

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 11 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 IN FISCAL 2020

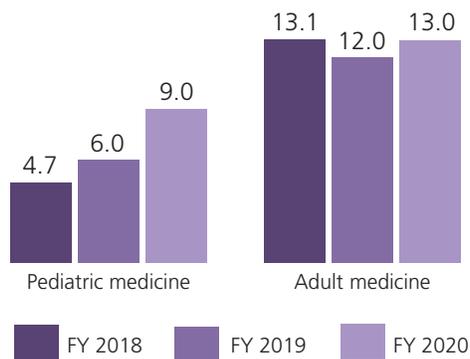
SERVICE 1 Provide medical, mental health and substance abuse services to New York City residents regardless of their ability to pay.

Goal 1a Expand access to care.

Unique primary care visits increased from 417,000 in Fiscal 2018 to 445,672 in Fiscal 2020 (Fiscal 2019 data was not available due to a system-wide transition to a new electronic medical record and financial system). This increase was primarily a result of efforts to improve primary care capacity and continuity through the addition of primary care physicians to provide health care access at low- or no-cost to New Yorkers who do not qualify for or cannot afford health insurance.

The number of calendar days to third next available new appointment for adults increased from 12 in Fiscal 2019 to 13 in Fiscal 2020. This same measure for pediatrics increased from six in Fiscal 2019 to nine in Fiscal 2020. NYC Health + Hospitals is able to guarantee a primary care appointment offered to patients within two weeks, as well as same day appointments, which are other important access to care measures. NYC Health + Hospitals always is working to improve access for patients, including updating scheduling templates that open up slots on a rolling basis, always ensuring that there are same-day appointments available. The System has also increased the use of telemedicine to allow patients and their families the ability to seek medical care at home as well as in-clinic.

Calendar days to third next available new appointment



The number of eConsults completed, or specialty referrals, increased dramatically from 75,999 in Fiscal 2019 to 171,569 in Fiscal 2020. This is a strong indicator of the continued commitment of NYC Health + Hospitals to expand access to specialty services. Through eConsults, primary care providers and specialists are able to co-manage patients and communicate about them, and they also help primary care physicians to efficiently connect patients to specialty care. A total of 221 departments across the System are using eConsults, representing outpatient subspecialty services, including Urology, Gastroenterology and other medical, surgical and behavioral health services.

Eligible women receiving mammogram screening decreased from 74 percent in Fiscal 2019 to 63.5 percent in Fiscal 2020. Screening rates decreased primarily due to more patients avoiding health care institutions for routine appointments due to the COVID-19 pandemic. For example, in February 2020, the rate of mammogram screenings was at 75 percent, and 74.5 percent in March 2020. This level declined consistently to 70.2 percent in April, 66.2 percent in May, and 64.2 percent in June 2020. Fiscal 2019 monthly rates showed an opposite trend of increase over time, from 68.4 percent in March 2019, to 74.6 percent in June 2019.

The percentage of HIV patients retained in care decreased from 84 percent in Fiscal 2019 to 81.6 percent in Fiscal 2020. The decline also is a result of the COVID-19 pandemic, with HIV patients less regularly attending their in-person appointments. This rate is anticipated to improve as telehealth visits become greater for this group of patients. Similarly, follow-up appointments kept within 30 days after behavioral health treatment decreased from 60 percent in Fiscal 2019 to 57 percent in Fiscal 2020. While this metric has improved over the years, this too became challenging due to the COVID-19 pandemic, with patients not coming to these appointments for fear of going to health care institutions during the surge. To provide more detail, the March 2019 rate for follow-up appointments kept within 30 days after behavioral health treatment was at 59.8 percent, while in 2020 it was lower, at 55.7 percent. From April 2020 to June 2020, the rates continued to decline from 55.1 percent in April to 51.8 percent in June, primarily due to the COVID-19 pandemic. The behavioral health service is also now leveraging telehealth to maintain continuity in care for these patients' treatment.

Both Correctional Health Services measures remained positive. The percentage of patients with a substance use diagnosis who received jail-based contact slightly decreased from 95 percent in Fiscal 2019 to 94 percent in Fiscal 2020, though remained well above the 90 percent target. Correctional Health Services continues to offer a broad range of services for people with substance use disorders, including the nation's largest opioid treatment program, counseling and re-entry planning. The total number of correctional health clinical encounters per 100 average daily population increased

substantially, from 8,027 in Fiscal 2019 to 15,675 in Fiscal 2020. This increase is due to the migration to a new electronic medical record and updated workflows, leading to the capture of clinical encounter types such as daily finger sticks and wound care services that were not able to be captured in the previous medical record. This new electronic health record captures more granular data and is anticipated to track this information consistently in the future.

NYC Health + Hospitals introduces a new maternal health indicator in this report. The percentage of women enrolled in care in the first trimester of their pregnancy remained stable from Fiscal 2019 to Fiscal 2020. The American Academy of Pediatrics and the American College of Obstetricians and Gynecologists recommend that women with uncomplicated pregnancies be examined at least once in their first trimester for prenatal care.

During the COVID-19 pandemic, telehealth visits, both telephone and video, rapidly increased as an important way to continue to provide care to patients. Within a week of documented community spread of COVID-19 in New York City, routine face-to-face visits were converted to telehealth encounters, either telephone or video. In the month prior to the pandemic, there were 500 billable virtual visits, compared to 40,101 telehealth visits in March, more than doubling in April to 89,781 visits, 77,618 in May, and 81,738 in June 2020. NYC Health + Hospitals' long-term goal is to continue expanding telehealth services as a viable source of quality care to the patients served in our communities.

Performance Indicators	Actual					Target		Trend	
	FY16	FY17	FY18	FY19	FY20	FY20	FY21	5-Year	Desired Direction
★ Unique patients	1,168,663	1,133,984	1,112,975	1,081,156	1,153,089	↑	↑	Neutral	Up
Unique primary care patients (seen in the last 12 months)	446,000	425,000	417,000	NA	445,672	*	*	NA	Up
★ Uninsured patients served	425,089	414,738	381,805	374,988	378,104	↓	↓	Down	Down
★ eConsults completed	NA	12,649	28,956	75,999	171,569	↑	↑	NA	Up
Telehealth visits	NA	NA	NA	NA	289,238	*	*	NA	*
★ Eligible women receiving a mammogram screening (%)	76.4%	75.4%	75.9%	74.0%	63.5%	80.0%	80.0%	Down	Up
★ HIV patients retained in care (%) (annual)	85.7%	83.5%	84.9%	84.0%	81.6%	85.0%	85.0%	Neutral	Up
Calendar days to third next available new appointment - adult medicine	23.0	18.6	13.1	12.0	13.0	14.0	14.0	Down	Down
Calendar days to third next available new appointment - pediatric medicine	5.0	5.1	4.7	6.0	9.0	5.0	5.0	Up	Down
★ NYC Care enrollment	NA	NA	NA	NA	24,500	↑	↑	NA	Up
★ Patients enrolled in care in the 1st trimester of pregnancy	60.1%	59.7%	61.4%	62.0%	62.5%	60.0%	60.0%	Neutral	Up
★ Follow-up appointment kept within 30 days after behavioral health discharge (%)	NA	61.30%	57.80%	59.96%	56.68%	↑	↑	NA	Up
Correctional health patients with a substance use diagnosis that received jail-based contact (%)	97%	97%	96%	95%	94%	90%	90%	Neutral	Up
Total correctional health clinical encounters per 100 average daily population	7,999	8,290	8,294	8,027	15,675	*	*	Up	*
★ Critical Indicator	"NA" Not Available		↑↓ Directional Target		* None				

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

MetroPlus membership increased from 518,681 members in Fiscal 2019, to 560,212 members in Fiscal 2020, representing an 8 percent growth. This increase is in part due to actively identifying Medicaid eligible people within the communities NYC Health + Hospitals serves, actively marketing MetroPlus within these service areas to encourage them to obtain coverage, and to enroll them in MetroPlus Medicaid plans. The MetroPlus Health Plan medical spending at Health + Hospitals remained the same from Fiscal 2019 to 2020, at 39.9 percent.

The percentage of patients who left the emergency departments without being seen continued to decline, from 7.2 percent in Fiscal 2019 to 6.9 percent in Fiscal 2020. Although this is not at the target of 4 percent, various efforts, including increased staffing levels, improvements in patient tracking and flow and facility management in the emergency departments continue to augment performance in this measure. It is also important to note that overall emergency department utilization decreased in April through June 2020 because of the COVID-19 pandemic, as compared to the rest of the year, with concomitant decreases in the percentage of patients who left the emergency departments without being seen, from 5.2 percent in April, 3.3 percent in May, and 3.1 percent in June.

NYC Health + Hospitals' financial solvency and ability to sustainably provide care to all New Yorkers, regardless of their ability to pay, continued to improve in Fiscal 2020. The ratio of patient care revenues to expenses improved from 60.8 percent in Fiscal 2019 to 61.6 percent through March 2020. This is a result of increasing billing to insurance companies, continuing to improve registration and follow-up by revenue cycle staff members and coding and documenting more accurately, alongside managed care contracting improvements. Full-year Fiscal 2020 data will be available after audit close out, in October 2020.

Net days of revenue for accounts receivable increased from 60.8 days in Fiscal 2019 to 71.3 days through May 2020. The days in accounts receivable increased in the third quarter of Fiscal 2020 due to a rapid decline in revenue, beginning in March 2020, as a result of the COVID-19 pandemic. Also, in December of 2019, this measure was temporarily impacted as a result of the electronic medical record Epic go-live installations throughout various NYC Health + Hospitals' facilities. As with all large system changes, during the go-live period, there were claims delayed as staff became used to operating the new electronic medical record. This resulted in a temporary increase in the total accounts receivable, thereby increasing the denominator and increasing the total days in accounts receivable.

The number of insurance applications submitted (monthly average) declined from 20,173 in Fiscal 2019 to 16,402 in Fiscal 2020. This decline is linked to the COVID-19 pandemic, when, beginning in March 2020, health plan staff stationed at NYC Health + Hospitals' facilities started enrolling patients remotely, rather than in-person. This resulted in the inability to effectively quantify the number of applications attributable to NYC Health + Hospitals' patients that are submitted by MetroPlus or Healthfirst employees, while they have worked remotely from March onwards. It is important to note that prior to the COVID-19 pandemic, NYC Health + Hospitals had improved performance in these metrics.

Performance Indicators	Actual					Target		Trend	
	FY16	FY17	FY18	FY19	FY20	FY20	FY21	5-Year	Desired Direction
Patients who left Emergency Department without being seen (%)	9.0%	7.7%	7.7%	7.2%	6.9%	4.0%	4.0%	Down	Down
★ Net days of revenue for accounts receivable	51.1	45.8	NA	42.3	71.3	42.0	42.0	NA	Down
Patient care revenue/expenses (%)	59.2%	56.2%	59.2%	60.8%	61.6%	60.0%	60.0%	Neutral	Up
★ MetroPlus Health Plan medical spending at Health + Hospitals (%)	37.2%	39.0%	39.3%	39.9%	39.9%	↑	↑	Neutral	Up
★ MetroPlus membership	501,134	503,044	521,731	518,681	560,212	↑	↑	Up	Up
★ Insurance applications submitted (monthly average)	13,819	15,143	17,540	20,173	16,402	↑	↑	Up	Up
★ Critical Indicator	"NA" Not Available		↑↓ Directional Target	* None					

Goal 1c Maximize quality of care and patient satisfaction.

The System continued to place great emphasis on care experience in Fiscal 2020, with focus on the consistent use of the ICARE values (Integrity Compassion Accountability Respect Excellence), which are the behavioral standards for all staff who offer patients a better experience when they obtain care at NYC Health + Hospitals. There was an observed increase in patient satisfaction across all services, as follows: inpatient satisfaction rate from 61.0 percent in Fiscal 2019 to 63.0 percent in Fiscal 2020 (remains below the target of 65.8 percent), outpatient satisfaction rate from 82 percent to 83.6 percent (remains below the target of 85.4 percent) and post-acute care satisfaction rate from 80.7 percent in Fiscal 2019 to 86.7 percent in Fiscal 2020 (now above the target of 86.3 percent). The ICARE values continue to be a main focal point, contributing to NYC Health + Hospitals' staff providing patients with the best care experience possible, alongside increasing staff awareness to become completely engaged with the mission and values of the organization.

The data for the sepsis measure, the number of patients receiving a defined set of medical services to treat sepsis within three hours of presentation, is not available for Fiscal 2020. The latest quarter of data available is the fourth Quarter 2019, with a rate of 65 percent. The Fiscal 2020 data is not available due to stops in reporting these abstracted data since March 2020, because of the COVID-19 pandemic; the New York State Department of Health discontinued reporting until further notice, and therefore, the data is not complete.

The percentage of patients diagnosed with diabetes who have appropriately controlled blood sugar remained the same, at 64.6 percent in Fiscals 2019 and 2020. Emphasis has been placed on improving chronic conditions and this outcome measure remains a top priority as access to primary care expands. There are a number of areas NYC Health + Hospitals focuses on to support these patients, including the following sub-set of activities: new nurse chronic disease coordinators

across 17 facilities work with diabetic patients in primary care clinics; new monthly case meetings to discuss diabetes patient management with these nurses to support them in developing their diabetes management skills; and new staff training and diabetes education sessions were developed, including 1-day diabetes trainings for multiple clinical disciplines and 4-day clinical diabetes educator sessions for nurses. The System is also publishing a detailed medication algorithm to assist providers in prescribing decisions and ensuring all classes of medications are available on all enterprise formularies.

The overall safety grade, which is updated every two years, improved in the acute care setting from 62 percent in Fiscal 2018 to 64 percent in 2020, and in ambulatory care, it improved from 39 percent to 42 percent in the same time period. NYC Health + Hospitals continues to highly prioritize fostering a culture of safety, and this remains a primary area of concentration to build trust and transparency across the System.

As the electronic health record, Epic, was implemented across NYC Health + Hospitals during Fiscal 2020, each facility encouraged patients to sign up or “activate” their MyChart account, Epic’s patient portal. MyChart allows patients to access pertinent information about lab results, appointments, after visit summaries, review of medical history, medications, immunizations, and other personal health data. MyChart also allows patients to communicate more seamlessly with their care team to ask clinical questions and request medication refills. During the COVID-19 surge, many patients signed up for MyChart so they could obtain their COVID-19 test results immediately after they were finalized, rather than waiting for a phone call from the testing site. Evidence also suggests that using the patient portal improves patients’ experience with their care team and access to their health information in a convenient and secure way. NYC Health + Hospitals achieved its target of 20 percent activation in Fiscal 2020. The goal for Fiscal 2021 is to achieve a 30 percent MyChart activation rate.

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Performance Indicators	Actual					Target		Trend	
	FY16	FY17	FY18	FY19	FY20	FY20	FY21	5-Year	Desired Direction
Inpatient satisfaction rate (%)	62.0%	61.0%	62.0%	61.1%	63.0%	65.8%	65.4%	Neutral	Up
Outpatient satisfaction rate (%)	77.8%	81.3%	82.1%	82.0%	83.6%	85.4%	83.7%	Neutral	Up
MyChart Activations (%)	NA	NA	NA	NA	20%	20%	30%	NA	Up
★ Patients receiving a defined set of medical services to treat sepsis within three hours of presentation (%)	NA	66.2%	64.0%	76.8%	NA	↑	↑	NA	Up
★ Patients diagnosed with diabetes who have appropriately controlled blood sugar (%)	61.8%	63.3%	63.5%	64.6%	64.6%	↑	↑	Neutral	Up
★ Post-acute care satisfaction rate (%)	82.4%	85.0%	85.3%	80.7%	86.7%	86.3%	86.3%	Neutral	Up
Overall safety grade - acute care	NA	NA	62.0%	NA	64.0%	*	*	NA	Up
Overall safety grade - post-acute care (%)	NA	NA	72.0%	NA	70.0%	*	*	NA	Up
Overall safety grade - ambulatory care (D & TC)(%)	NA	NA	39.0%	NA	42.0%	*	*	NA	Up
★ Critical Indicator	“NA” Not Available		↑↓ Directional Target	* None					

AGENCY RESOURCES

Resource Indicators	Actual ¹					Plan ²		5yr Trend
	FY16	FY17	FY18	FY19	FY20	FY20	FY21	
Expenditures (\$000,000) ³	\$7,519.1	\$7,536.0	\$7,868.1	\$8,222.1	\$8,581.6	\$7,829.7	\$8,011.4	Up
Revenues (\$000,000)	\$8,048.7	\$8,139.0	\$8,604.2	\$8,999.3	\$9,373.0	\$8,683.9	\$8,879.9	Up
Personnel	39,443	37,575	36,574	37,711	39,765	37,272	37,272	Neutral
Overtime paid (\$000,000)	\$144.7	\$141.7	\$151.5	\$178.1	\$153.6	\$153.6	\$153.6	Up
Capital commitments (\$000,000)	\$203.5	\$202.1	\$283.6	\$459.4	\$531.9	\$976.5	\$882.8	Up
¹ Actual financial amounts for the current fiscal year are not yet final. 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 FY19 ² (\$000,000)	Modified Budget FY20 ³ (\$000,000)	Applicable MMR Goals ⁴
001 - Lump Sum Appropriation (OTPS) ¹	\$1,034.6	\$1,023.6	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, 2019. Includes all funds. ³ City of New York Adopted Budget for Fiscal 2020, as of June 2020. Includes all funds. ⁴ Refer to goals listed at front of chapter "NA" Not Available * None			

NOTEWORTHY CHANGES, ADDITIONS OR DELETIONS

NYC Health + Hospitals has added three measures, with anticipation for continuity of reporting them, given the importance of each for the communities served by the System. They include the following one replacement and two additions:

- 'Patients enrolled in care during their first trimester of pregnancy (%)' replaces 'Prenatal patients retained in care through delivery (%)'
- 'MyChart (patient portal) activations(%)'
- 'Telehealth visits'

Fiscal 2020 data for 'patient care revenue/expenses' is estimated based on data through March 2020. Full-year Fiscal 2020 data will be available after audit close out, in October 2020.

Fiscal 2020 data for the indicator 'Patients receiving a defined set of medical services to treat sepsis within three hours of presentation (%)' is not available. Data for this measure is reported by the New York State Department of Health and reporting was paused in March 2020.

ADDITIONAL RESOURCES

- OneNYC Health Care for Our Neighborhoods:
<http://onenyc.cityofnewyork.us/strategies/healthy-lives/>

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

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