



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 eleven 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 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 all New Yorkers in need of health care services are being connected with affordable primary, preventive, and specialty care. This access has become even more important, in consideration of the impact COVID-19 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 eligible for 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, in March 2020, NYC Health + Hospitals' Equity, Diversity and Inclusion Committee of the Board approved the creation of the Equity and Access Council, an advisory group that supports the Human Resources Office of Diversity and Inclusion to develop efforts that promote equity among both staff and patients, and optimize the delivery of care and health outcomes for diverse patient populations. This Council's focus is 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

- Unique primary care patient volume remains a key priority at NYC Health + Hospitals, with a total of 388,622 patients seen during the first four months of Fiscal 2021. At the same time, NYC Care enrollment grew to 34,266 from 7,000 during the same period in Fiscal 2020. The objective of NYC Care is to improve primary care capacity and continuity and provide low- or no-cost access to New Yorkers who do not qualify for or cannot afford health insurance. The total number of unique patients increased from 603,520 to 683,450 during the first four months of Fiscal 2021, of which 227,528 were treated for COVID-19.
- The number of uninsured patients served decreased during the July-October 2020 period to 110,584, from 195,466 in the prior reporting period. The number of eConsults increased slightly from 65,777 to 65,969. eConsult is an integrated referral management system, allowing for electronic review of specialty referrals and enabling specialists to provide clinical guidance to referring providers, obviating the need for a “face-to-face” visit, when appropriate. This measure remains an important indicator of NYC Health + Hospitals’ commitment to expand access to specialty care services, with 273 departments across the System currently using eConsults.
- There were 246,845 telehealth visits during the first four months of Fiscal 2021. Telehealth visits have increased due to the COVID-19 pandemic with the number of telehealth visits during the four-month reporting period approaching the total for all of Fiscal 2020. NYC Health + Hospitals expects the number of telehealth visits to stabilize once the pandemic is more under control and patients go directly to clinics for face-to-face care.
- The proportion of follow-up appointments kept within 30 days after behavioral health discharge, declined during the reporting period to 45.6 percent from 60.1 percent during the prior period. This decline is related to fewer patients attending follow-up appointments during the reporting period due to COVID-19 concerns and is magnified by a reporting method change that includes more patient categories in the denominator. At the same time, telehealth services were made available in this area to support continuity of care for these patients. NYC Health + Hospitals is working to improve access to telehealth services for all mental health services patients.
- During the first four months of Fiscal 2021, the percentage of patients who left the emergency departments (EDs) without being seen declined to 3.3 percent from 7.5 percent during the same time last year. This is directly related to the COVID-19 pandemic, which has resulted in overall ED utilization decreases, with associated declines in the percentage of patients who left the EDs without being seen. Additionally, increases in staffing levels, enhancements in patient tracking and flow, and facility management in the EDs have contributed to improved performance in this measure.
- NYC Health + Hospitals uses the MyChart tool to connect patients with their care team and health information, including COVID-19 test results, in a secure and convenient manner. During the reporting period, 41 percent of patients activated MyChart accounts following a care visit. NYC Health + Hospitals continues to promote patient account activations through workforce education and training, and patient engagement and awareness. NYC Health + Hospitals created a centralized system-wide resource library for staff, including current tip sheets, demos, and recorded webinar trainings to support staff engagement efforts. For patients, NYC Health + Hospitals built a new patient-facing telehealth resource hub, which hosts a “Welcome to MyChart Guide” in the 13 most frequently used languages.

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.

Performance Indicators	Actual			Target		4-Month Actual	
	FY18	FY19	FY20	FY21	FY22	FY20	FY21
★ Unique patients	1,112,975	1,081,156	1,153,089	↑	↑	603,520	683,450
Unique primary care patients (seen in the last 12 months)	417,000	NA	445,672	*	*	NA	388,622
★ Uninsured patients served	381,805	374,988	378,104	↓	↓	195,466	110,584
★ eConsults completed	28,956	75,999	171,569	↑	↑	65,777	65,969
Telehealth visits	NA	NA	289,238	*	*	NA	246,845
★ Eligible women receiving a mammogram screening (%)	75.9%	74.0%	63.5%	80.0%	80.0%	75.2%	74.4%
★ HIV patients retained in care (%) (annual)	84.9%	84.0%	81.6%	85.0%	85.0%	NA	84.6%
Calendar days to third next available new appointment - adult medicine	13.1	12.0	13.0	14.0	14.0	13.7	13.0
Calendar days to third next available new appointment - pediatric medicine	4.7	6.0	9.0	5.0	5.0	13.1	9.0
★ NYC Care enrollment	NA	NA	24,500	↑	↑	7,000	34,266
★ Patients enrolled in care in the 1st trimester of pregnancy	61.4%	62.0%	62.5%	↑	↑	NA	59.8%
★ Follow-up appointment kept within 30 days after behavioral health discharge (%)	57.80%	59.96%	56.68%	↑	↑	60.10%	45.60%
Correctional health patients with a substance use diagnosis that received jail-based contact (%)	96%	95%	94%	90%	90%	93%	91%
Total correctional health clinical encounters per 100 average daily population	8,294	8,027	15,675	*	*	3,800	5,189
★ Critical Indicator "NA" Not Available ↑↓ Directional Target * None							

Goal 1b

Enhance the sustainability of the Health + Hospitals system.

Performance Indicators	Actual			Target		4-Month Actual	
	FY18	FY19	FY20	FY21	FY22	FY20	FY21
Patients who left Emergency Department without being seen (%)	7.7%	7.2%	6.9%	4.0%	4.0%	7.5%	3.3%
★ Net days of revenue for accounts receivable	NA	42.3	71.3	42.0	42.0	54.0	61.0
Patient care revenue/expenses (%)	59.2%	60.8%	61.6%	60.0%	60.0%	61.0%	65.3%
★ MetroPlus Health Plan medical spending at Health + Hospitals (%)	39.3%	39.9%	39.9%	↑	↑	39.9%	42.3%
★ MetroPlus membership	521,731	518,681	560,212	↑	↑	518,729	584,066
★ Insurance applications submitted (monthly average)	17,540	20,173	16,402	↑	↑	20,076	8,113
★ Critical Indicator "NA" Not Available ↑↓ Directional Target * None							

Goal 1c

Maximize quality of care and patient satisfaction.

Performance Indicators	Actual			Target		4-Month Actual	
	FY18	FY19	FY20	FY21	FY22	FY20	FY21
Inpatient satisfaction rate (%)	62.0%	61.1%	63.0%	65.8%	65.8%	62.3%	65.3%
Outpatient satisfaction rate (%)	82.1%	82.0%	83.6%	85.4%	85.4%	86.7%	84.3%
MyChart Activations (%)	NA	NA	20%	50%	50%	NA	41%
★ Patients receiving a defined set of medical services to treat sepsis within three hours of presentation (%)	64.0%	76.8%	NA	↑	↑	66.8%	61.7%
★ Patients diagnosed with diabetes who have appropriately controlled blood sugar (%)	63.5%	64.6%	64.6%	↑	↑	66.5%	NA
★ Post-acute care satisfaction rate (%)	85.3%	80.7%	86.7%	86.3%	86.3%	86.7%	NA
Overall safety grade - acute care	62.0%	NA	64.0%	*	*	63.0%	NA
Overall safety grade - post-acute care (%)	72.0%	NA	70.0%	*	*	71.0%	NA
Overall safety grade - ambulatory care (D & TC)(%)	39.0%	NA	42.0%	*	*	46.0%	NA
★ Critical Indicator "NA" Not Available ↑↓ Directional Target * None							

AGENCY RESOURCES

Resource Indicators	Actual			Sept. 2020 MMR Plan	Updated Plan	Plan	4-Month Actual	
	FY18	FY19	FY20	FY21	FY21 ¹	FY22 ¹	FY20	FY21
Expenditures (\$000,000) ²	\$7,868.1	\$8,222.1	\$8,581.6	\$8,011.4	\$8,011.4	\$8,240.8	\$2,588.6	\$3,575.9
Revenues (\$000,000)	\$8,604.2	\$8,999.3	\$9,373.0	\$8,879.9	\$8,879.9	\$8,873.2	\$2,369.7	\$3,307.1
Personnel	36,574	37,711	39,765	37,272	37,272	37,272	38,187	39,863
Overtime paid (\$000,000)	\$151.5	\$178.1	\$153.6	\$153.6	\$153.6	\$153.6	\$63.5	\$62.6
Capital commitments (\$000,000)	\$283.6	\$459.4	\$531.9	\$882.8	\$694.7	\$501.5	\$269.0	\$115.3
¹ January 2021 Financial Plan. ² Expenditures include all funds "NA" - Not Available								

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)	January 2021 Financial Plan FY21 ² (\$000,000)	Applicable MMR Goals ⁴
001 - Lump Sum Appropriation (OTPS) ¹	\$830.2	\$1,644.0	All
¹ These figures are limited to the City's contribution and planned contribution respectively. ² Comprehensive Annual Financial Report (CAFR) for the Fiscal Year ended June 30, 2020. Includes all funds. ³ Includes all funds ⁴ Refer to goals listed at front of chapter "NA" Not Available * None			

NOTEWORTHY CHANGES, ADDITIONS OR DELETIONS

- The calculation method for the indicator 'Follow-up appointment kept within 30 days after behavioral health discharge (%)' has been revised to include all discharged patients in the denominator. Previously, this measure counted only those patients discharged with a follow up appointment in the denominator.

ADDITIONAL RESOURCES

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

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