

# Blueprint

SPRING 2020

## UHF's Partnerships for Early Childhood Development: A Look Back and Forward

In 2017 United Hospital Fund launched an innovative program, the [Partnerships for Early Childhood Development \(PECD\) initiative](#), to help New York area pediatricians partner with community organizations to address the social and economic factors that influence the health and well-being of young children in New York City.

The program is now starting its third and final phase, with a focus on measuring and evaluating the progress that providers, partners, and patients have made.

### COVID-19 ADDS URGENCY

Just as PECD's third phase launched in March, the COVID-19 pandemic shut down the city. The crisis added a whole new layer of stressors not only for the participating families, but also for the clinicians and social service providers scrambling to both serve their patients and stay healthy themselves.

Many local health systems temporarily canceled in-person well-child visits or transitioned to telehealth visits for almost all children older than 18 months, making it

difficult—if not impossible—for health care providers to screen in person for such social stressors as poor housing, lack of access to nutritious food, and maternal depression. This comes at a time when there are even more pressures on families, with schools closed and many parents facing a loss of income.

“This dual health and economic crisis, with its inevitable strain on families, uptick in anxiety, trauma, and abuse—and demand on community services—presents a triple threat to children: delayed or skipped care, an increase in family poverty, and overburdened safety net services,” said Dr. Benard Dreyer, PECD chairman, director of the Division of Developmental-Behavioral Pediatrics at NYU School of Medicine, and director of pediatrics at Bellevue Hospital. “Collectively, they suggest a child health crisis to come.”

Suzanne Brundage, director of UHF's Children's Health Initiative and head of the PECD program, echoed Dr. Dreyer's concern, adding that these myriad challenges “make the PECD partnerships all the more important.”

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 **THANK YOU,  
HEALTH CARE  
WORKERS**

This is a uniquely challenging time for New York's health care system. UHF applauds health care workers across the tristate area who are selflessly working around the clock to address the spread of coronavirus.

## UHF Launches Two Projects With Support From Mother Cabrini Health Foundation

The new Mother Cabrini Health Foundation has selected United Hospital Fund as a recipient in its first-ever round of grants. One of the largest foundations in the U.S. and the largest focused exclusively on New York State, it awarded a total of \$150 million to organizations across the state to support activities, programs, and initiatives in 2020 that improve the health and quality of life for low-income and underserved communities.

UHF received a total of \$1 million to support two new projects: a learning network that advances health equity in children's

primary care and a learning collaborative that seeks to improve transitions from skilled nursing facilities to patients' homes.

"We are excited to be among the Foundation's partners and look forward to honoring Mother Cabrini's legacy through our projects focused on the needs of poor and underserved young children and older adults with chronic conditions," said Anthony Shih, MD, president of UHF.

See below for details on each project; for more information, visit UHF's website at [www.uhfny.org](http://www.uhfny.org). ■

### TRANSFORMING CHILDREN'S PRIMARY CARE

**Achieving Health Equity by Transforming Children's Primary Care** will create a learning community for pediatricians across New York State that will advance a model of children's primary care focused on early childhood development. The Pediatrics for an Equitable Developmental Start (PEDS) Learning Network will seek to reduce inequities in childhood by expanding interventions for children that promote healthy development, address unmet needs, and strengthen families.

The PEDS Network will equip pediatric practices to pursue these efforts by:

- Improving understanding and raising awareness of child health equity in New York State and early childhood development's influence on long-term health
- Supporting the sharing of promising practices
- Launching a 15-month fellowship program to develop the next generation of leadership to strengthen pediatric primary care

### IMPROVING TRANSITIONS FROM SKILLED NURSING FACILITIES TO HOME

After being discharged from a skilled nursing facility (SNF), the transition to home for elderly patients can be a jarring and perilous experience, putting them at risk of declining health, overuse of care facilities, social isolation, and high levels of stress and anxiety. In partnership with the Continuing Care Leadership Coalition, UHF is engaging a group of SNFs in New York State in a learning collaborative to improve transition planning so it better aligns with the needs of these patients and their caregivers and prepares them to return home.

**Transitions from Skilled Nursing Facility to Home: Improving Quality and Patient/Family Experience** will tackle problems with care coordination, continuity, communication, and medication management. Collaborative participants will consider not only the needs and capabilities of families and caregivers but also social needs such as food, housing security, and access to transportation.

Recently discharged patients and their caregivers will be surveyed to help identify the problems they are experiencing. UHF will publish reports highlighting its findings, lessons learned, and recommendations for overcoming barriers to safe and effective transitions.

## COVID-19 Pandemic: Questions for the Future

We are in the midst of one of the greatest public health crises of our lifetimes. Years from now, students from numerous disciplines will study the COVID-19 pandemic and our response and will most likely focus on “what worked” in terms of policy interventions and overcoming operational challenges. They will also, of course, examine the biology of the virus and the epidemiology of the disease. Studying these critically important issues will improve our response to the next pandemic.

But to get a truly clear-eyed picture of what went right and what went wrong—and how we can do better next time—there are other, bigger-picture questions we must also address.



Anthony Shih, MD  
UHF President

**We need to know how much our current health care policies have exacerbated this crisis, which might help us get over the hump to universal coverage and access to care.**

### PROMPTING ACTION FROM POLICYMAKERS AND THE PUBLIC

One thing we already know: The U.S. federal government—and some state and local governments—were too slow to respond, despite the evidence of the pending crisis and the urging of a majority of experts. **So, how can policymakers be prompted to act if evidence and experts are not enough?** What are the most effective ways to frame the evidence, and how do we understand the various levers at play? It is one thing to push evidence-informed policymaking for issues when there are months or even years to deliberate. But it’s quite another when days, and even hours, matter.

We must also, of course, better understand how to more effectively engage the general public in embracing self-sacrifice for the collective good. Social distancing is definitely not easy, and many are still refusing to do it, even though the evidence is clear that it will protect the most vulnerable among us. I don’t believe selfish behavior is an inherent part of our culture—just witness the selfless responses to major natural disasters.

### CONFRONTING THE ECONOMIC TOLL

These are difficult questions, but there is perhaps an even more complicated one that also demands our attention: **How do we balance the immediate health dangers of an infectious disease against the long-term**

**health dangers of restricting economic activity?** Consider, for instance, the resulting food insecurity, housing instability, and sharply increased economic stress, all of which can have a very real impact on morbidity and mortality. I’m sure that analysts will count the economic toll of COVID-19, but it’s incumbent upon us to also track the health consequences of the economic impact, separate from the direct effects of the disease. And we desperately need a framework for how to balance these competing needs. **The real solution, of course, is the creation of an economic system with a strong social safety net in which no one is insecure from short-term shocks to the system.**

Several years ago, I was having a conversation with health policy colleagues from across the world, and the topic was why other industrialized countries could achieve universal health coverage when the United States couldn’t. The general consensus was that the U.S. lacked a sense of social solidarity—a shared feeling that binds us together as a cohesive unit. This is probably true, **but as the pandemic demonstrates, public policies like universal health care and paid sick leave can serve self-interest as well as a shared community interest.** The lack of these policies has further fueled the pandemic’s spread in the U.S. How many sick individuals went to work because of economic necessity? How many avoided seeking care because of potential costs? **We need to know how much our current health care policies have exacerbated this crisis, which might help us get over the hump to universal coverage and access to care.**

Before we look too far into the future, it’s important to acknowledge now the heroic work of the health care and public health professionals who are on the front lines of the crisis, as well as all the human service agencies that are working tirelessly to support the rapidly growing ranks of the needy. I’m hopeful that we will eventually emerge from this crisis. Let’s also hope that, when we do, we are wiser and better prepared for the next time. ■

*This piece was originally published on UHF’s website on March 24, 2020.*

(Continued from page 1)

## MAKING CRITICAL CONNECTIONS

PECD has two components: a grant initiative that provides funding to help primary care practices connect with community-based organizations and a learning collaborative that helps grantees and their partners share best practices, troubleshoot challenges, and hold each other accountable. During the first two phases of the program, the pediatric practices focused on building the infrastructure and processes necessary to screen children and families for social needs and refer them to social service providers, and develop and strengthen partnerships with the community-based organizations that could provide the appropriate interventions. To date, the participating teams have conducted over 12,000 screenings for social needs and referred almost 3,000 children and their families to community partners.

A survey of the teams during the second phase of the program found that the top five social needs of the screened families were housing and utility challenges, food insecurity, adult learning, transportation, and child care. Nearly half of the families screened had at least one social need.

Pediatric primary care practices affiliated with eight New York City health systems are participating in the third phase of the program. The teams will be gathering data and stories that will help evaluate whether the partnerships are making a meaningful difference in children’s lives.

“The evaluation should contribute significantly to understanding how health care providers can effectively address non-medical factors that influence health,” said Ms. Brundage. However, evaluations will not be launched until the health care practices return to their regular routines, or as close to routine as possible. “Some participating

PECD teams are trying to provide social service supports via telehealth services, but that’s a big adjustment,” she said.

Funding for the third phase, totaling \$609,588, is provided by UHF along with The New York Community Trust, the Altman Foundation, and the William J. and Dorothy K. O’Neill Foundation.

## STRONG CHILDREN AND STRONG FAMILIES

On March 2, United Hospital Fund launched the third phase of PECD with a half-day workshop attended by some 35 health professionals and social service providers from the eight participating health practices and their community partners. The workshop was led by Dr. Dreyer. He opened the session by telling attendees: “If you want to build strong children, you have to build strong families.”

To build those strong families, the pediatric practices spent the first two phases of the initiative figuring out how best to screen, refer, and follow up with patients—a huge undertaking, given that most of the clinicians and community-based partners had never worked together and didn’t know each other. Few screening protocols were in place, and there was no infrastructure for collecting information about the social needs of patients or for referring families to services.

Now, these social needs programs are robust and encompass routine screenings and referrals. Most of the partnerships hold regularly scheduled weekly or monthly meetings to discuss patients, share progress, and solve problems. They are well positioned, said Ms. Brundage, to gather data for the third-phase survey that will evaluate and quantify patient outcomes. ■

**“Many things we need can wait. The child cannot.”**

**—Suzanne Brundage, director, UHF’s Children’s Health Initiative**

### PHASE III PARTNERSHIPS

BronxCare Health System with Phipps Neighborhoods

Cohen Children’s Medical Center (Northwell Health) with The Child Center of NY and Interfaith Nutrition Network

NYC Health + Hospitals/Gouverneur with Educational Alliance, Grand

Street Settlement, Henry Street Settlement, and University Settlement

Mount Sinai Health System with New York Common Pantry and LSA Family Health Service

NewYork-Presbyterian/Charles B. Rangel Community Health Center with Northern Manhattan Perinatal Partnership

NewYork-Presbyterian Queens with Public Health Solutions

St. John’s Episcopal Hospital with Sheltering Arms and Family Resource Center Queens

NYU Langone Hospital-Brooklyn with Family Health Centers at NYU Langone Brooklyn, Neighbors Helping Neighbors, and New York Legal Assistance Group

## UHF Launches Quality Leaders Forum

United Hospital Fund has a long-standing commitment to improving the quality of health care in the greater New York area. To further that goal, UHF, in collaboration with Greater New York Hospital Association (GNYHA), launched a new initiative to bring together emerging and established health care quality leaders and to facilitate networking among themselves and with nationally recognized quality leaders.

The [Quality Leaders Forum](#) includes a network of 60 graduates and faculty from the UHF/GNYHA Clinical Quality Fellowship Program, along with honorees from UHF's Tribute to Excellence in Health Care, drawn from more than 30 health care organizations. Members will meet three times this year to discuss current issues in health care quality and to pursue opportunities for sharing best practices year-round.

"New York has some of the best health care institutions in the world, but there is still unwarranted variation in health outcomes and the quality of care for patients," said Anthony Shih, MD, president of UHF. "The forum will elevate the vital work of UHF and GNYHA's efforts to make our health care system more patient-centered, safe, and effective."

The forum held its first program at UHF on March 3, featuring guest speaker Dr. Thomas Lee, chief medical officer of Press Ganey, a Harvard Medical School professor, and an internist and cardiologist who practices primary care at Brigham and Women's Hospital in Boston. Dr. Lee underscored the impact of the landmark 1999 Institute of Medicine report, *To Err Is Human: Building a Safer Health System*. That report stated that at least 44,000 people—and perhaps as many as 98,000—died in U.S. hospitals each year due to preventable medical errors. "It was like a light being turned on," Dr. Lee said.

Hospitals and clinicians have spent the past 20 years working to improve those numbers

through a focus on technical quality and the patient experience. Now, said Dr. Lee, the third act is underway—creating a culture where health care is reliably and consistently excellent, with the patient always at the center. Acknowledging that such culture change can be hard, Dr. Lee told attendees that they could help achieve it by breaking down silos within their organizations and ensuring that all staff members are aligned on quality improvement goals.

Dr. Lee emphasized that quality leaders must create an environment of compassion,



Participants at the inaugural [Quality Leaders Forum](#) program in early March. Credit: Ellen Wallop.

trust, and respect. "This is how you generate loyalty," he said. When clinicians feel loyalty and confidence in their organizations, patients tend to as well. "The best marker for whether patients have peace of mind is when they have confidence in their doctors," he said.

There will be two more programs and keynote speakers for this year's Quality Leaders Forum:

- Maulik Joshi, DrPH, president and CEO, Meritus Health
- Margaret O'Kane, MHA, founder and president, National Committee for Quality Assurance

*United Hospital Fund is grateful to Elaine and David Gould, whose generosity supports the [Quality Leaders Forum](#).* ■



## QUALITY LEADERS FORUM

IN COLLABORATION WITH GNYHA

## UHF Produces COVID-19 Resources

The COVID-19 pandemic is touching every aspect of New York’s health care system and the broader community, and its effects will be long-lasting. United Hospital Fund is examining how best to use our expertise and capabilities in response to the pandemic and has compiled a set of resources related to these efforts. UHF staff will be updating this list as more resources become available.

UHF is also working to reach people who have lost their employer-based health insurance coverage during the pandemic and help them explore options for gaining coverage through the state’s health insurance marketplace.

UHF’s COVID-19 resources can be found at: <https://uhfnyc.org/our-work/initiatives/covid/>

Highlights as of May 1 are featured below. ■

### Consumer Guide: Maintaining Health Insurance Coverage During the Pandemic

Practical advice for New Yorkers on how to replace lost health insurance coverage or find a new health plan during these perilous times. The guide is available in English, Spanish, and simplified Chinese.

#### Links: Online Resources for Parents and Pediatric Providers

To aid parents and pediatric and social service providers as they respond to numerous challenges arising from COVID-19, UHF’s Children’s Health Initiative has compiled two lists of resources from trusted sources: one for [parents](#) and one for [pediatric providers](#).

### Commentary: During the Pandemic, Home Health Aides Deserve Respect, Protection, and Fair Pay

Kathryn Haslanger, CEO of JASA, looks at the essential role played by home health aides during the pandemic and how they can be better supported.

### Commentary: Payer Actions Can Help Sustain Primary Care During and After COVID-19

Christopher F. Koller, president of the Milbank Memorial Fund, and Anthony Shih, MD, president of UHF, examine COVID-19’s effect on small primary care practices and how payer actions can help sustain them. The piece was co-published by the Milbank Memorial Fund.

### Commentary: Will COVID-19 Change the Way We Look at Mental Health and Substance Misuse?

Kristin Woodlock, CEO of Woodlock & Associates and a consultant at the National Council for Behavioral Health, looks at how COVID-19 is changing behavioral health.

### Commentary: Community Health Centers on the Brink

Robert M. Hayes, president and CEO of Community Healthcare Network, shines a light on the critical situation faced by community health centers during the pandemic.

### POOJA KOTHARI NAMED LEVINSON FELLOW FOR SECOND YEAR

UHF has once again selected Pooja Kothari, RN, MPH, as its Patricia S. Levinson fellow. The fellowship was established in 2017 with the generous support of the Robert A. and Patricia S. Levinson Award Fund at The New York Community Trust to advance UHF’s work on improving health care for vulnerable populations.

Ms. Kothari, senior program manager in UHF’s Quality Institute, plays a central

role in developing and managing projects to measure and improve the quality of health care. She co-authored a report in UHF’s *Difficult Decisions* series about post-acute care decision-making. She also worked on UHF’s Outpatient Antibiotic Stewardship project and is currently contributing to a project funded by the New York State Health Foundation, “How’s My Health Dashboard,” which will develop a prototype of a digital tool to help improve communication between patients and providers. ■

# Anthony Shih, MD

President, United Hospital Fund



*As New York's health care workers bravely battle COVID-19, Anthony Shih shares his thoughts on the crisis and how it might affect UHF and its work.*

## **Q: You're known primarily for your work in nonprofit health policy organizations—can you tell us a little bit about your medical training?**

My medical specialty is public health and general preventive medicine—it's a small specialty and probably one of the least well known in the U.S. We are unique in that, while most physicians focus on caring for individual patients, our specialty focuses on promoting health, preventing disease, and managing the health of communities.

## **Q: That's interesting and seemingly very relevant to the current COVID-19 pandemic.**

Yes. First, let me praise the health care workers who are on the front lines of battling this crisis. At the same time, part of why we are relying on their heroic deeds now is that we failed to intervene aggressively early on. Public health professionals were largely in agreement on early widespread screening and containment strategies and subsequent community mitigation strategies. But it was difficult to convince policymakers and the broader public until it was almost too late. Thankfully, the term “flatten the curve” is now part of our common lexicon.

## **Q: About “flattening the curve,” it still seems hard to convince many folks that social distancing is important.**

It is hard in part because some young, healthy individuals may feel that they're relatively safe—even if they get infected. I don't know if they fully understand that their social distancing actions are intended to save the lives of thousands of others who are at particular risk. This is not like unhealthy eating, where the impact is primarily

on the individual. It's more like refusing vaccination, where the selfish actions of a few can endanger entire populations.

## **Q: Does this crisis change the way you think about United Hospital Fund's priority areas?**

It strengthens my resolve in several areas. For instance, I think our work on universal coverage and access is more important than ever. It is unconscionable that people who are potentially sick with COVID-19 might avoid the health care system because of costs. This not only affects them, but the rest of society as well. Further, since the U.S. health insurance system is so closely tied to employment—given the massive layoffs that have already occurred—we are concerned about increases in the uninsured. This would come after significant progress in the past decade. The crisis also highlights the importance of our work in clinical-community partnerships, which focuses on how the health care delivery system can work with communities and community-based organizations to address the social determinants of health. This will be increasingly important as the economic fallout of the pandemic heightens food insecurity, housing instability, and chronic stress. In general, the crisis also reinforces the importance of our work to help the most vulnerable populations.

## **Q: Any bright spots in this crisis?**

We are in a terrible situation, but yes, let's look for bright spots. Again, we cannot praise the frontline health care and public health workers enough. We also see many community members taking care of each other. There have also been some state and local government and institutional leaders who acted early and decisively. This is also a big accelerant for telemedicine and may spur further innovation in this area. On a policy front, efforts to strengthen our social safety net, such as paid sick leave, are encouraging. And it might highlight the critical need for a strong public health infrastructure, which often gets overlooked in times of relative calm. ■

## Blueprint

Published three times a year by United Hospital Fund. We welcome your comments and suggestions.

United Hospital Fund is an independent, nonprofit organization working to build a more effective health care system for every New Yorker.

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# Blueprint

## ON THE CALENDAR



### JULY 13, 2020

#### **UHF's Tribute to Excellence in Health Care (*rescheduled*)**

Awards recognizing quality improvement champions across the metropolitan region

### JULY 15, 2020

#### **UHF Annual Medicaid Conference**

A live webcast featuring keynote speaker Donna Frescatore, Medicaid Director, New York State Department of Health

### OCTOBER 5, 2020

#### **UHF's Gala**

A special annual event celebrating the work of United Hospital Fund and saluting the outstanding contributions of health care leaders

*Cipriani 42nd Street*

## PUBLICATIONS *These and other UHF reports are available at [www.uhfnyc.org](http://www.uhfnyc.org)*



#### ***New York's "Other" Individual Market Needs an Update***

recommends a series of upgrades for New York's "off-exchange" health insurance market for individuals.

***Grim Times and Health Insurance: Maintaining Coverage During the Pandemic*** is a consumer guide (available in English, Spanish and

simplified Chinese) with practical advice on how New Yorkers can replace lost health coverage or find a new health plan during the COVID-19 pandemic.

***Deliver Us from Texas: As the ACA Turns 10, Will the Supreme Court Step Up Again?*** examines a constitutional challenge to the Affordable Care Act and reviews

the damage it might do to the ACA tools New York has used to drive its uninsurance rate to historically low levels.

#### ***Partnerships for Early Childhood Development: Year 2 Update***

summarizes what was learned during the second phase of UHF's Partnerships for Early Childhood Development program.

