

UNITED HOSPITAL FUND

ANNUAL REPORT 2015

Levers of Change

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Shaping Positive Change in Health Care for the People of New York

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.

We advance policies and support programs that promote high-quality, patient-centered health care services that are accessible to all.

We undertake research and policy analysis to improve the financing and delivery of care in hospitals, health centers, nursing homes, and other care settings.

We raise funds and give grants to examine emerging issues and stimulate innovative programs.

And we work collaboratively with civic, professional, and volunteer leaders to identify and realize opportunities for change.

United Hospital Fund Annual Report Fiscal Year 2014–2015

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From the Chairman



J. Barclay Collins II

CHAIRMAN, UNITED HOSPITAL FUND

Even after more than 30 years on the United Hospital Fund board, I am still struck by how well our organization anticipates and responds to changing health care, social, and political environments. That facility is what allows us to continually review, rethink, and reshape priorities and strategies to ensure that we remain as effective as possible as we pursue our goal of better health care for all.

This past year is no exception. We continued our analytic, advisory, convening, and grantmaking work to increase health care access, assure improvements in quality and value, and reconfigure services in new ways that better meet New Yorkers' needs. Importantly, we expanded the scope of our work in two program areas—bringing new attention to children's unique health needs, and fostering a systems-oriented approach to quality measurement, improvement initiatives, and infrastructure with the creation of a Quality Institute to build on and broaden our existing quality efforts.

Our greatest asset has always been our intellectual capital—our extraordinary leadership and program staff, who bring their expertise, creativity, and commitment to all we do. In the pages that follow, they highlight both our broad goals and the ways we pursue them: as Jim Tallon notes, the “levers of change” that we employ.

The members of our board of directors are an integral part of our efforts, and we are grateful for the guidance and support they provide. This year we welcomed two new directors, Lori Evans Bernstein, co-founder and chief operating officer of HealthReveal and former deputy commissioner of the New York State Department of Health, leading the Office of Health Information Technology Transformation, and Cary Kravet, president and chief executive of Kravet Inc. and a trustee of

Northwell Health (formerly the North Shore-LIJ Health System). We are also very pleased that John Simons, a director since 2001, chair of our Development Committee and active on a number of other UHF committees, was elected a vice chairman.

After long and dedicated service, director Mary H. Schachne stepped down from the board but remains an honorary director. Also completing their board service were Richard A. Berman and Richard Cotton. We thank them for their valued contributions over the years.

We were deeply saddened by the death of Patricia S. Levinson, vice chairman of the UHF board since 2006. Pat's involvement with UHF went back more than 30 years, first as a way of extending her work with Mount Sinai's auxiliary and then, in 1994, as an elected member of the board. Pat brought to UHF years of experience as a hospital trustee, dedication to the work of our Distributing Committee and our efforts to recognize the important roles of hospital trustees and volunteers, and a vital interest in the workings of the health care system. She was known just as well for her keen intelligence, warmth, and good humor. For all of this she is greatly missed. So, too, is honorary director and former vice chairman Rosalie B. Greenberg, whose legacy includes decades of important work with UHF on grantmaking and development.

Our UHF family extends beyond staff and directors, of course. Our work could not be as comprehensive and balanced, or have the impact it does, without the insights and interest of the many health care, civic, business, and community leaders with whom we partner and collaborate. We are profoundly grateful to them, and to the funders and donors whose generosity allows us to continue our work toward a high-quality, sustainable health care system, accessible to all.

From the President

LEVERS OF CHANGE: LOCAL FOCUS, SYSTEM-WIDE GAINS

For a small organization, the United Hospital Fund has a very large mission: to improve health care—both the outcomes and experience of health care—for all New Yorkers. We’ve had notable, even outsize, successes through the years, by using our resources strategically, focusing on key levers of change.

One way we’ve been doing that is by analyzing policies to assess how they encourage or inhibit a good health system—and by developing options for policy change to support improved outcomes.

We’ve all seen the enormous payoff of such work—a net increase of more than 375,000 insured New Yorkers in just the first year of the State’s insurance exchange, and a major investment in reshaping New York’s Medicaid program, to name just two advances. UHF is proud to have contributed in-depth, independent, insightful analysis that provided a basis for sound health policy decisions in New York, and we will continue to do so.

For the moment, the barbed debate about how to expand health coverage has largely abated. The Affordable Care Act and other hard-won policy changes have affirmed the goals and more clearly identified the breadth of issues that must be tackled for real transformation to occur, from who’s covered, at what cost, through how services are delivered, paid for, and evaluated.

Now, UHF is increasingly bringing resources and attention to the challenge of moving from theory to reality—of creating concrete improvements in the delivery of care to patients and their families.

One key way of doing that is to advance the most thoroughly studied evidence-based practices—as well as promising innovative approaches—and bring them to scale. But spreading best practices that result in a positive experience and outcomes for patients remains extremely difficult, and creates the next generation of challenges: to take what works—innovative, optimal care, delivered effectively and efficiently—and make it standard practice across our system. That becomes, in the final analysis, the test of whether the better-performing health care system we all seek will be a success.

Building on our in-depth knowledge of New York’s complex health care environment is another way in which UHF participates actively in the work of improving health care.

We’re a New York organization that has used our understanding of the needs and strengths of our local institutions and local populations to lead and foster improvements in the city’s health care services for more than 136 years.

Yet our relationships with policymakers, health care providers, payers, the business and nonprofit communities, and patient advocates, throughout the city and beyond—and our ability to bring those stakeholders together for productive exchanges—allow us to identify, assess, and help grow the most promising models for health care improvement on a broader scale. New York is, in fact, for the first time in many years, considered less an outlier than a model for approaches and programs that can be successfully applied elsewhere as well.



JAMES R. TALLON, JR.
PRESIDENT, UNITED HOSPITAL FUND

Another UHF characteristic: we tackle health care challenges in multiple dimensions—from access and affordability to quality and better ways of delivering services—but understand that all are interlocking parts of a larger whole, and actively make the connections among them.

Similarly, we are acutely mindful of the complexity of need, and know that approaches that will benefit a majority of people may not necessarily address the situations of specific groups of vulnerable New Yorkers. Our goal, always, is a better health system for *all* New Yorkers—not only those in the current policy or media spotlight, and not only the high-need, high-cost patients we typically think of, but also children, immigrants, the elderly, and family caregivers, to name a few.

UHF is also a facilitator and catalyst. Our initiatives have significantly improved patient safety in health care facilities. Created community-based supports for chronically ill seniors. Helped hundreds of thousands of family caregivers navigate the complexities of their tasks and the health care system.

Underlying our work are three deceptively simple questions that—well articulated or merely intuited—most New Yorkers have: Can I afford care? Can I find appropriate, effective care at an appropriate, convenient time and place? Does the care I get improve my health or support my well-being?

Those questions are our constant guide. They reflect what is central to our mission and to our work, the touchstone to which we always return: the people of New York, in all our diversity and resilience. How well our analyses, convening, grants, and guidance—our use of the levers at hand to create change in the larger world—translate into more effective health care for our fellow New Yorkers remains the measure of our success.

As always, we value your interest and support, and welcome your input as we continue to work for quality health care and better health for all.

Preparing for the New Normal



Andrea Cohen
Senior Vice President for Program

If there's one thread that runs through all of UHF's work, it's the knowledge that health care is in an extended period of flux. Our efforts must be more anticipatory, and responsive, than ever.

It's a "new normal" of ongoing change. Every aspect of our health care system is under review. Policy shifts are driving efforts to address longstanding challenges—paying for care coordination for the most complex patients, or lowering barriers between mental health and physical health care, or phasing out payment strategies that encourage more intensive interventions rather than prevention, to name just a few. These efforts have positive and ambitious goals, but implementation is a serious hurdle in a complex health care system. We are engaged in a constant search for strategies that can bring promising innovations quickly to scale.

In this rapidly changing environment, UHF remains focused on both trees and forest—the specific policies, populations, initiatives, programs, and innovators that drive change in specific areas of health care, and the complicated system that serves as their backdrop. We analyze, track, catalyze, and promote changes that will create a more integrated, patient-centered, and effective health care system, with program initiatives focused on three broad areas:

Coverage that Promotes Access to Effective Care

Our extensive work on health insurance coverage over the last decade has been reshaped to address the new realities of coverage subsidies and streamlined enrollment made possible by the Affordable Care Act. We are identifying the "who" and "why" of the remaining uninsured and focusing on easing the challenges to accessing health care still faced by immigrants, young adults, and others. We are looking at the future of coverage for children, and suggesting new alternatives as federal funding for the Child Health Plus program heads toward a sunset date. And we continue to examine Medicaid, the backbone of coverage for the poor and underserved in New York, for opportunities to modernize services and enhance the health

An attorney with extensive legal and policy experience in the health care world, Andy Cohen was director of health services in the Office of the New York City Mayor from 2009 to 2014, serving as lead health policy advisor and liaison to the city's public hospital system and health department. Previously, she held positions at Manatt, Phelps & Phillips, LLP; the Medicare Rights Center; the U.S. Senate's Committee on Finance; and the U.S. Department of Justice. She is a member of the federal Medicaid and CHIP Payment and Access Commission.

outcomes achieved for the \$60 billion that New York spends on the program each year.

Quality in All Health Care Settings

We continue to enhance our work to promote quality health care for New Yorkers. Our longstanding efforts to build quality improvement capacity in the "micro systems" of hospitals and clinics where patients are served are now complemented by a developing agenda, and a new Quality Institute, focused on the factors shaping the "macro system"—the policy environment, data systems, and payment approaches. Collaborating with providers and other stakeholders will be critical to ensuring that New Yorkers are engaged partners in their health care and get the right care when they need it, even as policy, payment, and delivery system configurations are changing around them.

Services and Systems that Work Better for Every New Yorker

If our guiding vision is to shape positive change in health care for New Yorkers, direct opportunities for improvement are found in scaling and spreading promising innovations in services that are delivered across New York every day. Whether we are promoting "advanced primary care" that better manages chronic illness, integrates behavioral and physical care, and improves the patient experience, or developing and disseminating high-quality training materials for family caregivers, or working with community-based organizations to enhance their role in health and health care, our goal is to objectively assess the literature and lived experience, and to support the new approaches that make a difference for people.

In the pages that follow we offer brief glimpses of our work over the past year—what it means and why it's important—and introduce some of the staff who are leading our efforts.

Health Insurance Building on Real Progress



Peter Newell

Director, Health Insurance Project

It's hard to believe the Affordable Care Act was passed five years ago. Since then we've been up to our elbows in New York's implementation efforts. The level of activity in state agencies, health plans, the Governor's office, and among consumer advocates and policy experts is staggering.

The sheer pace and fluidity of reform are our biggest challenges. For example, New York implemented a required federal change to the small group insurance market in 2013, but Congress has now changed the policy again. This year will be an especially important one: for the first time, we have data on both enrollment in the Exchange and the number of New Yorkers with coverage in 2014, the first year of the Exchange's operation. This census data shows both progress—375,000 additional New Yorkers covered, compared to 2013—and the challenge ahead: some 1.7 million state residents still lack coverage. Tracking and analyzing this data gives us an opportunity to help get closer to the goal of quality, affordable health coverage for every New Yorker.

For the past several years we've focused on complex issues such as the design of the Exchange, and the health benefits available in the new insurance market. This year we analyzed changes in the troubled small group market, and the impact on families if federal funding for the Child Health Plus program—which covers some 280,000 New York children—lapses in 2017 as scheduled.

Our goal remains expanding and strengthening public and private health insurance by fashioning solutions to emerging policy, regulatory, and implementation challenges that stand between New Yorkers and the quality coverage they need. We've made great gains, and it's been gratifying to be involved in that work, and in New York's progress.

The Cost of Losing Child Health Plus

As the future of the federal Children's Health Insurance Program was being debated in Congress—with funding now temporarily extended until 2017—UHF took a close look at the options for health insurance coverage for the 280,000 kids now insured under New York's Child Health Plus program should that program lose federal funding. Without additional policy changes, the loss of federal funding would present families with substantial new financial challenges to covering their kids. The stakes are high: currently, a family earning \$31,000, or 200 percent of the 2014 federal poverty level, pays a premium of \$9 per month to cover one child under CHP, with no cost sharing. Even with new Affordable Care Act subsidies for Qualified Health Plans, that same parent and child would pay a \$137 monthly premium for child-only coverage in New York's Exchange, and could incur out-of-pocket costs of up to an additional \$2,000 annually.



CHILD HEALTH PLUS

\$9

MONTHLY PREMIUM

\$0

MAXIMUM OUT-OF-POCKET



QUALIFIED HEALTH PLAN

\$137

MONTHLY PREMIUM

\$2000

MAXIMUM OUT-OF-POCKET

Expenses for covering a child in a parent-and-child family at 200 percent of the 2014 Federal Poverty Level

Peter Newell joined UHF in 2007 after a long tenure as executive director of the New York State Assembly Committee on Insurance and staff director for Assembly member Pete Grannis. In those positions, he represented the Assembly majority in negotiations on major health care reforms including the Community Rating/Open Enrollment law, Point of Service law, Managed Care Consumer Protection Act, Prompt Payment law, and HCRA 2000, which created the Family Health Plus and Healthy NY programs.

Medicaid Institute

Modeling a Better Health System



Chad Shearer
Director, Medicaid Institute

New York’s Medicaid program is both massive and massively important. It covers over 6 million people a year—the state’s most vulnerable populations, from newborn through elderly—at a total cost of over \$60 billion. And it is going through a real transformation, with managed care extended to new populations and services, major delivery system reforms, and a shift from fee-for-service to value-based payments—all elements of essential changes in the way we deliver and pay for care. The Medicaid program nationwide is not often one that leads change—but here in New York it is the *vanguard* of State efforts to create a system that provides better care at lower cost.

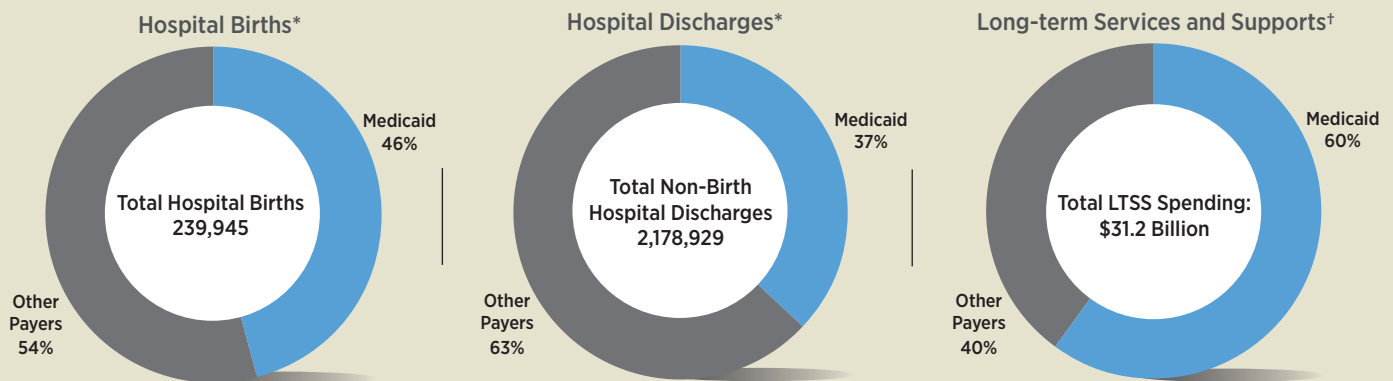
UHF’s Medicaid Institute is helping the State and other stakeholders make good policy and implementation decisions that support that better-performing system. We’ve spent a lot of time this year on understanding the potential impact of the new Delivery System Reform Incentive Payment program and assessing related workforce issues. We’ve been at the fore of the conversation on value-based payment, helping the State develop useful measures of “value,” needed regulatory changes, and essential consumer protections. And we’ve focused on the social determinants of health that drive a lot of high utilization, and on how to bring community-based organizations into the health

care “family” to provide the social services and supports consumers need to improve their health.

In the coming year, we will be identifying and sharing best practices, using new data to assess the impact of big-picture policies and individual interventions, and tackling longstanding challenges, such as how to integrate mental health care—one of the major drivers of Medicaid costs—into primary care, and how to provide essential long-term care services and supports in an affordable way.

A Critical Safety Net

New York’s Medicaid program—the largest item in the State’s budget—is a vital safety net for some 6 million vulnerable New Yorkers annually. Covering services from birth through old age, many of them relating to complex and special needs, the program accounts for approximately a third of all health expenditures in the state.



*Percent of services covered, based on 2013 State data. Includes all births or all *non-birth-related* hospital discharges for which Medicaid was listed as first, second, or third source of payment. “Other payers” include commercial insurance and out-of-pocket spending, Medicare, Child Health Plus, and other government payers.

† Percent of payments covered for nursing home and home health services, based on National Health Expenditure Data from 2009, the latest year for which state-level figures are available. “Other payers” as above.

Chad Shearer came to UHF from Princeton University’s Woodrow Wilson School of Public & International Affairs, where he was deputy director of the Robert Wood Johnson Foundation’s State Health Reform Assistance Network. Previously, he was senior program officer at the Center for Health Care Strategies, where he helped shape its Medicaid Leadership Institute, and, earlier, legislative director for Congressman Pete Stark, then chairman of the Ways and Means Subcommittee on Health.

Quality A Broader Canvas for Improvement



Anne-Marie J. Audet, MD, MSc
Vice President, Quality Institute

The past 20 years have seen tremendous strides in patient safety and quality improvement, and UHF has been at the center of that work in New York. But how we look at quality is dramatically changing. Accountable care arrangements demand that providers focus on continuing improvements in clinical and financial outcomes, and quality-related efforts must reach beyond the traditional hospital setting to ambulatory care, home care, telemedicine, and more.

At UHF we are expanding our portfolio to advance system-wide progress in quality that fits this new environment. One of our goals is to ensure that available information and data really drive these improvements. Are we measuring the right indicators of quality? Are the outcomes that we're looking at the ones that are most important to people? We'll be identifying promising models, tools, and best practices, and helping spread them, and exploring whether quality-related policies are working as intended at the front lines of care.

We'll also be supporting health systems' own efforts to deliver improved quality, through training and development of leadership skills and identification of models and tools that work. And we'll be working to shape some common ground on "patient engagement," a term that means different things to different stakeholders but that all agree holds great promise to improve the outcomes and experience of care. Defining patient engagement and developing a framework for its growth is vital if we are truly to promote the most effective partnership possible between providers and patients.

Anne-Marie Audet joined UHF in 2015 after serving as vice president for delivery system reform and breakthrough opportunities at The Commonwealth Fund. Previously, Dr. Audet staffed the Clinical Efficacy Assessment Committee of the American College of Physicians, and worked with Massachusetts's Medicare Health Care Quality Improvement Program.

Reining in Inappropriate Antibiotic Use

With up to 50 percent of antibiotic use deemed inappropriate, implementing strategies to ensure *appropriate* use is increasingly gaining attention as a way to improve patient care, reduce costs, and slow the spread of drug resistance. In 2014—months before President Obama announced a national action plan to combat drug resistance—UHF, in partnership with GNYHA and the New York State Council of Health System Pharmacists, enlisted 64 hospitals in an antibiotic stewardship certificate program, and also guided them through an assessment of current practices and steps needed to implement Centers for Disease Control "core practices."

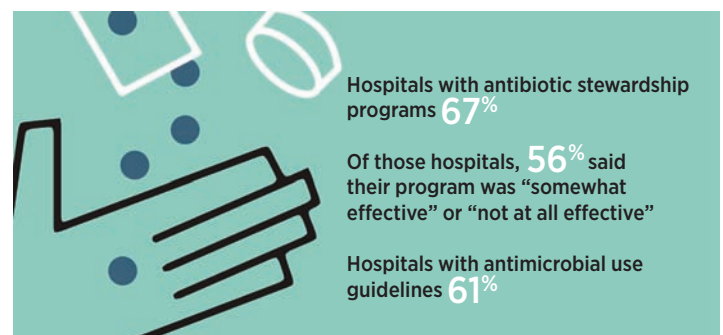
That this is a pressing issue became clear from the hospitals' self-assessments. Most hospitals reported reviewing antibiotic use by tracking dollars spent rather than critical measures like days of therapy. Fewer than half used the proven "prospective audit and feedback" strategy of having expert staff talk to doctors, on the floor, about their prescribing and how they can reduce inappropriate antibiotic use.

Our early efforts working with these hospitals have been so successful that they will now be expanded to include hospital-based clinics as well.

Working with UHF's partners, Hillary Jalon designs and manages our quality improvement collaboratives and Clinical Quality Fellowship Program; she is also a member of the New York State Department of Health's Hospital-Acquired Infection Technical Advisory Workgroup.



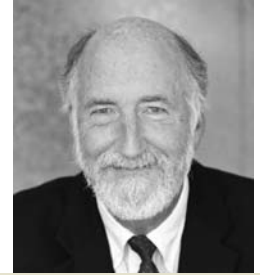
Hillary Jalon
Director, Quality Improvement



Based on responses of 61 hospitals completing UHF's antibiotic stewardship project needs assessment survey.

Innovation Strategies

Primary Care is Key



Gregory C. Burke
Director, Innovation Strategies

UHF’s Innovation Strategies initiative is focused on two big, related ideas. The first is that a better-performing primary care system—known as advanced primary care—is the key to improved health, improved patient satisfaction, and reduced costs. The second is that organized groups of providers—accountable care organizations, or ACOs—can improve health and reduce costs by better managing the full continuum of care for defined populations of patients. Both of these require changes in the way we deliver and pay for services.

We’ve been tracking and fostering the spread of these innovations for the past four years. Today, we’re involved in several initiatives to shape and grow advanced primary care. We’ve partnered with the New York City Department of Health and Mental Hygiene to bring the model to every neighborhood, with a special focus on high-need, high-risk communities. And we’re helping advance accountable care by determining the factors that foster or impede organizations’ success in improving care and managing costs, and are sharing that information with policymakers and other stakeholders.

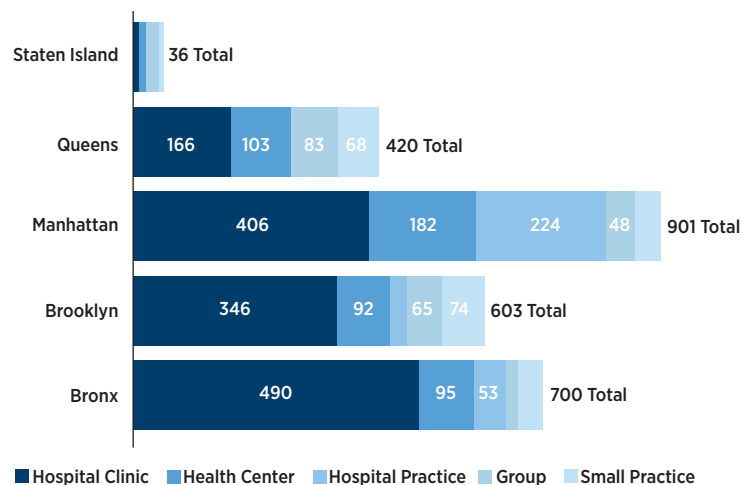
We’ve also launched a child health initiative to explore how primary care pediatricians—who have multiple contacts with virtually all of the youngest New Yorkers and their parents throughout the year—can integrate proven early childhood interventions into their practices, to support healthy families and mitigate the serious harms that poverty and trauma can impose on young children. Ensuring that new models of primary care acknowledge the special needs of children—not just the middle-aged and elderly—will be a big step toward better care for all New Yorkers.

Tracking Medical Homes in New York

Making the most of our efforts to ensure that advanced primary care reaches every neighborhood requires that we better understand where patient-centered medical homes (PCMHs)—one common version of the advanced primary care model—are located across the city and what types of practices have adopted that care model.

Different kinds of primary care practices have become PCMHs at different rates, driven in part by scale—the size and capacity of practices to put the model in place—and in part by whether the insurers whose patients they serve are paying differently for the model’s adoption. Today, only Medicaid consistently pays more for advanced primary care; not surprisingly, over 70 percent of the city’s advanced primary care providers work in the larger practice sites—hospital clinics and federally qualified health centers—for which the major payer is Medicaid. Conversely, adoption of the PCMH model is lowest among small practices, which lack the scale to support it, and serve a larger proportion of patients covered by Medicare and private insurance. Developing strategies to help small primary care practices provide advanced primary care is a major feature of current UHF work.

New York’s Patient-Centered Medical Homes, by Practice Type



Numbers as of October 2014

Greg Burke leads UHF’s policy and research efforts on new service delivery and financing models, including advanced primary care and accountable care. He was previously vice president for planning at Montefiore Medical Center, where he was responsible for supporting strategic program planning, facilities planning and development, and community service programs, and participated in expanding Montefiore’s ambulatory care network and the creation and implementation of its managed care strategy.

Family Caregivers New Tools for New Tasks



Carol Levine
Director, Families and Health Care Project

Many changes in health care are moving in the same direction—out of the hospital. The focus is on shorter stays, preventing readmissions, integrating care along the continuum. And none of those can be accomplished at full scale without the participation and involvement of family caregivers, who provide most of the care for chronically ill and disabled adults in the community.

When UHF started this work it was a very different era: with patients staying in hospitals longer, less acute care was generally needed after they returned home. Today, family caregivers are being asked to perform complicated medical and nursing tasks for discharged patients—often without adequate information, training, or professional home care. The scope of caregivers’ jobs simply isn’t being matched by efforts to prepare and support them.

We’re continuing our work with health care and social services providers and others to better equip family caregivers for this essential role. We’re also adding a new focus, on technology for family caregivers, including services, products, and apps. This is a new and rapidly expanding field, and we want to make sure that family caregivers’ perspectives are an important part of developing this technology for home use.

A lot of services for family caregivers focus on emotional support, and that’s always helpful. At UHF, our primary work is to make systems more responsive to family caregivers, and to get those who make decisions and work with caregivers daily to see them as the valuable partners they are. That means not only giving caregivers training and support but also recognizing what *they* can give: vital information and insights that can improve patient care and outcomes.

“I was scared, really scared.”

Jackie, on having to provide wound care when her husband was released from the hospital

Nearly half of all family caregivers are expected to perform complex nursing and medical tasks—from medication management to care of catheters and open wounds—often without adequate training and support. To ensure that caregivers’ perspectives inform development of a new series of training videos being produced by AARP’s Public Policy Institute, UHF brought together six groups of family caregivers for discussions with a professional moderator. Their stories painted a vivid picture of the challenges they face.



6 SESSIONS	AGES	PARTICIPANTS	RELATIONSHIPS	ETHNICITY
4 English	18 to ≥80	20 women	Most often spouses or adult children of aged parents	2/3 Latino or African American
1 Spanish		13 men		
1 Chinese				

Before joining UHF in 1996, Carol Levine directed the Citizens Commission on AIDS in New York City and The Orphan Project, which she founded. For her work in AIDS policy and ethics she was awarded a MacArthur Foundation Fellowship. She was later named a WebMD Health Hero and a Purpose Prize fellow. Ms. Levine is the editor of several books on family caregiving, and previously edited the *Hastings Center Report*.

Aging in Place

Helping Communities Reduce Health Risks



Fredda Vladeck
Director, Aging in Place Initiative

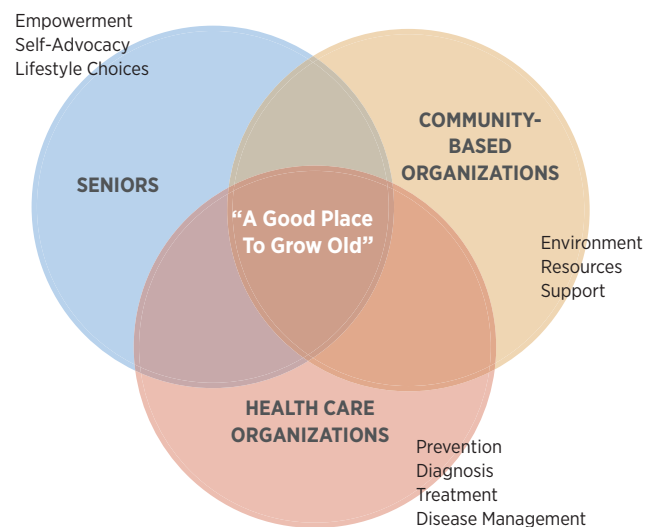
We've been working at the intersection of health care and social services for the past 16 years, creating connections that help seniors remain in their homes as they age. Community supports are increasingly understood as a vital element of health care reform, and UHF's efforts have given neighborhood organizations that serve seniors both impetus and tools to identify risks to healthy aging and address them.

One of the things that emerged from our early work is that community-based organizations must become targeted and systematic about prevention and chronic disease management, instead of crisis-driven when clients are in urgent need of help. They need good—and affordable—information systems and training on how to use them. What was also apparent is that health care and social services often don't speak the same language or consciously have the same agenda, and need help to work together effectively. That led us to create Health Indicators, featuring a Web-based survey (with language useful to health care providers too) to help community organizations learn about conditions common among their clients—such as abnormal blood pressure, or use of five or more medications, both factors increasing the risk of falls—and develop interventions to reduce their impact.

Now we've broadened that approach to help organizations implement data-driven, *results-oriented* health and wellness programs for seniors, while working better with health care providers. UHF's new Health Indicators–Performance Improvement (HI–PI) project is working with three senior-serving organizations, at six sites, to test a battery of redesigned tools, suggested interventions for specific health risks, and clear how-to guidance. It's another step toward giving community organizations the resources they need—regardless of their financial and staff resources—to make and strengthen connections to health care and, ultimately, be more strategic and more effective in supporting seniors' health.

Shared Strengths, Shared Supports

With publication of the 2004 report *A Good Place to Grow Old*, UHF brought national attention to the potential of the NORC Supportive Services Program model—a unique partnership of social services, housing management, and health care—for helping older adults remain where they want to be, in their own homes. That report, and the work of UHF's Aging in Place Initiative that preceded and followed it, was prescient. The critical connections and communications it described—an ongoing feedback loop and sharing of skills and resources between community and health care organizations and between those groups and seniors themselves—are essential elements of health care's transformation. Today, the sweet spot where need, information, care, and support converge makes for not only “a good place to grow old” but also a better place for maximizing every New Yorker's health and well-being.



The founding director of the first comprehensive NORC Supportive Services Program, Fredda Vladeck has worked with a broad range of partners for more than three decades to develop innovative approaches—including working partnerships between health care and social services providers—that support seniors' ability to remain in their communities. Among her positions before joining UHF, she was advisor for aging and health policy to the president of the International Brotherhood of Teamsters, a consultant for health policy to the National Council of Senior Citizens, and a White House delegate to the 1995 White House Conference on Aging.

Grantmaking Complementing and Extending Our Work



Deborah E. Halper
Vice President
Education and Program Initiatives

United Hospital Fund grantmaking complements UHF priorities, while providing support to not-for-profit organizations engaged in improving the quality and delivery of health care services in New York. Our grants provide seed money that may be used to develop an innovative idea, support capacity-building efforts, or advance policy. In line with our goal of fostering positive system change, these grants generally target projects that have the potential for impact within and beyond the walls of a single organization.

This past year several of our grants focused on the needs of one group of New Yorkers who have been largely left out of the Affordable Care Act's historic coverage expansions—adult immigrants. We supported work to understand the barriers to getting care that this population faces, the policy options for making subsidized coverage available to them, and the related costs; to support reorganization of the public hospital system's charity care program to better meet patients' needs for managing chronic disease; and to provide critical tools for teaching newly insured immigrants how insurance works.

We also continued funding our longtime work to promote patient safety, build quality improvement leadership, and understand longer-term issues related to reducing harm. And we extended our work with senior-serving community-based organizations, to help them develop programs to reduce specific risks to healthy aging among seniors living in the community.

UHF's grantmaking is showing that evidence-based, skillfully targeted projects—even those modest in size and scope—can leverage limited resources and yield significant impact.

During the fiscal year ended February 28, 2015, UHF awarded \$977,000 in grants. This strategic philanthropy is supported by our annual fundraising campaign.

EXPANDING HEALTH INSURANCE COVERAGE

Community Service Society of New York \$75,000

To explore the viability of three health insurance coverage policy options for New York State's undocumented immigrant adults: coverage for those ages 19-30; a high-deductible plan covering preventive and primary care for persons eligible for Emergency Medicaid; and coverage through a State-funded Basic Health Plan.

Memorial Sloan Kettering Cancer Center Immigrant Health and Cancer Disparities Service \$65,000

To help people newly insured through New York State of Health, particularly those with limited English or low health literacy, access their insurance benefits and engage with a primary care provider, by developing and testing new educational materials and strategies for facilitating those connections.

Young Invincibles \$75,000

To research barriers to health care coverage and access for young undocumented immigrants in New York City—both those with and without DACA, or temporary relief from deportation, status—through focus groups and interviews; and to develop recommendations for eliminating those barriers. Young Invincibles will also prepare toolkits and infographics, to be distributed through immigrant organizations, on obtaining coverage and care.

IMPROVING QUALITY OF CARE

Greater New York Hospital Association \$125,000

To continue the UHF/GNYHA quality improvement partnership, focusing on four key activities: strengthening quality improvement education and training for doctors and nurses through the Clinical Quality Fellowship Program; improving and standardizing transitions from hospitals to nursing homes and home care as part of efforts to reduce avoidable hospital admissions and readmissions; reducing the spread of multi-drug-resistant organisms through antibiotic

Debbie Halper is responsible for developing, implementing, and managing UHF grantmaking activities, as well as UHF's Families and Health Care Project and Aging in Place Initiative. She is also responsible for the design of UHF conferences, the Health Policy Forum, and other educational programs. Ms. Halper previously worked as an administrator for clinical resources at Mount Sinai Hospital.

stewardship programs in area hospitals; and sustaining and disseminating the results of these and other quality improvement activities.

REDESIGNING HEALTH CARE SERVICES

Children’s Dental Health Project \$95,000

To address the widespread problem of early childhood caries—severe tooth decay caused by a bacterial infection—among low-income preschoolers by adapting a dental education mobile app, now used by health workers, for families’ use with smartphones, to help parents identify risk levels and set and monitor daily prevention goals. The project will also explore Medicaid-allowable payment options to support oral health education services.

City University of New York School of Public Health \$100,000 over 18 months

To address untreated depression among CUNY students by developing and pilot testing a student awareness campaign and resources, and using student “health ambassadors” to provide outreach and information at three Bronx campuses. CUNY will also strengthen campus mental health services and review current linkages to community mental health providers.

The Institute for Family Health \$70,000

To improve care and outcomes for high-need patients by training staff in shared care planning; mapping patient claims data from outside sources to electronic health records to improve understanding of overall utilization and plan interventions; and disseminating best practices and lessons learned to other providers and policymakers.

Together on Diabetes–NYC \$55,000

To continue to build on the successes of UHF’s Together on Diabetes-NYC initiative in helping seniors better understand and manage their diabetes, through partnerships among seniors, health care providers, and community organizations.

Isabella Geriatric Center (\$15,000)

To support the program coordinator/intake and referral position based at Isabella.

ARC XVI Fort Washington, Inc. (\$10,000)

Riverstone Senior Life Services, Inc. (\$10,000)

YM & YWHA of Washington Heights & Inwood, Inc. (\$10,000)

To enhance the capacity of the three senior-serving community partners to provide diabetes-related services, including education and fitness activities.

City Harvest (\$10,000)

To cover the costs of an interpreter and food for City Harvest’s diabetes-friendly cooking and nutrition programs at the community sites.

Isabella Geriatric Center \$60,000 over 6 months

To bridge operational costs of Together on Diabetes-NYC borne by the initiative’s community anchor Isabella Geriatric Center, until a pending reimbursement agreement between Isabella and insurer Healthfirst is completed and implemented, so the program can be self-sustaining.

PROMOTING HEALTH CARE VOLUNTARISM

Jamaica Hospital Medical Center \$36,000

To provide post-discharge support to seniors at increased risk of readmission or other poor health outcomes, through the Seniors Coaching Seniors peer coaching program. Volunteers will use twice-weekly follow-up calls to determine whether patients are following discharge plans, keeping medical appointments, and understanding medication regimens. Activities will also include role playing and “teach back” to increase patients’ health literacy and ability to communicate with their doctors.

New York Methodist Hospital \$37,000

To enroll patients in MyNYM, a web portal connecting patients to their medical history and information from their hospital stay—including lab results, discharge summaries, and educational materials—from any place with an Internet connection. Trained volunteers will explain the portal and its functions and register patients or more able family members, and then follow up with patients who have not used the portal within two weeks of discharge.

NewYork-Presbyterian/Morgan Stanley Children’s Hospital of New York \$40,000

To provide one-on-one education and follow-up support to young patients with complex medical regimens, and their parents/caregivers, in the outpatient pediatric cardiology department’s heart transplant, pulmonary hypertension, and Holter (ambulatory electrocardiography) monitoring services. Volunteers will be drawn from medical or public health school or health-related undergraduate programs.

FINANCIAL REPORT

United Hospital Fund had a productive year, pursuing a broad range of initiatives. While operations were strong, our assets during the fiscal year declined approximately \$2.3 million, from nearly \$115.9 million to just under \$113.6 million—primarily the result of a nearly \$1.6 million decline in our investments, to \$102.9 million in FY 15 from \$104.5 million in FY 14. Investment returns approximated 4.0 percent for the fiscal year. UHF spent \$5.6 million from the approved spending rate draw for operations, at 5.5 percent, and an additional \$1.0 million from an extra draw authorized by the board for specific purposes. Cash and grant receivable balances, together at \$2.9 million, declined by \$500,000 in FY 15, as new grant awards from foundations and government contracts slowed. UHF purchased minimal fixed assets in FY 15, but recognized a full year's depreciation of approximately \$260,000. Liabilities declined by nearly \$300,000 in FY 15.

Program revenue generated from both foundation grants and government contracts in FY 15 totaled nearly \$1.3 million, lower than the \$1.8 million combined total in FY 14. Foundation awards, which are temporarily restricted, will be spent on program activity over the time periods to which the awards relate. Annual giving and special events raised approximately \$2.3 million in FY 15, slightly lower than the \$2.5 million raised in FY 14—still a significant accomplishment. Endowment draw of nearly \$6.6 million applied in FY 15 was higher than the \$5.5 million drawn in FY 14, primarily due to the additional draw of \$1.0 million, mentioned earlier, to be used for specific purposes. With this additional authorized endowment draw and nearly \$300,000 of additional earned revenue in FY 15, operating revenues and support totaled \$10.5 million in FY 15, higher than the \$9.9 million raised in FY 14.

Our program initiatives continued their intensive activities, as discussed in the preceding pages of this report. Along with UHF's own grantmaking, program expenses totaled \$6.1 million in FY 15, compared to \$6.6 million spent in FY 14, as our work on the Together on Diabetes—NYC initiative concluded. While that innovative program wound down, we continued the notable work of our Medicaid Institute and our health insurance, innovation strategies, family caregiving, aging in place, and quality improvement initiatives. UHF also laid the groundwork, in FY 15, for a New York-focused Quality Institute that will explore systemwide approaches to enhancing quality improvement efforts.

UHF's communications division continued to provide effective support for program activities, with expenses of just under \$1.3 million in both FY 15 and FY 14. Administrative costs were slightly lower in FY 15, at \$2.6 million, compared to \$2.7 million in FY 14. Fundraising costs also declined slightly, to \$820,000 in FY 15 from just under \$880,000 in FY 14. In all, FY 15 operating expenses amounted to just under \$10.8 million, declining from nearly \$11.5 million in FY 14, resulting in a net loss from operations of -\$309,000 in FY 15 compared to a nearly -\$1.6 million loss in FY 14. In both FY 15 and FY 14 these losses are directly associated with UHF spending down greater amounts of temporarily restricted funds secured against lower amounts raised in each respective year.

Non-operating activity produced a net loss of -\$1.7 million in FY 15, resulting primarily from Board-authorized spending in excess of earned market return during the fiscal year, compared to a net gain of \$5.6 million in FY 14. UHF earned 11.4 percent in FY 14, exceeding the spending rate taken for operations in that fiscal year. Together, operating and non-operating activity produced a decline in net assets of -\$2.0 million in FY 15, compared to a net gain of 4.0 million in FY 14, both primarily a result of endowment activity.

As a proven leader known for providing high-quality, independent information and analysis, UHF is focused on assessing and refining its strategic direction over the next three to five years, continuing to build strength and financial capacity in support of its health care improvement work on behalf of the people of New York.

FINANCIAL SUMMARY

Statement of Financial Position

Year ended February 28, 2015

ASSETS

Cash and cash equivalents	\$	2,434,702
Grants and other receivables, net		463,378
Other assets		939,223
Investments		102,938,398
Property and equipment, net		2,682,006
Beneficial interest in perpetual trusts		4,113,482
Total assets	\$	113,571,189

LIABILITIES AND NET ASSETS

Liabilities:

Accounts payable and other liabilities	\$	783,065
Indebtedness		66,667
Deferred rent obligation		2,676,706
Grant commitments		987,500
Accrued post-retirement benefits		872,861
Total liabilities		5,386,799

Net assets:

Unrestricted		81,972,249
Temporarily restricted		20,841,219
Permanently restricted		5,370,922
Total net assets		108,184,390
Total liabilities and net assets	\$	113,571,189

Complete audited financial statements are available on the United Hospital Fund website at www.uhfnyc.org, or you may contact the New York State Charities Bureau, 120 Broadway, New York, NY 10271.

Statement of Activities

Year ended February 28, 2015

OPERATING REVENUES AND SUPPORT

Public support:		
Foundation grants	\$	485,000
Government and exchange contracts		813,028
Contributions		366,195
Special events		2,343,424
(Less direct expenses)		(370,027)
		<hr/>
Total public support		3,637,620
Other revenues:		
Conferences and other		66,939
Investment return designated for current operations		6,583,228
Other investment income		188,162
		<hr/>
Total other revenues		6,838,329
		<hr/>
Total operating revenues and support		10,475,949

OPERATING EXPENSES

Program services:		
Grants		922,000
Health services research, policy analysis, and education		5,142,270
Publications and information services		1,298,273
		<hr/>
Total program services		7,362,543
Supporting services:		
Administrative and general		2,602,791
Fundraising		820,084
		<hr/>
Total supporting services		3,422,875
		<hr/>
Total operating expenses		10,785,418
		<hr/>
Change in net assets from operations		(309,469)

NON-OPERATING ACTIVITIES AND SUPPORT

Investment return less than amounts designated for current operations		(1,596,785)
Investment fees		(116,395)
Post-retirement-related changes other than net periodic post-retirement cost		(36,178)
Change in value of beneficial interest in perpetual trusts		4,293
Tax expense from unrelated business income		(1,775)
		<hr/>
Change in net assets from non-operating activities and support		(1,746,840)
		<hr/>
Change in total net assets		(2,056,309)
		<hr/>
Net assets at beginning of year		110,240,699
		<hr/>
Net assets at end of year	\$	108,184,390

Complete audited financial statements are available on the United Hospital Fund website at www.uhfny.org, or you may contact the New York State Charities Bureau, 120 Broadway, New York, NY 10271.

CONTRIBUTORS

ENDOWMENT FUNDS

The total of legacies and memorial and other endowment fund gifts received prior to March 1, 2015, was \$17,466,418. Of this sum, \$231,960 was distributed to the Fund's beneficiary hospitals directly, by the terms of the legacies.

2014-15 CONTRIBUTORS

Support received March 1, 2014 – February 28, 2015

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UNITED HOSPITAL FUND'S ANNUAL CAMPAIGN FOR A HEALTHIER NEW YORK



Every New Yorker deserves quality health care. We know the challenges. We're shaping solutions.

Big changes are underway in New York's health care, changes that are improving the ways services are delivered and paid for, patients are engaged, and better outcomes are made routine. With the support of our generous donors, United Hospital Fund is helping make those changes work for all of us, with a special focus on the most vulnerable.

Health care that benefits everyone takes fresh thinking and doing things differently. At UHF we identify and advance opportunities to build a more effective health care system for every New Yorker. We analyze what's working and what's not. We bring leaders and decision-makers together to solve common problems. We develop innovative programs that improve the quality, accessibility, affordability, and experience of patient care. And we support the spread of new ideas and approaches that have proved successful.

For 136 years, United Hospital Fund has been an independent force shaping positive change in New York's health care, thanks to generations of contributors, both large and small. With your help, we will continue our work to improve health and health care in New York.

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Support Services Assistant

OPPORTUNITIES TO HELP

United Hospital Fund relies on your generosity to support our primary mission of shaping positive change in health care for the people of New York. One especially meaningful way to help is to remember UHF in your will. Through a bequest you can support innovation and necessary change in health care while linking your name for years to come with a cause larger than any single institution.

A bequest may allow you to make a more significant gift than you could otherwise afford in your lifetime and may also reduce your estate taxes. Moreover, your support will enable UHF to continue to be a center for ideas, activity, and participation for future generations.

When discussing your estate plans with your lawyer or financial advisor, you may want to consider incorporating the following simple language in your will: "I give and bequeath to the United Hospital Fund ____ percent of my total estate [or \$____, or other property]."

Please let us know if your estate plans already include a gift to UHF, so that we may include you as a member of our Legacy Society.

You can also contribute to our Campaign for a Healthier New York. This annual fundraising effort provides essential support for our current work to ensure accessible, affordable, high-quality health care for all.

For more information on bequests, other special giving plans, or our annual fundraising campaign, please call Christina Maggi, Director of Development, at 212.494.0728.

The United Hospital Fund is a not-for-profit charitable organization under Section 501(c)(3) of the Internal Revenue Code (federal tax ID# 13-1562656) and all gifts are tax deductible to the full extent allowed by law.





**United
Hospital Fund**

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

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