

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, high-risk neonatal and obstetric care, and burn care. The System's acute care facilities include training hospitals, trauma centers, and community hospitals. In addition, the System includes: a subsidiary low-cost to no-cost insurance plan called MetroPlus Health; an Accountable Care Organization that provides Medicare beneficiaries with coordinated care and chronic disease management; a Certified Home Health Agency; and Correctional Health Services (CHS), serving patients on Rikers Island. Approximately 65 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.

Approximately 65 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 specific 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, launched in response to the COVID-19 pandemic, provides health care services to meet the needs of people experiencing street homelessness. SHOW deploys mobile health units across the City to deliver street-based care at no cost and without appointments necessary. SHOW teams connect thousands of patients to essential care including medical evaluations, wound care, mental health resources, vaccinations, harm reduction education, and linkages to continuity care within the System. NYC Health + Hospitals also continues to expand MetroPlusHealth membership, offering low to no-cost health insurance options to eligible people living within the five boroughs of the 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 was established to support the System's Office of Diversity and Inclusion and develop efforts that promote equity among both staff and patients. This Council optimizes the delivery of care and health outcomes for diverse patient populations. Its primary focus is to advance racial and social justice in order 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

- The total number of unique patients increased 18 percent, from 591,744 in the first four months of Fiscal 2024 to 699,656 in the first four months of Fiscal 2025. In recent years, the System invested in new services, expanded existing services, and improved scheduling and telehealth capabilities to welcome more patients. With increasing demand for NYC Health + Hospitals high-quality care services, the System is working to continue to expand capacity.
- The unique number of primary care patients increased five percent to 452,220 in the first four months of Fiscal 2025 from 432,761 in the first four months of Fiscal 2024. This is largely due to the System's focus on strengthening pathways to access primary care, as well as a continued commitment to effective ambulatory practices that meet growing demand for primary care and serve as the initial access point to the System's services.
- The number of uninsured patients served increased by seven percent, from 129,659 in the first four months of Fiscal 2024 to 139,270 in the first four months of Fiscal 2025. This is primarily driven by a corresponding increase in the number of total patients seen during this period. The number of uninsured patients served includes patients enrolled in the NYC Care health care access program, which is available to patients who are not eligible for or are unable to afford health insurance coverage. Enrollment in NYC Care increased 22 percent over comparative periods, continuing to set new enrollment records each year since its launch in Fiscal 2020. While the System expects new arrivals and community outreach continue to fuel this increase, with expanded health insurance options for undocumented New Yorkers, many individuals are starting to transition from NYC Care to new health insurance plans.
- The number of telehealth visits conducted in the first four months of Fiscal 2025 decreased by 22 percent compared to the same period in Fiscal 2024, from 186,934 visits to 145,634 visits. This is partly due to the continuation of increased in-person visits since the COVID-19 pandemic emergency period ended in Fiscal 2023. However, telehealth still provides a unique and important part of care for most patients and, as such, the System continues to improve and refine the way it conducts telehealth, acknowledging that it will always be a part of the way that patients are cared for.
- The number of completed eConsults remained fairly stable this reporting period compared to the first four months of Fiscal 2024, though it slightly increased to 143,464 in the first four months of Fiscal 2025. This reflects the System's primary care providers' strong ability to adapt to individual patient circumstances to address specialized needs in the primary care setting. eConsults and other virtual engagement mechanisms are essential in sustaining the volume of patients seen in both primary and specialty care across the System.
- Eligible women receiving mammogram screenings slightly increased from 81.7 percent in the first four months of Fiscal 2024 to 82.1 percent in the first four months of Fiscal 2025, outperforming the 80 percent target. This can be attributed to the System's continued efforts to create and improve access to preventative care by implementing focused scheduling efforts, following up with patients using multiple methodologies such as text and phone calls, and offering site locations most convenient to the patient.
- The proportion of individuals living with HIV that are retained in HIV primary care was maintained at the System's target level of 85 percent, improving slightly compared to the same period last year to 86.4 percent in the first four months of Fiscal 2025. The HIV retention metric tracks the ability for the System's HIV clinical programs to maintain people living with HIV in care, as measured by regular clinical care within an HIV clinic or from an HIV Specialist.
- The number of calendar days to the third next available new appointment (TNAA) during the first four months of Fiscal 2025 was 21 days for adult medicine, a one-day decrease over the comparative reporting period, and 23 days for pediatric medicine, a two-day increase. TNAA for both adult and pediatric medicine remained relatively stable as primary care practices recently re-developed their templating and scheduling systems to include additional and shorter new patient appointment blocks that are sooner. Because of this, the System expects the number of days to continue to decrease.

- NYC Health + Hospitals is committed to prioritizing patients' successful transition to essential resources after discharge. As a result of this commitment, the percentage of follow-up appointments kept within 30 days after behavioral health discharge from a NYC Health + Hospitals facility has improved every year since Fiscal 2021. Preliminary data over the first four months of Fiscal 2025 shows this improvement trend will continue as the follow-up rate increased over nine percentage points over comparative reporting periods to 61.8 percent. This consistent improvement is accomplished by the close collaboration and partnership between the NYC Health + Hospitals Office of Behavioral Health and all of the NYC Health + Hospitals facilities to support systemwide efforts to ensure staff training is centered on workflow practices that help patients keep their follow-up appointments soon after discharge.
- Total correctional health clinical encounters per 100 average daily population on Rikers Island increased slightly from 3,426 encounters in the first four months of Fiscal 2024 to 3,570 encounters in the comparative period in Fiscal 2025. This is due to natural fluctuations in the clinical needs of patients, operational and environmental factors in the jails, and minor changes in clinical workflows and documentation that can impact reporting.
- The percent of Correctional Health Service (CHS) patients with a substance use diagnosis who received jail-based services in the first four months of Fiscal 2025 increased by three percentage points to 84 percent. While an improvement, this still lags behind the 90-percent target. This metric reflects substance use diagnoses for a range of substances and severity levels, including cases without indication for formal intervention beyond education. Operational and environmental factors in the Riker Island jails can impact CHS providers' ability to meet with patients with substance use diagnoses. There are also natural fluctuations in the clinical profile of patients and minor workflow changes that can impact reporting. A year-over-year increase in jail-based contact may be attributable, in part, to increased outreach efforts by substance use disorder treatment staff to patients who may benefit from this service.
- The percentage of patients who left the emergency department (ED) without being seen (LWBS) decreased from 5.2 percent in the first four months of Fiscal 2024 to 4.3 percent in the first four months of Fiscal 2025. This one percentage-point decrease happened despite a comparative three percent higher adult ED volume during the first four months of Fiscal 2025. There are a variety of improvement efforts occurring at the System's hospitals, including enhancing patient tracking and flow, revisiting provider and nurse staffing models to ensure there is staffing capacity to meet demand, and creating ED high-value care teams to identify and decrease unnecessary laboratory and radiology treatments.
- The net days of revenue for accounts receivable increased by 21 percent across comparative reporting periods to 51 days, failing to achieve the target of 42 days. This is largely a result of the cyberattack on the System's payment management vendor, Change Healthcare, which occurred in February 2024, affecting several insurance claims and remittance operations. While insurance billing was able to resume with a new vendor within several weeks of the attack, and payments to NYC Health + Hospitals resumed, it has taken much longer to connect remittance files and patient bills to the new vendor. This has significantly delayed the ability to follow up on outstanding claims and has inflated the accounts receivable metric.
- MetroPlus, a subsidiary low-cost to no-cost insurance plan, membership dropped 10 percent to 685,731 in the first four months of Fiscal 2025 compared to the same period in Fiscal 2024. This change is due to a shift in how MetroPlus Health Plan reports medical spending at Health + Hospitals, as they now use a rolling 12-month period for claims data. Because of this, there will be a more complete picture of claims that have been paid and an accurate percent spend at the Agency. During the first four months of Fiscal 2025, 40.4 percent of MetroPlus' spending is attributed to Health + Hospitals.
- The proportion of uninsured patients who are enrolled in insurance or financial assistance through NYC Health + Hospitals' financial counseling services decreased one percentage point from the first four months of Fiscal 2024 to 76 percent in the first four months of Fiscal 2025. There is ongoing work to address the decline in financial counseling screening rates, as well as improve the proportion of patients who are screened to get enrolled in health insurance coverage or financial assistance. These efforts include increasing staffing, standardizing facility best practices, and enhancing outreach strategies.

- The proportion of NYC Health + Hospitals' primary care patients who activate MyChart accounts increased to 83 percent in the first four months of Fiscal 2025, nearly six percentage points better than the same period last year. The MyChart team is focused on stabilizing the systemwide activation metric by implementing new digital and physical promotional materials to display throughout the System. They also prioritize increasing usage by enhancing the MyChart patient experience, including through adding support for the top 11 most common used languages by patients, expanded scheduling and rescheduling options, and continuing use of services that notify patients when an earlier appointment is available and about digital check-ins for appointments.
- The outpatient satisfaction rate (excluding testing centers but including in-person and telemedicine visits) increased from 85.8 percent in the first four months of Fiscal 2024 to 87.6 percent in the first four months of Fiscal 2025, out-performing the 85.4 percent target. The shift in satisfaction scores is a slight improvement and 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 accessibility due to multimodal communications, including MyChart messaging and telemedicine visits, and improved patient experience with staff due to the ICARE (Integrity, Compassion, Accountability, Respect, and Excellence) with Kindness initiative that is aimed at renewing the workforce's commitment to service excellence in all staff-patient interactions through ongoing individual, managerial, and leadership level training programming.
- The inpatient satisfaction rate increased from 64.3 percent in the first four months of Fiscal 2024 to 67.0 percent in the first four months Fiscal 2025, out-performing the 65.8 percent target. Due to the System's high inpatient volume and complex care needs, efforts have been made to enhance workforce well-being to ensure all staff has the resources needed to best serve their patients, including through the ICARE with Kindness initiative, improving the patient experience. In addition, the System provides targeted support to address stress and burnout from staff, recruitment and retention initiatives, as well as technology and process optimization and improvement to increase time spent by care teams in the care delivery environment.
- The post-acute care satisfaction rate is only relevant for Skilled Nursing Facilities (excluding Carter Long-Term Acute Care Hospital). This score decreased from 81.7 percent in the first four months of Fiscal 2024 to 74.1 percent in the first four months of Fiscal 2025, under-performing its 86.3 percent target. Upon further review, the Fiscal 2025 summer months show a steady decline, which can potentially be attributed to irregular staffing schedules around school holidays and general paid time off trends around the end of the summer season, with scores increasing again in October. The System anticipates scores to increase in the future as NYC Health + Hospital's is working to collect and improve additional satisfaction data and qualitative feedback from residents.
- The percentage of patients diagnosed with diabetes who have controlled blood sugar increased from 68.5 percent in the first four months of Fiscal 2024 to 69.1 percent in the first four months of Fiscal 2025. This is a record high for the System. NYC Health + Hospitals' primary care population continued to increase at a steady pace during the first four months of Fiscal 2025 and the testing rate for hemoglobin A1c reached record highs.

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.

Performance Indicators	Actual			Target		4-Month Actual	
	FY22	FY23	FY24	FY25	FY26	FY24	FY25
★ 🌟 Unique patients	1,110,039	1,204,174	1,210,437	⬆️	⬆️	591,744	699,656
Unique primary care patients (seen in the last 12 months)	413,908	427,337	442,736	*	*	432,761	452,220
★ Uninsured patients served	391,810	219,943	249,785	*	*	129,659	139,270
★ NYC Care enrollment	113,178	119,234	143,503	⬆️	⬆️	121,478	148,525
Telehealth visits	684,066	608,204	541,518	*	*	186,934	145,634
★ eConsults completed	404,406	426,532	437,552	⬆️	⬆️	143,125	143,464
★ Eligible women receiving a mammogram screening (%)	72.7%	78.3%	79.7%	80.0%	80.0%	81.7%	82.1%
Eligible patients receiving prenatal depression screenings (%)	NA	NA	86.4%	90.0%	90.0%	NA	NA
Eligible patients receiving postpartum depression screenings (%)	NA	NA	77.2%	90.0%	90.0%	NA	NA
★ HIV patients retained in care (%) (annual)	82.1%	84.5%	87.3%	85.0%	85.0%	85.4%	86.4%
Calendar days to third next available new appointment – Adult medicine	12.0	12.0	20.0	14.0	14.0	22.0	21.0
Calendar days to third next available new appointment – Pediatric medicine	12.0	13.0	23.0	5.0	5.0	21.0	23.0
★ Follow-up appointment kept within 30 days after behavioral health discharge (%)	48.1%	54.0%	62.0%	⬆️	⬆️	52.4%	61.8%
Total correctional health clinical encounters per 100 average daily population	12,170	12,020	10,637	*	*	3,426	3,570
Correctional health patients with a substance use diagnosis that received jail-based contact (%)	87%	85%	85%	90%	90%	81%	84%
★ Critical Indicator 🌟 Equity Indicator "NA" Not Available ⬆️⬆️ Directional Target * None							

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

Performance Indicators	Actual			Target		4-Month Actual	
	FY22	FY23	FY24	FY25	FY26	FY24	FY25
Patients who left Emergency Department without being seen (%)	5.2%	5.0%	5.1%	4.0%	4.0%	5.2%	4.3%
★ Net days of revenue for accounts receivable	49.7	46.4	64.1	42.0	42.0	42.2	51.0
Patient care revenue/expenses (%)	74.8%	73.8%	73.8%	60.0%	60.0%	68.0%	73.8%
★ 🌟 MetroPlus membership	648,369	715,343	715,898	⬆️	⬆️	757,727	685,731
★ MetroPlus Health Plan medical spending at Health + Hospitals (%)	42.4%	43.3%	43.5%	⬆️	⬆️	38.6%	40.4%
Uninsured patients enrolled in insurance or financial assistance (%)	88%	79%	73%	*	*	77%	76%
★ Critical Indicator 🌟 Equity Indicator "NA" Not Available ⬆️⬆️ Directional Target * None							

Goal 1c

Maximize quality of care and patient satisfaction.

Performance Indicators	Actual			Target		4-Month Actual	
	FY22	FY23	FY24	FY25	FY26	FY24	FY25
MyChart Activations - Primary Care (%)	74.7%	72.4%	76.6%	*	*	77.3%	83.0%
Outpatient satisfaction rate (%)	85.2%	85.4%	86.4%	85.4%	85.4%	85.8%	87.6%
Inpatient satisfaction rate (%)	62.9%	61.7%	64.7%	65.8%	65.8%	64.3%	67.0%
★ Post-acute care satisfaction rate (%)	80.9%	84.0%	86.5%	86.3%	86.3%	81.7%	74.1%
★ Patients diagnosed with diabetes who have appropriately controlled blood sugar (%)	65.3%	68.8%	68.2%	↑	↑	68.5%	69.1%
Overall safety grade – Acute care (%)	50.0%	NA	55.0%	*	*	55.0%	NA
Overall safety grade – Post-acute care (%)	64.0%	NA	63.0%	*	*	63.0%	NA
Overall safety grade – Ambulatory care (diagnostic & treatment centers) (%)	48.0%	NA	58.0%	*	*	58.0%	NA
Total System Council of Community Advisory Board meetings held over the year	10	10	10	*	*	2	2
Total facility-specific Community Advisory Board meetings held over the year	190	190	190	*	*	41	41

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

AGENCY-WIDE MANAGEMENT

Performance Indicators	Actual			Target		4-Month Actual	
	FY22	FY23	FY24	FY25	FY26	FY24	FY25
Payout (\$000)	NA	\$76,625	\$59,084	*	*	\$326	\$16,905

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

AGENCY RESOURCES

Resource Indicators	Actual			Sept. 2024 MMR Plan	Updated Plan	Plan	4-Month Actual	
	FY22	FY23	FY24	FY25	FY25 ¹	FY26 ¹	FY24	FY25
Expenditures (\$000,000) ²	\$12,742.1	\$10,878.7	\$12,414.4	\$12,222.2	\$12,222.2	\$10,720.6	\$3,838.4	\$4,650.1
Revenues (\$000,000)	\$13,474.5	\$11,587.9	\$13,174.5	\$13,045.3	\$13,045.3	\$11,616.8	\$4,039.7	\$4,751.2
Personnel	38,497	39,738	43,582	40,487	44,554	44,554	40,967	44,719
Overtime paid (\$000,000)	\$192.3	\$215.3	\$258.7	\$191.8	\$192.9	\$192.9	\$84.6	\$101.4
Capital commitments (\$000,000)	\$543.7	\$414.8	\$386.0	\$692.4	\$831.5	\$736.8	\$97.3	\$60.0

¹January 2025 Financial Plan. ²Expenditures 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 FY24 ¹ (\$000,000)	January 2025 Financial Plan FY25 ² (\$000,000)	Applicable MMR Goals ³
001 - Lump Sum Appropriation (OTPS) ¹	\$3,131.1	\$2,709.8	All

¹These figures are limited to the City’s contribution and planned contribution respectively ²Comprehensive Annual Financial Report (CAFR) for the Fiscal Year ended June 30, 2024. Includes all funds. ³Includes all funds ⁴Refer to goals listed at front of chapter.

NOTEWORTHY CHANGES, ADDITIONS OR DELETIONS

- The indicator ‘MyChart Activations (%)’ was removed from Goal 1c and replaced with ‘MyChart Activations — Primary Care (%)’ because after internal priority reviews, the program decided it was more effective to specifically focus on ensuring primary care patients (those who have had an appointment within the last 36 months with a provider in the primary care department) are activating and using MyChart accounts rather than patients across the whole System.
- The four-month actual Fiscal 2025 figures for ‘Overall safety grade – Acute care (%)’, ‘Overall safety grade – Post-acute care (%)’, and ‘Overall safety grade – Ambulatory care (diagnostic & treatment centers) (%)’ are NA because overall safety grades are reported every two years, most recently in Fiscal 2024.

ADDITIONAL RESOURCES

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

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