

Blueprint

FALL / WINTER 2023

Tackling Medication Overload in Nursing Homes

By Anna Quinn

An estimated 40 percent of older adults take five or more prescription medications daily. In nursing homes, that number climbs even higher: around half of nursing home residents take nine or more medications.

While many of these medications may be necessary and appropriate, they also increase the risk of adverse events like drug interactions, falls, cognitive impairment, and even hospitalizations. In fact, the rate of adverse drug reactions is twice as high in nursing home residents taking nine or more medications than it is in those taking fewer than nine.

Plus, for many older adults, these medications have been prescribed by multiple providers who may not be coordinating care, leaving even greater exposure to risks. A 2022 UHF report on transitions in care found that patients are frequently discharged from a skilled nursing facility on numerous medications but without sufficient understanding of why they were prescribed or how to appropriately take them, as well as little awareness of side effects and interactions.

United Hospital Fund is tackling this critical problem on the front lines. An initiative launched in 2022 is working with nursing homes to curb the prescribing of an inappropriately high number of medications, known as polypharmacy—and has already seen success.

POLYPHARMACY LEARNING COLLABORATIVE

Supported by the Mother Cabrini Health Foundation and TD Charitable Foundation, UHF's Polypharmacy Learning Collaborative partnered with six New York-area nonprofit nursing homes to focus on safe "deprescribing"—or decreasing the use of potentially inappropriate medications.

In its first year, the six participating facilities—ArchCare at Mary Manning Walsh, Cobble Hill Health Center, Eger Health Care and Rehabilitation Center, Gurwin Jewish Nursing and Rehabilitation Center, The Hebrew Home at Riverdale, and Jamaica Hospital Nursing Home—each chose two medications from a list of four

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DID YOU KNOW?

An estimated **50%** of nursing home residents receive **nine or more medications**



UHF Welcomes Two New Board Members

United Hospital Fund has elected two new members to its Board of Directors: **David J. Erickson**, senior vice president and head of community development at the Federal Reserve Bank of New York; and **Kishor Malavade, MD**, vice chair of Maimonides Health’s department of population health and executive director and medical director of Community Care of Brooklyn IPA.



At the NY Federal Reserve, Mr. Erickson’s areas of research include community development finance, affordable housing, economic development, and institutional changes to benefit low-income communities. He has been a leader in the collaboration between the NY Federal Reserve and the Robert Wood Johnson Foundation in bringing the health sector together with community development. Mr. Erickson has a PhD in history and a master’s

degree in public policy from the University of California, Berkeley and an undergraduate degree from Dartmouth College.



Dr. Malavade has over 20 years of health care experience and has been a member of the Community Care of Brooklyn IPA Board of Directors since its

founding in 2018. In his current role, he has helped lead Community Care of Brooklyn IPA and overseen the work of Maimonides’ department of population health and the entities under its umbrella. Dr. Malavade previously served as the vice chair in psychiatry at Maimonides and is a practicing physician board-certified in psychiatry. He holds a BA in English from Wesleyan University, an MD from Cornell University Medical College, and completed his residency and fellowship training at NYU School of Medicine. ■

Second UHF Convening Held on Critical Unwinding Effort

Several months into the “unwinding” of the continuous coverage provisions adopted during the COVID-19 public health emergency, New York officials and community-based organizations are still hard at work ensuring more than 9 million New Yorkers enrolled in Medicaid, Child Health Plus, and the Essential Plan maintain coverage.

On August 24, hundreds of stakeholders focused on this critical unwinding effort gathered at a United Hospital Fund event to assess the latest renewal data, discuss on-the-ground outreach and renewal efforts, and explore opportunities to overcome ongoing challenges. The hybrid event—“Surviving the Unwinding Part II: Tracking New York’s Effort to Maintain Enrollment After the Continuous Coverage Period”—is the second in a series held by UHF surrounding the enormous task of reassessing eligibility and renewing coverage for millions across the state.

“Together we can collaborate to make sure we maximize the number of New Yorkers that remain covered,” UHF President and CEO Oxiris Barbot, MD, told nearly 400 in-person and virtual attendees.

At the convening, attendees heard from New York State Medicaid Director Amir Bassiri, New York State of Health Marketplace staff, and those on the front lines of the unwinding effort. Renewals have averaged about 80 percent in the first four months of the process, according to state estimates.

In addition to highlighting successes of mail, text, email, phone, social media, and in-person outreach efforts, panelists discussed strategies to overcome language barriers, staffing shortages, and other challenges they’ve encountered. UHF held its third unwinding convening on December 6 and looks forward to continuing its partnership with the State and community organizations. ■

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“Medicalizing” Social Needs Is a Band-Aid and Not a Cure

Twenty years ago, I left clinical practice for public health. I was tired of fighting against the outsized role that inadequate housing and a lack of access to healthy food, transportation, and educational opportunities had in my exam room. I wanted to make a difference upstream through policy and programs that affected whole communities so that the river of inequities could be quelled.

This journey is not unique to me and, despite the efforts of many, seemingly little has changed over the past two decades. One contributing factor is a persistent tendency to treat non-medical problems as medical issues. This so-called “medicalization” creates relatively small and temporary fixes that do not solve the larger problem and may cause long-term, negative consequences. As an example, clinicians across the country are still writing “doctor’s notes” that use their patients’ medical conditions as justification for moving them to the front of the line for adequate public housing rather than focusing on healthy housing for all.

What has changed dramatically is our current-day context. The pandemic unleashed exploding demands in health needs, especially behavioral health, that have been exacerbated by social media-driven disinformation, climate change, and whatever the other co-occurring crises of the day might be. This is putting unprecedented pressure on the “system” at the very time we are facing provider shortages and a growing trend of commercialization in medicine. Rising income inequality is further compounding these dynamics and magnifying the impact of the underlying drivers of inequities on everyday Americans, but especially those in communities of color. As a result, we are seeing poorer health outcomes and, for the first time, a drop in life expectancy not seen in generations.

The confluence of these tensions provides an urgent opportunity to push against the status quo and truly take up the task of creating a more just and equitable health ecosystem.

While New York State, like several other states, has taken a positive step in this direction by requesting a waiver from the federal government that will allow the State’s Medicaid program to cover certain health-related social needs services, we must

continue to push for structural remedies for underlying inequities. If we allow ourselves to think that the full task is screening for social needs, such as food insecurity in children—and addressing those needs through medical referrals to food pantries—we detract from the mission of addressing inequitable systems that perpetuate food injustice. We can’t prescribe our way out of a society with misplaced priorities by treating the symptoms and not the disease.

I suspect many health care professionals have been complicit in needlessly medicalizing conditions because the “power of the white coat” was seemingly the only way to get the necessary resources to alleviate people’s suffering. Perversely, re-defining or remediating social ills through a medical lens may have the unintended consequence of laying the blame on the individual rather than on systems built to perpetuate inequities.

Through the waiver and the social care networks, we have a critical chance to learn from individual patients about social and economic barriers to optimal health. If done right, we can use this knowledge to inform and shape policies and funding priorities across multiple domains that influence health outcomes.

There are other ways to further de-medicalize parts of the health ecosystem. Increasing the use of community health and peer support workers not only incorporates their input into individual treatment plans but gives us the opportunity to aggregate information that can be shared across systems to better inform, influence, and hold government accountable in addressing underlying drivers of morbidity and mortality inequality. Medicalizing without creating feedback loops to address these drivers will not help us gain traction in getting better health outcomes faster and realizing health equity goals.

We cannot allow ourselves to fall victim to pandemic fatigue and the complacency that comes with it. Rather, we should make the most of an invaluable opportunity to do away with the status quo and be intentional in aligning preventive, protective, and therapeutic services that weave a more rational system of care that supports individuals, their families, and their communities. ■



Oxiris Barbot, MD
UHF President and CEO

“We can’t prescribe our way out of a society with misplaced priorities by treating the symptoms and not the disease.”

Tackling Medication Overload in Nursing Homes

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categories known to frequently contribute to polypharmacy. The categories, selected by UHF, include proton pump inhibitors for acid reflux, the world's most prescribed drug; antihypertensives for high blood pressure; benzodiazepines, a class of drugs for anxiety; and cholinesterase inhibitors and memantine for the treatment of Alzheimer's and dementia symptoms.

The results were promising. Overall, the partnership successfully reduced the number of residents taking 10 or more medications by 16 percent over a four-month period. Participating nursing homes also reduced the average number of medications prescribed per nursing home resident from 10.7 to 8.7.

"We are very encouraged that all six participating nursing homes, which varied in size, staffing, resources, and targeted medications, were successful in their deprescribing efforts," said Joan Guzik, director of quality and efficiency at UHF's Quality Institute.

REDUCING THE RISK

Ms. Guzik is one of the authors, along with UHF's Alice Ehrlich and Kevin Mallon, of a report on the initiative, *Reducing the Risk: Year 1 Report of the Polypharmacy in Nursing Homes Learning Collaborative*. It summarizes key lessons learned during the first year of the learning collaborative and provides tools and recommendations for other organizations wishing to develop their own deprescribing initiatives.

Among the lessons: leadership and education are crucial to implementing a deprescribing initiative; every member of the care team has a role to play in the deprescribing effort; engaging residents and families is key; analyzing and monitoring prescribing data are essential; and a quality improvement approach facilitates organization-wide deprescribing.

"This report demonstrates that overall public awareness about the risks of polypharmacy in older adults, attention to medication reconciliation across all care settings, and family engagement are all key to successful and safe deprescribing efforts," said Oxiris Barbot, MD, president

and CEO of United Hospital Fund. "We hope nursing homes across the city, state, and country will learn from the report's tools, resources, and approaches."

The report also highlighted the project's additional benefits for nursing home residents, costs, and staff.

For example, one resident who was slowly deprescribed a benzodiazepine became less sleepy during the day and was able to participate in recreational activities with more enthusiasm. Another resident, who was underweight, noticed an improved appetite and weight gain after the successful deprescribing of a dementia medication.

At the facility level, one nursing home reported saving \$40,000 in pharmacy bills within seven weeks of launching its intervention.

MORE TO COME

UHF staff are already building on the success of the polypharmacy initiative's first year.

The learning collaborative's second year, which kicked off in March 2023, will expand the list of high-risk medications targeted for deprescribing and dose reduction. It will also add two newly recruited nursing facilities to those participating in the project.

Also new to the initiative: the second-year participants will integrate an innovative framework known as Age-Friendly Health Systems into their interventions.

Developed by The John A. Hartford Foundation and the Institute for Healthcare Improvement, the Age-Friendly model is a set of evidence-based principles aimed at improving patient-centered care for older adults. It organizes care around a set of elements known as the "4Ms": What Matters, Medication, Mentation, and Mobility. The principles, used by more than 3,000 facilities across the nation, have been shown to improve patient experience scores, as well as quality outcomes, such as readmissions, emergency department utilization, and length of stay.

UHF will publish results and additional findings from the second year. ■



The Collaborative partnered with six New York-area nonprofit nursing homes to focus on safe "deprescribing." Overall, the partnership successfully reduced the number of residents taking 10 or more medications by 16 percent over a four-month period.

UHF Literacy Project Makes Lasting Difference at East Harlem Health Center

By Anna Quinn

At Settlement Health Center in East Harlem, the proof of a post-pandemic literacy drive is on the bookshelves. The waiting room shelves, whose supply was depleted during the pandemic, are now not only fully stocked but have overflowed to include a back-up supply of books in the basement.

“When I started residency in 2020, our bookshelf had like four books on it—we weren’t able to give books to kids when they had their visit,” said Jasmine Blake, MD, who led the effort at Settlement with fellow resident physician Luis Seija, MD. “It’s been a big difference.”

from the UHF project. Building on a Reach Out and Read partnership, the library helped grow a “reading room” in Settlement’s waiting area with English and Spanish literacy posters, educational puzzles, magnetic boards, and kid-size couches.

They also donated 120 “literacy kits” that Settlement is now recreating to distribute annually, including calendars with local events, an age-appropriate book, and practice materials.

The kits will tackle an essential but often challenging part of the pediatrician’s role in literacy development: ensuring it continues at home. Settlement physicians said the literacy project emphasized that boosting reading skills and confidence **among caregivers is often as crucial** as encouraging them in children. This is particularly true in immigrant or structurally marginalized communities like those Settlement serves.

Another way to involve the whole family is by hosting literacy-focused events. Settlement has been tapped to host monthly library card sign-up events and participates in activities held at the nearby Aguilar Library branch.

One of the health center’s goals during the UHF literacy project was to center health equity, social justice, and anti-racism in its resources. This has included ensuring both books and materials are in multiple languages and expanding the library catalogue to highlight diverse stories, representing people of color, the LGBTQ+ community, and gender-affirming narratives.

The project’s impact will continue beyond its one-year duration. Dr. Blake and Dr. Seija, who will leave Settlement after their Mount Sinai Internal Medicine-Pediatrics Residency Program ends, set up trainings for “literacy champions” identified among staff to ensure the progress carries on.

“It was such a privilege to be included in everything UHF had to offer us,” Dr. Seija said. “A donation of \$7,500 has gone such a long way in our health center—it will be forever impactful.” ■



But Dr. Blake is quick to point out that the literacy efforts go well beyond a growing book collection.

One of four pediatric practices participating in UHF’s project “Pediatric Steps to Literacy, One Book at a Time,” Settlement received guidance, resource connections, a book donation, and \$7,500 in funding to integrate early literacy practices into their primary care space. The UHF project is funded by the Mother Cabrini Health Foundation. Research shows that early literacy can influence not only a child’s school outcomes, but also their long-term economic stability, health, housing, and social opportunities.

For Settlement, a big part of integrating literacy came through a partnership with the New York Public Library that stemmed

Research shows that early literacy can influence not only a child’s school outcomes, but also their long-term economic stability, health, housing, and social opportunities.



Mary T. Bassett, MD, Zachary Iscol, and Anthony Tassi

UHF's Gala Honors Three Remarkable Leaders

United Hospital Fund's annual Gala was held on October 2 at Cipriani 42nd Street, bringing together some 500 health care, community, and business leaders to support our work of building an effective and equitable health care system for every New Yorker. This lively event also honored three remarkable leaders for their efforts to improve health and health care.

Mary T. Bassett, MD, former commissioner of the New York State Department of Health and of the New York City Department of Health and Mental Hygiene, received the Health Care Leadership Award for her trailblazing work to advance equity and social justice in health care and for leading the city and state through multiple health crises.

As the city's health commissioner, she is widely credited for making health services more accessible to low-income New Yorkers, building a culture of equity and racial justice in the health department, tackling troubling gaps in health between white New Yorkers and communities of color, and for leading successful responses to crises involving Ebola, Legionnaires' disease, and the Zika virus. From late 2021 until the end of 2022, Dr. Bassett also served as the health commissioner for New York State, leading the State's response to the COVID-19 Omicron surge.

Zachary Iscol received the Distinguished Community Service Award. A decorated combat veteran who served two tours in Iraq, Mr. Iscol was recognized for co-founding

The Headstrong Project in 2012 after several Marines from his unit died by suicide. Headstrong provides confidential, barrier-free, and stigma-free PTSD treatment to veterans, service members, and family connected to their care. The organization, which began through a partnership with Weill Cornell Medicine, now operates in 15 states and provides free mental health care to 1,400 clients per month.

In his professional life, Mr. Iscol is the Commissioner of New York City Emergency Management, where he leads a 300-person department tasked with keeping New Yorkers safe during citywide emergencies.

Literacy Partners received a special tribute, accepted by its CEO **Anthony Tassi**, for its work to help break the cycle of poverty through the development of literacy and language skills. Using a two-generational approach, Literacy Partners offers classes that focus on the literacy and language skills of low-income and immigrant parents and caregivers, giving them the tools to create success for themselves and a better future for their children. The organization also does important work outside the classroom, joining forces during the pandemic with family health centers to turn around the trend of declining well-child visits and immunizations and working with United Hospital Fund on its children's health initiatives.

The 2023 Gala, chaired by UHF Chair John C. Simons, raised more than \$1 million. ■

GALA LEADERSHIP SUPPORTERS

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Peter Newell

Director of Health Insurance Project,
United Hospital Fund



Peter Newell joined United Hospital Fund in 2007 after serving as the executive director of the New York State Assembly Committee on Insurance and as staff director for

Assemblymember Pete Grannis.

As the director of UHF's Health Insurance Project, he conducts research and analysis that highlights barriers to insurance coverage, identifies ways to expand coverage, and helps shape solutions to policy and implementation challenges. He is UHF's Patricia S. Levinson Fellow.

Q: Your Leveling Up report details how health plans can advance health equity. What spurred you to tackle this topic?

UHF began its own DEI process in 2019, and it was very moving, as colleagues described the racial harms they had suffered. That was followed, of course, by COVID-19 and the terrible toll it took on Black and Latine New Yorkers due to the exacerbation of systemic inequities, and then the murder of George Floyd by the police. All these things refocused UHF on health equity issues, me included. Because of our past work, the tremendous resources health plans command, and all the things they touch in the health system—benefit design, the diversity of provider networks, the use of potentially biased artificial intelligence—it seemed like a good place to start.

Q: You're helping organize a series of UHF convenings on the unwinding of the COVID-19-related continuous coverage requirement. Why did UHF decide to do this and what do you hope it will accomplish?

The short answer is State officials asked us to. UHF's value as a convener is well known and respected. Helping New Yorkers maintain coverage is inseparable from our mission of increasing access to coverage. Oxiris aptly likened the convenings to

“continuous quality improvement”—identify problems, address them, and move on to the next. In the short term, our goal is to support the broad effort to keep people enrolled; longer term, we hope to contribute to a fairer, more user-friendly eligibility and enrollment process.

Q: Can you talk about the latest uninsured numbers and how the unwinding is affecting them?

Increases in public coverage have largely offset the loss of employer-sponsored insurance (ESI), so we're seeing the uninsured rate creeping back down to our historic lows in the 5% range. As the unwinding plays out, we'll see how much take-up there is in ESI and lost public coverage. There may be a need to revisit eligibility and enrollment requirements, outreach, subsidy levels, or other matters.

Q: What's the path forward for New York in expanding insurance coverage over the next two-three years—and what will UHF's role be in that?

We've been supportive of the State's proposed Section 1332 waiver to increase income limits for the Essential Plan. Providing access to affordable coverage to all New Yorkers regardless of immigration status, the single largest bloc of individuals without coverage, is a very important goal that's eluded us thus far. Reducing out-of-pocket costs for qualified health plans on the NY State of Health Marketplace is another area of potential focus. Extensive navigator networks working on the unwinding, to no one's surprise, report some “sticker shock” for individuals losing low- or no-cost coverage, like Medicaid or the Essential Plan and considering qualified health plans as a replacement. Of course, the upcoming budget and federal election cycles and a range of possible court decisions could shape the discussion too. Through analytic work and convenings, UHF hopes to be in the thick of discussions on these issues. ■

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 an effective and equitable health care system for every New Yorker.

CHAIR

John C. Simons

PRESIDENT AND CEO

Oxiris Barbot, MD

SENIOR VICE PRESIDENT FOR COMMUNICATIONS AND DEVELOPMENT

Sally J. Rogers

This issue of *Blueprint* was produced by UHF's communications department, including editing and project management by Adam Fifield, writing by Anna Quinn, design by Laurie Douglas Graphic Design, dissemination support by James Andrews, and oversight by Sally J. Rogers. Dora Mendez, Jatna Rojas, Gabriela Groenke, Chad Shearer, and Amanda A. Williams provided edits and feedback.

Blueprint

ON THE CALENDAR



MAY 6, 2024

Tribute to Excellence in Health Care

A celebratory luncheon recognizing quality improvement champions across the metropolitan region.

Cipriani 42nd Street

JULY 2024

Medicaid Conference

Bringing together health care policymakers, providers, insurers, community organizations, and policy experts to discuss timely issues of import to New York's Medicaid program.

Date and Location TBD

OCTOBER 7, 2024

Annual Gala

A special 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*



Reducing the Risk: Year 1 Report of the Polypharmacy in Nursing Homes Learning Collaborative

outlines successful interventions and lessons learned in the first year of a partnership between UHF and six New York-area nonprofit nursing homes focused on safe “deprescribing”—decreasing the use of potentially inappropriate medications.

Help Wanted: Employers to Help “Unwound” Workers Who Lost Public Health Coverage

is a commentary by UHF's Peter Newell examining how employers can help workers who lost public health coverage during the COVID-19 health emergency.

***What Health Systems Can
Do About Gun Violence*** is a commentary by UHF's Joan Guzik exploring how health systems can tackle gun violence with the same level of priority and commitment with which they have confronted other public health problems.

