United Hospital Fund

Shaping New York's Health Care: Information, Philanthropy, Policy

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Blueprint

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Expanding Scope of Pediatric Care Promotes Long-Term Benefits

Adding tasks to an already full agenda for a child's pediatrician visit isn't something that sounds very practical for most practices. But if targeted attention to parental health, home environment, and parenting skills could yield lifelong benefit for children—improvements in not only physical health but also in social and emotional well-being and intellectual capacity—the investment required would be well worth it, wouldn't it?

That's one premise behind a new United Hospital Fund child health initiative. Building on a growing body of work, UHF is exploring how innovations like primary care transformation and value-based payment can be focused to advance child health. One means of doing that: promoting the adoption of proven early childhood development interventions in pediatric primary care practices to support healthy families and, in many cases, mitigate the serious harms that poverty and trauma impose.

TWO-GENERATION APPROACH

Such interventions include screening and referral for maternal depression and other risk factors, and coaching on parent-child interactions—how to talk and read to a child to help develop language abilities, for example—*before* developmental delays or behavioral issues emerge. They're activities that can be incorporated in routine practice, and pediatricians throughout New York City are beginning to adopt them. But training, time constraints, payment issues, and the lack of relevant standards are all challenges that must be tackled before this development-focused approach gains widespread use.

"New York is in a time of incredible health care transformation, moving toward delivery system reforms and value-based payment that encourages more effective care and better outcomes. But the unique needs of children are largely absent from the planning for that," says Suzanne Brundage, UHF senior health policy analyst. "We now know that the strain of poverty is worse for children's health and social outcomes than we ever thought—that experiences in a child's first five years have broad and profound lifelong effects. Pediatric practices are a touchpoint, almost universally accessed, for reaching young children, so it makes sense to enlist them as part of one approach—along with other health care interventions and community- and home-based services—to promoting healthy development. It's good for children and families, and good—down the road—for our communities."

RECOGNIZING THAT "KIDS ARE DIFFERENT"

It's also a natural extension of UHF efforts to promote better outcomes for people from our health care system—combining work on innovative service

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Expanding Scope of Pediatric Care (continued from page 1)

delivery models like advanced primary care, quality standards and measurement, health insurance, and Medicaid. But better tailoring pediatric practice to today's needs requires the attention of payers and an understanding that children are not small adults.

"Health care reform has largely focused on better ways of serving complex adult patients with multiple conditions, or with chronic illness," says Gregory C. Burke, director of UHF's Innovation Strategies Initiative. "Those are the main drivers of costs, short-term. Kids have different issues, though: even as rates of acute illness have dropped, and asthma and obesity have risen, *the* issue for a huge number of New York's children is poverty and the social determinants of health. Addressing the major risks to children—maternal depression, parental substance abuse, a mother's unintended pregnancy, and routine exposure to neighborhood violence—should be encouraged. We need more than a policy that screening for those risks *can* be covered."

The effects of prolonged adversity and stress early in life are reflected in the use of mental and behavioral health services among children and adolescents. Most of the children at greatest risk are Medicaid-eligible, and in New York, more than 10 percent of beneficiaries under age 18 use behavioral health services, as a recent UHF analysis, *Redesigning Children's Behavioral Health Services in New York's Medicaid Program*, documents.

IMPLEMENTATION CHALLENGES

Although there are pediatric primary care providers actively working to uncover developmental risks, provide targeted interventions, and connect families to community resources, more systematic efforts tend to be based in large-scale practices—like one major health system's robust screening program that fast-tracks high-risk children into intensive, prevention-oriented services.

For many practices, though, especially smaller ones, expanding care in this way may be daunting, both economically—for extra time needed for visits, additional personnel, and health information technology for better care management of at-risk children—and in terms of training, provider comfort, and establishing a reliable referral network.

There are challenges for the larger health system, as well, including the absence of a clear framework or set of standards, a paucity of outcome-related measures of success, and the need for a sustained investment in efforts that will not produce near-term financial benefit for the health care provider or system.

LEADING THE CHANGE

Those were all issues discussed in a roundtable co-convened by UHF and the New York City Department of Health and Mental Hygiene this fall. The session brought together more than 45 providers, public and private payers, child advocates, city and state policymakers, and national child health experts. *Seizing the Moment: Strengthening Children's Primary Care in New York*, a working paper prepared for the meeting and proposing a series of steps to encourage widespread adoption of these practices, was expanded and disseminated in early January.

Ms. Brundage, the report's author, has been named to the first class of the Children's Health Leadership Network—one of just 16 participants from 14 states—recently established by the Annie E. Casey Foundation, the David and Lucile Packard Foundation, and The Atlantic Philanthropies. The Network will bring participants together for nine in-depth seminars, over 16 months, to create a pool of innovative leaders to drive lasting change.

"Our focus at UHF is to identify and address opportunities for improvement in health care that can make a big difference for people," notes Andrea Cohen, senior vice president for program. "The last decade of advances in health coverage for children, new scientific evidence on brain development, and health reform efforts focused on value, outcomes, and delivery system transformation compel a renewed focus on kids' health. The promise that modest advances in practice can offer lifelong health improvement for a generation of young New Yorkers is driving this exciting new strategic focus."

Blueprint

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The United Hospital Fund is a health services research and philanthropic organization whose primary mission is to shape positive change in health care for the people of New York.

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A Word...

WITH FREDDA VLADECK, DIRECTOR, AGING IN PLACE INITIATIVE

Better Partnerships for Better Health

Common goals. Trust. Mutual commitment. Those are a few of the terms that immediately come to mind when we think about collaborative relationships. When it comes to partnerships between hospitals and other providers and community-based organizations, though, the reality is too often something different: a lack of clear communication, unequal roles, and one-sided leadership.

That's a significant catch when the new building blocks of health care reform—patient-centered medical homes, value-based payment, and more—increasingly recognize the importance of "social determinants of health," and look to community-based organizations to help address those factors, while also helping patients understand their health conditions and better manage them.

With some 16 years of experience at the intersection of health care and aging services, UHF sees the promise that such partnerships hold for advancing the health of all age groups and special populations. And we've learned quite a lot about what's needed to deliver on that promise.

LANGUAGE—AND FUNCTIONAL—GAPS

First, it's important to understand how the two sectors differ. Not surprisingly, health care providers are typically far larger, more complex organizations, with multiple sources of income. Community-based organizations, or CBOs, tend to have flat management structures, thin operating margins largely based on government contracts, and limited resources and capacities, especially related to technology. Health care is highly regulated in terms of professional standards, whereas rules governing CBOs tend to focus on operations—delivering meals or other services, for example. Most important, health care providers are increasingly responsible for outcomes—improved health of not only individuals but also populations—while CBOs have generally been expected to report units of service provided, not necessarily impact.

While health care is inexorably moving toward a focus on population health and outcomes, community-based organizations are still largely responding to individual seniors' crises but not anticipating and addressing the risks, strengths, and needs of the larger client population, now and down the road.

Those differences contribute to a lack of understanding between the sectors about how the other functions, and explain, in part, why they're only starting to recognize that they don't speak the same language, even when using the same words.

So how do health care's and CBOs' distinct capabilities and ways of functioning affect their work together?

Although there are many ways for organizations to interact with each other, true partnership requires shared purpose; alignment of goals that fit each organization's mission and capabilities; shared responsibility for success; and accountability to one another. If these four elements aren't there, then what exists is not a partnership but something else: perhaps a contractual relationship built on a CBO's provision of a specific service, like meals or transportation, or a collaboration in which resources or services are shared or co-located, and populations served may or may not overlap, or part of a coalition, a broad multi-organizational effort to change something in a community. All of these are important—but they're not "partnerships" per se.

This isn't just semantics. As New York moves ahead with the Delivery System Reform Incentive Payment program, for example, more than 300 community organizations have signed on as "partners" in the Performing Provider Systems that are facilitating collaborative projects to improve care and population health. Will those CBOs have a voice in shaping the work of those projects, which aim to be models for widespread health care transformation?

CHARTING A WAY FORWARD

To have a forthright exchange and true partnership with their clients' health care providers, community-based organizations have to become targeted and systematic in how they serve their clients, and be able to *demonstrate* their effectiveness.

In the coming year, UHF's new Health Indicators–Performance Improvement project will build on our earlier efforts to help CBOs do just that. We're making data collection and implementation more flexible for them so they can develop interventions to match their capacities and produce measurable results.

We're confident that we'll be making a real difference—in much the way that our Together on Diabetes–NYC project elicited documented improvements in seniors' abilities to manage their disease. That's one step on what may be a long path; we will keep scanning the landscape to identify other opportunities for bridging the health care/community partnership gap, and bringing them to fruition.

GRANTMAKING

Crucial Support for Parents of Medically Complex Children

Patient navigation manager Nancy Speller, RN (left), talks with Dawe Dolme, mother of a young St. Mary's patient.

From the moment a child is born with or develops a complex medical issue—traumatic brain injury, cerebral palsy, or another serious neurological disorder, for example, or a respiratory or orthopedic condition—a parent's multiple concerns can be overwhelming. It's not only the complexities of the child's diagnosis and care that are at stake, but also life-changing uncertainties and questions: "How will I pay for care?" "Will we need to move?" "Will my child be able to attend school?" "What about transportation?" *"How can I cope?"*

For families who face income and language barriers, these challenges are even more daunting. But at St. Mary's Healthcare System for Children in Queens, where easing the struggles facing seriously ill and disabled children and their families is the mission, serving low-income and immigrant patients is a special skill: 90 percent of St. Mary's patients qualify for Medicaid coverage and 25 to 30 percent of patients' families speak English as a second language.

NAVIGATING THE SERVICE MAZE

To help families understand and access what can seem like a byzantine array of services and programs, St. Mary's wanted to call on the knowledge and empathy of those who've already "been there." With a $35,000 grant from UHF, they launched the Patient Navigation Program, training a cadre of qualified volunteers to work one-on-one with families.

In one year, six navigators—three with experience caring for their own medically complex children and three retired health care or special education professionals—worked with 118 families and provided a total of nearly 400 "assists" on issues including health care and insurance, housing, education, and legal assistance.

"One of our navigators was assigned to every newly admitted patient," explains Nancy Speller, RN, patient navigation manager. "At an often devastating time, our volunteers were available to simply sit with parents and listen to their concerns, a rarity in health care today. Through these discussions, volunteers identified unmet needs and connected families to specific resources."

CONNECTING TO EMOTIONAL NEEDS

Families' needs varied greatly, but for many it was emotional support—and connecting in readily understandable language—that made a crucial difference. Volunteer navigator Susanne Reindl—who had been a pediatric palliative care nurse in her native Germany—recalls one young Spanish-speaking woman who refused to even enter her newborn son's room.

Fluent in Spanish herself, Ms. Reindl was able to gain the mother's trust, and learned that she was terrified her baby would die in her arms, and erroneously believed that his feeding tube was causing him constant pain. Ms. Reindl was able to alleviate many of her fears—and helped prepare her for when she was ultimately able to take her son home. "The beautiful thing about the program was that we navigators had no agenda other than to focus on the family and help them find ways to live with their new circumstances," she says.

The program has also developed an extensive online database, in multiple languages, of essential resources throughout the greater New York area. And Ms. Speller created an online support group, as well as workshops on specific topics, for parents and caregivers. Other vital offerings included free onsite civil legal services and a support group and other activities for the siblings of ill children.

Parents have embraced the program enthusiastically. In two telephone surveys of 35 parents or other primary caregivers, 100 percent reported that they felt comfortable talking to their navigator about their needs and concerns, that the navigator followed up and met their needs, and that the navigator helped them better advocate for their child. Given that support, the St. Mary's administration deemed the program essential and has now incorporated it into a newly designed Department of Patient and Family Services.

"We're thrilled that our grant has not only helped St. Mary's provide additional services for parents and caregivers struggling with difficult issues," says Deborah Halper, UHF's vice president of education and program initiatives, "but that this has also proved to be sustainable."

New Guide Helps Caregivers Assess Tech Products

With a growing number of new technology products, services, and apps being marketed to family caregivers, choosing ones that will actually help with managing tasks and keeping family members safe is a challenge. While these new products—including electronic organizers to coordinate care, wearable devices to call for emergency help, home sensors or cameras to monitor activity, and apps that keep track of medications—have great potential, caregivers need to determine which are wise investments.

To help them make decisions, UHF's Next Step in Care program now offers a timely how-to tool, *A Family Caregiver's Guide to Electronic Organizers, Monitors, Sensors, and Apps*. It presents questions to think about when deciding whether to buy an electronic product or service—items usually not covered by insurance—and detailed information on technology in five categories. The free guide—available in English, Spanish, Chinese, and Russian at www.nextstepincare.org—also includes a list of terms and definitions.

"The tech marketplace can be confusing; there's a lot to learn and products evolve quickly," says Carol Levine, director of UHF's Families and Health Care Project and author of the new guide. "But it can be worth it because technology can help caregivers and their family members in many important ways."

Digital Health Leader Elected to UHF Board

Lori Evans Bernstein, an executive with more than 20 years of experience in health care and health information technology, has been elected to the UHF board of directors. She is a co-founder and the chief operating officer of HealthReveal, a digital health company focusing on chronic disease diagnosis and treatment.

In the public sector, she served as a deputy commissioner of the New York State Department of Health, leading the Office of Health Information Technology Transformation. She was also a senior advisor to the nation's first national coordinator for health information technology.

Ms. Evans Bernstein has held a number of private-sector leadership roles as well. She was president of the health information solutions provider GSI Health, chief executive officer of a division of ActiveHealth Management, founding managing director of Manatt Health Solutions, and director of the Care Data Exchange division for CareScience, Inc. A graduate of Ohio Wesleyan University, she earned a master's degree in public health from George Washington University.

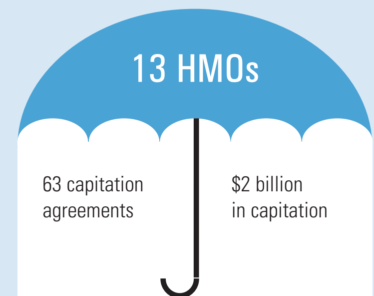
Lori Evans Bernstein

"We are pleased to welcome Lori Evans Bernstein to our board," says UHF President Jim Tallon. "Her expertise and passion will help guide our strategic approach to using health information technology to shape positive change in health care for all."

Setting the Stage for Value-Based Payments

It's one of the keys to health care reform: the move away from fee-for-service payments—which can lead to high-volume, uncoordinated, inefficient services—and toward value-based payments that reward higher-quality, lower-cost care. Encouraged by the Affordable Care Act and numerous federal and state incentives, innovative practice models have providers assuming a portion of the financial risks—and potentially earning a share of any cost savings—to promote more effective services and a focus on preventive care.

HMOs Covering New Yorkers Through Capitation Agreements



In 2012, New York's HMOs reported $1.8 billion in capitation payments (of $11.2 billion in total medical payments).

These new arrangements between health care providers and payers blur traditional roles. They've also been governed by separate state and federal agencies and rules established long ago. A new UHF report, *Setting the Stage for Payment Reform*, lays out goals for New York's policymakers as they aim to update and make these "risk transfer" regulations more consistent, to ensure fairness, efficiency, and consumer safety. The report also gives an overview of a common risk-transfer arrangement—capitation—which involves set per-patient payments to cover all or some of the health care needs of health plan enrollees.

Gala Honors Outstanding Health Care Leaders

Life-changing philanthropy, a critical dose of humanism in medical training, and a bold approach to restructuring New York's health care were in the spotlight at the United Hospital Fund's 2015 Gala. The October 5 event honored Howard P. Milstein with the Health Care Leadership Award, Arnold P. Gold, MD, with the Distinguished Community Service Award, and Stephen Berger with a Special Tribute.

Mr. Milstein, chairman of New York Private Bank & Trust and Milstein Properties, carries on a family legacy of generosity and civic leadership while charting his own distinctive path toward advancing medical research and improved health care delivery. A trustee of Weill Cornell Medicine and chairman of the American Skin Association and New York Blood Center, his vision has led to major initiatives in translational medicine, cord blood banking and research, melanoma research, and reproductive health. A member of the UHF board since 2005, Mr. Milstein served as co-chairman of UHF's Tribute to Hospital Trustees for many years.

Gala presenters and honorees (from left) Roger W. Ferguson, president and CEO of TIAA-CREF, underwriter of the Distinguished Community Service Award; Jim Tallon; Steve Berger, Arnold Gold; Barclay Collins; and Howard Milstein.

For renowned pediatric neurologist and professor Arnold Gold, concern that a focus on science alone was blinding medical students to core values of compassion, respect, and empathy led to creation of a quiet revolution in medical education. By establishing the Arnold P. Gold Foundation in 1988, Dr. Gold initiated a series of programs—beginning with the Foundation's signature White Coat Ceremony for incoming medical students, now a fixture at nearly all U.S. and Canadian medical schools—that shine a spotlight on the importance of humanistic care. Today, the Foundation is having a profound impact on thousands of health care professionals—and the patients and families they serve.

As the public face of New York's ambitious 2005 health care restructuring commission, Stephen Berger brought the concept of "rightsizing" hospitals and nursing homes to public attention, ultimately winning broad stakeholder acceptance. He later chaired the Brooklyn Health Systems Redesign Work Group of the State's Medicaid Redesign Team; today, he is on the panel guiding New York's investment of $8 billion in federal DSRIP funds. A member of the UHF board, Mr. Berger continues his successful career as chairman of Odyssey Investment Partners, but it's his willingness to take on challenging issues that has made him one of New York's leading voices in advancing better health care for all.

Chaired by board chairman J. Barclay Collins II, the 2015 Gala raised more than $2 million to help further UHF's work.

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Antibiotic Initiative Targets Misuse in Outpatient Settings

With studies showing that up to 50 percent of antibiotic use is inappropriate, advancing the judicious use of those drugs and preventing the spread of multi-drug-resistant organisms that misuse promotes are leading priorities of health care providers and the federal government alike.

Even before the Obama administration announced a National Action Plan on the issue in March 2015, UHF began planning a project with Greater New York Hospital Association to train and certify physicians and pharmacists in proper antibiotic use, and assess current practices. More than 80 participants from 45 hospitals completed an initial certification program, and additional demand led to a second session for participants from another 19 hospitals.

But like most antibiotic stewardship initiatives, the focus was predominantly on inpatient acute care. Now, the effort is being extended to the outpatient setting as well, bringing the same curriculum to doctors and pharmacists serving patients of hospitals' ambulatory care services.

Complementing these activities, UHF plans to make a combination of grant funding and technical assistance available to hospital-owned medical practices—clinics, faculty practices, and hospital-based physician offices—to better understand factors affecting prescribing practices and develop interventions to improve them. Grantees, receiving up to $15,000 per practice site, will focus on adults with respiratory infections—one of the diagnoses most associated with antibiotic misuse. A potential second round of grants may support testing and implementation of interventions based on what is learned during the initial phase.

"We've made exciting progress on the inpatient side," says Hillary Jalon, UHF's director of quality improvement. "While continuing that work, we'll also focus on the outpatient setting, where the greatest antibiotic use—and misuse—occurs, to keep us in the forefront of national efforts."

IN MEMORIAM

Patricia S. Levinson

We are deeply saddened by the death of our vice chairman, Patricia S. Levinson. Pat was tremendously committed to hospitals, health care, and our great city. A woman of wide-ranging interests and talents, and much energy, she brought years of experience as a hospital trustee and active volunteer to her work at UHF. For more than three decades we benefitted enormously from her leadership and participation, in matters big and small. Her intelligence, diligence, and focus were matched by her warmth, caring, and good humor. She is greatly missed.

RECENT GRANTS

In September and November 2015, UHF awarded grants totaling $329,615. For additional information, please see www.uhfnyc.org/grants.

Community Service Society of New York $10,000
To address the challenge of giving undocumented immigrants access to health insurance, by completing modeling and analytic work on four specific policy options.

Greater New York Hospital Association $175,000
To continue the UHF/GNYHA quality improvement partnership in three key areas: strengthening and expanding quality improvement education and training for doctors and nurses through the Clinical Quality Fellowship Program; reducing avoidable hospital admissions and readmissions by improving and standardizing transitions between hospitals, nursing homes, and home care; and addressing antibiotic resistance by helping hospitals develop antibiotic stewardship programs—and expanding that work to outpatient settings.

The Health Indicators-Performance Improvement Project
JASA (3 sites) $30,000
Carter Burden Center (2 sites) $20,000
Neighborhood Self Help by Older Persons Project (1 site) $10,000
To help community-based senior-serving organizations build capacity to implement data-driven, results-oriented health and wellness programs, and to promote their ability to work with health care providers, by supporting pilot tests of tools and processes for assessing and documenting senior clients' health risks.

Montefiore Medical Center $84,615
To support integration of behavioral health care services into small to medium-sized primary care practices by developing an implementation framework and guide to evidence-based models—especially timely as Performing Provider Systems, under New York's Delivery System Reform Incentive Payment program, seek such integration of services.

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ON THE CALENDAR

JANUARY 15
Deadline for submitting letters of intent for health care improvement grants to be awarded in spring 2016. For criteria and application instructions see http://www.uhfnyc.org/grants/criteria_and_instructions/

MARCH 18
The 23rd annual Hospital Auxilian and Volunteer Achievement Awards luncheon and ceremony.
The Waldorf-Astoria

MAY 9
The 26th annual Tribute to Hospital Trustees luncheon and awards ceremony, recognizing exemplary community service and hospital leadership. The Waldorf-Astoria

OFF THE PRESS

Recent Trends and Future Directions for the Medical Home Model in New York details the latest findings on the spread of Patient-Centered Medical Homes throughout the state by region and practice type, and looks at factors associated with adoption of the model—considered a good marker for primary care transformation and performance improvement.

Redesigning Children's Behavioral Health Services in New York's Medicaid Program gives an overview of the complex structure of current services, summarizes the needs of different special populations, such as children in foster care, reviews the State's planned approach to reforming the system, explores important policy considerations, and presents a snapshot of service use statewide.

What's Next for New York's Child Health Plus Program examines options for covering the 280,000 New York children the program now insures, in light of the possible loss of federal funding for it in 2017 and the changed coverage landscape under the Affordable Care Act.

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

ON THE WEB

WWW.UHFNYC.ORG
Access the latest UHF news and publications, sign up for e-mail alerts, or make a tax-deductible gift to United Hospital Fund. Recently posted: *Levers of Change*, the 2015 annual report.