# AGENDA

**MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE**

**Meeting Date: April 12th, 2016**
**Time: 12:30 PM**
**Location: 125 Worth Street, Room 532**

**BOARD OF DIRECTORS**

**CALL TO ORDER** — **DR. CALAMIA**

**ADOPTION OF MINUTES**
***March 8th 2016***

**CHIEF MEDICAL OFFICER REPORT** — **DR. WILSON**

**METROPLUS HEALTH PLAN** — **DR. SAPERSTEIN**

**INFORMATION ITEM:**

1) Home Care and Health Home — **MS. JOHNSTON**, **MS. NORVELL**

2) Update on Performance Indicators in Affiliation Contracts — **DR. WILSON**

**OLD BUSINESS**

**NEW BUSINESS**

**ADJOURNMENT**

# MINUTES

**MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE** **Meeting Date**: March 8, 2016

**BOARD OF DIRECTORS**

## ATTENDEES

### COMMITTEE MEMBERS
Vincent Calamia, MD, Committee Chair
Lilliam Barrios-Paoli, Chair
Josephine Bolus, RN
Ram Raju, MD President
Bernard Rosen
Hillary Kunins, MD (representing Dr. Gary Belkin in a voting capacity)

### HHC CENTRAL OFFICE STAFF:
Sharon Abbott, Assistant Director, Corporate Planning
Paul Albertson, Senior Assistant Vice President, Operation
Machelle Allen, MD, Deputy Chief Medical Officer, Office of Health Care Improvement
Jun Amora, Director, Supply Chain Services
Chalice Averett, Director, Office of Internal Audit
Janette Baxter, Senior Director, Risk Management
Charles Barron, MD, Interim Medical Director, Behavioral Health
Charles Borden, Senior Assistant Vice President, Quality
Nicholas Cagliuso, PhD, MPH, Assistant Vice President, Office of Emergency Management
Tammy Carlisle, Associate Executive Director, Corporate Planning
Eunice Casey, Director, HIV Services
Victor Cohen, Assistant Vice President, Corporate Pharmacy
Fred Covino, Senior Assistant Vice President, Corporate Budget
Caron Davis, Coordinating Manager, Research Administration
Kenra Ford, Assistant Vice President Clinical Lab Operations/M&PA
Lucinda Glover, Senior Director, Medical and Professional Affairs
Sal Guido, Acting Chief Information Officer, Enterprise Information Technology System
Colicia Hercules, Chief of Staff to the Board Chair
Patricia Lockhart, Secretary to the Corporation
Ana Marengo, Senior Vice President, Communications & Marketing
Randall Marks, Chief of Staff, President Office
Antonio Martin, Executive Vice President and Chief Operating Officer
Ian Michaels, Media Director, Communication and Marketing
Krista Olson, Assistant Vice President, Corporate Budget
Salvatore Russo, Senior Vice President & General Counsel, Legal Affairs
Marisa Salamone Gleason, Assistant Vice President, Enterprise Information Technology System
Jesse Singer, Senior Director, Medical and Professional Affairs
Nicholas Stine, Chief Medical Officer, Accountable Care Organization
Diane E. Toppin, Senior Director Medical and Professional Affairs
Roslyn, Weinstein, Senior Assistant Vice President, Operation
Ross Wilson, MD, Senior Vice President/Corporate Chief Medical Officer, Medical& Professional Affairs

### FACILITY STAFF:
Ricardo Corrales, Senior Associate Director, Woodhull Medical Center
Marie Elivert, Senior Associate Executive Director, Queens Hospital Center

Nate Link, Chief Medical Officer, Bellevue Hospital
Andreea Mera, Special Assistant, MetroPlus
Anthony Rajkumar, Executive Director, Metropolitan Hospitla Center
Arnold Saperstein, MD Executive Director, MetroPlus Health Plan
Wehbeh Wehbeh, MD Chief Medical Officer, Coney Island Hospital Center

**OTHERS PRESENT:**
James Cassidy, Analyst, OMB
Justine DeGeorge, Office of State Comptroller
Moira Dolan, Senior AD, DC37
Larry Garvey, Cerner

**MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE**
**Tuesday, March 8, 2016**

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 10:30 AM. The minutes of the February 11, 2016 Medical & Professional Affairs Committee meeting were adopted.

## CHIEF MEDICAL OFFICER REPORT

Ross Wilson MD, Senior Vice President/Corporate Chief Medical Officer, reported on the following initiatives.

- NIPCOA (Nurses Improving Primary Care for Older Adults) Grant Curriculum – In the context of our ageing population, online training modules have been developed for ambulatory care RNs for them to become better able to manage the care of the geriatric patient. The curriculum was developed in conjunction with NYU College of Nursing/Hartford Institute for Geriatric Nursing through a grant titled – NIPCOA – Nurses Improving Primary Care for Older Adults. Nurses who complete the online training would be designated a Geriatric Resource Nurse (GRN). The Role of the GRN will be to work with their nursing colleagues and providers in managing the complex needs of elder adults seen in the ambulatory, primary care setting by improving clinical outcomes and coordinating care to positively assist in minimizing hospital admissions/re-admissions. Ultimately, the goal is for the nurse exposed to this geriatric education to on to take a national certification exam to become an ANCC Certified Generalist Gerontological Nurse. The Geriatric focused modules cover a broad range of clinical issues that impact elder care and also mirror content covered on the ANCC national certification exam. Topics include:

  - ✓ Common Screenings for older adults
  - ✓ Prevention of Illness in Older Adults
  - ✓ Delirium, Dementia and Mild Cognitive Impairment
  - ✓ Advance Directives
  - ✓ Palliative and Hospice Care
  - ✓ Multiple Chronic Dx Management
  - ✓ Persistent pain in older adults
  - ✓ Health Promotion/Patient and Family Education
  - ✓ Elder Mistreatment
  - ✓ Elder Substance Abuse
  - ✓ Sensory Considerations
  - ✓ Falls and Fall Prevention
  - ✓ Medication Management - PolyPharmacy
  - ✓ Skin Disorders

- Health Home - During CY 2015, the Health Home program saw a tremendous amount of growth. By increasing our community partnerships - from 6 Care Management Agencies at the end of 2014 to 25 at the end of 2015 – Health Home added a lot of capacity for providing care coordination services to our patients. Health Home saw a 227% growth in enrolled patients – from 2383 at the end of 2014 to almost 8000 at the end of 2015, as well as a growth of patients in active outreach of 642% - from 4695 to 34842 during that same time frame.

**Behavioral Health**

The Office of Behavioral Health with Ambulatory Care, Women's Health and Pediatrics is working on implementation of a process to screen for depression in pregnant women from prenatal through the postpartum aspects of delivery. This is part of the Mayor's Office city-wide initiative. NYC Health + Hospitals is one of the pilot systems to develop and implement the practice that will be spread across all city agencies. Pilots are focused at Elmhurst, Queens, and Coney Island and scheduled for February.

The Office of Behavioral Health is coordinating a work group related to the management of violence. This will involve the Councils of Emergency Medicine and Psychiatry as well as other identified staff from both Central Office and facilities. A draft working plan has been submitted for review and comment. The draft focuses on identification, reporting and data collection, and assessment and engagement of patients. A review of the workforce issues is also underway, with. The OBH has initiated a "real-time" tracking mechanism to capture all staff injuries related to patient care in Behavioral Health. This is in collaboration with the Safety Office and Risk Management.

OBH continues to work on the following: Establishment of on-site assessment and short-term treatment in the Family Justice Centers providing increased mental health services to victims of domestic violence. There will be one in each borough for a total of five sites. NYC Health + Hospitals will provide screening, assessment and short-term mental health services at these sites. The MOA is scheduled for signature and meetings with the host facilities are being scheduled.

**Office of Ambulatory Care Transformation (OACT)**

- The Board Quality Assurance Committee Performance Improvement project for Quarter 1 is focused on Collaborative Care for Depression. The project aims to improve patient care around the following metrics:

- Enrollment: Increase enrollment % of all patients who screen positive for depression to ≥ 50%

- Delivery of Care: Increase the % of Medicaid patients billed for who have received all appropriate clinical care services required by the State Office of Mental Health to 100%

- Clinical Improvement: Increase the % of patients enrolled in Collaborative Care for 70 days or greater who show clinically significant improvement in PHQ-9 scores to ≥50%

- OACT and Breakthrough have partnered to launch an effort to address visit flow in our primary care setting. Patient experience scores have historically been brought down by "moving through your visit" scores. This work represents a centralized effort to tackle this key aspect of patient experience and access, and develop enterprise-wide standards and guidance. The work is launching in 1 acute (Kings County) and 1 Gotham (Morrisania) site, and the methodologies/learnings will be incorporated into the Q3 Board Performance Improvement project for all sites.

- Health + Hospitals is embarking upon recognition or recertification as Patient-Centered Medical Homes (PCMH) for 56 of our primary care sites. Gotham is the first PCMH application to be submitted, at the end of March. In addition to improving the delivery of patient care, PCMH recognition results in increased reimbursement rates from payors and meets our requirements for transformation under DSRIP.

- MetroPlus, in partnership with OACT, has taken steps to enhance the way new members are auto-assigned to providers in our system with more access. A proof of concept was piloted in November, and since then we estimate that ~20k patients who would have been assigned to providers who are over-subscribed (no room in panel or no available appointments in schedule) have been redirected to providers with more access. MetroPlus is now working on an automated solution to make these enhancements permanent.

## IMSAL

NYC H+H/Jacobi Labor and Delivery Unit-Based Simulation/Debriefing Program was commenced in August of 2015, and seeks to improve unit culture and collaboration through simulation and debriefing. The program is led by an inter-professional core team comprised of members from the obstetrics, pediatrics, anesthesia, blood bank, and surgical services.

Highlights:

- 39 Simulation/Debriefings performed with 447 participant encounters to-date. Topics completed: maternal hemorrhage, shoulder dystocia, and Category 2 fetal heart rate tracing. Upcoming topics: preparing for preterm birth (in-servicing all staff on new thermoregulation equipment using simulation)

- Lessons learned and process improvements uncovered during debriefings are fed directly into the existing quality improvement processes and have resulted in substantial enhancement of safety on the unit. Examples include: quicker escalation during an emergency, update of Nextel STAT phones, revision of hysterectomy trays, and improved communication with trauma team and blood bank.

- The need for a "Caring for the Caregiver" forum was identified through debriefing and implemented. The first session (2/25/16) was attended by 43 staff members from various departments. The response to the session was overwhelmingly positive and additional sessions were requested.

## 2015 NYC Health + Hospitals Research Activities

## Summary Report to Medical & Professional Affairs Committee of the Board

NYC Health + Hospitals is committed to providing high-quality, comprehensive health services to all New Yorkers, and research is a critical part of that mission. In addition to bringing the latest treatment to our patients, the knowledge gained from these research studies advances the quality of care for people around the city.

NYC Health + Hospitals physicians and researchers study new medications, track patient outcomes for years and gather evidence for education and treatment programs. This information is then disseminated into the System through graduate and continuing medical education and to the scientific community through peer-reviewed publications.

In the oversight of all human subjects research, NYC Health + Hospitals (including its investigators, research staff, residents involved with the conduct of human research, the Institutional Review Boards, the System official, and employees) follows the ethical principles outlined in the April 18, 1979 report of The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research titled "Ethical Principles and Guidelines for the Protection of Human Subjects of Research," also known as "The Belmont Report."

NYC Health + Hospitals Research complies with all federal regulations regarding objectivity in research and the Board's 2015 approved Human Subject Research Protections Program Policies and Procedures. In addition, no incident or a case of research misconduct, protocol violation, and noncompliance was reported last year. The system was not exposed to any risk in 2015 as a result of research conducted in any of its facilities.

NYC Health + Hospitals engages only Institutional Review Boards (IRB) that are guided by the ethical principles established by the Belmont Report. The table below list IRBs used by the System in 2015.

### Approval Process

In order to ensure that investigators and researchers comply with NYC Health + Hospitals, Federal, State, and City regulations, policies, and procedures that guides human subject research, all Research Projects must undergo the

Approval process described in the figure below. Research study will not start at any NYC Health + Hospitals facilities until notification of final Research Office approval is received by the Principal Investigator and Facility.

**Activity Summary**

In 2015,

- IRB approved human research studies totaled 322, of which 95 were funded and 227 were unfunded.
- In addition, we received $1.1M from research activities, and
- Publications of research and review articles in peer-reviewed journals totaled 172.

For example, Researchers at Queens Hospital Cancer Center participated in a study with Memorial Sloan Kettering Cancer Center which looked at a new method of treating stage IV Gastric Cancer patients.

Metastatic Gastric Cancer has a poor survival rate with the majority of patients dying within one year of diagnosis. Treatment options at the time for these patients were very toxic leading to poor quality of life, delays in treatment, frequent hospitalizations and discontinuation of treatment due to toxicity. The primary aim of this study was to develop a more tolerable three-drug chemotherapy regimen for gastric cancer without compromising efficacy. The results of this study showed both an increase in progression free survival as well as reduced toxicities and decreased hospitalizations. This treatment is now the preferable regimen for advanced gastric cancer based on this study.

These results were recently published in the prestigious Journal of Clinical Oncology where Dr. Margaret Kemeny, Director of Queens Hospital Cancer Center, was co-author. Although this was a multi-center study which included both academic and community institutions, Queens Hospital Cancer Center was able to accrue 50% of the minority patients represented in the study. All of the patients randomized to this regimen did well, but one patient in particular at Queens Hospital Cancer Center exceeded all survival predictions and is alive, traveling and active seven years after diagnosis on this regimen.

**Clinical & Translational Science Award with NYU**

In 2015 the New York University (NYU) - NYC Health + Hospitals (H+H) was re-awarded a 5-year Clinical and Translational Science Institute grant from the National Center for Advancing Translational Sciences. The partnership will continue to support and enhance collaborations between research teams at NYU and clinical teams at H+H. Specific grant goals include developing an H+H research agenda to promote collaborative research, improving use of H+H clinical data for research, and promoting opportunities to engage in research to our patients. The ultimate goals of the collaboration are to foster innovation and transformation to accelerate the pace at which quality health care services and technologies are brought to the population we serve. Infrastructure funding for Health & Hospitals will flow from this award which totals approximately $20m over 5 years.

## METROPLUS HEALTH PLAN, INC.

Arnold Saperstein, MD Executive Director, MetroPlus Health Plan Inc. Presented to the Committee the total plan enrollment as of February 1, 2016 was 482,776. Breakdown of plan enrollment by line of business is as follows:

| | |
|---|---|
| Medicaid | 389,948 |
| Child Health Plus | 13,111 |
| MetroPlus Gold | 4,512 |
| Partnership in Care (HIV/SNP) | 4,454 |
| Medicare | 8,408 |
| MLTC | 1,006 |
| QHP | 17,693 |
| SHOP | 940 |

| | |
|---|---|
| FIDA | 183 |
| HARP | 7,461 |
| Essential Plan | 35,060 |

MetroPlus has had a high rate of Medicaid members losing eligibility. We have learned from participating in trade organization calls that this is a problem for all plans. Many members who had been on paper recertification by HRA signed on to the New York State of Health website. They no longer will get paper recertification requests. Since they have not recertified online, they automatically lose eligibility and are getting dropped from the plan. According to New York State, there were over 100,000 cases of this last month. We are focusing on outreach to this group in an attempt to recover them.

MetroPlus continues to aggressively focus on growth. We are undertaking many new member retention initiatives. We aim to improve the service we provide to our members, offer them the ability to be engaged in care by providing easy access to their records through our member portal and other means of communication, as well as enhance our network to allow for quick access to care.

I would like to provide this committee with a few informational items. Firstly, as of January 8th, 2016, pregnancy qualifies as a reason for Special Enrollment Period (SEP) on New York State of Health. This SEP does not have a 60 day enrollment requirement from the time of the event like other SEPs and it applies only to those applicants that have no insurance (meaning this does not allow applicants to switch to a different QHP. This SEP only opens up enrollment for the pregnant applicant. The rest of the family does not get an SEP when the mother reports a pregnancy.

Secondly, effective July 1, 2016, the provision of School Based Health Center (SBHC) and SBHC-Dental (SBHC-D) Services will be incorporated into the Medicaid Managed Care (MMC) benefit package, and Medicaid Managed Care Plans (MMCPs) will be responsible for reimbursing SBHCs for services. The goal of the transition is to maintain access to these critical SBHC and SBHC-D services while integrating the services into the larger health care delivery system. It is anticipated that the integration of SBHC and SBHC-D services within the existing managed care framework and coordination of services with the child's primary care provider will improve quality and promote an efficient, effective delivery system. MMCPs must permit enrollees who are in an on-going course of care at a SBHC at the time of the transition of these services to managed care to continue their course of treatment unchanged for at least the first 90 days of the SBHC transition period.

Additionally, the State has been working on a Children's Medicaid Redesign initiative, transforming the delivery of health care for children. The key features will be implemented in phases and include expanding access to care management for children with chronic conditions under the Health Home program or for children with lesser needs through the Managed Care plans, creating new state plan services, transitioning existing children's behavioral health benefits from fee-for-service to managed care, providing greater access to an aligned array of home and community based service, and shifting foster care "per diem" population to managed care.

**INFORMATION ITEMS**:

Kenra Ford, Assistant Vice President, Clinical Laboratory Medical and Professional Affairs presented to the committee Laboratory Transformation Update.

***Vision:*** Shared Consolidated Core Laboratory, Standardized Equipment across all Laboratories, Standardized Information System, Standardized Policies & Procedures, Standardized Quality Program, Seamless Integration, Increased Quality & Depth of Service, Reduced Cost, NYC Health+Hospitals – $23 million annual savings at full implementation, Northwell Health - $15 million annual savings at full implementation. CLNY, an open not-for-profit Cooperative, was formed to achieve this vision.

***Project History*:** Milestones: May 2012 – Joint Vertical Value Stream Mapping, March, 2013 HHC Board Approval, July, 2013 NSLIJ Agreements Signed and H+H Reference Test Transition begins, May, 2014 Cerner Agreement signed, October, 2014 1st CLNY Board Meeting: Finance and Executive Committee, November, 2014 Building Sites Approved and H+H Reference Test Transition Complete, January, 2015 CLNY "Co-op" Purchasing begins, April, 2016 1st Cerner Go-Live at Elmhurst & Queens Hospitals, June, 2017 CLNY opens Expanded Clinical Laboratory, January, 2018 CLNY little Neck Site opens- Microbiology Laboratory.

***Major Highlights*:** Reference Lab Testing Fully Operational, Joint Procurement Commenced, Building Approach Solidified & Underway, EPIC/Cerner LIS on track for April 1st go-live and Tax-Exempt Status Achieved.

***Reference Testing:*** Tests that NYC Health+Hospitals previously sent to Quest Laboratories are now sent to the Core Lab. Commenced in April 2014 & completed in November 2014, Quality Monitoring Process Established, Northwell will begin billing commercial payors on NYC Health + Hospital's behalf, Calendar Year 2015 savings - $6.0 million and Initial Projection - $1.8 million.

***Procurement:*** CLNY member of NSLIJ Alliance GPO – February 2015, New York Blood Center, HHC Projected Annual Savings (price): $710,800 annually, 2016 reduction discussions ongoing, Equipment,
Chemistry – CLNY Standard vendor selected, contracting in process, Hematology – RFP in process, Other Opportunities, Reference Lab Testing and General Lab Consumables.

***Building/Real Estate:*** Two Building Approach - Lake Success: Clinical Laboratory (100K sq ft), Opens July 2017, Little Neck, Queens: Microbiology Laboratory (39K sf ft building), Opens January 2018. Progress - Pre-Schematic Programming – February-June 2015 – Complete, Schematic Design – July 2015 – Complete, Design Development – August 2015 – February 2016.

***Information Technology:*** Cerner Implementation: Hub 1 – Queens/Elmhurst – Go Live April 2016, Unit Testing complete, Integration testing – in progress/on time, Hub 2 – Jacobi/NCB – Go Live 4th Quarter 2016, Unit Testing complete and All Hubs completed by the end of 2018.

***CLNY Goals for 2016:*** Identify opportunities to shift volumes prior to Epic/Cerner implementation and building completion: Begin billing Northwell's commercial payors, Identify and begin rollout of standardized instrumentation platforms for Chemistry, Hematology, Coagulation and Point of Care, Drive informatics and utilization agenda, Implement Cerner at first two Hubs and transition testing and Build-out of first site.

***Financial Savings Update:*** The Lab Restructuring initiative began in Fiscal Year 2011 as part of the Road Ahead. Initial savings were realized of approximately $10 million a year. In Fiscal Year 2015, an additional $4.8 million was achieved, despite a $3 million initial investment in the Cerner LIS. The current incremental target for FY16 in the Financial Plan is $3 million, above what has been baselined in prior years. These savings are anticipated due to the reference testing and procurement activities, but may be offset by additional large, one-time investments in Cerner. Full savings associated with the CLNY Joint Venture are anticipated once: the Cerner system is in place, procurement yields additional price reductions, revenue from commercial payors further offsets costs, both buildings become fully operational, and test volumes shift.

There being no further business, the meeting was adjourned 11:34 AM.

# CHIEF MEDICAL OFFICER REPORT

## Medical & Professional Affairs Committee
## April 12th, 2016

## ACO

The ACO has received its updated patient attribution data for 2016, expanding to include new ACO partner Community Healthcare Network (CHN). CHN provides an array of primary care, dental, nutrition, mental health and social services to mostly low-income and uninsured New Yorkers, aligning well with the mission of NYC Health + Hospitals and the ACO. Their network is made up of 11 federally qualified health centers throughout Brooklyn, the Bronx, Queens and Manhattan. The ACO is incorporating Medicare claims data for CHN into its core performance management tools to build out this partnership, and leadership from CHN have joined the ACO Clinical Leadership committee.

The ACO successfully submitted its 2015 quality performance data on March 10th. As with the prior two years, this was a significant undertaking, integrating IT quality measure reports and a substantial manual chart review effort by Quality Management teams at every facility.

Dr Nick Stine, Chief Medical Officer of the ACO, was recognized as one of the Crains 40 under 40 for 2016, for his contribution to the success of the ACO with quality and cost.

## Office of Emergency Management

The National Ebola Training and Education Center (NETEC) won the CDC's Award for Excellence in Partnering – Domestic. NETEC is co-lead by Emory University Hospital, University of Nebraska Medical Center and NYC Health + Hospitals / Bellevue. Funding comes from the Office of the Assistant Secretary for Preparedness and Response (ASPR) and the Centers for Disease Control (CDC). The award recognizes programs' initiative and effectiveness by establishing and sustaining strategic partnerships with government, private sector, volunteer and not-for-profit organizations.

## Pharmacy

EPIC Go Live: The office of Pharmacy services under the guidance and supervision of the M&PA conducted a pre-Go live order set review for the purpose of a last pass and safety check by the pharmacy council and the numerous provider councils that included over 217 inpatient, 350 chemotherapy protocols, 64 ambulatory care order sets, and numerous smart sets. This culminated in the convening of a multidisciplinary group including Pharmacy leaders from Elmhurst, Queens, EPIC, Clinovations, and the office of pharmacy services for an intensive 5 day review and optimization of the order sets.

However as a means of assuring quality and safety and providing another layer of safety at the go live for these order sets a dual verification process was instituted given the name "RX2 plan." In this plan 12 pharmacists were recruited, 1 per each institution, were trained in EPIC over a three day period, to be ready as

dual verifiers for any high risk or potentially high risk order sets, and were at both Queens and Elmhurst for 7 days across the cutover period. Over the subsequent days the dual verifiers validated over 1700 medication orders, submitted numerous tickets for repair to the EPIC team and enhanced safety and quality of care.

## Office of Ambulatory Care Transformation (OACT)

**Analysis of staffing needs in our adult primary care setting.**
Similar to last year, the analysis shows that to support existing patient needs and sustain access, we need to fill over 60 vacant positions (20 PCPs, 14 RNs, and 28 care team support roles). In addition, we need 36 additional PCP FTE and 28 RN FTE to meet "access" targets. Needs vary by site, and site-specific detail is available through the Office of Ambulatory Care Transformation. Facilities are being encouraged to address vacant positions as soon as possible.

**OACT and Breakthrough have launched a joint effort to address "visit flow" in our primary care setting.**
Patient experience scores have historically been brought down by "moving through your visit" scores. This work is a centralized effort to tackle this key aspect of patient experience and access, and develop enterprise-wide standards and guidance. Work has begun at Kings County and Morrisania, and three main focus areas have been identified: (i) better processes to greet and address unscheduled patients, (ii) standard work to ensure the clinic starts on time every day, and (iii) tighter handoffs between phases of the visit (registration, vitals, exam, and nurse education).

**Collaborative Care for Depression:**
As of 4/1/16 – 14 sites were billing retroactively for Collaborative Care services delivered from April 2015 – January 2016 and 14 sites were actively billing for Collaborative Care visits in real time. The remaining sites are actively engaged in putting the processes in place to implement billing as soon as possible. Revenue management has confirmed that NYC H+H has begun to receive payment from Medicaid for some of these claims.

## DSRIP

Delivery System Reform Incentive Payment (DSRIP) Program
March 31, 2016 marked the end of DSRIP Year One (DY1) and was also a deadline for quarterly report submissions to the New York State Department of Health (NYS DOH) of progress against commitments made across all DSRIP program requirements. We are pleased to announce that the DSRIP Independent Assessor has accepted the OneCity Health report and that we have satisfactorily achieved all milestones and commitments.

**Clinical Project Implementation**
For clinical projects, OneCity Health surpassed its quarterly targets for patient engagement, referred to as speed and scale, for both Project 11 and the Integration of Palliative Care into the Patient Centered Medical Home (PCMH). We are thankful to all partner organizations and view these achievements as a step toward sustainable transformation efforts and improved patient outcomes.

For Project 11, OneCity Health administered over 11,000 Patient Activation Measure (PAM®) surveys, surpassing the quarterly goal as committed to the NYS DOH. Over the next 12 months, OneCity Health has committed to administering 55,000 PAM® surveys while also implementing and refining operational processes to link uninsured New Yorkers and low- and non-utilizers of Medicaid to primary care and social services, and to provide training as needed to NYC Health + Hospitals and community-based partner staff to engage clients and patients in a culturally humble way so that they actively participate in managing their health conditions.

For palliative care integration into the PCMH, OneCity Health surpassed its commitment to provide simple advance care planning and did so within NYC Health + Hospitals primary care sites. Moving forward, OneCity Health will begin to implement additional interventions throughout the entire OneCity Health partner network to ensure patients' symptoms and advanced illnesses are appropriately managed in the primary care setting.

OneCity Health has initiated pilots for multiple other DSRIP clinical projects: 1) ED Care Triage planning at four NYC Health + Hospitals facilities, which begins the effort to connect patients with primary care from the Emergency Department; 2) Care Transitions planning at two NYC Health + Hospitals facilities, for which our goal is to provide a supportive transition to the community for patients who were admitted to the hospital and reduce readmissions; and 3) Health Home At-Risk planning at five NYC Health + Hospitals sites, in which the objective is to extend care management services equivalent to the NYS Health Home program.

The asthma home-based self-management work also continues at both select NYC Health + Hospital and community partner sites.

**Capital Restructuring Financing Program (CRFP)**

New York State awarded NYC Health + Hospitals up to $300.5 million for five capital project applications through the state's Capital Restructuring Financing Program (CRFP), a funding initiative that is intended to support and sustain DSRIP program objectives.

The NYC Health + Hospitals project applications awarded include construction projects intended to expand behavioral health services and integration with primary care (up to $60 million), construction projects to improve services to and primary care linkages for low-acuity Emergency Department users (up to $31.5 million), and the buildout of a contact center to offer linguistically-appropriate, 24/7 appointment scheduling and nurse triage services (up to $19 million). NYC Health + Hospitals was also awarded for technology-related efforts in digital health (up to $109 million) and population health management (up to $81 million) – both of which are intended to enable connectivity and responsible data sharing between OneCity Health partners, which is critical to achieving improvement in health outcomes and well-being.

## Behavioral Health

NYC Health & Hospitals is launching Home and Community Based Services (HCBS) for Behavioral Health patients. HCBS provide opportunities for Medicaid beneficiaries with mental illness and/or substance use disorders to receive services in their own home or community. We are approved to provide 7 different HCBS services across the system, with most facilities approved for Community Psychiatric Support, Family Support and Training, and Peer Support.

Outpatient Mental Health appointment waiting times have steadily improved over the past year. As of March 1, the system-wide average wait for Intake appointments (new patients) is down to 7 days (vs. 31 days at baseline and 14 days three months prior). Kings County's recent success was highlighted in Dr. Raju's last report to the Board, and is the latest example of what has been a very concerted effort in the past year, co-championed by the Office of Behavioral Health and the Council of Psychiatry Directors.

The Office of Behavioral Health with Ambulatory Care, Women's Health and Pediatrics is working on implementation of a process to screen for depression in pregnant women from prenatal through the postpartum aspects of delivery. This is part of the Mayor's Office city-wide initiative. NYC Health + Hospitals is one of the pilot systems to develop and implement the practice that will be spread across all city agencies. Pilots are focused at Elmhurst, Queens, and Coney Island and scheduled for February.

The Office of Behavioral Health is coordinating a work group related to the management of violence. This will involve the Councils of Emergency Medicine and Psychiatry as well as other identified staff from facilities. A draft working plan has been submitted for review and comment. The draft focuses on identification, reporting and data collection, and assessment and engagement of patients. A review of the workforce issues is also underway. The OBH has initiated a "real-time" tracking mechanism to capture all staff injuries related to patient care in Behavioral Health. This work is in collaboration with the broader review of Employee Safety.

## Office of Population Health

The Office of Population Health is working with all 17 sites to develop new hypertension performance improvement projects to improve blood pressure control rates among patients. Sites are working on improving delivery of the treat-to-target care model and using registry data to drive improvement.

The HIV Services Office has moved to the Office of Population Health in Medical and Professional Affairs. This move will provide an opportunity to build on existing work as well as better integrating chronic disease improvement efforts.

As part of our population health efforts, we are partnering with a national non-profit organization called Health Leads to assist with assessing social determinants of health in pediatrics. Evaluation of social resource needs of our patients has shown food insecurity as a key issue. H+H is working with CBOs to outstation SNAP enrollers at 5 facilities to increase enrollment in this benefit.

**MetroPlus Health Plan, Inc.**
**Report to the**
**H+H Medical and Professional Affairs Committee**
**April 12, 2016**

Total plan enrollment as of March 1, 2016 was 486,614. Breakdown of plan enrollment by line of business is as follows:

| | |
|---|---|
| Medicaid | 386,083 |
| Child Health Plus | 13,534 |
| MetroPlus Gold | 4,674 |
| Partnership in Care (HIV/SNP) | 4,490 |
| Medicare | 8,419 |
| MLTC | 1,047 |
| QHP | 20,313 |
| SHOP | 960 |
| FIDA | 194 |
| HARP | 7,359 |
| Essential Plan | 39,541 |

MetroPlus membership increased from February to March despite the high number of Medicaid members losing their eligibility as a result of New York State changing the recertification process to an electronic format. The significant part of our growth was in the Essential Plan, Medicaid, and QHP. We have been conducting outreach efforts to these members and have been able to assist a considerable number to recertify.

One of our new challenges involves lack of payment of the $20 monthly premium by Essential Plan (EP) members. We have been losing almost 2,000 EP members each month due to lack of payment. We are doing consistent outreach to educate and assist this new population so that they can maintain continuity of coverage.

As our efforts to improve our services continue, we are embarking on a partnership with ZocDoc so that we can facilitate our members' making appointments with their providers. ZocDoc provides a scheduling system on a paid subscription basis for medical personnel. The scheduling system can be accessed by subscribers both as an online service and via the deployed office calendar software, or integrated with provider websites. The subscriber's schedules are available to the end users – patients – free of charge.

The end user-searchable database includes specialties, range of services, office locations, photographs, personnel educational background and user-submitted reviews. For each doctor the users are able to review the free slots in the schedule and make appointments for specific time slots. The user has the option to create a login and enter their demographic, health issues, history, and insurance information. ZocDoc is a two-sided online platform that enables patients to find doctors in their geographic and insurance networks and book appointments instantly.
Because of the size of our membership, MetroPlus is listed as a plan that can be chosen by participating users. All of our providers will be listed. For participating community doctors, members will be able to make appointments online. For all other providers, including Health + Hospitals', only the providers' names and scheduling phone number will be listed. Our ultimate goal is to have our providers participate with ZocDoc so

that our members can schedule appointments via Android, iOS, or web application. Statistics show that 40% of the appointments booked through ZocDoc occur within 24 hours.

MetroPlus has been working with the PPSs assigned to us by the Department of Health on the agreements for the supplemental DSRIP programs, namely Equity Performance and Equity Infrastructure. A standard agreement template has been settled upon by all the PPSs. We are awaiting the attestations outlining the PPS' selection of activities so we can proceed with contracting. The participating PPSs are as follows: Advocate Community Providers, Bronx Lebanon Hospital Center, Maimonides Medical Center, Mount Sinai Hospitals Group, Nassau Queens PPS, SBH Health System (St. Barnabas Hospital), and Medical Center of Queens.

# Home Care
# Health Home

Medical and Professional Affairs

Committee Meeting

April 12, 2016

# Overview

- Certified Home Health Agency (CHHA)
- Lead Health Home
- Care Management
  - Telehealth
  - Transitions of Care

# CHHA

## Achievements

- Census - 1214
- Over $10MM reduction in losses 2016
- 4 Star CMS Rating
  - VNS of NY – 3 Stars
  - MJHS – 3.5 Stars
- EPIC GO – Live April 1st, 2016

## Challenges

- Over 80% Managed Medicaid
- Capture rate from NYC facilities – 30%
- YE Projected $13.5MM loss (-$23.8MM in 2015)
- Limited managed care contracts

# CHHA Performance

| Measure | YTD Performance | NY State Benchmark |
|---|---|---|
| Direct Cost/visit | $109 | $108 |
| Benefit Cost | **43%** | 16% |
| Medicaid Gross Margin | 18.5% | 14% |
| CMW – MCR/MCD EPS | **.73** | .973 |
| Indirect Cost per Visit | **$97** | $62 |
| Medicare as % Revenue | **13.3%** | 59% |

*NYS Medicare Gross Margin – 49%*

# Home Care Strategy

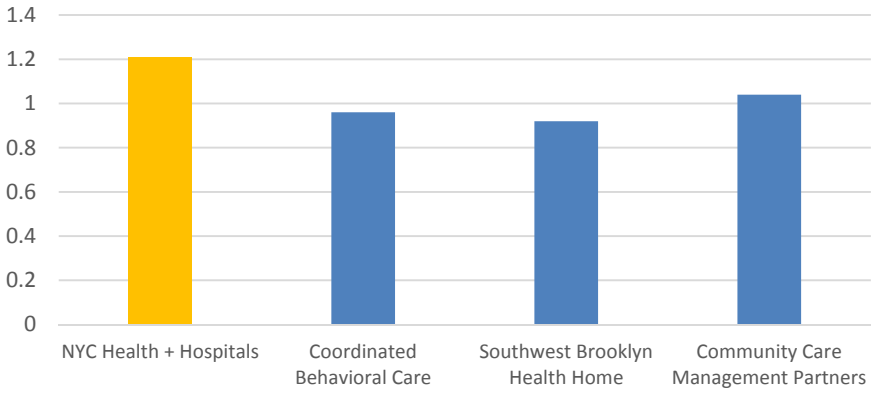
- Leadership accountability
- Reduced administrative cost
  - EMR efficiencies
  - Organizational restructuring
- Improved capture rate from NYC facilities
  - Executive level networking
  - Additional managed care contracts
  - Enhanced clinical programming
    - Palliative care
    - MCH expanded to all boroughs
- Accreditation

# Lead Health Home

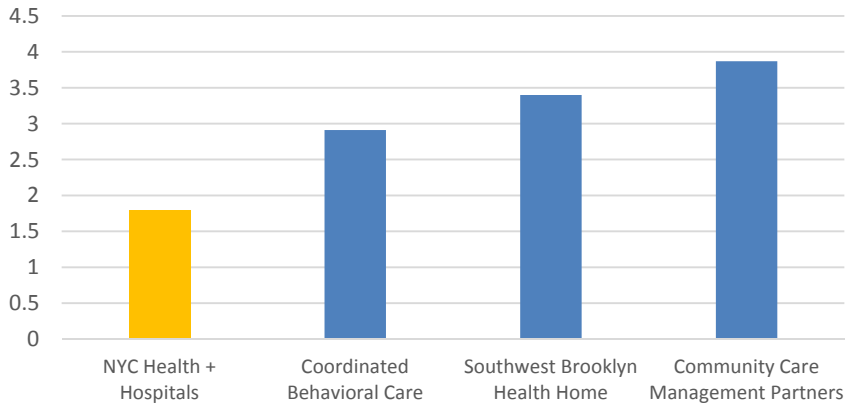
- 2016 YE projected $4.7MM net income
- Enrolled members
  - 36,328 in outreach
  - 7,646 members enrolled in coordination
- 26 downstream community partners
- Newly published quality measures

# Health Home – Quality Measures

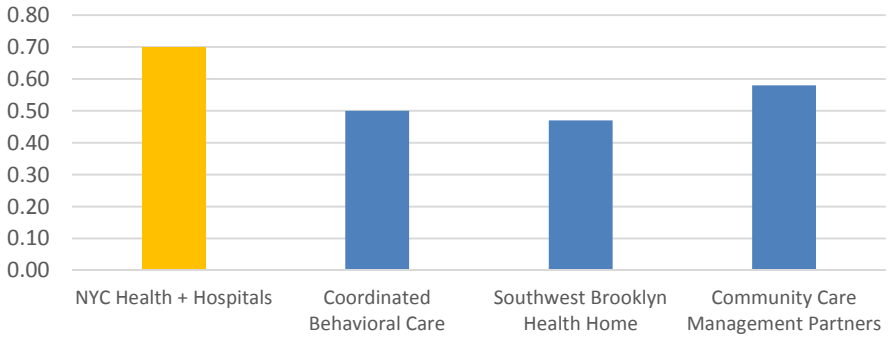
## Average ER Visits per Health Home Member/Year




## Average Primary Care Visits per Health Home Member/Year



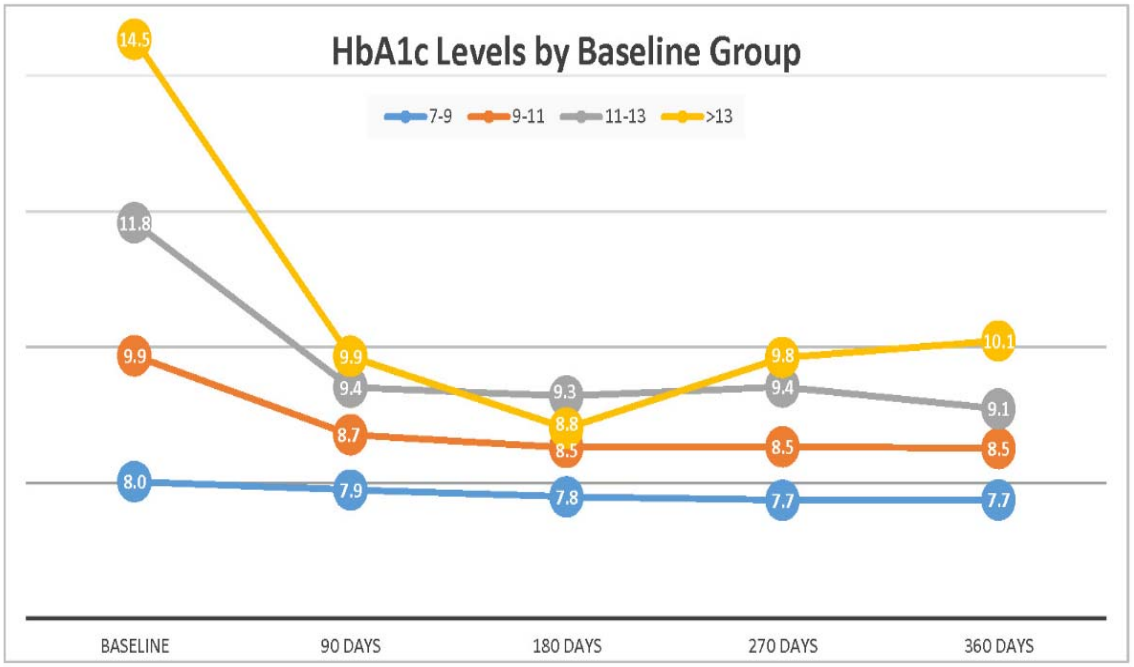

## Average Inpatient Admissions per Health Home Member/Year



NYC HEALTH+ HOSPITALS

# Care Management

- Telehealth - Over 500 patients




- Transitions – One City Health Program 04/01/2016

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# Looking to 2017

- CHHA will breakeven by YE
- Health Home will experience 20% increase
- Care Management will expand by 50%
- Division will have a positive net income

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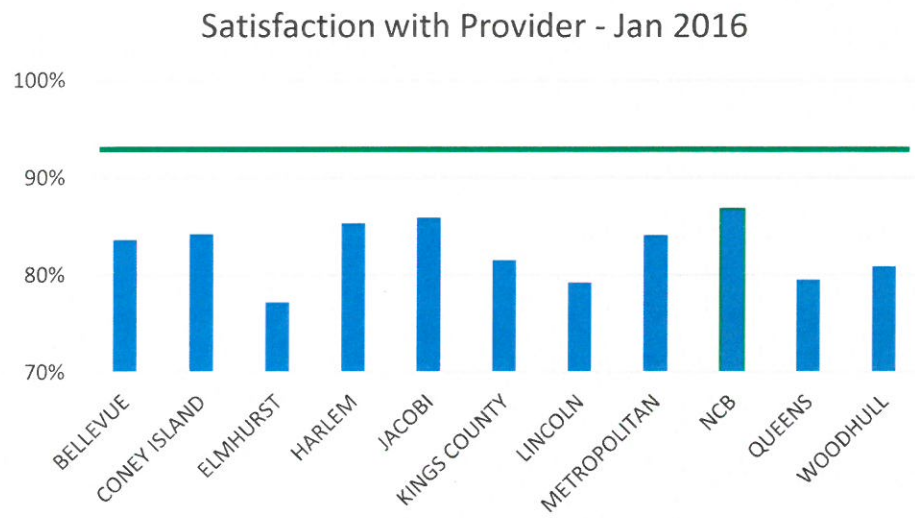
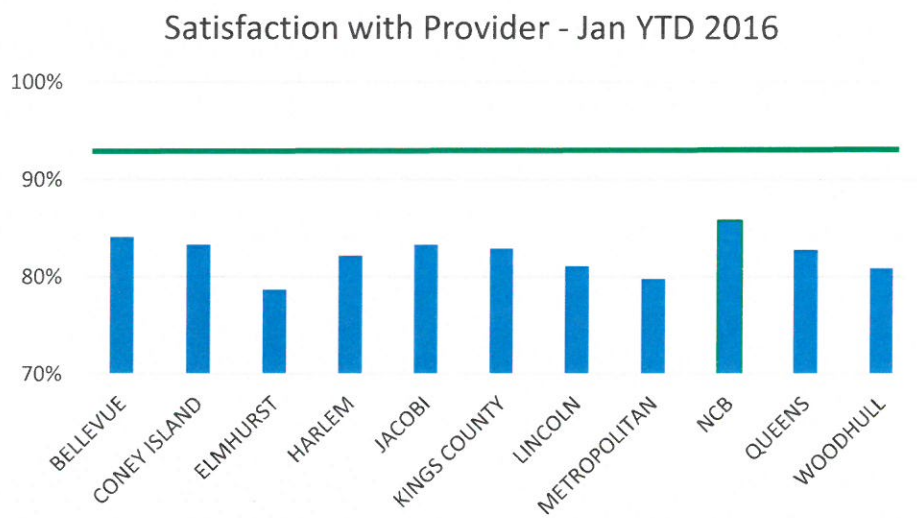
# ACUTE CARE
# AFFILIATE PERFORMANCE INDICATORS
# FY 2016

## PI 1 - SATISFACTION WITH CARE PROVIDER - AMBULATORY

| SITE | AFFILIATE | TARGET | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUNE | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BELLEVUE | NYU | 92% | 82% | 86% | 83% | 85% | 88% | 86% | 84% | | | | | | 84% |
| CONEY ISLAND | PAGNY | 92% | 84% | 83% | 85% | 83% | 86% | 77% | 84% | | | | | | 83% |
| ELMHURST | MT.SINAI | 92% | 79% | 84% | 76% | 81% | 76% | 78% | 77% | | | | | | 79% |
| HARLEM | PAGNY | 92% | 77% | 83% | 87% | 79% | 80% | 85% | 85% | | | | | | 82% |
| JACOBI | PAGNY | 92% | 84% | 77% | 84% | 85% | 90% | 86% | 86% | | | | | | 83% |
| KINGS COUNTY | SUNY | 92% | 86% | 80% | 84% | 82% | 88% | 82% | 82% | | | | | | 83% |
| LINCOLN | PAGNY | 92% | 79% | 83% | 82% | 82% | 83% | 82% | 79% | | | | | | 81% |
| METROPOLITAN | PAGNY | 92% | 82% | 74% | 76% | 79% | 81% | 85% | 84% | | | | | | 80% |
| NCB | PAGNY | 92% | 82% | 84% | 84% | 89% | 81% | 93% | 87% | | | | | | 86% |
| QUEENS | MT SINAI | 92% | 81% | 82% | 83% | 85% | 89% | 79% | 80% | | | | | | 83% |
| WOODHULL | NYU | 92% | 79% | 80% | 82% | 80% | 81% | 83% | 81% | | | | | | 81% |



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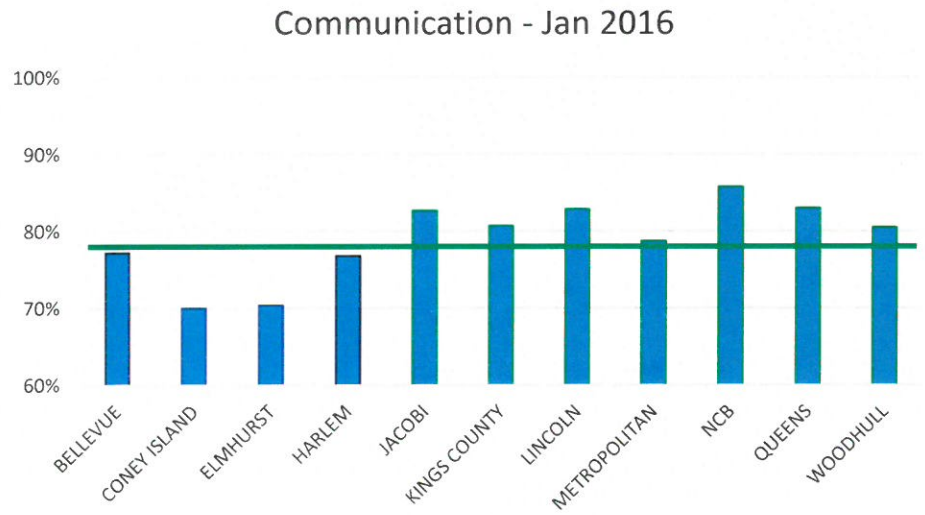
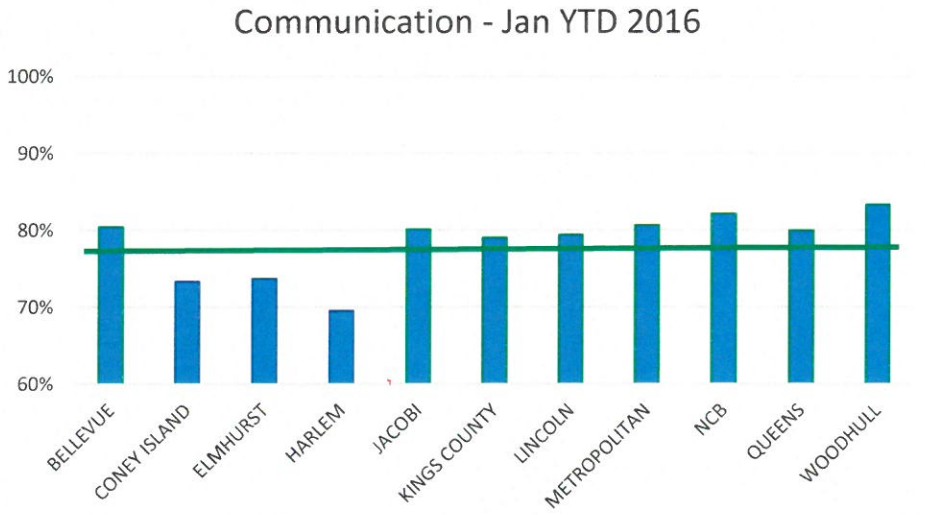
# ACUTE CARE
# AFFILIATE PERFORMANCE INDICATORS
# FY 2016

## PI 2 - COMMUNICATION BETWEEN PHYSICIANS AND PATIENTS

| SITE | AFFILIATE | TARGET | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUNE | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BELLEVUE | NYU | 78% | 83% | 82% | 83% | 80% | 77% | 81% | 77% | | | | | | 80% |
| CONEY ISLAND | PAGNY | 78% | 79% | 73% | 65% | 63% | 84% | 75% | 70% | | | | | | 73% |
| ELMHURST | MT.SINAI | 78% | 79% | 72% | 77% | 75% | 72% | 73% | 70% | | | | | | 74% |
| HARLEM | PAGNY | 78% | 71% | 71% | 74% | 69% | 69% | 62% | 77% | | | | | | 70% |
| JACOBI | PAGNY | 78% | 86% | 75% | 81% | 78% | 75% | 78% | 83% | | | | | | 80% |
| KINGS COUNTY | SUNY | 78% | 81% | 84% | 67% | 80% | 79% | 85% | 81% | | | | | | 79% |
| LINCOLN | PAGNY | 78% | 78% | 78% | 81% | 81% | 82% | 79% | 83% | | | | | | 79% |
| METROPOLITAN | PAGNY | 78% | 83% | 86% | 79% | 80% | 80% | 80% | 79% | | | | | | 81% |
| NCB | PAGNY | 78% | 78% | 84% | 82% | 95% | 81% | 82% | 86% | | | | | | 82% |
| QUEENS | MT SINAI | 78% | 81% | 84% | 74% | 86% | 72% | 81% | 83% | | | | | | 80% |
| WOODHULL | NYU | 78% | 83% | 86% | 88% | 75% | 84% | 84% | 81% | | | | | | 83% |



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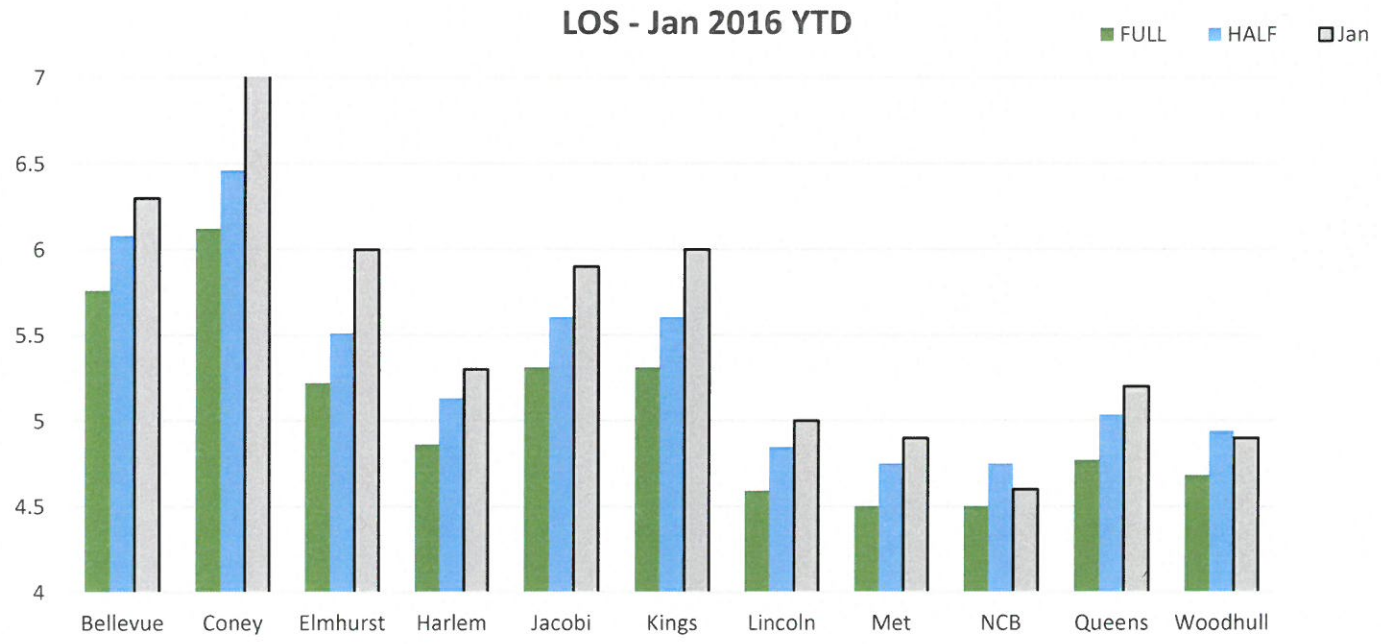
# ACUTE CARE
# AFFILIATE PERFORMANCE INDICATORS
# FY 2016

## PI 3 - LENGTH OF STAY

| Site | AFFILIATE | Base | 10% FULL | 5% HALF | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BELLEVUE | NYU | 6.4 | 5.76 | 6.08 | | 7.40 | 6.60 | 6.50 | 6.50 | 6.30 | 6.30 | | | | | | 6.30 |
| CONEY ISLAND | PAGNY | 6.8 | 6.12 | 6.46 | | 7.20 | 7.20 | 7.10 | 7.00 | 7.10 | 7.10 | | | | | | 7.10 |
| ELMHURST | MT.SINAI | 5.8 | 5.22 | 5.51 | | 6.00 | 6.10 | 6.30 | 6.10 | 6.00 | 6.00 | | | | | | 6.00 |
| HARLEM | PAGNY | 5.4 | 4.86 | 5.13 | | 5.50 | 5.60 | 5.40 | 5.40 | 5.40 | 5.30 | | | | | | 5.30 |
| JACOBI | PAGNY | 5.9 | 5.31 | 5.605 | | 6.10 | 6.00 | 6.10 | 6.10 | 6.00 | 5.90 | | | | | | 5.90 |
| KINGS COUNTY | SUNY | 5.9 | 5.31 | 5.605 | | 6.20 | 6.00 | 6.00 | 6.10 | 6.00 | 6.00 | | | | | | 6.00 |
| LINCOLN | PAGNY | 5.1 | 4.59 | 4.845 | | 4.80 | 4.90 | 4.90 | 5.00 | 5.10 | 5.00 | | | | | | 5.00 |
| METROPOLITAN | PAGNY | 5 | 4.5 | 4.75 | | 5.00 | 4.90 | 4.80 | 5.00 | 4.80 | 4.90 | | | | | | 4.90 |
| NCB | PAGNY | 5 | 4.5 | 4.75 | | 4.70 | 4.50 | 4.50 | 4.50 | 4.60 | 4.60 | | | | | | 4.60 |
| QUEENS | MT SINAI | 5.3 | 4.77 | 5.035 | | 5.30 | 5.20 | 5.20 | 5.20 | 5.20 | 5.20 | | | | | | 5.20 |
| WOODHULL | NYU | 5.2 | 4.68 | 4.94 | | 4.90 | 4.90 | 5.00 | 4.90 | 5.00 | 4.90 | | | | | | 4.90 |

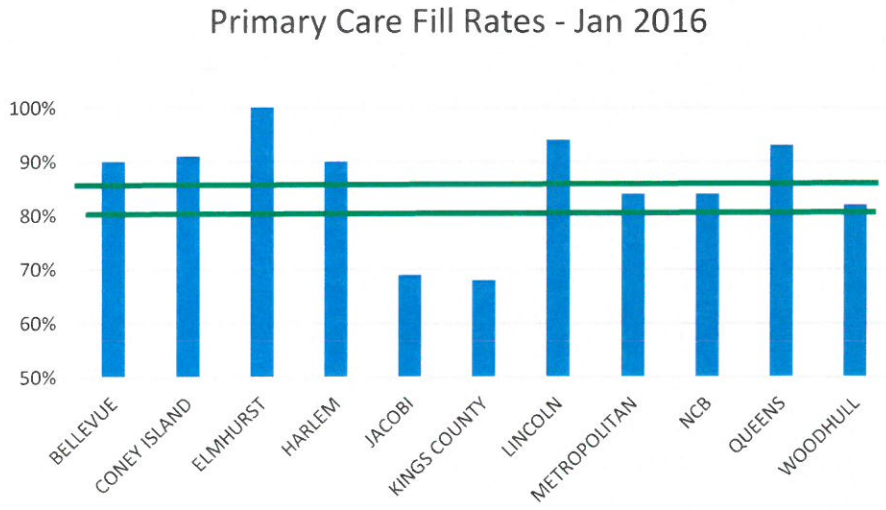


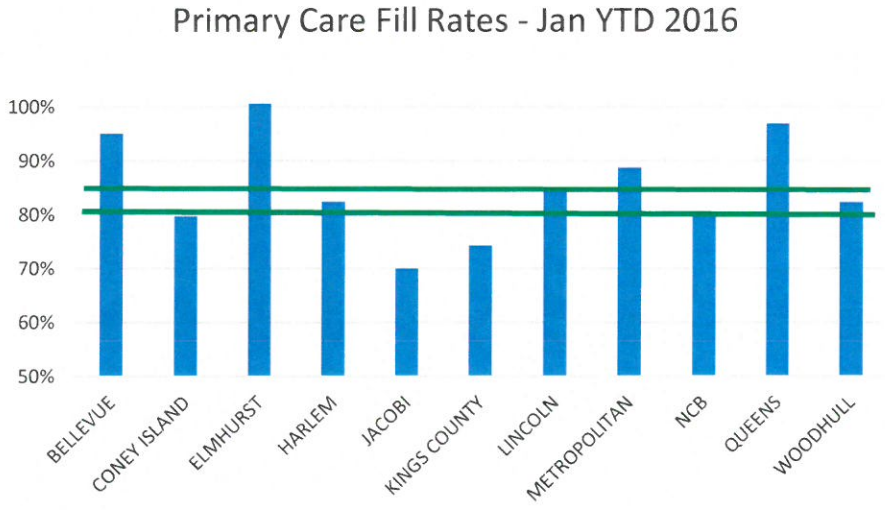
NYC HEALTH+ HOSPITALS

# ACUTE CARE
# AFFILIATE PERFORMANCE INDICATORS
# FY 2016

## PI 4 - APPOINTMENT FILL RATES IN PRIMARY CARE

| SITE | AFFILIATE | FULL INCENTIVE | HALF INCENTIVE | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUNE | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BELLEVUE | NYU | 85% | 80% | 102% | 99% | 92% | 88% | 96% | 98% | 90% | | | | | | 95% |
| CONEY ISLAND | PAGNY | 85% | 80% | 73% | 80% | 70% | 79% | 85% | 80% | 91% | | | | | | 80% |
| ELMHURST | MT.SINAI | 85% | 80% | 98% | 102% | 106% | 102% | 99% | 97% | 100% | | | | | | 101% |
| HARLEM | PAGNY | 85% | 80% | 61% | 68% | 84% | 101% | 88% | 85% | 90% | | | | | | 82% |
| JACOBI | PAGNY | 85% | 80% | 62% | 55% | 68% | 79% | 82% | 75% | 69% | | | | | | 70% |
| KINGS COUNTY | SUNY | 85% | 80% | 79% | 77% | 76% | 77% | 73% | 70% | 68% | | | | | | 74% |
| LINCOLN | PAGNY | 85% | 80% | 84% | 91% | 88% | 84% | 78% | 76% | 94% | | | | | | 85% |
| METROPOLITAN | PAGNY | 85% | 80% | 94% | 93% | 89% | 90% | 85% | 86% | 84% | | | | | | 89% |
| NCB | PAGNY | 85% | 80% | 75% | 69% | 78% | 88% | 83% | 82% | 84% | | | | | | 80% |
| QUEENS | MT SINAI | 85% | 80% | 98% | 89% | 98% | 99% | 100% | 101% | 93% | | | | | | 97% |
| WOODHULL | NYU | 85% | 80% | 73% | 82% | 84% | 87% | 83% | 85% | 82% | | | | | | 82% |



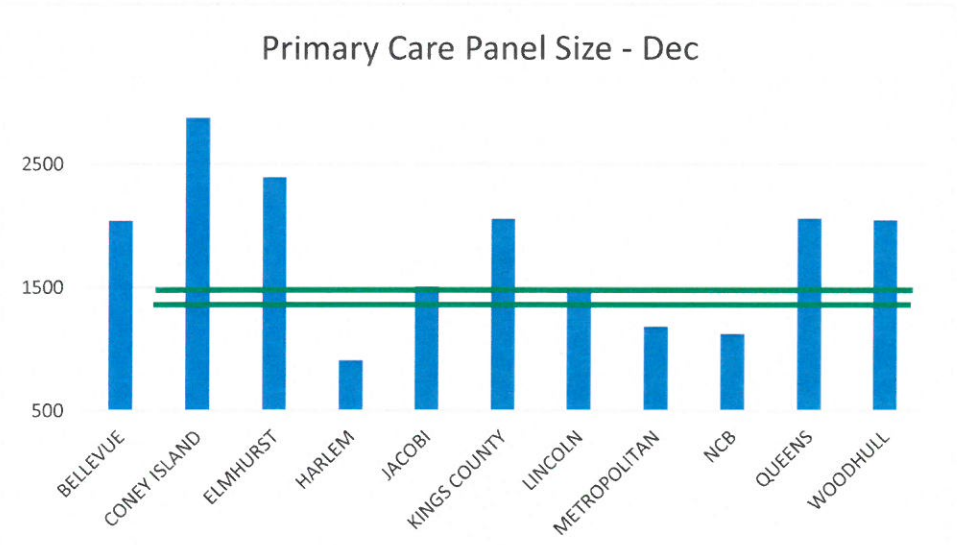
NYC HEALTH+ HOSPITALS

# ACUTE CARE
# AFFILIATE PERFORMANCE INDICATORS
# FY 2016

## PI 5 - PRIMARY CARE PANEL SIZE

| SITE | AFFILIATE | FULL INCENTIVE | HALF INCENTIVE | JUL | AUG | QTR 1 | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUNE | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BELLEVUE | NYU | >= 1500 | >= 1400 | | | | | | 2042 | | | | | | | |
| CONEY ISLAND | PAGNY | >= 1500 | >= 1400 | | | | | | 2873 | | | | | | | |
| ELMHURST | MT.SINAI | >= 1500 | >= 1400 | | | | | | 2394 | | | | | | | |
| HARLEM | PAGNY | >= 1500 | >= 1400 | | | | | | 908 | | | | | | | |
| JACOBI | PAGNY | >= 1500 | >= 1400 | | | | | | 1508 | | | | | | | |
| KINGS COUNTY | SUNY | >= 1500 | >= 1400 | | | | | | 2059 | | | | | | | |
| LINCOLN | PAGNY | >= 1500 | >= 1400 | | | | | | 1458 | | | | | | | |
| METROPOLITAN | PAGNY | >= 1500 | >= 1400 | | | | | | 1184 | | | | | | | |
| NCB | PAGNY | >= 1500 | >= 1400 | | | | | | 1123 | | | | | | | |
| QUEENS | MT SINAI | >= 1500 | >= 1400 | | | | | | 2060 | | | | | | | |
| WOODHULL | NYU | >= 1500 | >= 1400 | | | | | | 2048 | | | | | | | |

**Reports to be run 3/31 and 5/31 utilizing the Care Team Workbooks and PAMS under the NYC H+H Panel Policy**

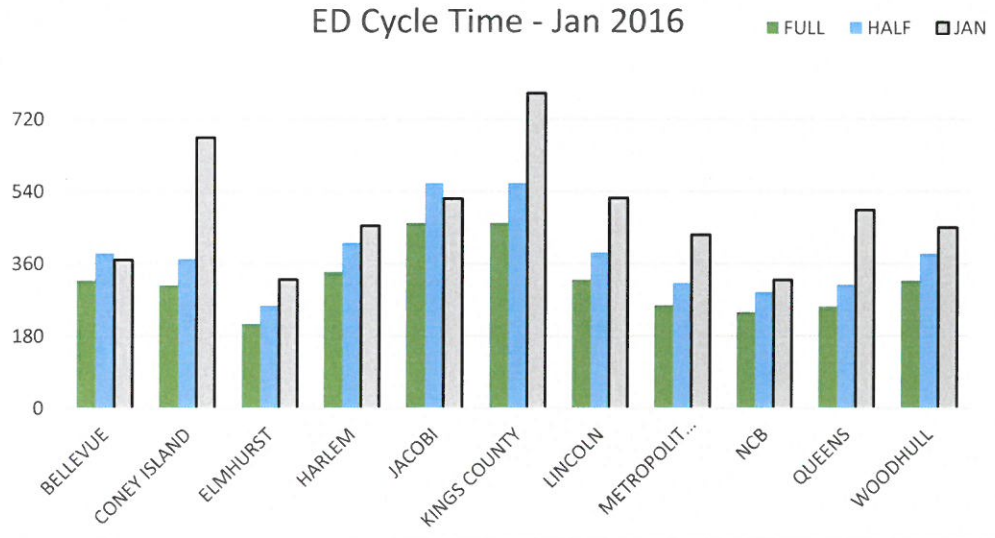


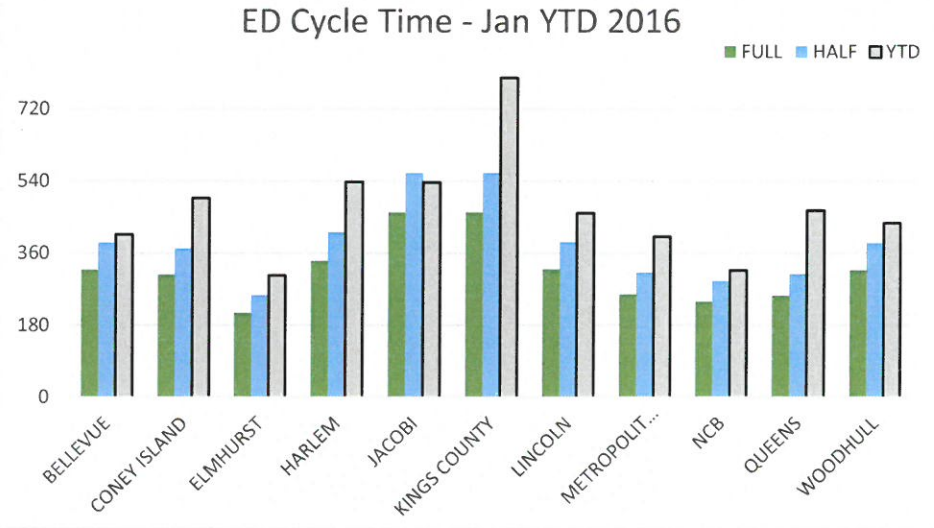
NYC HEALTH+ HOSPITALS

# ACUTE CARE
# AFFILIATE PERFORMANCE INDICATORS
# FY 2016

## PI 6 - ED CYCLE TIME

| SITE | AFFILIATE | BASE | 30% FULL | 15% HALF | JULY | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUNE | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BELLEVUE | NYU | 454 | 318 | 386 | 464 | 410 | 407 | 427 | 383 | 396 | 370 | | | | | | 407 |
| CONEY ISLAND | PAGNY | 437 | 306 | 371 | 401 | 398 | 464 | 557 | 484 | 634 | 674 | | | | | | 497 |
| ELMHURST | MT.SINAI | 300 | 210 | 255 | 335 | 318 | 322 | 318 | 322 | 334 | 321 | | | | | | 304 |
| HARLEM | PAGNY | 485 | 340 | 412 | 553 | 611 | 586 | 560 | 507 | 504 | 455 | | | | | | 538 |
| JACOBI | PAGNY | 659 | 461 | 560 | 589 | 486 | 521 | 520 | 509 | 585 | 522 | | | | | | 536 |
| KINGS COUNTY | SUNY | 659 | 461 | 560 | 879 | 823 | 791 | 791 | 909 | 635 | 784 | | | | | | 798 |
| LINCOLN | PAGNY | 456 | 319 | 388 | 454 | 392 | 442 | 461 | 517 | 448 | 524 | | | | | | 460 |
| METROPOLITAN | PAGNY | 366 | 256 | 311 | 394 | 425 | 379 | 378 | 395 | 394 | 432 | | | | | | 401 |
| NCB | PAGNY | 341 | 238 | 289 | 336 | 303 | 323 | 322 | 325 | 287 | 319 | | | | | | 317 |
| QUEENS | MT SINAI | 362 | 253 | 307 | 440 | 452 | 447 | 455 | 467 | 513 | 494 | | | | | | 466 |
| WOODHULL | NYU | 453 | 317 | 385 | 414 | 350 | 454 | 428 | 426 | 463 | 450 | | | | | | 435 |



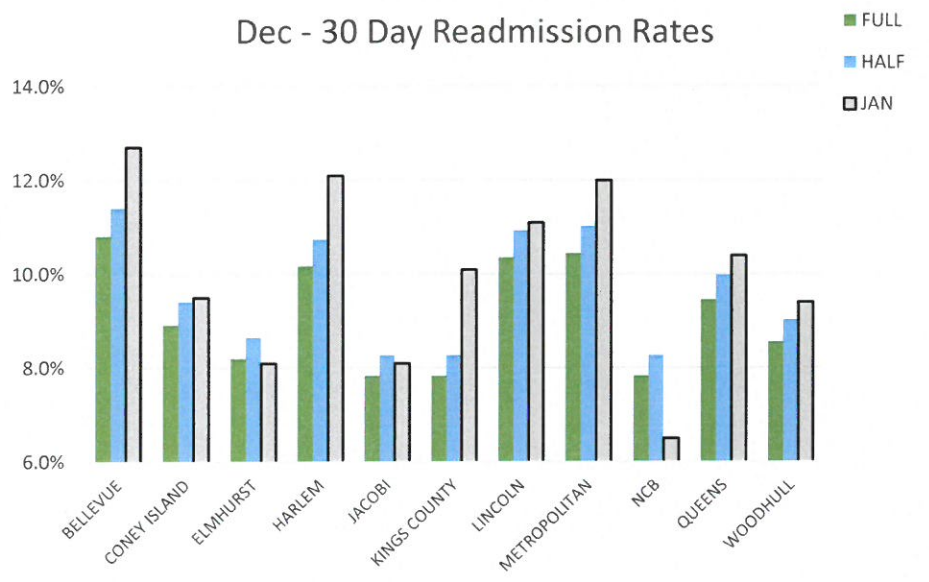



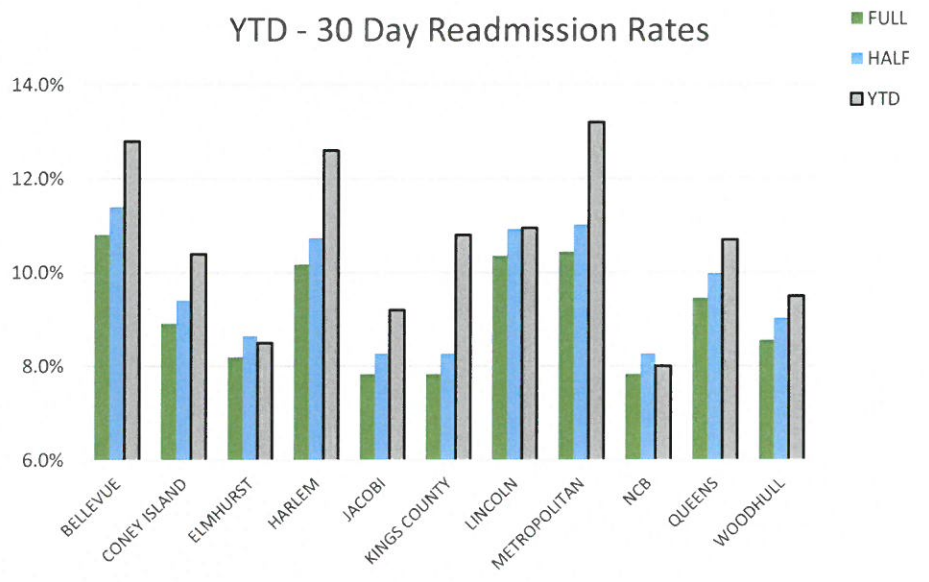
NYC HEALTH+ HOSPITALS

# ACUTE CARE
# AFFILIATE PERFORMANCE INDICATORS
# FY 2016

## PI 7 - 30 DAY ALL CAUSE READMISSION RATES

| SITE | AFFILIATE | BASE | 10% FULL | 5% HALF | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUNE | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BELLEVUE | NYU | 12.0% | 10.8% | 11.4% | 12.1% | 12.3% | 11.2% | 14.1% | 14.5% | 12.5% | 12.7% | | | | | | 12.8% |
| CONEY ISLAND | PAGNY | 9.9% | 8.9% | 9.4% | 11.6% | 9.4% | 10.8% | 10.9% | 9.7% | 10.8% | 9.5% | | | | | | 10.4% |
| ELMHURST | MT.SINAI | 9.1% | 8.2% | 8.6% | 6.6% | 8.4% | 7.9% | 8.2% | 8.6% | 8.4% | 8.1% | | | | | | 8.5% |
| HARLEM | PAGNY | 11.3% | 10.2% | 10.7% | 13.0% | 11.9% | 12.7% | 13.1% | 12.3% | 13.2% | 12.1% | | | | | | 12.6% |
| JACOBI | PAGNY | 8.7% | 7.8% | 8.3% | 9.2% | 8.5% | 10.2% | 8.9% | 10.5% | 8.9% | 8.1% | | | | | | 9.2% |
| KINGS COUNTY | SUNY | 8.7% | 7.8% | 8.3% | 12.4% | 11.1% | 10.0% | 11.8% | 10.7% | 9.2% | 10.1% | | | | | | 10.8% |
| LINCOLN | PAGNY | 11.5% | 10.4% | 10.9% | 11.1% | 10.5% | 10.8% | 10.5% | 11.9% | 10.9% | 11.1% | | | | | | 11.0% |
| METROPOLITAN | PAGNY | 11.6% | 10.4% | 11.0% | 12.0% | 13.8% | 12.3% | 13.0% | 14.7% | 14.2% | 12.0% | | | | | | 13.2% |
| NCB | PAGNY | 8.7% | 7.8% | 8.3% | 8.1% | 7.7% | 10.2% | 8.1% | 8.6% | 7.2% | 6.5% | | | | | | 8.0% |
| QUEENS | MT SINAI | 10.5% | 9.5% | 10.0% | 10.1% | 9.8% | 9.8% | 10.5% | 10.8% | 9.7% | 10.4% | | | | | | 10.7% |
| WOODHULL | NYU | 9.5% | 8.6% | 9.0% | 10.4% | 9.7% | 9.9% | 8.8% | 8.6% | 9.9% | 9.4% | | | | | | 9.5% |



NYC HEALTH+ HOSPITALS

# ACUTE CARE
# AFFILIATE PERFORMANCE INDICATORS
# FY 2016

## PI 8 - COMORBIDITIES FOR OUTPATIENT SERVICES

| SITE | AFFILIATE | BASE | 30% FULL | 20% HALF | JUL | AUG | QTR 1 | OCT | NOV | QTR 2 | JAN | FEB | MAR | APR | MAY | JUNE | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BELLEVUE | NYU | 2.32 | 3.02 | 2.78 | | | 2.32 | | | 2.13 | | | | | | | |
| CONEY ISLAND | PAGNY | 1.84 | 2.39 | 2.21 | | | 2.00 | | | 1.76 | | | | | | | |
| ELMHURST | MT.SINAI | 2.19 | 2.85 | 2.63 | | | 2.04 | | | 1.97 | | | | | | | |
| HARLEM | PAGNY | 2.29 | 2.98 | 2.75 | | | 2.37 | | | 2.12 | | | | | | | |
| JACOBI | PAGNY | 1.93 | 2.51 | 2.32 | | | 1.92 | | | 1.77 | | | | | | | |
| KINGS COUNTY | SUNY | 2.05 | 2.67 | 2.46 | | | 2.10 | | | 1.44 | | | | | | | |
| LINCOLN | PAGNY | 2.21 | 2.87 | 2.65 | | | 2.08 | | | 2.07 | | | | | | | |
| METROPOLITAN | PAGNY | 2.05 | 2.67 | 2.46 | | | 1.98 | | | 1.89 | | | | | | | |
| NCB | PAGNY | 2.09 | 2.72 | 2.51 | | | 2.19 | | | 1.92 | | | | | | | |
| QUEENS | MT SINAI | 2.85 | 3.71 | 3.42 | | | 2.93 | | | 2.88 | | | | | | | |
| WOODHULL | NYU | 2.49 | 3.24 | 2.99 | | | 2.59 | | | 2.12 | | | | | | | |