

# Blueprint

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## Anthony Shih Named UHF President, Succeeding Jim Tallon

Anthony Shih, MD, MPH, has been named president of United Hospital Fund, effective August 14. He was selected after a year-long search to replace James R. Tallon, Jr., who is retiring after 24 years of leading UHF.

“Tony is nationally recognized for his expertise in health policy, health system performance improvement, quality improvement, and population health, and is a seasoned executive in nonprofit management and health care philanthropy,” said J. Barclay Collins II, chairman of UHF. “He understands firsthand New York’s extraordinary health care sector and the issues it faces. We are thrilled he will be leading UHF into the future.”

### FOCUS ON QUALITY AND EQUITY

Dr. Shih has served, since 2014, as executive vice president of the New York Academy of Medicine, which works to improve health and well-being in cities worldwide, using a population health approach. Previously, he was executive vice president for programs at The Commonwealth Fund, overseeing all program and research activities, including those related to health care coverage and access, delivery system transformation and payment reform, health system performance “scorecards,” and improving quality and reducing inequities in care for vulnerable populations.

Earlier, Dr. Shih was chief quality officer and vice president for strategy at IPRO, where he developed and managed large-scale quality assessment and improvement projects related to Medicare and Medicaid beneficiaries, and led IPRO’s Health Care Transparency Group.

A graduate of Amherst College, Dr. Shih earned his MD at the NYU School of Medicine and his master’s at Columbia’s Mailman School of Public Health, and is Board-certified in preventive



*Dr. Anthony Shih*

medicine and public health. He lives in Forest Hills with his spouse of 20 years, Yvonne Tsang, and their 14-year-old twins, Nathan and Allison.

### MATCHING VISIONS, SHARED WORK

“Truly a product of the city,” is how Dr. Shih describes himself—born in Manhattan, moving to Brooklyn and then Queens, graduating from The Bronx High School of Science. “I was exposed to both the wonders of urban living and the stark inequities I saw on the subway each day. My parents emigrated from Taiwan and my father, a psychiatrist, spent his career in the State’s public mental health system. His example instilled in me the obligation to serve society’s most disadvantaged, so I’ve spent my

# Jim Tallon: A True Leader

J. BARCLAY COLLINS II • CHAIRMAN, UNITED HOSPITAL FUND

Teasing out one person's role in shaping an institution's impact and personality is always difficult. But over the course of Jim Tallon's presidency, his rare combination of skills and interests have made him very much the face of UHF—a UHF that is actively engaged in helping to shape public policy and in stimulating new and better ways to provide and pay for health care.

That he was selected for the job 24 years ago was a bold leap for an organization whose stock in trade has always been its New York City focus and its nonpartisanship and independence. He was from upstate, and had been at the heart of New York's political scene as a member of the New York State Assembly for 19 years, chairing the health committee from 1979 to 1987 and serving as majority leader from 1987 to 1993.

But the insider knowledge that he accumulated there—about the growing significance of the State's role in New York's health care, and about how that role could be shaped to benefit all New Yorkers—would prove to be an extraordinary asset for UHF.

Jim's reputation in Albany was that of an active listener and consensus builder. He has characterized himself as "an academic politician and political academic," adept at marshalling and understanding data and its implications, and communicating that understanding to colleagues. Together, those

qualities strengthened UHF's standing as an organization that brings together stakeholders across the entire health care spectrum for respectful, productive discussions and collaborative work that has advanced both the formulation of State health policy and innovative approaches to service delivery.

That deft hand at team building—Jim's comfort with sitting at the head of the table, moderating and guiding, but letting others shine—also brought a host of new talent to UHF, professionals with national experience and reputation, as both program staff and partners in the wider health care community.

But in a career marked by brilliance and reason, vision and achievement, what stands out to so many of us is simply Jim's humanity. His wisdom, insight, generous spirit, and—above all—deep caring have made a real difference in the lives of New Yorkers, and helped make New York the national leader it is in the hard work of health care transformation.

Jim says he'll be retiring, but I'm sure that will be impossible for him. His commitment to the values he and UHF have held in common all these years is bound to keep him an active participant in, not just observer of, the unfolding health care saga. We will miss his profoundly important contributions here, but look forward to seeing what lies ahead for him. For UHF, Jim Tallon has been an extraordinary leader in extraordinary times.

## *New UHF President (continued from page 1)*

career in nonprofits, and am particularly drawn to those like UHF that focus attention on the needs of the most vulnerable."

Dr. Shih has worked with UHF numerous times over the years. "When I was at The Commonwealth Fund we frequently bounced ideas off each other on federal and state health policy, especially on insurance coverage and payment and delivery system reform. At IPRO, I was a UHF grantee, working with colleagues to examine regional health system performance. At the Academy, we work closely with

UHF on the region's Population Health Improvement Program. I also sit on the advisory committee of UHF's Quality Institute.

"I've always been impressed by the high caliber of UHF's staff, its ability to bring diverse stakeholders together to find common ground, its truly independent, evidence-based analysis, and the respect that policymakers, CEOs, and other key decision-makers all have for the organization's work. I look forward to the challenges and opportunities ahead."

## Blueprint

Published three times a year by United Hospital Fund's Communications Division. 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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# A Word...

WITH JIM TALLON

## Health Care's Circular Journey



As I prepare to leave United Hospital Fund after 24 years, it's instructive to look back over the path that health care has taken in that time. While there have been some

surprising turns, several clear trends emerged along the way.

The first of those was, of course, the expansion of health insurance coverage, marked by a number of notable initiatives—New York's creation of Child Health Plus, which I worked on with colleagues shortly before I left the Assembly, and which became the model for the national Children's Health Insurance Program that followed; Family Health Plus, Cover the Uninsured Week, Disaster Relief Medicaid, and a Blueprint for Universal Health Insurance Coverage in New York; and the State's aggressive implementation of the Affordable Care Act.

What became increasingly evident with each of those was that telling the story of *who* the uninsured are could build something approaching consensus on the need for covering *all* of us—a growing awareness and acceptance of coverage as a public good and public goal.

### PARTS OF A WHOLE

That understanding informed New York's substantial commitment, as well, to its Medicaid program. Expanding to some 6 million beneficiaries today, Medicaid has become the work horse of health care, providing low-income people (including 40 percent of the state's children), the

chronically ill and disabled, and those with multiple and complex conditions with the coverage they previously lacked—often because their health kept them out of the workforce. Medicaid is also the de facto payer for the bulk of nursing home residents, and its subsidies to safety-net hospitals have kept that critical provider sector afloat.

Medicaid has become an engine for reforming the *way* care is delivered, as well, with a host of innovative initiatives aimed at improving quality, controlling cost growth, and enhancing value. It has become, in essence, the glue that fits many of the system's moving parts together, both reflecting and advancing a number of other growing trends.

Fitting the parts together has become a major theme, as consolidation and integration reshape health care. The

*The renewed health care debate is a fundamental rejection of the value that says everyone deserves access to ongoing care.*

fragmentation marked by dozens of community hospitals—many of them in deep financial distress—has given way to a small number of major provider systems offering a continuum of primary, acute, and post-acute care. This is still very much a work in progress, but clearly a way toward financial sustainability.

Simultaneously, efforts to integrate payment mechanisms with these new coordinated systems, incentivize value and quality, and move away from traditional fee-for-service have shown New York to be a leader, willing to experiment and to deal

with the challenges of how health services interact with society.

Finally, patients' functioning and their perceptions of their quality of life are increasingly being seen as critical to accurately assessing the outcomes of care. It's a relatively new focus, one in need of enhancement—in part through the kind of patient-centric work UHF is doing, like ensuring that quality measures reflect patients' priorities, supporting family caregivers with a wealth of information, and educating providers on how to better work *with* caregivers.

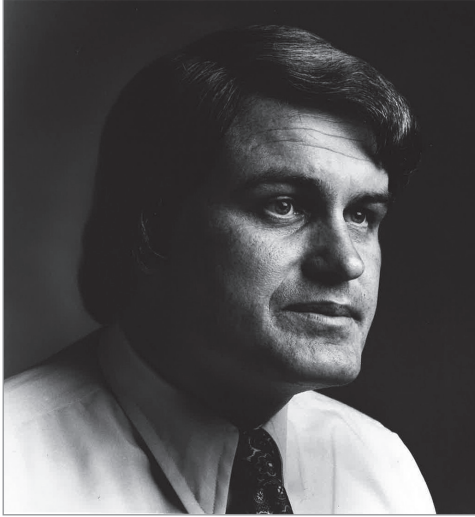
### ATTACK ON VALUES, ATTACK ON REFORMS

The burgeoning success of all these efforts may soon be mooted, however, for substantial numbers of Americans. Tied, as they are, to adequate health insurance coverage, these advances will become simply out of reach because of the current federal attack on the Affordable Care Act.

Coverage is not simply a humanitarian gesture, but rather the anchor for every change needed to make our health care system work optimally, because each of those elements is interconnected. That understanding is what has guided UHF's vision and decisions on strategically building program initiatives through the years. The current debate is not about the efficiency of the ACA, it's fundamentally a rejection of the value that says *every* New Yorker, *every* American, deserves coverage that guarantees real access to coordinated, ongoing care.

As a society we've come—we *had* come—a long way, although in fact we've done nothing more than join the rest of the industrialized world. That makes this current assault even more jarring.

# Jim Tallon: A Legacy of Service



*Looking toward the future: A young Jim Tallon begins his political career.*

*Over the course of 45 years, health policy and health care have been the medium of expression for Jim Tallon's extraordinary mix of knowledge, insight, and dedication to bettering the lives of New Yorkers. Here, some highlights from that career.*



*"Not on the surface but all the way through": campaign literature foretells Jim's career-long mantra.*

## SHAPING NEW YORK'S HEALTH LAW

Elected to the New York State Assembly in 1974, Jim Tallon came to politics well versed in bipartisan cooperation, objective analysis, and strategic action. As executive director of NY-Penn, a health planning agency that drew together three New York and two Pennsylvania counties to rationalize hospital building and ensure care for the area's poor, he built support locally and from state governments on both sides of the border.

Over the next 19 years, Jim's passion for building a high-quality health care system that would serve New Yorkers across the economic spectrum led to an unmatched record of accomplishment. With State Senator Tarky Lombardi he spearheaded efforts to improve hospital reimbursement,

expand eligibility for Medicaid prenatal and pediatric services, and foster home health services. He also won support for AIDS services, research, and education, transitional health coverage for laid-off workers, and malpractice insurance reforms. Those efforts were just part of the reason *Empire State Reports* named him, in 1999, one of 25 leaders whose accomplishments had made "sweeping improvements" in New Yorkers' lives over the previous 25 years.

## Milestones on a Remarkable Path

### 1970s-80s

Elected to New York State Assembly;  
Chairs Health Committee;  
Serves as Majority Leader

### 1990s

Named chairperson of Kaiser Commission  
on Medicaid and the Uninsured

Named president of United  
Hospital Fund

Tapped to lead planning  
for National Quality  
Forum



**A NATIONAL STAGE**

That same facility at grasping nuance and bridging strongly held convictions made Jim a much sought-after presence in the national arena. He was recruited to chair the Kaiser Commission on Medicaid and the Uninsured, and later, after many years on its board, The Commonwealth Fund. He served on the boards of the Joint Commission on Accreditation of Health Care Organizations, the Alliance for Health Reform, the Association for Health Services Research, and the Institute on Medicine as



*Bipartisan dream team State Senator Tarky Lombardi and Assemblyman Jim Tallon wrote much of New York's groundbreaking health care law in the 1970s and '80s.*

a Profession, and on the advisory board of the Jonas Center for Nursing Excellence, and was a member, for three years, of the Prospective Payment Assessment Commission. To each of those positions, and for a number of New York-centered organizations as well, including the State's Board of Regents, Jim brought his usual "deep commitment to health care for the poor, great expertise about public programs, and savvy and skill necessary to make it work," as one colleague expresses it.



*The consummate convener, Jim is known for bringing together the health care community to solve problems and advance innovation.*

**THE UHF YEARS**

Educating, communicating, facilitating, consensus-building: all hallmarks of the Jim Tallon era at UHF, all enhancing its influence and impact. The shortlist of initiatives begun under Jim's direction is telling, demonstrating a widening scope of work and a keen understanding of the interrelatedness of the many moving parts of our health care system: the Hospital Palliative Care Initiative, Families and Health Care Project, Aging in Place Initiative, New York eHealth Collaborative (one of a number of organizations that went on to an independent role), Medicaid Institute, Next Step in Care, and the Quality Institute; the multi-year, multifaceted partnership with Greater New York Hospital Association and some 90 area hospitals, creating collaborations to improve quality of care and patient safety; the groundbreaking community-based Together on Diabetes project; acclaimed analyses that informed New York's development of its health insurance exchange; and the forward-thinking Partnerships for Early Childhood Development.

Each of these activities bears Jim's stamp, and his belief that—even in a time of rancorous debate on the fundamental value of health care for all—UHF can lead the way on creating "models of how health care *ought* to work in America."

Draws together health care community to enroll 340,000 New Yorkers in Disaster Relief Medicaid

Launches Quality Institute; Initiates Partnerships for Early Childhood Development

**2000s**

Establishes Medicaid Institute; Focuses national attention on family caregiving with Next Step in Care program and website

# Health Care Trustees' Service and Leadership Honored

“Our health care system certainly faces enormous challenges, but the energy and momentum in this room—and in all our honorees’ board rooms—is a formidable force for innovation and improvement,” UHF President Jim Tallon told guests at this year’s Tribute to Hospital and Health Care Trustees. The May 1 event brought together more than 570 colleagues, family members, and friends to celebrate 31 trustees from hospitals and—for the first time—nursing homes and home health services throughout the metropolitan region.

“The partnership of trustee leaders with their executive and clinical leadership teams is a dimension of health care that is distinctive and vital to the well-being of our communities,” Mr. Tallon noted, “and the participation of long-term care facilities and the Visiting Nurse Service of New York

formally acknowledges the interconnectedness of our evolving health care system.”

The 2017 Tribute raised nearly \$500,000 in support of UHF’s efforts.

For the thirteenth consecutive year the TD Charitable Foundation provided underwriting support for the Tribute, this year targeting that support to UHF’s Innovation Strategies Initiative, with a special focus on developing more effective primary care models, especially in low-income neighborhoods. Emmet Conlon, group head, Institutional Healthcare, TD Bank, led a group of TD representatives.

Co-chairing the luncheon event were UHF board members



More than 570 colleagues, family, and friends gathered to celebrate 31 honorees.



Luncheon co-chairs Cary Kravet and Mary Beth Tully flank TD Bank’s Emmet Conlon.

and Mary Beth C. Tully, a trustee of NYU Winthrop Hospital.

## TRIBUTE TO HOSPITAL AND HEALTH CARE TRUSTEES

### UNDERWRITER

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### PACESETTER

Northwell Health

### LEADER

Hearst Corporation

### BENEFACTORS

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Sullivan, Cotter and Associates

### PATRONS

Advocate Community Providers  
Calvary Hospital  
Hospital for Special Surgery  
The Starr Foundation

## RECENT UHF GRANTS: OUTPATIENT ANTIBIOTIC STEWARDSHIP INITIATIVE, STAGE II

While much effort on the critical issue of antibiotic resistance focuses on the inpatient setting, UHF’s Outpatient Antibiotic Stewardship Initiative Stage I engaged hospital-owned outpatient practices in analyzing prescribing practices and developing action plans based on CDC Core Strategies. Stage II, providing \$296,887 in grants, will build on that work and assist participants as they design, implement, and evaluate their own strategies to decrease overuse and misuse of antibiotics, specifically for adults with acute respiratory infections. Seven hospitals, with a total of 35 outpatient sites, are involved:

### Participants:

- MEDISYS HEALTH NETWORK (10 sites)
- MEMORIAL SLOAN KETTERING CANCER CENTER (5 sites)
- MONTEFIORE MEDICAL CENTER (6 sites)
- MOUNT SINAI HEALTH SYSTEM (2 sites)
- NEWYORK-PRESBYTERIAN/QUEENS (5 sites)
- NYU LANGONE (5 sites)
- WYCKOFF HEIGHTS MEDICAL CENTER (2 sites)

## Making Sense of “Repeal and Replace”

Despite recent events in the Senate, repealing and replacing the Affordable Care Act will remain the center of considerable controversy and attention for the foreseeable future, in Washington and across the nation. Regardless of what happens next in Congress, it is important to understand how New York would be uniquely hard hit by repeal-and-replace proposals to date.

Recent work by UHF has been playing out the possible effects of these proposed

changes. *Rewind: New York State Faces Familiar Issues and New Challenges in the “Repeal and Replace” Era*, a report by Peter Newell, director of UHF’s Health Insurance Project, notes that New York stands to suffer a great deal from a repeal—because of how vigorously it implemented the ACA and because of unique features of its laws and markets.

Under the ACA New York created its own exchange and set up the Essential Plan to cover lower-income residents, both of which led to an enormous rise in market coverage: from 136,000 in 2013 to over 1 million (including 250,000 formerly

covered under Medicaid) in 2016. Current federal proposals would drastically reduce the funding available to support this coverage; an analysis of the House bill estimates that it would cause 2.7 million New Yorkers to lose coverage over the next four years. Many of those enrolled under the Essential Plan, for instance, would face much higher premiums and might no longer be able to afford coverage.

“One of the main benefits of the ACA for New York has been a larger and healthier individual market risk pool,” said Mr. Newell. “The combined effect of the proposed subsidy changes and other provisions would reverse those gains.”

**New Yorkers with Individual Coverage,  
2013 Total: 136,068**

**2016 Total:  
1,039,184**

## Nonprofit and Nursing Leaders Elected to UHF Board

Jennifer L. Howse, PhD, and Eileen M. Sullivan-Marx, PhD, RN, FAAN, have been elected to UHF’s board of directors.

A nationally known expert in maternal and child health, science, and philanthropy, Dr. Howse served as president of the March of Dimes Foundation for over two decades, leading successful public health and advocacy campaigns in birth defects prevention, national expansion of newborn screening, and the launch of the national Prematurity Prevention Campaign. Her earlier work included service as Pennsylvania’s commissioner for mental retardation and as executive director of the federal court-appointed Willowbrook Review Panel in New York City, championing community-based services and human rights policies for the developmentally disabled. Dr. Howse has served on the boards of the Salk Institute

for Biological Studies, the Kaiser Commission on Medicaid and the Uninsured, and the National Health Council; in 2011 she was elected to the National Academy of Medicine. She holds a doctorate from Florida State University.

Dr. Sullivan-Marx is dean of NYU Rory Meyers College of Nursing and the Erline Perkins McGriff Professor of Nursing and professor emerita of scholarly practice, clinician-educator at the University of Pennsylvania School of Nursing. She is known for research and innovative approaches in primary care, testing payment methods for nurses, sustaining models of care using advanced practice nurses, and developing health policy in community-based settings. Dr. Sullivan-Marx is co-chair of the New York City Mayor’s Summit on Mental Health



Jennifer Howse



Eileen Sullivan-Marx

Workforce Planning, and was formerly an American Political Science Congressional Fellow and senior advisor to the Center for Medicare & Medicaid Services Office of Medicaid and Medicare Coordination. A member of the board of directors of the Arnold P. Gold Foundation, she is also a fellow of the American Academy of Nursing, Gerontology Society of America, and New York Academy of Medicine.

“Drs. Howse and Sullivan-Marx bring extensive experience in health policy and practice to our board,” said UHF President Jim Tallon, “and we welcome the valuable insights and guidance they will add to our already strong leadership group.”



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## ON THE CALENDAR

### OCTOBER 3

United Hospital Fund Gala, presenting the Health Care Leadership and Distinguished Community Service Awards, a special tribute, and a farewell tribute to Jim Tallon.  
Cipriani 42nd Street

### NOVEMBER 14

The 28th annual Symposium on Health Care Services in New York: Research and Practice, addressing critical health care delivery issues and current research, practice, and policy advances.  
CUNY Graduate School

## OFF THE PRESS

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

*Rewind: New York State Faces Familiar Issues and New Challenges in the “Repeal and Replace” Era* explores how key provisions in federal efforts to replace the ACA would undermine many of New York’s recent gains in coverage and market stability, and have financial and affordability effects particular to the state.

*Networks at the Nexus: Revisiting New York State’s Provider Network Standards and Protections* examines existing measures to ensure network adequacy and presents a series of potential new steps to promote transparency and access.

*“I Can Take Care of Myself!”: Patients’ Refusals of Home Health Care Services* summarizes the findings and recommendations of a UHF-cosponsored roundtable on refusals, which are linked to higher readmission rates and lower quality of life.

*Under Pressure: Prescription Drug Spending Trends in New York’s Medicaid Program and Small Group Market* analyzes recent growth in spending for prescription drugs by health plans in New York State—and the implications of that growth for policymakers and consumers.

## ON THE WEB

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