

HEALTH AND HOSPITALS CORPORATION

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WHAT WE DO

The Health and Hospitals Corporation (HHC), the largest municipal hospital and health care system in the country, is a \$8 billion public benefit corporation. It provides medical, mental health and substance abuse services through its 11 acute care hospitals, four skilled nursing facilities, six large diagnostic and treatment centers and more than 70 community and school-based clinics. HHC also provides specialized services such as trauma, high risk neonatal and obstetric care and burn care. HHC acute care hospitals serve as major teaching hospitals. HHC operates a certified home health agency and a health maintenance organization, MetroPlus. HHC is the single largest provider of health care to uninsured New Yorkers. One in every six New Yorkers receives health services at an HHC facility.

FOCUS ON EQUITY

HHC's mission "to extend equally to all New Yorkers, regardless of their ability to pay, comprehensive health services of the highest quality in an atmosphere of humane care, dignity and respect" underscores HHC's commitment to equity. An affirmation of HHC's mission is in the continuous work to reduce healthcare disparities among New Yorkers who experience the greatest challenges accessing equitable, inclusive, patient-centered and welcoming healthcare. HHC is working to obtain Healthcare Equality Index (HEI) Leadership status at all facilities. All HEI Equality Leaders must document adoption of foundational policies and practices to ensure lesbian, gay, bisexual, and transgender (LGBT) patient-centered care. In August 2014 nine of 11 HHC hospitals and one of six Diagnostic and Treatment Centers achieved HEI Equality Leadership status from the Human Rights Campaign Foundation. HHC collaborates with disability advocates to increase access to primary care for women with disabilities by renovating patient care areas, redesigning exam rooms, purchasing specialized equipment and training of staff at eight HHC facilities.

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 Improve access to outpatient services.
- Goal 1b Expand enrollment in insurance programs.
- Goal 1c Achieve/surpass local and national performance standards for specific health interventions and efficient delivery of health services.
- Goal 1d Reduce unnecessary emergency room visits and re-hospitalizations.

HOW WE PERFORMED

- The average wait time for a primary care visit at a hospital or diagnostic and treatment center was 45 minutes or lower for adult medicine, pediatric medicine and women's health services visits during the first four months of Fiscal 2015. HHC revised its wait time metrics, which now count only in-clinic wait time, which is defined as the minutes from the scheduled time of appointment to the time the patient sees the provider. The data collection is currently being transitioned from a manual process to an automated process. Once complete, wait time data for all sites will be included.
- The general care average length of stay increased from 4.7 days in the four month period from July to October Fiscal 2014 to 5.1 days in the same time period in Fiscal 2015. In Fiscal 2014 HHC focused on initiatives to decrease one-day length of stays in response to federal policy to reduce avoidable hospitalizations. As a result of these internal initiatives, one day stays, many of which are avoidable, have decreased. These initiatives have also focused on reducing admissions from the emergency department for chronic conditions that could be treated by primary care physicians and patient's managing their own conditions, resulting in improved corporate-wide rates of emergency department visits that are "treat and release." Taken together, the reduction in admissions that would have resulted in zero or one day stays substantially increased the overall average length of stay (ALOS).
- Adult asthma emergency room revisits decreased from 7.1 percent in the first four months of Fiscal 2014 to 6.9 percent in the same time period for Fiscal 2015 but is still above the target of five percent. Analyses of these data show that some patients continue to use the emergency room as their follow-up preference despite strategies to engage them in their care through one-on-one discussions with physicians, nurses, social workers, care managers and in some cases, psychiatrists and home care practitioners. To address this issue, HHC emergency room staff now provide clinic follow-up appointments to the patients before they leave the emergency room so they do not have to call the clinic to obtain an appointment, and emergency department care managers contact patients after discharge from the emergency room to remind them of the instructions provided to them by the emergency room providers and to answer other questions.
- Emergency room revisits for pediatric asthma patients decreased from 3 percent in Fiscal 2014 to 2.9 percent in Fiscal 2015, which is below the target of 3.2 percent. Parents of pediatric patients are historically more cooperative with discharge instructions and have responded to other strategies to engage them in their children's care.
- The percent of adult patients discharged with a principal psychiatry diagnosis who are readmitted within 30 days increased from 4.4 percent in Fiscal 2014 to 7.4 percent in Fiscal 2015. In order to prepare for New York State's implementation of managed behavioral healthcare, HHC facilities' Departments of Psychiatry have been focusing on decreasing the ALOS for adult inpatients while simultaneously tracking readmission rates. There has been a significant decrease in ALOS. However, with the increase in the readmission rate, HHC will intensify its interventions to ensure a smooth transition in care from inpatient to outpatient services, ensure that patients are fully engaged in community treatment to improve community tenure and reduce the readmission rate.

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

Goal 1a Improve access to outpatient services.

Performance Indicators	Actual			Target		4-Month Actual	
	FY12	FY13	FY14	FY15	FY16	FY14	FY15
★ Prenatal patients retained in care through delivery (%)	85.8%	83.0%	81.4%	90.0%	90.0%	84.2%	88.8%
★ HIV patients retained in care (%) (annual)	87.4%	84.3%	86.6%	85.0%	85.0%	NA	NA
★ Average wait time for a primary care visit at hospitals and diagnostic and treatment centers (minutes) - Adult medicine	NA	NA	NA	60.0	60.0	NA	45.0
★ Average wait time for a primary care visit at hospitals and diagnostic and treatment centers (minutes) - Pediatric medicine	NA	NA	NA	60.0	60.0	NA	43.0
★ Average wait time for a primary care visit at hospitals and diagnostic and treatment centers (minutes) - Women's health	NA	NA	NA	60.0	60.0	NA	44.0

★ Critical Indicator "NA" - means Not Available in this report ↓↑ shows desired direction

Goal 1b Expand enrollment in insurance programs.

Performance Indicators	Actual			Target		4-Month Actual	
	FY12	FY13	FY14	FY15	FY16	FY14	FY15
★ Uninsured patients served (annual)	478,731	475,627	469,239	↓	↓	NA	NA
Total Medicaid Managed Care, Child Health Plus and Family Health Plus enrollees	521,434	525,804	518,969	513,400	513,400	522,683	532,910
- MetroPlus Medicaid, Child Health Plus and Family Health Plus enrollees	420,459	413,893	408,926	446,932	446,932	408,245	411,385

★ Critical Indicator "NA" - means Not Available in this report ↓↑ shows desired direction

Goal 1c Achieve/surpass local and national performance standards for specific health interventions and efficient delivery of health services.

Performance Indicators	Actual			Target		4-Month Actual	
	FY12	FY13	FY14	FY15	FY16	FY14	FY15
Two-year olds immunized (%) (annual)	97.0%	97.0%	NA	98.0%	98.0%	NA	NA
★ Eligible women, aged 40-70, receiving a mammogram screening from HHC (%)	73.0%	73.9%	75.6%	70.0%	70.0%	74.2%	74.9%
★ General care average length of stay (days)	4.7	5.0	5.0	4.7	4.7	4.7	5.1
★ Net days of revenue for accounts receivable	56.4	NA	NA	56.0	56.0	59.4	55.4

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Goal 1d Reduce unnecessary emergency room visits and re-hospitalizations.

Performance Indicators	Actual			Target		4-Month Actual	
	FY12	FY13	FY14	FY15	FY16	FY14	FY15
★Emergency room revisits for adult asthma patients (%)	5.4%	6.0%	5.5%	5.0%	5.0%	7.1%	6.9%
★Emergency room revisits for pediatric asthma patients (%)	3.7%	3.8%	3.1%	3.2%	3.2%	3.0%	2.9%
Adult patients discharged with a principal psychiatry diagnosis who are readmitted within 30 days (%)	7.0%	6.5%	7.4%	5.0%	5.0%	4.4%	7.4%

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AGENCY RESOURCES

Resource Statistics	Actual			Sept. 2014 MMR Plan	Updated Plan	Plan	4-Month Actual	
	FY12	FY13	FY14	FY15	FY15 ¹	FY16 ¹	FY14	FY15
Expenditures (\$000,000) ²	\$6,554.7	\$6,314.8	\$6,440.5	\$7,643.5	\$7,497.1	\$5,473.2	\$1,904.0	\$2,048.7
Revenues (\$000,000)	\$7,015.2	\$6,603.2	\$6,728.1	\$7,807.0	\$8,349.1	\$6,597.4	\$2,149.0	\$1,587.4
Personnel	38,387	37,435	37,857	37,916	38,333	38,333	37,709	38,346
Overtime paid (\$000,000)	\$128.5	\$133.0	\$136.7	\$134.9	\$134.9	\$138.3	\$48.3	\$47.1
Capital commitments (\$000,000)	\$272.7	\$307.9	\$242.2	\$413.4	\$490.1	\$818.6	\$130.1	\$63.5

¹Expense, Revenue, Overtime Plans are consistent with HHC November 2013 Plan; Personnel and Capital with NYC February 2015 Plan ²Expenditures include all funds. "NA" - Not Available in this report

NOTEWORTHY CHANGES, ADDITIONS OR DELETIONS

- HHC has revised its method for tracking the three indicators related to time spent at outpatient primary care visits. These indicators now include only in-clinic wait time, defined as the number of minutes from the scheduled time of appointment to the time the patient sees the provider. The change in the definition now excludes time spent in the exam room with the doctor and any wait time before the appointment was scheduled to start is also now excluded. Under the former definition the average time spent for a primary care visit was defined as the time of registration to the time of discharge. The data collection is currently being transitioned from a manual process to an automated process. Many of HHC’s sites are in the midst of this transition and although the change to an automated method of collection will lead to more data points and larger samples, during this transition period some HHC sites may not have enough data to report. Historical data is not available.

ADDITIONAL RESOURCES

For more information on the agency, please visit: www.nyc.gov/hhc.