,785 in Fiscal 2024. This includes patients enrolled in NYC Care, the System's guaranteed low-cost and no-cost services offered to New Yorkers who do not qualify for or cannot afford health insurance based on federal guidelines (note NYC care is not a form of health insurance). The increase in uninsured patients served is primarily driven by overall patient volumes, including but not limited to, the citywide influx of migrants who are less likely to be eligible for insurance. Additionally, as a result of the February 2024 cyberattack that disrupted healthcare financial and technology vendors' services nationwide, NYC Health + Hospitals was temporarily unable to electronically verify patients' insurance eligibility which resulted in an increase in patients who were registered as uninsured who might have actually had coverage. NYC Health + Hospitals has since restored these services, including a health care insurance eligibility software, through an expedited implementation with another vendor. Prior to Fiscal 2023, the numbers reported for uninsured patients served included all patients with at least one uninsured encounter over the course of the fiscal year, including insured patients who received non-billable services. This artificially inflated the number reported in prior years. Since Fiscal 2023, this metric no longer includes non-billable services for insured patients.

Enrollment in NYC Care grew from 119,234 patients in Fiscal 2023 to 143,503 in Fiscal 2024, an increase of 20 percent. This growth can be attributed to ongoing community outreach and public awareness campaigns expanding the program's presence in target communities, as well as the influx of new arrivals to New York City needing access to care. The program continues to grow, even accounting for attrition due to undocumented residents aged 65 and over becoming eligible for Medicaid and thus ending enrollment in NYC Care. This underscores the effectiveness of NYC Care's outreach strategies and overall impact. The System continues to partner with 22 community-based organizations (CBOs) in all five boroughs, as well as GetCoveredNYC and the Mayor's Public Engagement Unit, to spread the word about opportunities for insurance enrollment for those who qualify, and for NYC Care for those who cannot access insurance. The System will continue working collaboratively with stakeholders across the City to continue achieving health equity for all New Yorkers.

As patients return to visiting System clinics in-person, the number of telehealth visits decreased to 541,518 in Fiscal 2024, down 11 percent from Fiscal 2023. Continuing the trend of the last two fiscal years, 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. However, the System will continue to offer telehealth as an option for those who need it as it remains committed to telehealth as a supportive treatment modality. While telehealth visits have been decreasing, electronic consultations have been trending upwards over the last five years. eConsult volume increased by 11,020 consultations since Fiscal 2023 to 437,552 in Fiscal 2024. This growth is largely because the number of primary care patients, who are the principal pool of patients eligible for eConsults, also increased in the same timeframe. Through eConsults, primary care providers and specialists can co-manage patient's health conditions, which aids in increasing the quality of the in-person visits that may result from an eConsult or by eliminating unnecessary in-person specialty care visits.

Follow-up Appointment Kept within 30 Days After Behavioral Health Discharge



Following the five-year trend, eligible women receiving a mammogram screening continued to increase in the System. The number increased from 78.3 percent in Fiscal 2023 to 79.7 percent in Fiscal 2024, representing a steady upwards trend towards the System's target of 80 percent. The System has improved access to many different types of health screenings by improving internal operations, such as scheduling, and building staff capacity. Reflective of this effort, the System has added two new indicators, 'Eligible patients receiving prenatal depression screenings' and 'Eligible patients receiving postpartum depression screenings.' The System is committed to providing comprehensive depression and anxiety screenings for all patients, with particular attention to maternal depression to ensure better outcomes for women and children. In Fiscal 2024, 86.4 percent of patients were screened for prenatal depression and 77.2 percent were screened for postpartum depression. The System is working to increase both screening metrics to above 90 percent.

The System is committed to prioritizing patients' successful transition to essential resources after discharge. This priority stems from NYC Health + Hospitals' fundamental dedication to patient engagement and connection to care. The number of follow up appointments kept within 30 days after behavioral health treatment has improved from 54 percent in Fiscal 2023 to 62 percent in Fiscal 2024. This was accomplished through close collaboration and partnership between Health + Hospital's central Office of Behavioral Health (OBH) and all System facilities to support systemwide efforts to ensure staff training is focused on workflow practices that help patients keep their follow-up appointments soon after discharge. This includes centering training on patient access to available aftercare resources and workflow documentation of these follow-up appointments.

The number of calendar days to third next available new appointment (TNAA) measures access and availability for patients to utilize the System's services. TNAA for Fiscal 2024 was 20 days for adult medicine, an eight-day increase compared to Fiscal 2023, and 23 days for pediatric medicine, a ten-day increase from Fiscal 2023. The System has experienced a notable increase in the number of primary care patients served in addition to an increase in patients returning to in-person appointments after the COVID-19 pandemic. As a result of this significantly greater demand and volume, the System is implementing new strategies to increase access resulting in TNAA fluctuations as clinic operations are standardized across the hospital system.

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The total correctional health clinical encounters per 100 average daily population on Rikers Island was 10,637 in Fiscal 2024, down from 12,020 encounters reported in Fiscal 2023, which reflects the natural fluctuations in the clinical profile of patients, as well as minor workflow changes that can impact reporting. The percent of patients with a substance use diagnosis who received jail-based contact in Fiscal 2024 did not change from the same time in Fiscal 2023, remaining at 85 percent. This metric reflects substance use diagnoses for a range of substances and severity, including those without indication for a formal intervention beyond education. Operational and environmental factors in the jails can impact CHS providers' ability to meet with patients with substance use diagnoses.

Performance Indicators	Actual					Target		Trend	
	FY20	FY21	FY22	FY23	FY24	FY24	FY25	5-Year	Desired Direction
★ Unique patients	1,153,089	1,148,019	1,110,039	1,204,174	1,210,437	↑	↑	Neutral	Up
Unique primary care patients (seen in the last 12 months)	445,672	389,505	413,908	427,337	442,736	*	*	Neutral	Up
★ Uninsured patients served	378,104	304,174	391,810	219,943	249,785	*	*	Down	*
★ NYC Care enrollment	28,151	69,309	113,178	119,234	143,503	↑	↑	Up	Up
Telehealth visits	289,238	1,008,900	684,066	608,204	541,518	*	*	Neutral	*
★ eConsults completed	171,569	322,229	404,406	426,532	437,552	↑	↑	Up	Up
★ Eligible women receiving a mammogram screening (%)	63.5%	70.5%	72.7%	78.3%	79.7%	80.0%	80.0%	Up	Up
Eligible patients receiving prenatal depression screenings (%)	NA	NA	NA	NA	86.4%	90.0%	90.0%	NA	Up
Eligible patients receiving postpartum depression screenings (%)	NA	NA	NA	NA	77.2%	90.0%	90.0%	NA	Up
★ HIV patients retained in care (%) (annual)	81.6%	85.0%	82.1%	84.5%	87.3%	85.0%	85.0%	Neutral	Up
Calendar days to third next available new appointment – Adult medicine	13.0	10.3	12.0	12.0	20.0	14.0	14.0	Up	Down
Calendar days to third next available new appointment – Pediatric medicine	9.0	6.5	12.0	13.0	23.0	5.0	5.0	Up	Down
★ Follow-up appointment kept within 30 days after behavioral health discharge (%)	56.7%	44.6%	48.1%	54.0%	62.0%	↑	↑	Up	Up
Total correctional health clinical encounters per 100 average daily population	15,675	14,999	12,170	12,020	10,637	*	*	Down	*
Correctional health patients with a substance use diagnosis that received jail-based contact (%)	94%	91%	87%	85%	85%	90%	90%	Down	Up
★ Critical Indicator ● Equity Indicator "NA" Not Available ↑↓ Directional Target * None									

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

The percentage of patients who left the adult emergency departments (ED) without being seen during Fiscal 2024 remained stable at around five percent despite an increase in the overall ED patient volume from Fiscal 2023 to Fiscal 2024. Improvement efforts in place include the following: enhancing patient tracking and flow, revisiting provider and nursing staff models to ensure staffing capacity to meet increasing demand, using providers in triage when feasible to facilitate early evaluation and treatment, and ongoing work by ED high-value care teams to identify and decrease unnecessary lab and radiology treatments. Additional work is also in progress to create additional avenues to decompress patient volume in the EDs through telemedicine alternatives.

Net days of revenue for accounts receivable (AR) increased from 46.4 days in Fiscal 2023 to 64.1 days in Fiscal 2024. This year the increase is not reflective of actual cash payments received by the System, and therefore is not reflective of actual performance, as the System has not been reporting days in AR due to the cyberattack on the System's payment management vendor. This clearinghouse vendor for all patient statements and insurance eligibility, claims and remittance transactions experienced a cyberattack in February 2024. This cyberattack impacted the claims and remittance operations of many payers in addition to providers. The System has connected to an alternative vendor for claims for all payers beginning April 2024. However, the System is still working on the new connection for remittances and have reconnected to the previous vendor for some payers. This has caused a sharp increase in the recorded days in AR due to the System's inability to post all the payment transactions to the patient accounting system. Patient care revenue growth and expense reduction has remained consistent with previous years, remaining at 73.8 percent in Fiscal 2024.

The average MetroPlus membership has increased from 715,343 in Fiscal 2023 to 715,898 in Fiscal 2024. While the expiration of the continuous enrollment condition authorized by the federal Families First Coronavirus Response Act negatively impacted membership enrollment, the membership level remained higher than Fiscal 2023 due to increased efforts and outreach. The percent of MetroPlus spending at the System for medical expenses increased from 43.3 percent in Fiscal 2023 to 43.5 percent in Fiscal 2024. The slight increase in the risk surplus indicates that the reserve of extra funds has grown, which is linked to Medicaid's process of reviewing and determining eligibility for coverage. The System also observed that MetroPlus members who are retained within the plan had higher medical expenses in Fiscal 2024 than in Fiscal 2023.

The percentage of uninsured patients enrolled in insurance or financial assistance decreased from 79 percent in Fiscal 2023 to 73 percent in Fiscal 2024. Financial counseling is available to all patients. However, the System has seen a decline in financial counseling screening rates that has primarily been driven by staffing vacancies and staff being unable to keep pace with increases in patient volumes. There is ongoing work to address the staffing shortages to reverse the decline in the screening rates as well as improve the percentage of patients who are screened who are enrolled in Health Insurance Coverage or Financial Assistance.

Performance Indicators	Actual					Target		Trend	
	FY20	FY21	FY22	FY23	FY24	FY24	FY25	5-Year	Desired Direction
Patients who left Emergency Department without being seen (%)	6.9%	3.5%	5.2%	5.0%	5.1%	4.0%	4.0%	Down	Down
★ Net days of revenue for accounts receivable	71.3	59.9	49.7	46.4	64.1	42.0	42.0	Down	Down
Patient care revenue/expenses (%)	61.6%	74.0%	74.8%	73.8%	73.8%	60.0%	60.0%	Up	Up
★ ● MetroPlus membership	560,212	620,041	648,369	715,343	715,898	↑	↑	Up	Up
★ MetroPlus Health Plan medical spending at Health + Hospitals (%)	39.9%	39.3%	42.4%	43.3%	43.5%	↑	↑	Up	Up
Percentage of uninsured patients enrolled in insurance or financial assistance	NA	70%	88%	79%	73%	*	*	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 2024. MyChart is used by patients to connect to and communicate with their care teams, as well as to obtain medicine refills and important real-time test results, including COVID-19 test results. In Fiscal 2024, MyChart activations increased from 53.5 percent to 57.0 percent, which is around the national average for medical record software application systems and above the System’s 50 percent target. The MyChart team is maintaining focus on stabilizing the systemwide activation metric by implementing new digital and physical promotional material to display at sites, leveraging MyChart experts, and increasing adoption by enhancing the MyChart patient experience. MyChart is now leveraging an electronic health records patient communication software to send text messages to patients to promote same day activations. Patients now have access to four MyChart educational videos (available in thirteen languages) for topics covering how to sign up and how to participate in video visits.

Outpatient satisfaction scores, as reported by patients on a scale of 1–10, increased by one percentage point from 85.4 percent in Fiscal 2023 to 86.4 percent in Fiscal 2024. While the shift in actual scores is small, it is indicative of a steady, incremental trend that has sustained over several prior fiscal years. Possible reasons for the increase over time are related to improved patient perceptions of care team accessibility due to multimodal communication and care encounters, including MyChart messaging and video or telemedicine visits. Inpatient satisfaction scores, as reported by patients on a scale of 1–10, improved three percentage points over the last fiscal year, with scores increasing from 61.7 percent in Fiscal 2023 to 64.7 percent in Fiscal 2024. With the System’s inpatient volume and complex care needs climbing consistently, efforts have been made to enhance workforce capacity, including targeted support to address stress and burnout within the workforce, recruitment and retention initiatives, as well as technology and process optimization and improvements to increase time spent by care teams in the care delivery environment.

The post-acute care satisfaction rate, which captures the likelihood of recommending nursing facilities, has increased from 84.0 percent in Fiscal 2023 to 86.5 percent in Fiscal 2024, continuing a gradual and sustained upward trend in performance. This increase can be attributed to an uptick of partnerships between staff and residents on meaningful resident experience improvement efforts, ultimately leading to higher quality in-person interactions between residents, their loved ones, and their care teams.

The percentage of patients diagnosed with diabetes who have controlled blood sugar saw no significant change, decreasing from 68.8 percent in Fiscal 2023 to 68.2 percent in Fiscal 2024. The System's primary care population has continued to increase and the testing rate for hemoglobin A1c has remained at record highs. Many additional efforts across the System have contributed to maintenance of diabetes control, including record high rates of patients getting their labs done in a timely manner, the introduction of clinical pharmacists in primary care, continued expansion and optimization of the Treat to Target nurse-led hypertension and diabetes management program, and targeted outreach for patients with uncontrolled diabetes who do not have follow-up appointments scheduled. These and other programs have contributed to record high numbers of patients with diabetes engaged in primary care and maintenance of high control rates.

At NYC Health + Hospitals, patient safety culture is assessed in the fall every two years through a survey. The last two surveys were administered in fall of Fiscal 2022 and fall of Fiscal 2024. Overall safety grade surveys ask staff members to give their work unit an overall rating of patient safety. The overall safety grade rating represents respondents that answered "very good" or "excellent" to the survey question. The overall safety grade in acute care increased to 55 percent in Fiscal 2024 from 50 percent in Fiscal 2022, and the ambulatory care safety grade had a corresponding increase to 58 percent from 48 percent. Post-acute care's safety score remained relatively stable between the last two surveys, with no relative change from 64 percent in Fiscal 2022 to 63 percent in Fiscal 2024. Overall, the patient safety rating across NYC Health + Hospitals has improved and can be attributed to system-wide programs focused on enhancing the overall culture of safety, including psychological safety, through comprehensive wellness programming and a System effort to increase the number of safety flags and resolutions reported at all sites. This work has promoted a culture where all staff members can speak up freely and make consistent improvements in patient safety. The System's ability to take care of its patients depends on the health and safety of its employees. 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 receive feedback from patients and local residents. One of the primary mechanisms is its Community Advisory Boards (CABs). CABs are made up of volunteer advocates representing 21 of the System's facilities serving the City. The CAB members are aware and concerned about crucial health care issues and carrying out the mission and values of the System. The 21 facility-specific CABs had 190 meetings in Fiscal 2024, consistent with previous fiscal years. 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 is responsible for ensuring the individual CABs receive relevant information from the System and expressing the concerns and interests of the respective CABs. The Council of CABs had 10 meetings in Fiscal 2024, consistent with previous fiscal years.

Performance Indicators	Actual					Target		Trend	
	FY20	FY21	FY22	FY23	FY24	FY24	FY25	5-Year	Desired Direction
MyChart Activations (%)	20.0%	69.0%	69.0%	53.5%	57.0%	50.0%	50.0%	Up	*
Outpatient satisfaction rate (%)	83.6%	84.5%	85.2%	85.4%	86.4%	85.4%	85.4%	Neutral	Up
Inpatient satisfaction rate (%)	63.0%	65.7%	62.9%	61.7%	64.7%	65.8%	65.8%	Neutral	Up
★ Post-acute care satisfaction rate (%)	86.7%	81.9%	80.9%	84.0%	86.5%	86.3%	86.3%	Neutral	Up
★ Patients diagnosed with diabetes who have appropriately controlled blood sugar (%)	64.6%	63.7%	65.3%	68.8%	68.2%	↑	↑	Neutral	Up
Overall safety grade – Acute care (%)	64.0%	NA	50.0%	NA	55.0%	*	*	NA	Up
Overall safety grade – Post-acute care (%)	70.0%	NA	64.0%	NA	63.0%	*	*	NA	Up
Overall safety grade – Ambulatory care (diagnostic & treatment centers) (%)	42.0%	NA	48.0%	NA	58.0%	*	*	NA	Up
Total System Council of Community Advisory Board meetings held over the year	NA	NA	10	10	10	*	*	NA	*
Total facility-specific Community Advisory Board meetings held over the year	NA	NA	190	190	190	*	*	NA	*
★ Critical Indicator ● Equity Indicator "NA" Not Available ↑↓ Directional Target * None									

AGENCY-WIDE MANAGEMENT

Performance Indicators	Actual					Target		Trend	
	FY20	FY21	FY22	FY23	FY24	FY24	FY25	5-Year	Desired Direction
Payout (\$000)	NA	NA	NA	\$76,625	\$3,207	*	*	NA	Down
★ Critical Indicator ● Equity Indicator "NA" Not Available ⬆️⬆️ Directional Target * None									

AGENCY RESOURCES

Resource Indicators	Actual ¹					Plan ²		5yr Trend
	FY20	FY21	FY22	FY23	FY24	FY24	FY25	
Expenditures (\$000,000) ³	\$8,581.6	\$11,134.0	\$12,742.1	\$10,878.7	\$12,414.4	\$10,406.7	\$12,222.2	Up
Revenues (\$000,000)	\$9,373.0	\$11,920.6	\$13,474.5	\$11,587.90	\$13,174.5	\$10,932.2	\$13,045.3	Up
Personnel	39,765	40,062	38,497	39,738	43,582	37,272	40,487	Neutral
Overtime paid (\$000,000)	\$153.6	\$192.3	\$192.3	\$215.3	\$258.7	\$171.5	\$191.8	Up
Capital commitments (\$000,000)	\$531.9	\$369.6	\$543.7	\$414.8	\$354.2	\$546.1	\$692.4	Down
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 FY23 ² (\$000,000)	Modified Budget FY24 ³ (\$000,000)	Applicable MMR Goals ⁴
001 - Lump Sum Appropriation (OTPS) ¹	\$1,921.8	\$3,189.2	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, 2023. Includes all funds. ³ City of New York Adopted Budget for Fiscal 2024, as of June 2024. ⁴ Refer to goals listed at front of chapter "NA" Not Available * None			

NOTEWORTHY CHANGES, ADDITIONS OR DELETIONS

- Service 1 was renamed from ‘Provide medical, mental health and substance abuse services to New York City residents regardless of their ability to pay’ to ‘Provide medical, mental health and substance use services to New York City residents regardless of their ability to pay’ to align with the System’s efforts to use less stigmatizing language.
- The indicator ‘Individuals who received clinical services from Mental Health Service Corps behavioral health clinicians’ was removed from Goal 1a as the System is transitioning the Mental Health Service Corps (Thrive-era program) into two programs—a Social Work Training Academy and a continuation of early career social workers in collaborative care settings. This transition is expected to be completed on September 30, 2024, and a new indicator about these new programs will be created in Fiscal 2025.
- The indicator ‘Patients enrolled in care in the 1st trimester of pregnancy’ was removed from Goal 1a because the metric was limited to those that delivered at NYC Health + Hospital facilities that also enrolled in 1st trimester care within the System. As such, it did not accurately reflect the citywide proportion of people receiving this care. Healthcare systems, including NYC Health + Hospitals, do not determine when or where an individual chooses to receive their care, and therefore it was not an effective measure. New indicators on maternal care at NYC Health + Hospitals, ‘Eligible patients receiving postpartum depression screenings (%)’ and ‘Eligible patients receiving prenatal depression screenings (%)’ were added to Goal 1a to better record the efforts of staff. These new indicators also reflect the System’s focus on providing depression and anxiety screenings to all patients.
- The upward desired direction was removed from ‘MyChart activations’ as the System seeks to stabilize activation rates after an influx during COVID-19 when demand for digital healthcare access was heightened. Now that the System has stabilized, the goal is to sustain this higher level of engagement rather than continuously push for growth. The emphasis remains on ensuring that patients continue to use MyChart effectively, but at a more consistent rate. The target remains at 50 percent, aligning with national standards.

ADDITIONAL RESOURCES

For additional information go to:

- NYC Care:
www.nyccare.nyc

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

