

Blueprint

FALL 2019

UHF's "Promising Practices" Help Bolster Medicaid Reform

Five years ago, New York State launched a groundbreaking overhaul of its Medicaid program. The overarching goal? Improve health care quality and overall population health while also cutting costs.

This is no modest feat. New York's Medicaid program is immense, serving 6 million vulnerable residents in any given month, at an annual cost of over \$70 billion. Recognizing the potential to reduce these costs while improving quality, the U.S. Centers for Medicare and Medicaid Services (CMS) approved a waiver allowing the State to reinvest some \$8 billion of federal savings from earlier Medicaid Redesign Team initiatives in an ambitious reform effort.

The engine of this effort is the Delivery System Reform Incentive Payment (DSRIP) program, established to encourage partnerships between health care providers and community-based organizations that focus on system transformation, clinical improvement, and population health. With the goal of reducing avoidable hospital use by 25% over five years, DSRIP provided financial support for collaborative networks—called Performing Provider

Systems (PPSs)—to implement a range of demonstration projects.

The goal is already in sight. As of June 2018, preventable hospital admissions were down by 21% and preventable hospital readmissions had dropped by 17%. The DSRIP portion of the CMS waiver expires on March 31, 2020, and the State is requesting a four-year extension—commonly referred to as DSRIP 2.0. To prepare for DSRIP 2.0, the State asked UHF's Medicaid Institute to identify key lessons from the program's first phase.

UHF's report, *DSRIP Promising Practices: Strategies for Meaningful Change for New York Medicaid*, highlights 32 of the most promising collaborations statewide and was cited in the State's extension request. "These projects are notable for putting patients and their multifaceted needs front and center," said Nathan Myers, director of UHF's Medicaid Institute and a coauthor of the report.

The report's other coauthors include Chad Shearer, UHF senior vice president for policy and program; Gregory C. Burke, former

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DID YOU KNOW?

New York State's Medicaid program serves **6 million vulnerable residents** in any given month.



Rethinking the Stigma of Public Health Insurance Coverage

Some uninsured New Yorkers who are eligible for Medicaid or health insurance subsidies offered under the Affordable Care Act may avoid signing up for these programs because of a perceived stigma. A new *HealthWatch* report from Peter Newell, the director of UHF's Health Insurance Project, suggests they may feel differently if they knew that New Yorkers who get insurance through their jobs—the “haves” of the health care system—receive nearly \$23 billion in public assistance in the form of federal and state tax subsidies.

More than 156 million Americans, including some 9.6 million New Yorkers, receive health insurance through their employers. Employer-sponsored insurance has long enjoyed preferential tax treatment: premiums paid by employers for workers' health coverage are not subject to federal or state income tax. Employers can also deduct the

New Yorkers with insurance through their jobs receive nearly

\$23 billion

in federal and state tax subsidies

premiums as a business expense, and premium contributions are not subject to the Federal Insurance Contributions Act (FICA) payroll tax that supports Medicare and Social Security. And workers who contribute to the cost of their premiums often make

the payments pre-tax, before income and FICA taxes are assessed.

“For uninsured New Yorkers who were raised to be self-

reliant and might be ashamed to accept help, the knowledge that fellow New Yorkers are reaping the benefit of nearly \$23 billion in tax subsidies each year should lessen any stigma associated with receiving public subsidies or benefits,” says Mr. Newell.

The report, *Easing the Stigma of Public Coverage: Workers with Health Coverage at Their Jobs Get Significant Government Aid Too*, was supported by the Health Foundation for Western & Central New York and is available on [UHF's website](#). ■

UHF Supporting Medicaid Proposal for Enhanced Children's Primary Care

A strengthened children's primary care system that addresses the root causes of poor health and well-being could significantly improve health equity.

In a commentary published in October, United Hospital Fund's Suzanne C. Brundage and Lee Partridge highlighted a new report that advances a bold vision for strengthening children's primary care across New York State. Produced by the State's Preventive Pediatric Care Clinical Advisory Group (PPCCAG)—established as part of New York State's First 1,000 Days on Medicaid initiative—the report envisions a pediatric practice model that focuses on the child's overall well-being as well as health. Specifically, the PPCCAG calls for a care model that integrates behavioral health, focuses on the whole family (“two-generational health”), and addresses both the biomedical and the social-emotional elements affecting a child's early development.

In their commentary, Ms. Brundage and Ms. Partridge argue that a strengthened children's primary care system that addresses the root causes of poor health and well-being, such as food insecurity or family stresses, could significantly improve health equity. They also point out that, although considerable work is needed to implement the advisory group's vision, many of the building blocks are already in place.

UHF has partnered closely with the New York State Department of Health in leading both the advisory group and the First 1,000 Days effort. Ms. Brundage is the director of UHF's Children's Health Initiative; Ms. Partridge is a UHF senior fellow.

The commentary and a link to the report are available on [UHF's website](#). ■

The “Last Mile” of Delivery System Innovation

The “last mile problem” generally refers to the difficulty of delivering goods or services to customers across that last, short segment of a supply chain. For a large, online retail giant, it’s getting products from the local warehouse to homes and offices. For the telecommunications industry, it’s bridging the gap from the network hub to providing connectivity to the individual user. In both cases, it’s a “problem” because that last leg is often the most complex and costly part of the journey. It strikes me that this is an apt analogy for achieving widespread adoption of innovations in health care delivery. Developing an innovation and telling others about it is relatively easy when compared to the last leg of change in the health care system—getting other providers to adopt it.

I’ve been thinking about this particular issue because New York State is nearing the end of its Delivery System Reform Incentive Payment (DSRIP) program and is in the process of seeking a waiver amendment to extend it. The goal of the initial program was to create and sustain integrated high-performing delivery systems—with collaborations across health care settings and with the community and community-based organizations—that could deliver better quality care, improve population health, and ultimately reduce costs through the reduction of avoidable hospital use.

Although there are differing opinions as to whether the DSRIP program was an overall success, one clear, positive outcome is the emergence of numerous delivery system innovations. After combing through over 500 DSRIP projects, the staff at United Hospital Fund identified and published 32 such “promising practices,” and I suspect that there are many more that could be highlighted if space allowed (see the cover story for more detail).

HOW TO SPREAD PROMISING PRACTICES

The key challenge, however, is spreading these promising practices throughout the health care system. There is a vast body of literature on the “diffusion of innovations” in health care, much of it informed by the landmark work of the late sociologist, Everett Rogers, and put into practice by

organizations such as the Institute for Healthcare Improvement. Unfortunately, health care has historically been notoriously slow in adopting innovations. It may therefore be worthwhile to examine some of diffusion theory’s more salient lessons, especially as they relate to the DSRIP “promising practices.”

One of the most important factors driving the widespread adoption of an innovation relates to attributes of the innovation itself—whether the proposed changes produce benefits; the degree to which the changes are compatible with existing values; how simple or complex they are; how easy the innovation is to trial; and how readily observable are the results. When it comes to the promising practices, we can focus on practical things like simplifying the innovation when feasible, paying attention to the culture of organizations while rolling out changes (especially if provider buy-in is necessary), and ensuring that the benefits are meaningful and highlighted for all to see.

FOCUSING ON THE ADOPTERS AND THE ENVIRONMENT

The second important factor in the spread of innovation relates to the adopters themselves. In the context of the DSRIP promising practices, we could create an environment where influential early adopters can easily interact with the innovators—as well as showcase and share their experiences with the remaining early and late majorities who will need to change.

Which is a good segue to the final factor that can accelerate adoption: the broader environment or context. In the DSRIP promising practices example, this may mean an additional investment of resources for the innovators and early adopters, as well as explicitly creating the expectation of wider adoption of the practices. It will also be important to ensure that there is an adequate workforce and a payment environment that is ultimately supportive of the innovations.

If this all seems expensive and complex, it is—just like that last mile problem. But given New York’s goal of spreading the promising practices from DSRIP, the additional funds and time requested may be a sound and smart investment. ■



Anthony Shih, MD
UHF President

Developing an innovation and telling others about it is relatively easy when compared to the last leg of change in the health care system—getting other providers to adopt it.

**“Promising Practices”
Help Bolster
Medicaid Reform**
(Continued from page 1)

UHF director of innovation strategies; Misha Sharp, UHF senior research analyst; and Matlin Gilman, former UHF health policy analyst. It was funded by the State Department of Health.

The report features projects that have made contributions in core infrastructure and capacity-building as well as those that have focused on three other major areas: 1) social needs, community partnerships, and cross-sector collaborations; 2) care coordination, care management, and care transitions; and 3) transforming and integrating behavioral health care. Some examples follow.

“FOOD AS HEALTH”

As part of the Nassau Queens PPS, Northwell Health’s Long Island Jewish Valley Stream Hospital partnered with several community-based organizations to develop the “Food as Health” program. This program connects food-insecure patients who have nutrition-related health diagnoses with appropriate resources, such as emergency food supplies, nutrition education, referrals to the Supplemental Nutrition Assistance Program (SNAP), and other social supports. Patients either receive initial food supplies from a hospital-based food resource center or are connected with food or meal delivery services, depending on their medical needs and mobility.

From its inception in August 2018 through last spring, the hospital screened over 800 patients for food insecurity, and 251 were found to be in need. Northwell reports that the program may have contributed to improved blood sugar readings, increased primary care visits, and increased enrollment in SNAP, as well as decreased food insecurity, emergency department (ED) visits, and readmissions.

TRANSITIONAL CARE TEAMS

Care transitions, such as hospital discharges back into the community, can be a particularly vulnerable time for patients. In October 2015, Community Care of Brooklyn (CCB), a PPS formed by Maimonides Medical Center in partnership with hundreds of Brooklyn-based provider organizations and thousands of physicians, began a new initiative to improve care transitions. CCB

organized transitional care teams and started screening patients for readmission risk. If judged to be at risk, patients receive 30-day care plans and support (including information and assistance with referrals) from the teams prior to discharge and during 30-day post-discharge periods, to make sure the care plans are followed.

When examining patients’ ED visits before and after their 30-day care plans, CCB found that the share of members with ED visits decreased by a range of 1.5% to 6.9%—in contrast to stable ED rates among comparison groups. Similar reductions—between 11.5 and 18.7%—were found in the share of transitional care team patients with inpatient admissions.

RECOVERY COACHES

Those with substance use disorders can be more likely to follow treatment plans if aided by peers who have already experienced treatment and rehabilitation. That theory was put to practice by Montefiore Hudson Valley Collaborative PPS, a partnership between Montefiore Health System and nearly 250 health care providers, community-based organizations, and local government officials from several counties north of New York City. The collaborative provided funding to an inpatient detoxification and rehabilitation facility to hire two certified recovery coaches. These coaches provide support for people transitioning into early recovery, such as ensuring attendance at outpatient appointments and connecting them with recovery supports in the community.

During 2018, the peer recovery coaches ensured that 100% of the 122 transitioning patients attended their first outpatient appointments and nearly 96% kept their second appointments.

LASTING IMPACT

“As conversations on the DSRIP extension request advance, it is important to consider how to sustain the programs identified in this report, and others like them,” notes Chad Shearer. “The promising practices identified in our report suggest that DSRIP’s substantial investment could yield a lasting impact.” ■

“These projects demonstrate opportunities for larger improvements if given the time and resources for effective expansion.”
—Nathan Myers, Director, UHF’s Medicaid Institute

Substandard Housing Conditions and Pediatric Asthma: Maps for Action

Much of UHF’s recent work focuses on social determinants of health—the range of conditions in which people are born, live, grow, work, and age, and which can have long-term effects on health. One new report along these lines, *Healthier Homes, Healthier Childhoods*, provides a bird’s-eye view of pediatric asthma in New York City, zeroing in on housing conditions (including maintenance defects and the presence of pests like cockroaches) as factors that may contribute to asthma in children. A series of maps illustrates that healthier housing is a high-priority need for many families and suggests where housing interventions might be most effective in supporting respiratory health for children.

Analysts from UHF merged data from several sources to pinpoint neighborhoods where different measures of pediatric asthma and housing quality overlap. The resulting maps reveal several key pieces of data at once.

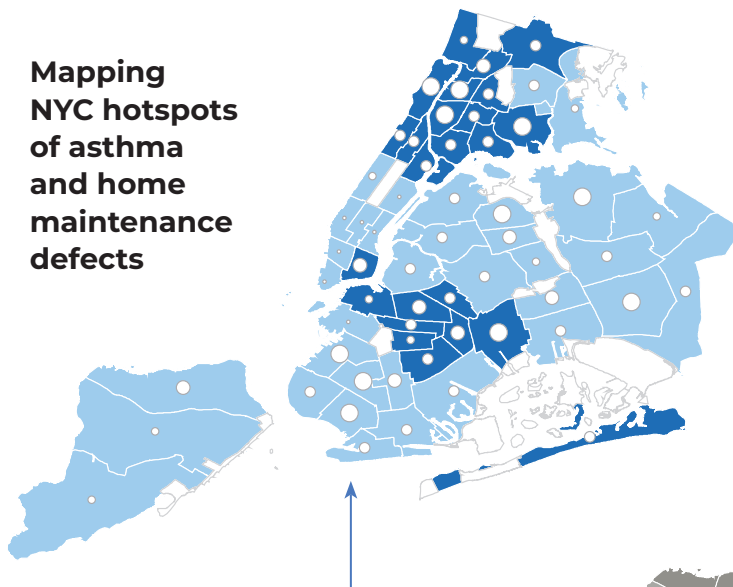
The left-hand map shows how many residents are enrolled in Medicaid (by size of white circles) in New York City Community

Districts. Community Districts with above-median levels of both asthma-related emergency department visits and home maintenance defects tend to have larger Medicaid populations—notice the size of the circles on the dark blue areas of the map.

The right-hand map indicates which neighborhoods, within those same hotspot Community Districts, have the highest prevalence of pediatric asthma among children enrolled in Medicaid: East Harlem South in Manhattan, and Longwood and Hunts Point in the Bronx. These are neighborhoods where Medicaid interventions addressing the housing conditions that contribute to pediatric asthma might be needed most.

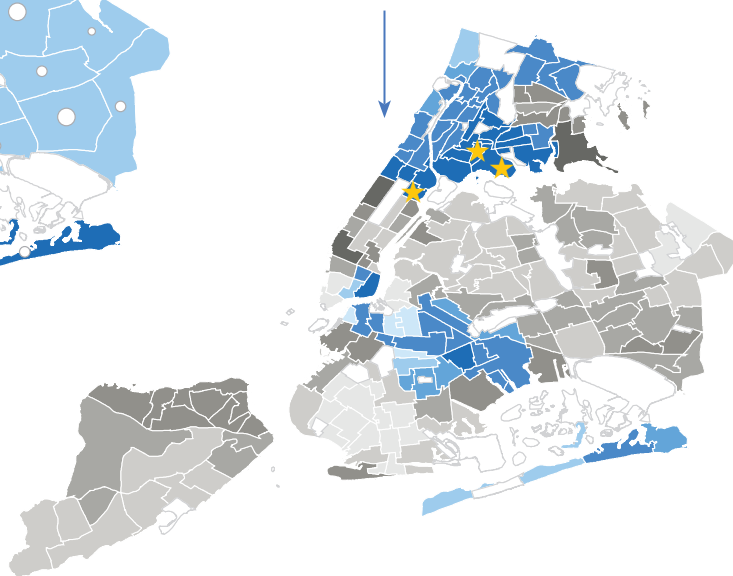
Healthier Homes, Healthier Childhoods—by Misha Sharp, Ian Ramdeen, and Nathan Myers—is available on [UHF’s website](#). It includes these and other maps, as well as an overview of innovative programs that provide promising strategies for tackling housing conditions that contribute to asthma among Medicaid-enrolled children. ■

Mapping NYC hotspots of asthma and home maintenance defects



Hotspot Community Districts with above-median asthma-related ED visits **and** above-median home maintenance defects (dark blue) generally have larger Medicaid populations (larger circles). These districts are shown in greater detail in the map at right.

Many neighborhoods with high pediatric asthma rates (darker blue **or** gray shading) among Medicaid-enrolled children are in districts with overlapping high levels of asthma-related ED visits and housing maintenance defects (blue).



★ Neighborhoods with the most asthma among Medicaid children within hotspots: East Harlem South, Longwood, and Hunts Point.

Four Exceptional Health Care Leaders Honored at UHF Gala

Nearly 500 health care, business, and community leaders gathered for an inspiring evening at United Hospital Fund's annual gala on October 7 at Cipriani 42nd Street. The event honored four exceptional individuals for their impressive efforts to improve health and health care.

Steven R. Swartz, President and CEO of Hearst, received UHF's Health Care Leadership Award from UHF president Anthony Shih, MD. Mr. Swartz was honored for raising the standard of excellence in patient care through Hearst Health's health care information and technology businesses, which improve clinical decision support across the spectrum of care.

Lynne Holden, MD, an emergency room physician at Montefiore Health System and a professor of emergency medicine at Albert Einstein College of Medicine, was awarded the Distinguished Community Service Award by Roger W. Ferguson, Jr., President and Chief Executive Officer of TIAA. Dr. Holden cofounded and serves as president of Mentoring in Medicine, Inc., a nonprofit organization whose mission is to inspire and equip disadvantaged and minority students to become health care professionals. TIAA is the underwriter of this award.

Eileen M. Sullivan-Marx, PhD, RN, FAAN, Dean of NYU Rory Meyers College of Nursing and President of the American Academy of Nursing, was awarded a Special Tribute by Dr. Shih as one of the nation's most distinguished nursing leaders, researchers, and educators. Since taking the helm at NYU Rory Meyers in 2012, she has turned NYU Rory Meyers into one of the top nursing research institutions in

the country. On October 1 Dr. Sullivan-Marx became president of the prestigious American Academy of Nursing.

J. Barclay Collins II, Chairman Emeritus of UHF, was awarded a Special Tribute by UHF board chairman John Simons. A corporate lawyer and former executive vice president and general counsel at the Hess Corporation, Mr. Collins joined UHF's board in 1984 and served as chairman from 2006 until this past June, lending his financial acumen, legal prowess, and personal commitment to lead UHF.

The gala, which was chaired by UHF Chairman John C. Simons, raised almost \$1.6 million. ■

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J. Barclay Collins II, Steven R. Swartz, Lynne Holden, and Eileen M. Sullivan-Marx.



John C. Simons, Anthony Shih, and Roger W. Ferguson, Jr.

Anne-Marie Audet, MD

Senior Medical Officer, UHF



Actively listening to patients should be an essential part of every health care encounter and is especially important for those facing complex health challenges and

difficult socioeconomic circumstances. But in many instances, the patient's point of view is not fully considered. Anne-Marie Audet, MD, is trying to change that. She is United Hospital Fund's senior medical officer and oversees our work on patient-centered care. Dr. Audet recently spoke to Blueprint about these critical efforts.

Q: What is the most important goal of UHF's work in patient-centered care?

To support the efforts of institutions and providers to be responsive to the people they serve. Patients come to providers for a reason, and it's important to know what that reason is and not fall back on one's own professional agenda to drive the conversation. Through UHF's work on quality and other people's work on patient-centered care, we realized that we are still in the pre-Copernican stage: the health care system is designed so patients revolve around it—we need to change our view of the health care universe, so that the system revolves around the patient. And patient-centered care is integral to all our quality work. As leaders such as Don Berwick have articulated, the question to ask is not, "What's the matter with you?" but rather, "What matters to you?"

Q: How can listening to patients improve quality?

The beauty of listening to patients in their own words is that you better understand their goals, and then you can look at the challenges they are facing in achieving them. So, if a challenge is, "Where I live, there is just no healthy food," then throwing medications at them will do absolutely

nothing. There are basic things you need to get from your patient: What are your goals? What are your challenges? Once you have the answers, then together you can decide what you're going to do.

As a family caregiver, I've experienced feeling that the doctor saw my mother primarily as a disease in need of cure as opposed to a person coping with a difficult situation and seeking advice about how to manage an illness and live as fully as possible. So that by the end of the visit, we've met the doctor's agenda, but not hers. With the electronic medical record now, providers need to check a standard list of questions—if there's something you want to bring up that's not on that list, then good luck.

Q: Can you tell us about UHF's work to amplify the patient's voice?

We organized an 18-month collaborative with three health care organizations to test their implementation of patients' self-reported goals and outcomes in practice. We produced an implementation guide that provides a practical model for how a health care team could begin to do this. We also provided examples of patient questionnaires and other resources. I think the benefit was much bigger than collecting patient-reported information: It also helped develop trust among the patients.

Q: Can you talk about some of UHF's upcoming work in patient-centered care?

We're working now with a primary care practice focusing on patients with diabetes. We'll be looking at what information providers and patients need to share to be able to comanage a chronic condition most effectively.

A more in-depth version of this Q&A can be found on the UHF website. To learn more about UHF's Patient-Reported Outcomes in Primary Care-New York (PROPC-NY) initiative and to access the guide, go to: <https://uhfnyc.org/initiatives/PROPC-NY/> ■

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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ON THE CALENDAR

**MAY 4, 2020****UHF's Tribute to Excellence in Health Care**

An awards luncheon recognizing quality improvement champions across the metropolitan region
Cipriani 42nd Street

OCTOBER 5, 2020**UHF's Annual 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*



Mile Marker or High-Water Mark? examines obstacles New York State is facing in signing up 1.1 million uninsured residents.

Easing the Stigma of Public Coverage provides analysis and explanation of the federal and state tax subsidies behind the employer tax exclusion.

Healthier Homes, Healthier Childhoods focuses on indoor air quality as a key aspect of substandard housing in New York City, and identifies neighborhoods that Medicaid providers and health plans might target to reduce asthma-related health care utilization through housing interventions.

Reforming Payment for Children's Long-Term Health discusses New York's pursuit of child-centered, value-based payment approaches in Medicaid, which could be a model for other states and stakeholders.

