

**STRATEGIC PLANNING COMMITTEE
OF THE BOARD OF DIRECTORS**

March 16, 2017
1:00 pm
Boardroom
125 Worth Street, Room 532

AGENDA

- I. Call to Order** **Gordon J. Campbell**
- II. Adoption of January 23, 2017
Strategic Planning Committee Meeting Minutes** **Gordon J. Campbell**
- III. Information Item**
- a. Intergovernmental Affairs Update John Jurenko, Vice President
Government, Community Relations, and Planning
- a. Community Resource Exchange Community Conversation Results John Jurenko, Vice President
Government, Community Relations, and Planning
- Kicy Kwamina Motley
Director Community Affairs, Corporate Planning
- b. NYC Health + Hospitals' System Scorecard CY'16 Fourth Quarter Report Dr. Ross Wilson, Chief Transformation Officer
Office of Transformation
- c. Hospital Score Card- Jacobi Chris Mastromano, Interim CEO
NYC Health + Hospitals | Jacobi
- d. Update on Transformation Dr. Ross Wilson, Chief Transformation Officer
Office of Transformation

IV. Old Business

V. New Business

VI. Adjournment

Gordon J. Campbell

MINUTES

STRATEGIC PLANNING COMMITTEE MEETING OF THE BOARD OF DIRECTORS

JANUARY 23, 2017

The meeting of the Strategic Planning Committee of the Board of Directors was held on January 23, 2017 in NYC Health + Hospitals' Boardroom, which is located at 125 Worth Street with Mr. Gordon Campbell, presiding as Chairperson.

ATTENDEES

COMMITTEE MEMBERS

Gordon Campbell, Chairman of the Board, Chairperson of the Strategic Planning Committee
Stanley Brezenoff, President, C.E.O.
Josephine Bolus
Jo Ivey Boufford
Robert F. Nolan
Bernard Rosen

OTHER ATTENDEES

M. Chambers, COO, PAGNY
J. DeGeorge, OSDC
J. Watson, Analyst, OSDC
J. Wessler, Community Advocate
L. Bill, NYSNA

NYC HEALTH + HOSPITALS' STAFF

P. Albertson, VP, Operations
P.V. Anantharam, Senior Vice President, Finance
D. Ashkanase, Strategic Advisor-Finance, Office of Transformation
M. Allen, Interim Chief Medical Officer
M. Beverly, Assistant Vice President, Finance
S. Bussey, Chief, Ambulatory Care
T. Carlisle, Associate Executive Director, Corporate Planning Services
M. Chidester, Chief of Staff, Office of Transformation

A. Cohen, Vice President, Office of Transformation
R. Colon-Kolacko, Chief People Officer
T. DiVittis, AED, Planning, NYC Health + Hospitals/Woodhull
R. Gannotta, Senior Vice President, Hospitals
S. Gillen, Senior Assistant Vice President, Ambulatory Care
T. Hamilton, Assistant Vice President, Corporate Planning and HIV Services
C. Hercules, Chief of Staff, Office of the Chairman of the Board of Directors
B. Ingraham-Robert, Assistant Vice President, Central Office
C. Jenkins, CEO, One City Health Services
J. Jurenko, Vice President, Intergovernmental Affairs
C. Keeley, Director, Office of Transformation
B. Keller, First Deputy General Counsel, Central Office
S. Kleinbart, Director of Planning, NYC Health + Hospitals/Coney Island
P. Lockhart, Secretary to the Corporation, Office of the Chairman of the Board of Directors
L. Lombardi, Chief Strategy Officer, NYC Health + Hospitals/Bellevue
T. Martin, Executive Vice President, COO
K. Mendez, SCNO, Central Office
M. McClusky, Senior Vice President, Post Acute Care
S. Ritzel, Associate Director, NYC Health + Hospitals/Kings County
A. Shkolnik, Assistant Director, Medical & Professional Affairs
D. Thompson, AED, Strategic Planning
V. Yogeshwar, Senior Director, Office of Transformation

CALL TO ORDER

Mr. Gordon Campbell, Chair of the Strategic Planning Committee, called the meeting of the January 23, 2017 Strategic Planning Committee to order. The minutes of the November 3, 2016 meeting were adopted.

INFORMATIONAL ITEMS

Progress update on Transformation

Andrea Cohen, Vice President, Office of Transformation

Substantial work has been undertaken to turn the twelve strategies laid out in the OneNewYork Report into actionable workstreams that will be critical to Transformation achieving the following goals: provide sustainable coverage and access to the uninsured; expand community-based services with integrated supports addressing the social determinants of health; restructure payments and build partnerships to support healthy communities; and transform Health + Hospitals into a high-performing system. The workstreams are now at varying stages of implementation.

Accomplishments and priorities in ambulatory care

Steven Bussey, Chief of Ambulatory

Presentation: Ambulatory Care Accomplishments

Questions from the Board focused on the analysis supporting changes to ambulatory care offerings, progress on the new ambulatory sites, the role of FQHCs and how staff were perceiving the culture change as a result of staffing and care model changes.

In coordination with inpatient, post-acute and OneCity Health initiatives across the system, progress has been made in key ambulatory care initiatives, including workforce, quality, patient growth, meeting community needs, funding and culture.

Meeting patient demand and utilization patterns – Work is underway to identify which services should be offered in which locations based on patient utilization patterns. There is a significant need for urgent care clinics. Any plans should take into account the Northwell Brooklyn Plan which calls for 45 new community health centers in Brooklyn.

Standardization across ambulatory sites—A lack of standardization and adherence to best practice staffing models across ambulatory sites have historically created challenges with staff engagement, processes and patient access. Significant work is underway to standardize models of clinical and administrative staffing, including staff ratios, responsibilities and skillsets.

Improving engagement—Maximum communication will be vital to a smooth transition from outpatient to ambulatory. The Ambulatory Care Team and executive leadership have worked to empower more employees and increase staff recognition, which has helped to overcome some initial pushback. Together with Ambulatory Care, CEOs are developing a workplan for the transition. The Breakthrough Team has also been utilized at Harlem.

Primary care expansion – The primary care expansion project includes 7 new facilities, two of which were

completed in October 2016 and two additional facilities will be completed by the end of this year. Three new sites are in the process of being built, including sites at Vanderbilt and Staten Island. Hours of operation at the new facilities will be based on the community needs.

FQHCs – Six D&TCs and 34 – 35 satellites are part of the Gotham FQHC. The Ambulatory Care team is in the process of transitioning the satellite locations into the FQHC to maximize the reimbursement rate. A decision will need to be made on whether or not outpatient departments should be included.

Community outreach

J. John Jurenko, Vice President, Intergovernmental Affairs

Presentation: Engaging Communities in Transformation

Questions from the Board focused on the involvement of Community Advisory Boards and the ability to work with other agencies like DOHMH to understand the social determinants of health.

Across November and December, 2016, H+H worked with the Community Resource Exchange and the New York Immigration Coalition to outreach to communities. Twelve forums were held across five boroughs; nearly 300 community members participated. An important goal of this exercise was to move beyond the four walls of H+H and to garner feedback from others in the community. Behavioral health and health education, particularly around nutrition, were raised as high-priority areas of need.

This work is being done alongside ongoing engagement with the Community Advisory Boards. H+H Transformation is in communication with other city agencies (e.g., Health Department, Youth Community Development) and is eager to understand other forums where they might participate.

Further, OneCity Health has been working to create action plans to address the social determinants of health, starting with a universal screening strategy for social needs. OneCity Health is also working with the City's social service agencies to understand high-needs.

Enrollment initiatives

Andrea Cohen, Vice President, Office of Transformation

Presentation: Update on Enrollment Initiatives

Efforts to enroll patients are well-developed in the inpatient setting and are being further developed in the outpatient setting. A major effort is underway to standardize enrollment efforts across facilities and to raise their effectiveness. Pilots have been rolled out at three facilities to coordinate enrollment assistance more closely with MetroPlus. Work is also being done in close coordination with the Mayor's major health insurance outreach effort, including advertising and coordinating across agencies.

System Scorecard

Andrea Cohen, Vice President, Office of Transformation

Presentation: System Scorecard, CY2016, Q4

Questions from the Board focused on utilization of scorecards by facility CEOs, the sharing of best practices across sites, and plans for improving patient satisfaction scores.

The CY2016, Q4 System scorecard was shared. H+H was on target in EMR budget variance, hospital acquired infections and staff completing leadership programs. Areas in need of continued improvement

include patient experience and access. Inpatient satisfaction scores are showing incremental improvements and sites performing well are sharing best practices with other facilities. CEOs use their respective hospital scorecards to drive performance across safety and outcomes measures, patient experience scores, employee engagement and finances.

It was requested to review a hospital scorecard during the next Strategic Planning Committee meeting.

The future of the ACA

J. John Jurenko, Vice President, Intergovernmental Affairs

Questions from the Board focused on the specifics of the Executive Order.

The CBO estimates that 18m will be affected in the first year of repeal, rising to 32m over several years. The Governor's office estimated that ~2.7m New Yorkers, 1.6m from New York City, may be affected, resulting in a \$4b impact.

There were no action items to discuss.

There was no old or new business to discuss.

The meeting was adjourned by Chair Gordon Campbell.

Federal and State Budget and Legislative Update

John Jurenko

Vice President

Government, Community Relations, and Planning

March 2017

OUTLINE

1. ACA Repeal and Replace

❖ House GOP - American Health Care Act

2. New York State Update

Coverage Impact (1.6 million NYC residents)

Medicaid

(expansion up to 138% FPL)

NYC: 1.1 million

H+H: ~120,000

H+H: 425,000 uninsured

Essential Health Plan

(138-200% FPL)

NYC: 400,000

H+H: ~ 75,000

Qualified Health Plan

(Exchange: 200-400%FPL)

NYC: 100,000

H+H: ~ 7,000

* Above data reflects worst case scenario – if the ACA is repealed and no replacement.

Financial Impact

90% generated from public programs

<p>Medicaid Essential Health Plan Qualified Health Plan</p> <p>Over \$500 million</p>	<p>Medicare</p> <p>\$481 million (over 10 years)</p>	<p>Disproportionate Share Hospital (DSH)</p> <p>\$289 million in FFY 18</p> <p>↓</p> <p>\$462 million in FFY 24</p> <p>H+H hit “first & worst”</p>
---	--	--

* Above data reflects worst case scenario – if the ACA is repealed and no replacement.

House Republicans introduce “The American Health Care Act”



Kevin Brady (R) Texas
**Chair – House Ways and
Means Committee**



Greg Walden (R) Oregon
**Chair – House Energy and
Commerce Committee**

Houses Republican Proposal – American Healthcare Act

1. Medicaid expansion states like NYS feel major impact
 - Reduces enhanced Medicaid rate (90% to 50%)
2. Eliminates funding for Basic Health Plan
3. DSH cuts for MA expansion states for FFY 2018 & 19
Estimated impact to NYS: \$1 billion
4. Beginning 2020, Medicaid per-capita caps in effect

Houses Republican Proposal – American Healthcare Act

1. Medicaid coverage would be more difficult to maintain
 - Changes States ability for presumptive eligibility
 - Alters requirement for proof of citizenship or legal status. Now due at time of application
2. Repeals cost sharing subsidies
3. Repeals premium tax credits; and creates refundable tax credits that increases by age
4. Individual and employer tax penalty canceled
 - Requires continuous coverage and health plans can choose to levy 30% penalty for lapse

Congressional Budget Office Score – AHCA

1. CBO estimates: 14 million people would lose coverage in 2018. Increases to 21 million by 2020 and then 24 million by 2026
2. In 2026, 52 million uninsured compared to 28 million today
3. Cuts \$880 billion in Medicaid spending over 10 years
4. Reduces Federal deficit by \$332 billion

Advocacy:

1. Working with the New York Delegation in the U.S. Senate and House.
2. Coordinating with State and Federal Hospital Associations: AEH, AHA, GNYHA & HANYS
3. Coordinating Activities with Mayor's Office
4. Ongoing Collaboration with Union Partners

New York State Outlook

Proposed SFY 2017-18 Executive Budget Provisions

Safety Net 
Reimbursement

ACA 
Repeal/Replace

Capital
Funds

Medicaid
Cuts/Redirection

One House Budget Resolutions: Safety Net Funding & Capital

Safety Net Funding

- Assembly: \$25 million and \$100 million in SFY 19
- Senate/IDC: No provision

Capital Funding

- Assembly: \$700 million; \$50 million for Montefiore; \$125 million for community providers
- Senate: \$800 million; \$50 million for Montefiore; does not include language

One House Budgets Resolutions: ACA Repeal & Essential Plan

ACA Repeal

- Assembly: Rejects Executive powers
- Senate/IDC: Rejects Executive powers

Essential

- Assembly: Rejects
- Senate/IDC: Accepts increase in premiums for 138%-200% of FPL

One House Budgets Resolutions: Nursing Home Bed Holds & ED

NH Bed Holds

- Assembly: Rejects Executive proposal
- Senate/IDC: Rejects Executive proposal

ED Reimbursements

- Assembly: Includes language to prohibit reductions
- Senate/IDC: Includes language to prohibit reductions

Advocacy:

1. Meetings with Members of the NYS Senate and Assembly
2. Community Advisory Boards Lobby Day
3. Facility Legislative Forums
4. Coordinating with Mayor's Office
5. Collaboration with Union Partners
6. Coordinating with State Hospital Associations

Non-Budget State News: Vital Brooklyn

- Healthy Food
- Community-Based Healthcare
- Economic Empowerment & Job Creation
- Community-Based Violence Prevention
- Comprehensive Education & youth development
- Open space & Recreation
- Affordable Housing
- Resiliency

\$1.4 B in resources available for Vital Brooklyn

- Open Space and recreation = \$140 million
- Healthy food = \$325,000
- Community-based healthcare = \$700 million (capital funding)
- Economic empowerment and job creation = \$692,000
- Comprehensive education and youth development = \$1.2 million
- Community-based violence prevention = \$800,000
- Affordable housing = \$563 million
- Resiliency = \$23 million

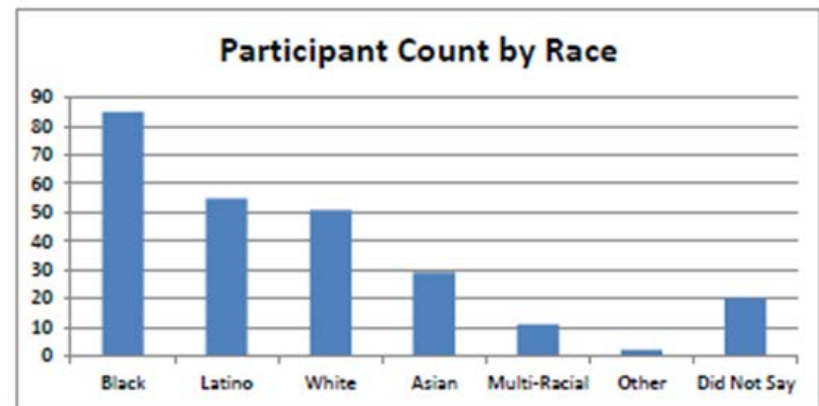
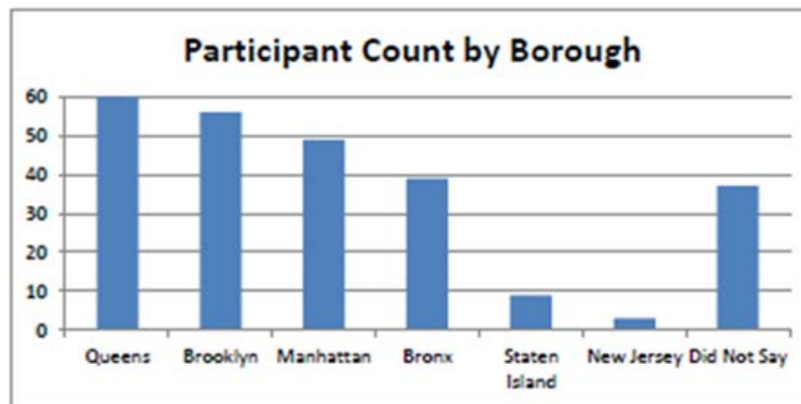
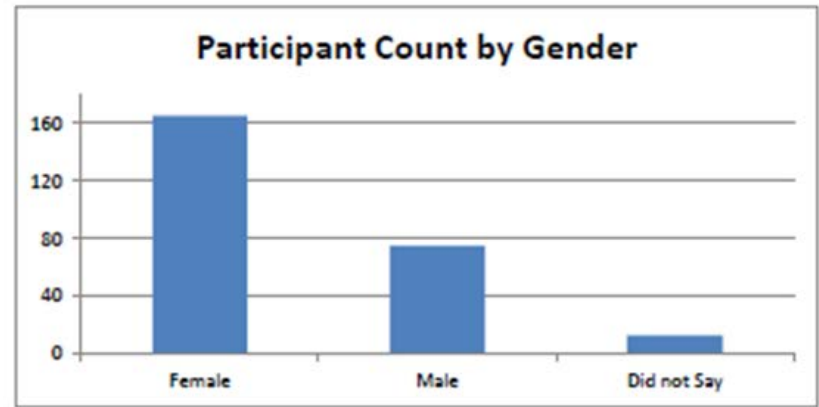
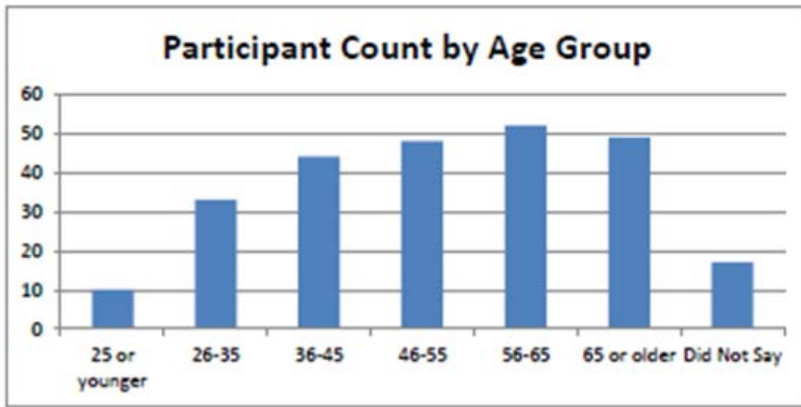
Community Resource Exchange (CRE)

Community Conversation Results

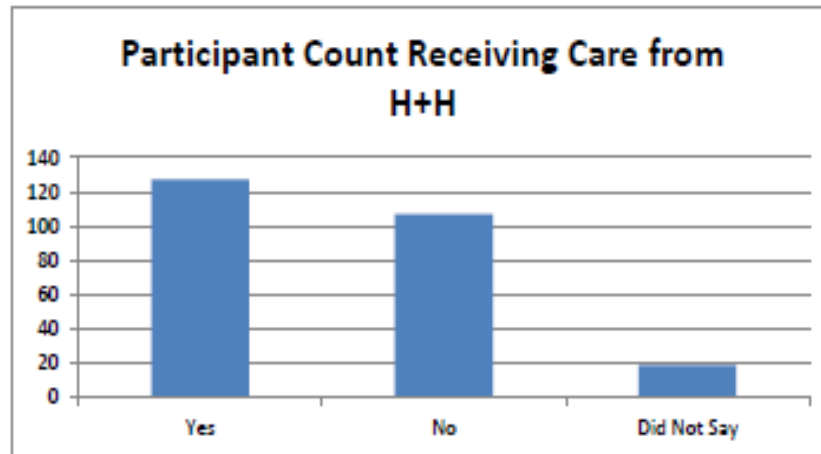
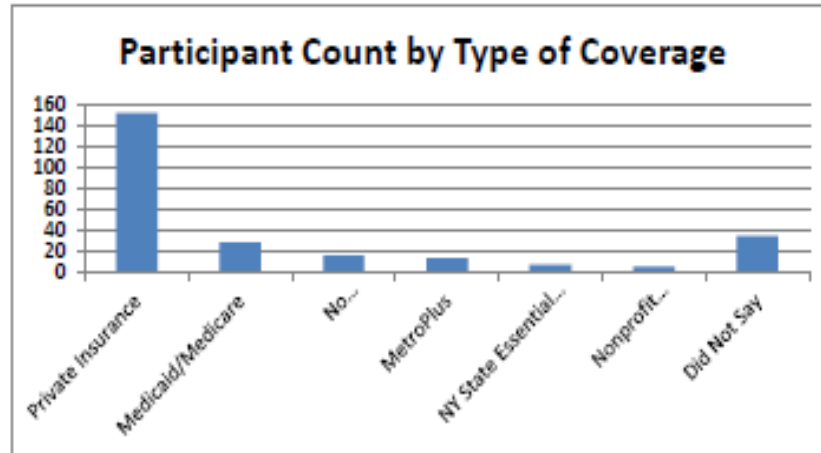
John Jurenko
Vice President
Government, Community Relations, and Planning

Kicy Kwamina Motley
Director, Community Affairs, Corporate Planning
Chief Transformation Officer

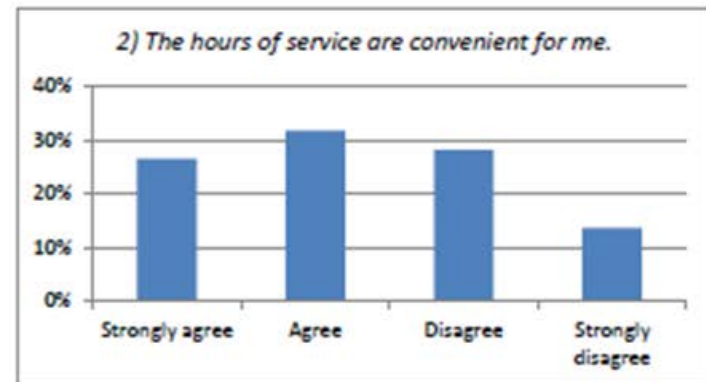
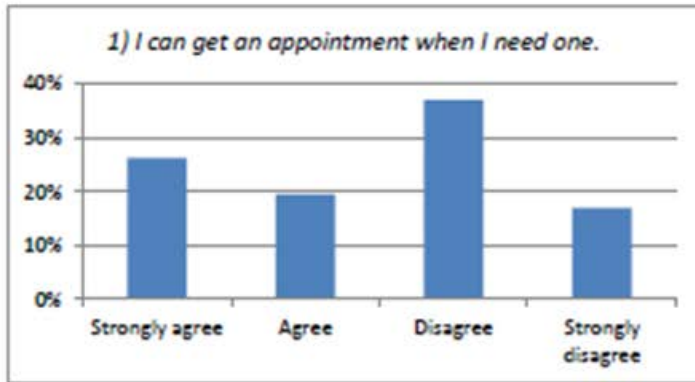
Strategic Planning Committee Meeting
March 16, 2017



Demographics Cont'd



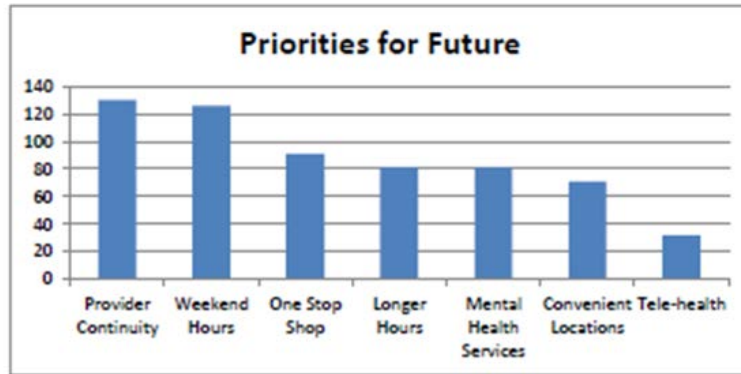
How much do you agree or disagree with the following statements about NYC Health + Hospitals?



Community Priorities

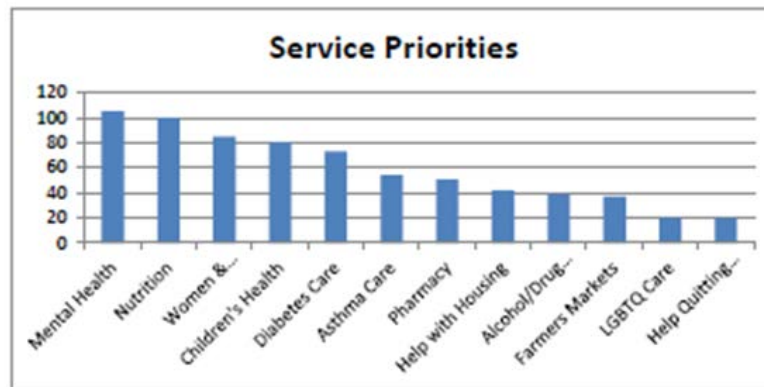
Which of these services is most important to you coming from a clinic?

Top 3: 1. Mental Health 2. Nutrition 3. Women & Maternal Care



What would you like to see NYC Health + Hospitals do more of in the future

Top 3: 1. Provider Continuity 2. Weekend Hours 3. One Stop Shop



System Scorecard

Dr. Ross Wilson, Chief Transformation Officer
Office of Transformation

Strategic Planning Committee Meeting
March 16, 2017

SYSTEM SCORECARD CY 2016, Q4

	LEAD	TARGET Q4	ACTUAL Q4	VARIANCE TO TARGET		PRIOR QUARTER	PRIOR YEAR	TARGET 2020	
Anticipate & meet patient needs									
1	Out-patient satisfaction (overall mean)	COO	85%	78%	-8%	Y	79%	78%	93%
2	In-patient satisfaction (rate-the-hospital top box score)	COO	65%	60%	-8%	Y	61%	59%	80%
Engage our workforce where each of us is supported & personally accountable									
3	Staff completing leadership programs	COO	584	839	+44%	G	627	536	1,200
4	Employee engagement (5 point scale)	COO	4.1	3.7	-10%	Y	3.6	4	4.1
Provide high quality safe care in a culturally sensitive, coordinated way									
5	Hospital-acquired infections (CLABSI SIR)	CMO	0.90	0.97	+7%	R	0.82	0.86	0.50
6	DSRIP on track	OneCity CEO	90%	TBD	0%		98%	100%	90%
Expand access to serve more patients (market share)									
7	Access to appts (new adult patient TNAA days)	CMO	14	23	+64%	Y	23	22	14
8	Unique patients (thousand)	COO	1,235	1,153	-7%	Y	1,153	1,168	2,000
9	MetroPlus members (thousand)	M+ CEO	520	510	-2%	Y	505	482	675
10	Patient revenue (proportion of expense)	COO	63%	53%	-16%	R	57%	58%	70%
Increase efficiency by investing in technology & capital (organizational reform)									
11	EMR budget variance	CIO	0%	0%	0%	G	0%	0%	0%
12	EMR implementation on track (milestones)	CIO	100%	94%	-6%	G	90%	90%	100%
13	Contractors performance at service level	COO	100%	98%	-2%	G	94%	91%	100%
14	FEMA projects on track	COO	100%	96%	-4%	G	96%	92%	100%
		LEAD	TARGET	ACTUAL	VARIANCE		PRIOR QUARTER	PRIOR YEAR	TARGET 2020

CLABSI data continually subject to change but considered to be most accurate after the CMS reporting deadline for the quarter (5 months after the close of the reporting period)

Indicator 6, Q4 data not yet available. (Payments have been delayed and it is expected that PPS will receive the first payment of DY2 by mid-March.)

Color coding based on variance from Target, Prior Quarter and Prior Year	G	on target
	Y	trending toward target
	R	off target

GLOSSARY

Anticipate & meet patient needs

- | | | |
|---|---|--|
| 1 | Out-patient satisfaction (overall mean) | Roll-up average of all outpatient scores from each outpatient survey (random sample); by visit date. Based on data received as of 10.19.2016. QTD totals and subject to update |
| 2 | In-patient satisfaction (rate-the-hospital top box score) | % in-patients surveyed who rank hospital 9 or 10 out of 10 (random sample); by discharge date. Based on data received as of 10.19.2016. QTD totals and subject to update |

Engage our workforce where each of us is supported & personally accountable

- | | | |
|---|--------------------------------------|---|
| 3 | Staff completing leadership programs | Cumulative YTD employees completing supervisor, manager, leadership, and fellowship training; ~5,000 employees are eligible |
| 4 | Employee engagement (5 point scale) | Survey of employees "I would recommend this organization as a good place to work"; actual Q2 2016; target national safety net average |

Provide high quality safe care in a culturally sensitive, coordinated way

- | | | |
|---|---|---|
| 5 | Hospital-acquired infections (CLABSI SIR) | Observed / expected Central Line Associated Blood Stream Infection - Standardized Infection Rate; data finalized 5 months after the reporting; most accurate after CMS reporting deadline for the Total PPS \$ awarded / total potential (up to \$1.2 B over five years); cumulative since April 2015; reported Jan & Jul. Projected percentage and subject to update |
| 6 | DSRIP on track | |

Expand access to serve more patients (market share)

- | | | |
|----|---|--|
| 7 | Access to appts (new adult patient TNAA days) | Average days to third next available appointment for new adult patients (primary care only). |
| 8 | Unique patients (thousand) | 12-month cumulative of unique patients across entire system (not double counting patients who visit multiple sites); high estimate; actuals = 3 month cumulate |
| 9 | MetroPlus members (thousand) | Active MetroPlus members across all categories at the end of the quarter |
| 10 | Patient revenue (proportion of expense) | Patient-generated revenue / operating expense excluding City payments (cash receipts & disbursements YTD) |

Increase efficiency by investing in technology & capital (organizational reform)

- | | | |
|----|--|--|
| 11 | EMR budget variance | EMR implementation over or under budget |
| 12 | EMR implementation on track (milestones) | Estimate of milestones completed on time: Green = 100%; Yellow = missed milestones have no impact on go-live dates; Red = delays expected for go-live |
| 13 | Contractors performance at service level | % of contracts with satisfactory reviews (total number of reviews scored satisfactory or outstanding / total number of reviews at each facility) for top 10 contracts by spend |
| 14 | FEMA projects on track | % milestones from monthly FEMA Program Dashboard on track (green or yellow) |

Color coding based on variance from Target, Prior Quarter and Prior Year	
G	on target
Y	trending toward target
R	off target

JACOBI

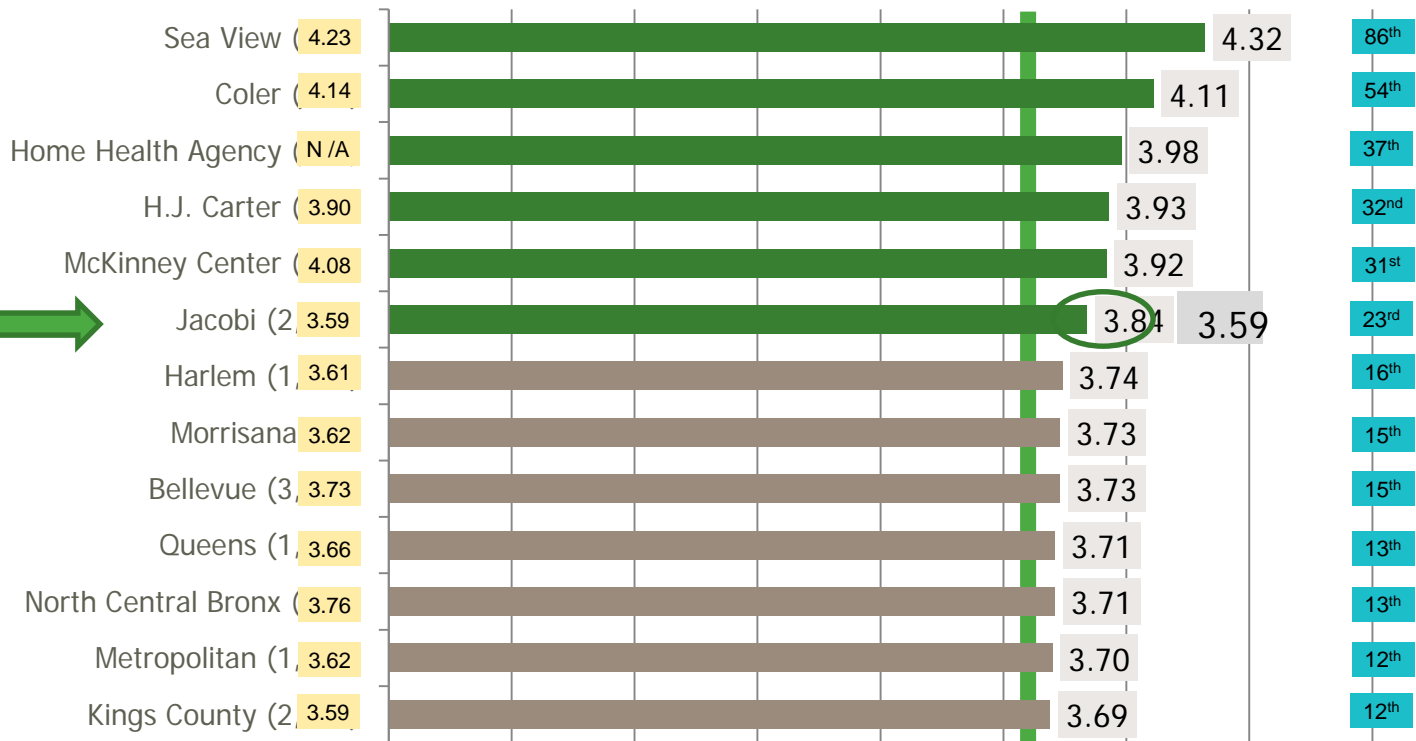
Staff Engagement Improvements

Chris Mastromano, Interim CEO
NYC Health + Hospitals | Jacobi

Strategic Planning Committee Meeting
March 16, 2017

Employee: Engagement by Entity

Highest of all Acute Care Facilities



1.00 1.50 2.00 2.50 3.00 3.50 4.00 4.50 5.00
 Line indicates your 2016 NYC HHC Workforce Engagement Score of 3.70

· = 2015 score Green Shaded Bars indicate the Entity is statistically ABOVE the Overall Organizational Average # = EI Rank

What Mattered to our Staff?

1. Communication
2. Respect & Recognition
3. Camaraderie



Communication

- Town Halls
- Newsletter: “Jacobi Style!”
- Jacobi Calendar
- Week-at-a-glance
- Flat Screens
- Jacobi Water Cooler
- Social Media

We Salute
TYSON VALENTIN

for playing a pivotal role in the care of a level one trauma recently.

During a “massive transfusion,” Tyson was proactive and ensured there was consistent communication of product usage, which prevented a shortage of blood and helped to save the patient’s life.

Way to go, Tyson!



R
E
C
O
G
N
I
T
I
O
N



**JOB
WELL
DONE!**

At the Jacobi Trauma Center, we know our stuff!
When five Level 1 Trauma cases and six Level 2 cases were brought to the ED on a recent busy Saturday night, our staff responded with the professionalism and know-how of veteran emergency and trauma care experts.

Years of Service Pins

THE PINS
ARE BACK



Employee BBQ At Jacobi

C
A
M
A
R
A
D
E
R
I
E



Lessons Learned:

1. Find out what matters to staff; involve them from the beginning
2. Tie recognition to objectives
3. Scheduling can be a challenge
4. No one remembers a tuna sandwich
5. It's not about the swag
6. Publicize often and everywhere; infuse engagement into many venues
7. Prepare for the deluge
8. It takes a village; there are untapped resources
9. The “recognizers” enjoy this as much as the recipients
10. This has been a game changer



Transformation Update

Dr. Ross Wilson, Chief Transformation Officer
Office of Transformation

Strategic Planning Committee Meeting
March 16, 2017