Blueprint

SUMMER 2019

United Hospital Fund
Improving Health Care for Every New Yorker

# Fortifying the Front Line of Health Care to Address Social Needs

If your primary care doctor diagnoses a medical problem beyond his or her capacity—cancer, diabetes, tuberculosis—you will automatically get referred to a specialist. But what if the problem is non-medical? What if it's something like food insecurity, homelessness, or unemployment? In such cases, many primary care providers have no referral process or even anyone to refer you to.

Social and economic adversities—known in the public health community as "social determinants of health"—can often have a greater influence on a person's health than the health care he or she receives.

Recognizing the need to tackle such issues—as well as reduce costs and improve outcomes—health care providers, payers, and policymakers are looking for ways to systematically respond to patients' social needs. Primary care practices are on the front line of this effort, and many are forging partnerships with social service organizations to better meet the non-medical needs of their patients.

In 2018, as part of its participation in the New York City Population Health Improvement Program and with funding from the New York State Department of Health, United Hospital Fund began working on a blueprint for how such partnerships might work. Over the course of a year, UHF partnered with two community health centers, Community Healthcare Network and Family Health Centers at NYU Langone. UHF worked with these providers to document the process of screening for social needs in primary care and to determine how medical practices can collaborate with community-based organizations to facilitate referrals and follow-up.

UHF's report, *Complex Construction: A Framework for Building Clinical-Community Partnerships to Address Social Determinants of Health*, explores how these processes can be developed and describes the challenges to achieving scale and sustaining these efforts. It was co-authored by Gregory C. Burke, former director of innovation strategies; Kristina Ramos-Callan, program manager; and Chad Shearer, senior vice president for policy and program.

The upshot? This work is extremely important and extremely complex—it is therefore critical to get it right.

*(Continued on page 4)*

## ISSUE HIGHLIGHTS



## DID YOU KNOW?

Social factors can have a profound impact on health. For instance, in the year 2000 in the U.S., **245,000 deaths were attributable to low education** and **119,000 to income inequality.**

*For source, see page 4.*

BoardNews

# UHF Board Elects Investment Banker John C. Simons as New Chairman

**On June 19, the United Hospital Fund board of directors elected investment banker John C. Simons as its new chairman. Mr. Simons succeeds J. Barclay Collins II, who stepped aside after helming the board since 2006 and was named chairman emeritus.**

*John C. Simons*

"John Simons has an unwavering commitment to UHF's mission to build a more effective health care system and decades of valuable experience," said UHF President Anthony Shih, MD. "He is an excellent successor to Barclay Collins, who provided exceptional leadership, and I am delighted that John will be taking the reins."

A member of UHF's board since 2001, Mr. Simons is managing partner with the investment bank Corporate Fuel Advisors LLC. He has spent some 35 years as a banker and advisor to small and mid-size businesses and the families that own them. Before co-founding Corporate Fuel in 2005, he was an executive vice president at Bank of America (formerly Fleet National Bank) in the Regional Commercial Services Group. Prior to joining Fleet, Mr. Simons was a senior vice president at Chase Manhattan Bank. He began his career with Chemical Bank in 1983.

In addition to serving on the board of United Hospital Fund, he is a former trustee of The American Foundation for AIDS Research (amfAR) and a former trustee of the Brooklyn Academy of Music. In 2003 Mayor Michael Bloomberg appointed him to the Mayor's Fund to Advance New York City. "It is an honor to take over from the esteemed Barclay Collins as chairman of the board of United Hospital Fund," said Mr. Simons. "For 140 years UHF has been bettering the lives of all New Yorkers by improving access to high-quality health care. I look forward to working with our excellent board and UHF's staff to continue to fulfill this mission."

UHF also elected a new vice chairman, Jo Ivey Boufford, MD. Dr. Boufford is Clinical Professor of Global Public Health at the College of Global Public Health at New York University, where she is also Clinical Professor of Pediatrics at the NYU School of Medicine. She is immediate past president of The New York Academy of Medicine and president of the International Society for Urban Health. She has been a member of UHF's board since 1999. ■

## Spotlight on UHF's Newest Board Members

*At its June 19 annual meeting, the UHF board elected two new members, Dr. Meera Mani and Seun Salami*

**Dr. Meera Mani** is a partner with McKinsey & Company's Healthcare Systems and Services practice in New York. She has extensive experience serving for-profit and nonprofit health care entities on growth and innovation, operations, at-scale performance transformation, and asset acquisition and divestiture. Dr. Mani received her doctoral degrees from the Weill Cornell-Rockefeller-Memorial Sloan Kettering Tri-Institutional MD-PhD program.

**Seun Salami** is senior vice president, chief accounting officer, and corporate controller of TIAA. Prior to joining TIAA in 2018, Mr. Salami was executive vice president and global controller-Corporate Solutions at Jones Lang LaSalle Inc., and senior manager and Ellen P. Gabriel Fellow at Deloitte. Mr. Salami received a BS in Management and Accounting from Nigeria's Obafemi Awolowo University and a master's degree in Financial Economics from Ohio University. He is a board member of the Illinois CPA Society, a former chair of the Diversity Advisory Council, and a 2014 recipient of the Illinois CPA Society Emerging Leader Award.

A Word with Tony Shih

# Left Out of Value-Based Payment

*Anthony Shih, MD*
*UHF President*

***With the exception of the high-utilizers of care, value-based payment alone will not sustain these [clinical-community] partnership activities.***

Exciting things are happening in health care. Beyond advances in technology and medical science—which are expected over time but still amazing to see—there are pockets of innovation that may lead to fundamental changes in how care is delivered. Collaboration and coordination among providers within and across settings means care that was once fragmented is becoming more organized. And this collaboration is extending beyond the traditional medical sector: clinicians, focused on health and prevention, are increasingly screening for and addressing non-medical needs related to the social determinants of health—such as housing security, food security, and financial security.

## DELIVERY SYSTEM REFORM AND PAYMENT REFORM NEED EACH OTHER

Many of the delivery system changes are driven by the expectation that a transition to value-based payment is on the horizon. The premise for value-based payment is simple: payment should reward better health outcomes rather than merely reimburse for health care visits and procedures. It makes sense that payment reform and delivery system reform go hand in hand, since changes designed to keep people healthy (and reduce preventable hospitalizations) can only be sustained by a payment model that prioritizes value over volume. And you can only implement value-based payment if the delivery system is prepared to accept it—you can't make bundled payments when the delivery system is completely disorganized and fragmented.

## PAYMENT REFORM CAN'T SUSTAIN EVERYTHING WE NEED TO IMPROVE HEALTH

As we move along the path toward delivery system and payment reform, there is another important question that deserves our attention: what worthwhile activities may be included in value-based payment and what's left out?

Take a value-based payment system such as global capitation with quality incentives. Under this model, investing in interventions like home remediation for a patient with frequent asthma exacerbations makes financial sense, because the cost of doing so is offset by the cost-savings of reduced emergency room visits and hospitalizations. More broadly, value-based payment has the potential to support many types of activities outside of traditional medical care that are related to social determinants of health and that can help those who are currently, or will likely become, high-utilizers of care without intervention. This is because such non-medical interventions provide a short-term return on investment to the health care sector.

That's great, and it makes sense to pay attention to the sickest among us. However, it's not only the sickest who have social needs that can have a long-term impact on health. Based on United Hospital Fund's program work, we estimate that approximately one-third of Medicaid beneficiaries and other low-income patients assessed by health care providers will screen positive for at least one social need, such as food insecurity, unstable housing, or low education. And addressing these needs can yield not only important immediate and long-term benefits for patients—it can spur long-term savings for health care and other sectors, such as criminal justice and education, as well as generate increased tax revenue.

Yet, in most of these cases, the health care system will not see short-term savings. As a result, health care value-based payments, which generally have a short time horizon (12-18 months), will almost certainly not be able to sustain most of the activities related to screening for and addressing social needs—despite the longer-term benefits to society. This is particularly true for children, who are generally lower-cost health care patients, but for whom interventions related to social determinants can yield life-long health and economic benefits.

## ADDITIONAL OPTIONS NEEDED FOR SUSTAINABILITY

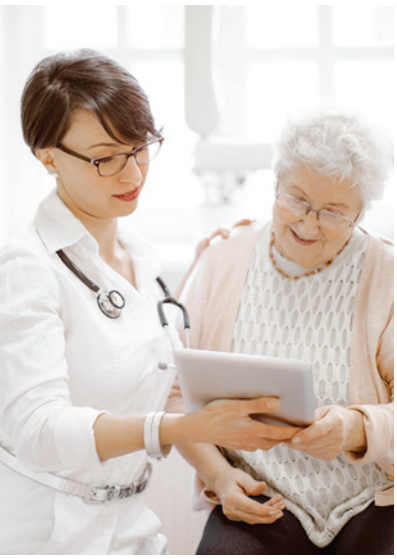
There is genuine and well-deserved excitement about all the new partnerships being formed between the clinical delivery system and the social service sector to address patient needs related to social determinants of health. But we must acknowledge that, with the exception of the high-utilizers of care, value-based payment alone will not sustain these partnership activities—we must find other ways to support them. ■

*(Continued from page 1)*

"Clinical-community partnerships are in their infancy," said UHF President Anthony Shih, MD. "Getting them right is not easy. But if we can, then we can potentially make a transformative difference in the lives of disadvantaged populations."

## TRUST IS KEY

To help primary care practices do just that, UHF's report provides a step-by-step guide with tools and techniques that can be customized to meet the needs and capabilities of larger or smaller medical practices. It examines four basic steps: screening primary care patients for social needs, referring them to social service agencies, connecting them to services they need, and following up to determine outcomes. The report also includes key questions, issues, and considerations that come with each step.



***"We can potentially make a transformative difference in the lives of disadvantaged populations."***

Robert M. Hayes, president and CEO of Community Healthcare Network, noted the importance of these steps—particularly the first one.

"If we do not support our patients in meeting their social needs, we will never deliver consistent, high-quality health care," said Mr. Hayes. "That process has to begin with figuring out what those needs are. Screening is the first step."

He added that screening is "something of a science, but it's also an art." Doing it effectively means balancing the desire to know everything about a patient with the need to maintain a relationship with the patient—and trust is key. "Unless the patient is comfortable sharing often intimate personal needs with a nurse or other health staff, the screening will fail," Mr. Hayes said.

The report's authors stress that designing a screening process involves considerable planning and requires additional staff training as well as an intimate understanding of patients' needs and cultures. It also demands careful attention to the wording of the screening questions. "One of the things we learned was that how and by whom the questions are posed—even how they are phrased—can make an enormous difference," said Mr. Burke, one of the report's co-authors.

The report provides guidance on selecting a screening tool, developing a realistic workflow, identifying appropriate community-based partners, and building and maintaining those new relationships. The report illuminates the numerous complications; communications, capacity, and technological challenges; and procedural stumbling blocks that can arise. It also offers lessons and strategies gleaned from the participating organizations.

For example, the authors delve into how referrals work in the "real world," noting that adverse circumstances facing some patients along with capacity constraints at community-based organizations can lead to breakdowns in the referral process. Organizations that participated in the project anticipated these breakdowns and took them into account when creating new referral processes; the new processes are included in the report.

## FOUR CHALLENGES

Primary care practices and community-based organizations that are considering responding to patients' social needs should be clear-eyed about the realities they will likely face. The UHF report highlights four challenges that will require attention:

- Developing standardized information technology systems that are currently lacking; such systems would track social needs and work for both clinical practices and community-based organizations.
- Ensuring that community-based organizations, particularly smaller ones with fixed funding, can manage the increased demand for services.
- Instituting payment systems that generate the investments needed to respond to the type and volume of social needs that may be identified through screening.
- Evaluating the effectiveness of these new programs, both from the patients' perspective and at the population level, in identifying and reducing the many social needs that lead to disparities in care and outcomes.

"There is some hard work ahead, but there is also a real opportunity to improve the health and well-being of individuals and communities," said UHF's Chad Shearer. "I hope this new resource will help get the health care and social service sectors a little closer to that goal." ■

*Did You Know?* box source: Sandro Galea, MD, DrPH, et al. 2011. Estimated Deaths Attributable to Social Factors in the United States. *American Journal of Public Health*. 101 (8): 1456.

Events

*Tribute chairman Cary A. Kravet; keynote speaker Carolyn Clancy, MD; and UHF president Anthony Shih, MD.*

*Emmet M. Conlon, head of Institutional Healthcare and Higher Education, TD Bank (center) and colleagues; TD Bank provided generous underwriting support.*

# UHF Honors Quality Improvement Champions

***"This Tribute was created to recognize and nourish the often-unrecognized work that all of you do."***

*—Anthony Shih, MD*

On May 6, UHF honored 57 extraordinary health care leaders at its first annual Tribute to Excellence in Health Care. Held at Cipriani 42nd Street, the event highlighted vital efforts to make health care more patient-focused, outcome-driven, safe, and effective. The honorees were chosen by hospitals and long-term care facilities across the New York metropolitan region. Cary A. Kravet, a member of UHF's board and a trustee of Northwell Health, served as the event chairman, and TD Bank provided generous underwriting support. The keynote address was delivered by Carolyn Clancy, MD, Deputy Under Secretary for Health at the U.S. Department of Veterans Affairs and former head of the Agency for Healthcare Research and Quality. ■

## Honorees

BronxCare Health System
*John R. Colón*

The Brookdale University Medical Center
*David Rose, MD*

The Brooklyn Hospital Center
*Vasantha K. Kondamudi, MD*

Catholic Health Services of Long Island
*Kimon Bekelis, MD*

Elizabeth Seton Pediatric Center
*Christopher Moore, RN*

Gurwin Jewish Nursing & Rehabilitation Center
*Sherryann Rampersad-Lalchan, RN*

Hackensack Meridian *Health*
*Carol Leah Barsky, MD*

Hospital for Special Surgery
*Steven K. Magid, MD*

Interfaith Medical Center
*Prissana L. Alston, EdD*

Kingsbrook Jewish Medical Center
*Cynthia Wright, RN*

Maimonides Medical Center
*Patrick I. Borgen, MD*

MediSys Health Network
*Luigi G. Tullo, MD*

Memorial Sloan Kettering Cancer Center
*Louis P. Voigt, MD*

***Montefiore Health System***

Burke Rehabilitation Hospital
*Carolin Dohle, MD*

The Children's Hospital at Montefiore
*Alan Shapiro, MD*

Montefiore Hospital (Moses Campus)
*Ulrich P. Jorde, MD*

Montefiore Mount Vernon Hospital
*Alison Vail, RN*

Montefiore New Rochelle Hospital
*Michael Rubertone, MPA*

Montefiore Nyack Hospital
*Anthony V. Matejicka, II, DO*

Montefiore School Health Program
*Rosy Chhabra, PsyD*

Montefiore St. Luke's Cornwall
*Gina Del Savio, MD and Mary V. Kelley, MBA*

Montefiore Wakefield Hospital
*Joan O'Brien, RN*

White Plains Hospital
*Susan O'Boyle, RN*

***Mount Sinai Health System***

Mount Sinai Beth Israel
*Michael R. Berman, MD*

Mount Sinai Brooklyn
*Kinta A. Alexander, DrPH*

The Mount Sinai Hospital
*Gopi Patel, MD*

Mount Sinai Queens
*Allison Dempsey, MPH*

Mount Sinai St. Luke's
*Natalia Cineas, DNP**

Mount Sinai West
*Jennifer Jaromahum, RN*

New York Eye and Ear Infirmary of Mount Sinai
*Sangyoon Jason Shin, DO*

South Nassau Communities Hospital
*Shivani Young, RN*

The New Jewish Home
*Sonya Choudhury, MSN, NP and Mila Lasker, RPh*

NewYork-Presbyterian Queens
*Sorana Segal-Maurer, MD*

***Northwell Health***

Cohen Children's Medical Center
*Peter Silver, MD*

Forest Hills Hospital
*Mitchel C. Jacobs, MD, FACP*

Lenox Hill Hospital
*Jill Kalman, MD*

Northwell Health Corporate Quality
*Karen Nelson, RN, MBA*

Northwell Health Eastern Region and Southside Hospital
*Jay Enden, MD*

Northwell Health Solutions
*Zenobia Brown, MD*

North Shore University Hospital
*Andrea Restifo, RN*

Northern Westchester Hospital
*Marla Koroly, MD*

Peconic Bay Medical Center
*Jean Marie Cacciabaudo, MD*

South Oaks Hospital and Zucker Hillside Hospital
*Carolyn Sweetapple, PhD, RN*

NuHealth/Nassau University Medical Center
*George J. Tsunis*

NYC Health + Hospitals/Bellevue
*Caralee Caplan-Shaw, MD*

NYU Winthrop Hospital
*Virginia Peragallo-Dittko, RN*

Parker Jewish Institute for Health Care and Rehabilitation
*Susan Costella, RN, MHA*

Richmond University Medical Center
*Jessie Saverimuttu, MD, PhD*

SBH Health System
*Daniel P. Lombardi, DO, MBA*

St. John's Episcopal Hospital
*Del Joiner, MEd*

Stamford Health
*Michael F. Parry, MD*

SUNY Downstate Medical Center
*Mohamed Rami Nakeshbandi, MD*

Visiting Nurse Service of New York
*Rose Madden-Baer, DNP*

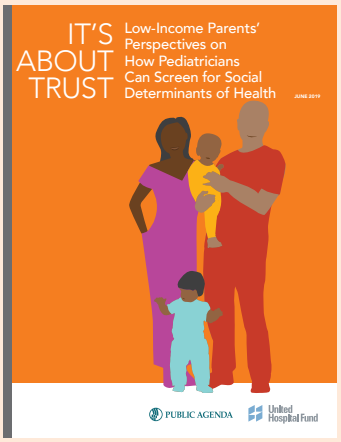
Yale New Haven Health
*L. Scott Sussman, MD*

Yale New Haven Hospital/ Yale Medicine
*Christian M. Pettker, MD*

** Dr. Cineas is now at NYC Health + Hospitals*

Spotlight

# Listening to the Parents: How Pediatricians Can Identify and Address Social Needs




Parents bring their young children to the pediatrician up to

**11 times**

within the first two years of life.

Adversity in early childhood can interfere with healthy development well into the adult years, as numerous studies attest. As a result, pediatricians are increasingly recognizing the need to address the economic and social factors affecting the health of their patients.

"Parents bring their young children to the pediatrician up to 11 times within the first two years of life," said Suzanne Brundage, director of UHF's Children's Health Initiative. "Each visit is an opportunity to identify unmet social needs and coordinate care with community-based services."

To learn what parents think about such interventions, UHF funded a team of researchers from the nonprofit organization Public Agenda who spoke with eight focus groups that included 88 low-income New York City parents of young children. The resulting report, commissioned by UHF's Children's Health Initiative, revealed that parents want health care providers to first build trusting relationships with them before probing sensitive issues. In particular, parents said they worried that screening for some social factors would invite scrutiny by child welfare agencies.

The Public Agenda researchers found that parents were comfortable discussing some social and behavioral topics with their child's doctor, such as nutrition, education, and minor behavioral issues. But they were far more sensitive about parents' mental health, legal problems, and domestic violence. The parents were concerned that they would be judged, that there wouldn't be enough time during an appointment to discuss such complex problems, and that they wouldn't get help even if they did share sensitive information. They also offered recommendations for how pediatricians can effectively screen for social needs.

Parents in four of the focus groups were recruited by community-based organizations that participate in UHF's Partnerships for Early Childhood Development (PECD) initiative, set up to help pediatric practices routinely screen young children and their families for social determinants and connect them to community-based services that can provide assistance. Public Agenda researchers shared parent insights with PECD participants and facilitated a conversation about how screening programs can be improved from the perspective of parents.

The report, *It's About Trust: Low-Income Parents' Perspectives on How Pediatricians Can Screen for Social Determinants of Health*, was funded by a $100,000 grant from UHF. UHF's Children's Health Initiative, which collaborated on this work, is funded in part by the William J. & Dorothy K. O'Neill Foundation and the Ira W. DeCamp Foundation. The report can be downloaded from the UHF website. ■

### Parents' Recommendations to Help Pediatricians Address Social Needs

- Build trust
- Choose the right moment for parents
- Not in front of the children
- Let parents choose to learn about helpful resources at their own initiation
- Signal confidentiality and be transparent about what triggers reporting to child welfare
- Do not ask just for the sake of asking
- Make clear that screening is standard protocol
- Consider "letters of support" and other ways to be parents' allies

# Carol Levine: Changes and Challenges for Family Caregivers

*Carol Levine is a senior fellow at United Hospital Fund and former director of its Families and Health Care Project. Her interest in family caregiving grew out of personal experience—after a 1990 car accident left her late husband quadriplegic and with a traumatic brain injury, she cared for him for 17 years. She recently spoke to* Blueprint *about how the world has changed for the nation's 43 million family caregivers and how their needs can be better addressed.*

### Q: How have changes in the health care system affected family caregivers?

Health care today is such a huge, complex, and powerful enterprise that is difficult to describe, much less navigate. Sometimes when I give a slide presentation, I show a maze—complicated but with a clear pathway—to demonstrate what family caregivers expect to encounter. Then I show a Jackson Pollock painting with no discernible pattern to portray what they find. Family caregivers must cope with cost escalation and with increasing difficulties of managing multiple chronic conditions, treated by multiple physicians, who prescribe multiple medications. They also must navigate the parallel payment worlds of public and private insurance.

### Q: Where are we seeing progress in family caregiving?

I think we have made dramatic changes in the thinking of many leaders in the health care community. Back in 1997, our initial focus was to include family caregivers in transitions in care. Many health care providers didn't want to hear that it was their responsibility to include family caregivers in discharge planning. Today, with a greater focus on the quality of care and preventing avoidable readmissions, providers are intently focused on how to engage family caregivers. Several protocols to improve the transition process have also been developed.

### Q: Are there aspects of family caregiving that have not received appropriate attention?

Yes. Take the special problems of middle-class caregivers—they're not poor enough for Medicaid long-term care services and not rich enough to pay privately for everything that Medicare or private insurance doesn't cover. This is particularly critical for employed caregivers who need to earn a living and perhaps take care of other family members. And then there is the issue of children and teenagers who become caregivers and who often do nearly everything adults do. But unlike in other countries, young caregivers in the U.S. are almost entirely unrecognized.

### Q: What do you think have been the United Hospital Fund's most significant accomplishments in getting us to where we are today?

We've produced lots of information to shape the discussion and led multi-organization collaboratives that have yielded real results. UHF's report *Rough Crossings*, from 1998, was really the first document to identify transitions in care settings as a critical point at which the health care system fails to include family caregivers. *Home Alone*, the 2012 report UHF produced in partnership with the AARP Public Policy Institute, has changed the understanding among providers about the burdens experienced by family caregivers; it was revised with the results of a 2018 survey and recently published as *Home Alone Revisited*. After New York State enacted the CARE Act, UHF released a toolkit for hospital staff on implementing the requirements to identify, involve, and instruct family caregivers. There is a lot more to do—and as we move forward, we must include the voices of family caregivers. ■

*A more in-depth version of this Q&A is available on the UHF website.*


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.

**CHAIRMAN**
John C. Simons

**PRESIDENT**
Anthony Shih, MD, MPH

**SENIOR VICE PRESIDENT FOR COMMUNICATIONS AND DEVELOPMENT**
Sally J. Rogers

**DIRECTOR OF COMMUNICATIONS**
Adam Fifield

**DIRECTOR OF PUBLIC INFORMATION**
Catherine Arnst

**MANAGING EDITOR**
Miles P. Finley

**SPECIAL PROJECTS ADVISOR**
Mary Johnson

United Hospital Fund
1411 Broadway, 12th Floor
New York, NY 10018-3496

Non-Profit Org.
U.S. Postage
P A I D
Permit No. 2492
New York, N.Y.

# Blueprint

## ON THE CALENDAR


**OCTOBER 7, 2019**

**UHF's annual Gala**

*Cipriani 42nd Street*

Honorees include **Steven R. Swartz**, President and CEO, Hearst; **Lynne Holden**, MD, Co-Founder and President, Mentoring in Medicine, Inc.; **J. Barclay Collins II**, Chairman Emeritus, United Hospital Fund; and **Eileen M. Sullivan-Marx**, PhD, RN, FAAN, Dean of NYU Rory Meyers College of Nursing and President-Elect of the American Academy of Nursing

**NOVEMBER 19, 2019**

**UHF/ Greater New York Hospital Association Annual Research Symposium**

*CUNY Graduate Center*

## PUBLICATIONS *These and other UHF reports are available at www.uhfnyc.org*

***Plan and Provider Opportunities to Move Toward Integrated Family Health*** offers a framework for health care providers and insurers to use primary care as a launching pad to ensure that the health needs of all family members are met through integrated services.

***New York's Medicare ACOs Improve Performance in Year 5 of the Medicare Shared Savings Program*** examines the performance of accountable care organizations participating in the fifth year of the Centers for Medicare and Medicaid Services program and relevant lessons about moving toward value-based payment systems.

***Reaching the Five Percent: A Profile of Western and Central New Yorkers Without Health Coverage*** looks at those who are "eligible but uninsured" in western and central New York state.

Find detailed information on our programs, sign up for email alerts, or make a tax-deductible gift at **uhfnyc.org**. You can also follow us at:

www.twitter.com/**unitedhospfund**

www.facebook.com/**UnitedHospitalFund**