

Blueprint

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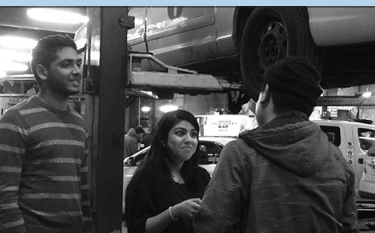
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The Quality Institute: New Initiative to Bridge Policy and Practice

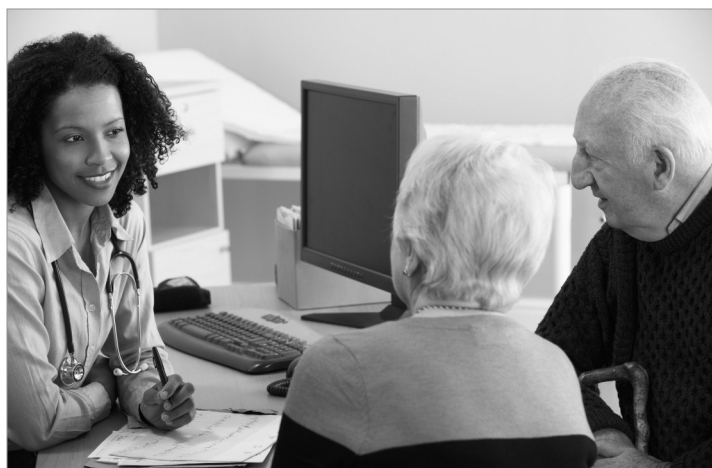
With the launch of the Quality Institute at United Hospital Fund, UHF is significantly expanding its decade-long health care quality activities, bringing its unique role and expertise in New York's health care to thorny issues of quality assessment, capacity-building, and patient engagement. The Quality Institute will convene stakeholders—policy makers, providers, payers, and consumers—and provide a forum in which they can engage on quality issues across the spectrum of care.

“We see the Quality Institute as a bridge between health policy and health practice,” says Anne-Marie J. Audet, MD, UHF vice president for the Institute, “examining the quality of care in New York, sharing learning and insights about gaps, and shaping health care delivery and payment reforms whose impact can be measured.”

A 25-person advisory group, bringing together state, local, and national quality leaders, is guiding the Institute as it continues to refine its mission, develop and implement activities, engage stakeholders throughout the state, and disseminate the results of its efforts.

NEED...AND FEASIBILITY

The idea for the Quality Institute arose in 2013, says UHF President Jim Tallon. “There were so many promising developments—the Medicaid Redesign Team, a \$100 million federal grant opportunity for the State under the State Innovation Model initiative, and a wealth of other activity related to national efforts on delivery and payment system reform. But there was no real



Patient engagement—in part through helping providers integrate the kind of measures that speak to patients' real health concerns—is a major focus of the new Quality Institute.

forum to bring everyone—the State, Medicaid, commercial payers, providers, consumers—together, to examine that body of work and its potential impact on quality, identify gaps, and set priorities.”

UHF undertook a two-year feasibility study, in collaboration with NYeC (the New York eHealth Collaborative) and an advisory board of state health leaders, studying model organizations already at work in several other states; exploring issues related to their organization, governance, and funding, the ramifications of public-private partnerships, and the scope of their work; and, ultimately, proposing potential areas of activity. With subsequent UHF board approval, support from Hearst Foundation and Engelberg Foundation grants, and a contract with the State under New York's State Innovation Model grant, the Quality Institute was born.

PROFILING QUALITY

Three “pillars” or spheres of action support the Institute's mission, reflecting UHF priorities and the cross-pollination that already exists among

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New Quality Institute (continued from page 1)

program areas. The first sphere, profiling quality, addresses the complexity of quality assessment and the challenge of reducing the burden that multiple measurement requirements presents, while moving toward the use of measures that will drive improved health, lower costs, and a better care experience.

In its first year of operations, the Institute has focused on advising the New York State Department of Health on developing a “core measure set” for its State Innovation Model (SIM) Advanced Primary Care program. “The measures in the core set will be the basis for the value-based payment models that all payers will eventually use,” says Dr. Audet. “Widespread payer agreement on a set of measures reduces the burden on providers, who now have to collect and report different measures for different payers, and increases the validity of performance evaluations, since they can be based on much larger populations, not just each payer’s covered patients.”

The Institute is also exploring the potential for cataloging and assessing quality initiatives in progress throughout New York—looking at different care settings, from acute to long-term and home care, and at the populations on which those initiatives are focused.

“We want to find areas of convergence as well as gaps—seeing, perhaps, a host of projects related to quality in one setting, such as the hospital, but fewer on, say, chronically ill patients living at home—and to map all this work to regions,” says Dr. Audet. “We believe this could be a great resource, an important way to share information that helps prioritize and drive quality.”

BUILDING CAPACITY

Strengthening the capacity of New York providers—identifying and spreading best practices and supporting leadership development—is the second pillar, which will build on an extensive body of UHF work including the UHF/Greater New York Hospital Association Clinical Quality Fellowship Program and quality improvement collaboratives with GNYHA that have brought more than 90 hospitals together to tackle specific clinical challenges.

Those initiatives have, for the most part, focused on the acute care setting; the Institute is now exploring the expansion of such programming to include ambulatory care clinicians and practices. For example, it has built on an ongoing UHF/GNYHA antibiotic stewardship collaborative with a new UHF grant initiative focused on hospital outpatient practice sites.

PATIENT ENGAGEMENT

The Institute’s third pillar addresses patient engagement—an almost ubiquitous phrase on which there’s still little agreement about meaning or how to bring it to life. “Consumers have to be part of the conversation, since that is the only way they can really be engaged and make informed decisions about their health,” says Dr. Audet.

“We’re looking to push the envelope, beginning with a focus on more effective ways for providers to get patients’ own assessments of their health status and the outcomes of care they’ve received. We’re learning from a number of early adopters in other states, understanding what is required to succeed, from changing clinical work flows to interacting differently with patients.”

Initially, the Institute will create a learning collaborative among a number of patient-centered medical homes, to gain and spread knowledge that will help practices integrate the kind of measures that speak to patients’ real health concerns.

“Each of these pillars is critically important to advancing the next generation of high-quality health care in New York,” says Andrea Cohen, UHF senior vice president for program. “There’s been an unprecedented scaling up of new delivery and payment models, a focus on population health, and an emerging emphasis on ambulatory care. All of this change is hugely challenging for providers and payers alike, but our collective focus on promoting quality care cannot waver. The Quality Institute will work collaboratively to develop shared strategies and keep health care leaders engaged in driving the outcomes we all want.”

Blueprint

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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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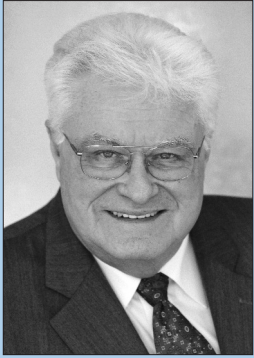
EDITOR
Miles P. Finley

SPECIAL PROJECTS ADVISOR
Mary Johnson

A Word...

WITH JIM TALLON

Health Care 2021: A New Golden Age?



What will New York's health care system look like in 2021? What *should* it look like? These were the challenges taken up in a conference sponsored by UHF and the New York State Health Foundation in early February. They are also at the core of our daily work.

With the potential at hand for fully integrated care and technology that provides needed information about all patients at all times, this could be “a golden age for health care delivery,” asserted keynote speaker George Halvorson, who for more than a decade was CEO of Kaiser Permanente, perhaps the nation's best example of an integrated health care delivery and financing system. At the core of such success, he said, is a culture designed to make doing the right thing the default option in all circumstances.

That's a highly aspirational vision, one based on a number of essential elements.

POSITIVE TRENDS MUST CONTINUE

Most critical is the continued march toward universal coverage. Recent reports indicate that more than 2.7 million people have gained coverage through New York's health insurance exchange, reflecting the State's strong commitment to the Medicaid program, a new Essential Health Benefits program covering approximately 300,000 people this year, and subsidized coverage available through the Affordable Care Act. New York now has a single-digit uninsured rate, with one report indicating a number as low as 5 percent—extraordinary, given the 15 to 17 percent of New Yorkers without

insurance approximately a decade ago.

Second, New York must control overall health care spending and address out-of-pocket costs to individuals. While aggregate health care expenditures challenge both the national and state economies, out-of-pocket spending is a major stressor for the many New Yorkers with limited income and assets. A key to cost control, and an essential five-year goal, is value-based payment, replacing the expensive and fragmented fee-for-service system that has been the rule.

Third, all New Yorkers should have access to the benefits of the patient-centered medical home and advanced

At the core of a successful health care system: a culture designed to make doing the right thing the default option at all times.

primary care models, with full linkages to specialized services likely provided by the integrated provider systems now emerging.

Fourth, there must be continued strides in adopting information technology that provides consumers with meaningful data on the quality of services and allows for decentralized care. Via telemedicine the potential exists, our conference keynoter indicated, for up to 40 percent of care currently provided in clinics and doctors' offices to be shifted to the more convenient, less expensive setting of the home.

THREATS TO THE VISION

What are the major threats to all this being accomplished? First is a continuing call to repeal and replace the mechanisms that have so expanded coverage in recent years.

While it's easily argued that there may be unneeded complexity in the application of subsidies within the system, New York's record-high levels of insurance coverage are evidence that we must not retreat from fully implementing the ACA and Medicaid reforms.

Second is the risk that the financially fragile independent and public hospitals that are primary providers of health services in low-income communities are left to flounder.

Third, while consumers will benefit enormously from information on health care quality and available options, they cannot be expected to make critical health and economic decisions on their own. Care must be taken to differentiate the varying circumstances of patients and build quality reporting on measures important to patients themselves.

Fourth is the possibility that New York does not see to successful conclusion the extraordinary work it has begun under the Delivery System Reform Incentive Payment program, State Innovation Model, and Statewide Health Information Network of New York. These three initiatives—on service delivery, payment reform, and health information technology, respectively—have the potential to transform New York's health care by 2021, but there was skepticism expressed at the conference about their prospects for completion.

The potential for a fully integrated, financially stable health care system exists, given continued commitment to the promising initiatives of the past few years. We may not recapture the fabled golden age of antiquity, but we can ensure an era of high-quality care at affordable cost for the vast majority of New Yorkers.

GRANT SPOTLIGHT

Addressing Immigrants' Barriers to Health Insurance and Care

While coverage expansions have substantially increased the number of New Yorkers with health insurance, immigrants, both documented and undocumented, continue to have far lower rates of coverage and face other barriers to care.

A series of targeted United Hospital Fund grants is helping policymakers and providers better understand and address these gaps and advance the conversation about immigrant health in New York City.

“Improving the way the most vulnerable New Yorkers fare in our health care system is a priority of our grant making,” says Deborah Halper, vice president of education and program initiatives at UHF. “Tackling the distinct challenges facing immigrants will improve the health and well-being of thousands.”

ABCs OF ACCESS

UHF grants are addressing both the practical—explaining the basics of insurance and obtaining care—and larger policy questions. For many New Yorkers with limited English proficiency and low health literacy, the whole concept of health insurance and how it works may be literally foreign. Many more are not reaping the benefits of an ongoing source of care: new enrollees with language barriers and low incomes are significantly less likely to select a primary care doctor.

That issue is the target of one grantee, the Immigrant Health and Cancer Disparities Service at Memorial Sloan Kettering Cancer Center, which is testing several approaches aimed at increasing the use of primary care.

For one group of consumers, enrollment navigators will conduct one-on-

one, 20-minute educational sessions immediately after each enrollee signs up for a plan, and will also provide printed materials in English, Spanish, Bengali, Chinese, Arabic, or French. Enrollees in a second group will receive the same educational sessions and materials, but only when they receive their insurance cards. A third group of enrollees will receive only the usual printed materials. Project staff will compare the impact of the three approaches on plan enrollees' seeking and using primary care.

Supported by another UHF grant, the national nonprofit Young Invincibles' New York office studied barriers to health insurance and access facing New York City's young undocumented immigrants, including those covered by the federal Deferred Action for Childhood Arrivals program. DACA status, as it is known, provides temporary relief from deportation to undocumented immigrants who arrived in the U.S. before they were 16, are under 31, and are pursuing their education or have served in the U.S. military. In New York, DACA recipients may qualify for Medicaid coverage—yet the majority of those eligible remain uninsured.

Partnering with several New York City-based immigrant advocacy organizations, Young Invincibles conducted focus groups and interviews to better understand why those eligible have not enrolled in public health coverage, and challenges to accessing care. Among their top-line findings: 70 percent of participants didn't know that DACA recipients may qualify for Medicaid in New York; accessing



Enrollment navigators from Memorial Sloan Kettering Cancer Center's Immigrant Health and Cancer Disparities Service discuss access to care with an uninsured cab driver.

mental health services is particularly problematic; and the unique mental health needs of young adult immigrants are not being addressed.

FOCUS ON POLICY OPTIONS

With an eye toward improving access to care for immigrants, a third UHF grant is helping NYC Health + Hospitals—the public health care system—shape possible redesign options for HHC Options, its financial assistance program for uninsured and underinsured patients.

Feedback from consumer focus groups and meetings with health care and community leaders, as well as analyses of patient utilization data, will help determine if and how this critically important program should be changed to better serve this vulnerable population.

Another UHF-supported effort, by the Community Service Society and actuarial consultants, has modeled affordable health coverage policy options for the state's estimated 457,000 unauthorized, uninsured immigrants.

“We know that eligibility for insurance doesn't always translate into enrollment, and enrollment doesn't always guarantee access to quality care,” says Ms. Halper. “These projects will help shape tangible solutions for underserved New Yorkers.”

Fellows Prepare for Quality Leadership Roles

With two-day retreats in January and March, the latest class of UHF/Greater New York Hospital Association Clinical Quality Fellows began 15 months of intensive training—classes, webinars, mentoring, group exercises to promote teamwork, and self-designed capstone projects—that will hone their quality improvement and leadership skills. The program is designed to build Fellows’ ability to plan, implement, champion, and sustain systematic quality improvement efforts at their home institutions.

While senior leaders at participating hospitals have consistently supported the program and seen its benefit, the program has evolved to reflect health system changes since its 2009 launch, says Rohit Bhalla, MD, MPH, vice president and chief quality officer at Stamford Health, and the Fellowship Program’s current chair.

“We started with a focus on acute care in hospitals; today, Fellows learn about quality improvement across the full continuum of care. And their capstone projects are addressing not just hospital safety concerns but timeliness, transitional care, and challenges unique to the other settings in which they practice.”

This eighth class of early- and mid-career physicians and nurses brings the total number of program participants to 150, from more than 50 hospitals. The program’s practical approach means that previous Fellows have been able to apply what they’ve learned in their daily work activities, notes Hillary Jalon, director of quality improvement at UHF. “We’ve also seen tremendous growth in career trajectories among a critical mass of the Fellows, many saying that it’s due in part to the skills they acquired during the program.”

2016–17 Clinical Quality Fellows

Brookdale University Hospital and Medical Center

Tracy Dowlat, RN

Hackensack UMC

Kevin Slavin, MD

Memorial Sloan Kettering Cancer Center

Natalie Bell, MSN, RN, ACNP-BC, OCN

Montefiore Medical Center

Theresa Madaline, MD

Mount Sinai Beth Israel

Beth Kranitzky, MD

The Mount Sinai Hospital

Trini Truong, MD

Mount Sinai Queens

Bernard Biviano, MD; Kathy Navid, MD

Mount Sinai West

Francoise Dufresne, MD; Bernice Emmanuelli, RN, BSN, MD; Michael Redlener, MD

NYC Health + Hospitals/Bellevue

Matthew Lambiase, MSN, BSN; John McMenamy, MD

NYC Health + Hospitals/North Central Bronx

Chinyere Anyaogu, MD, MPH; Yvette Calderon, MD, MS

NYP/Weill Cornell Medical Center

Stephanie Muylaert, MD

NYU Langone Medical Center

Ilseung Cho, MD; Prashant Sinha, MD, FACS

NYU Lutheran

Diana Contreras, MD, MPH; Sarah Kaplan, MSN, RN-BC

Northwell Health, North Shore University Hospital

David Hirschwerk, MD

SBH Health System

Janine Liza Duran, RN, CEN, MS, APRN

Winthrop University Hospital

Denise May, NP

Hospital Volunteers’ and Auxilians’ “Invaluable” Service Honored

“Whether helping patients and families directly or working behind the scenes, today’s volunteer and auxilian honorees bring an invaluable measure of caring to their efforts, and literally expand hospitals’ ability to provide quality care,” UHF President Jim Tallon told more than 700 guests at the 23rd annual Hospital Auxilian

and Volunteer Achievement Awards ceremony on March 18.

Eighty-seven individuals, representing 60 hospitals or hospital divisions, were honored at the event.

Citing honorees’ diverse backgrounds—ranging in age from their teens through their 80s, from neighborhoods in every

borough and beyond the city, and with widely varying career and life histories—Mr. Tallon noted the one trait they all hold in common: an extraordinary level of compassion and dedication.

Joining him in celebrating this year’s honorees were UHF Board member Lori Evans Bernstein and special guest Ken Rosato, anchor of WABC-TV’s Eyewitness News This Morning.

Sponsorships from AposTherapy, Kravet Inc., and the New York Football Giants helped support this year’s event.

CBOs Test New Tools to Support Seniors' Health

Community-based organizations play a key role in helping older New Yorkers live at home. But their health and wellness efforts are typically reactive and ad hoc, rather than data-driven and results-oriented—two essentials of meeting health care's triple aim.

UHF's Health Indicators–Performance Improvement project is making it easier for community organizations—senior centers and other groups offering case management, health promotion programs, exercise classes, meals, and other supportive services—to identify their client populations' specific health risks, target interventions, and measure results. This methodical approach enables them to know the extent to which they are making a difference, something which health care providers are increasingly looking for from their community partners.

Supported by a grant from the Altman Foundation, the project's data collection and performance improvement tools are being tested by three community organizations—JASA, the Carter Burden Center, and Neighborhood SHOPP—at six sites in low-income communities of Brooklyn, the Lower East Side, East Harlem, and the South Bronx. Each has

received a small capacity-building grant from UHF.

“Once specific health risks are identified among a CBO's clients using the Health Indicators survey data, a more detailed picture can be gathered using our newly developed analytic tool,” says Fredda Vladeck, director of UHF's Aging in Place Initiative. “This ‘registry generator’ makes it possible to learn what other things clients with, for example, diabetes are dealing with—such as hypertension, obesity, possible depression, and lack of exercise—so the CBOs can target those who are most at risk. That's a game changer.”

The initial survey explores not only common chronic conditions of seniors but also access to health care, use of preventive and screening services, and social isolation. A performance improvement component of the project utilizes health modules—on topics such as diabetes management and clinical screenings and preventive services—that include a range of suggested interventions, measures, and tracking tools, along with how-to guidance, that organizations with



“The registry generator is giving us the data we need to target interventions,” says JASA's Arielle Basch.

different levels of resources can use.

“This is a really important development for us,” says Arielle Basch, JASA's director of program development. “We were aware, for example, that seniors in Bushwick had high rates of diabetes, but we were short on data. This has allowed us to verify that—and, in fact, to see those high rates among younger clients; we're also seeing that hypertension among that group is rampant. So we're working with UHF to develop an evidence-based program of blood pressure screening and a diabetes self-management program. The ability to target interventions and demonstrate their impact is very significant, not only in meeting client needs but also in strengthening and formalizing ties with our health system partners.”

NEWS BRIEFS

Chad Shearer, director of the Medicaid Institute, has joined the work group charged with helping the Executive Council for the New York City Regional Planning Consortium identify and address issues related to implementation of Medicaid managed behavioral health care.

At its first meeting, the work group explored possible areas in which the Executive Council and the broader Planning Consortium could best promote effective behavioral health transformation.

Carol Levine, director of the Families and Health Care Project, and Lynn Friss Feinberg of AARP, are authors of “Family Caregiving: Looking to the

Future,” the cover article of the latest *Generations: Journal of the American Society on Aging*. The article focuses on the increasing complexity of family caregiving today, identifying three trends: more family caregivers in the labor force; caregivers providing complex care in the home; and the challenges of coordinating care fragmented between health care and long-term services and supports.

Exploring Options to Keep Insurance Premiums Stable

An important feature of the Affordable Care Act that has made health insurance more affordable by keeping annual premium increases in check is due to expire later this year, presenting New York policymakers with the challenge of finding a way to maintain its beneficial effects. A recent UHF report, *After the Reinsurance Is Gone*, outlines some potential options—but none would be easy, some would require federal cooperation, and all would entail difficult choices.

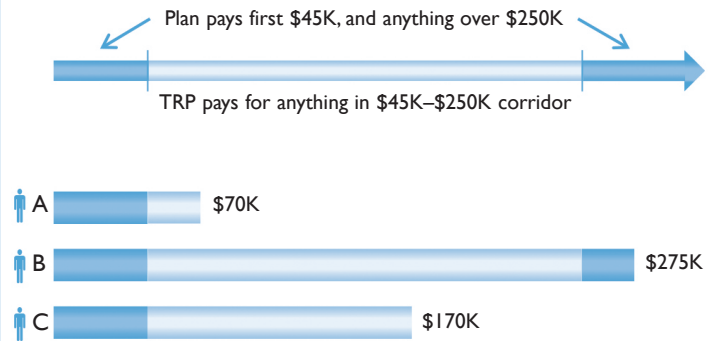
The feature set to expire, the Transitional Reinsurance Program (TRP), shields health plans from some of the expenses of high-cost enrollees in the individual insurance market by reimbursing the plans for medical claims within a

specified “risk corridor.” To fund the TRP, benefit administrators and insurers in all market segments nationwide paid a per-person, per-year assessment into a pool that then paid the insurers back for an individual’s calendar-year medical claims of between \$45,000 and \$250,000. Plans remained responsible for amounts above and below those limits. High medical claims are a major factor in premium increases the following year, so keeping them low has helped keep overall premiums lower too.

“None of the short-term fixes that would address the loss of TRP support is an easy lift,” says Peter Newell, director of UHF’s Health

Insurance Project and lead author of the report. “That places emphasis on longer-term collaborative efforts to improve the pooling of risk in the markets, reduce costs, and improve quality through new value-based payment arrangements.”

Risk Corridor Savings Add Up



The impact of the TRP risk corridor on payer costs for three hypothetical enrollees is significant. With the TRP in place, the insurer would have to pay \$45,000 each for Employees A and C and \$70,000 for Employee B, a total of \$160,000. Without the TRP, the company’s total costs for medical claims for these three employees would be \$515,000—a higher total that would contribute to driving premium increases for everyone in the health plan the next year.

RECENT UHF GRANTS

In January and February 2016, UHF awarded grants totaling \$597,193. For additional information, please see www.uhfnyc.org/grants.

DATA & SOCIETY RESEARCH INSTITUTE \$70,000

To generate an overview of New York-based activity to develop apps, clinical decision tools, connected devices, and other digital health technology for patients with multiple chronic conditions, and to create a framework for evaluating such technology.

MEDICARE RIGHTS CENTER (MRC) \$75,305

To build capacity within MRC to promote the interests of consumers in policy initiatives involving changes in payment and organization of health care services, and to help consumers become better informed and more active participants in shaping new models. MRC will convene experts and identify key issues for consumers.

NEW YORKERS FOR PATIENT AND FAMILY EMPOWERMENT \$80,000

To improve patient care through a learning collaborative of up to 20 New York City hospitals focusing on supporting visiting policies that recognize, engage, and support family caregivers as partners in care.

OUTPATIENT ANTIBIOTIC STEWARDSHIP INITIATIVE \$310,180

- Interfaith Medical Center (2 sites) \$30,000
- MediSys Health Network (Jamaica and Flushing Hospital Medical Centers) (4 sites) \$60,000
- Memorial Sloan Kettering Cancer Center (2 sites) \$15,000
- Montefiore Medical Center (2 sites) \$35,000
- Mount Sinai Health System (5 sites) \$35,180
- NewYork-Presbyterian/Queens (4 sites) \$60,000
- Northwell Health (3 sites) \$45,000
- Wyckoff Heights Medical Center (2 sites) \$30,000

To address the critical issue of antibiotic resistance—to date a focus of work primarily in inpatient settings—by engaging hospital-owned outpatient practice sites in analyzing the factors affecting prescribing practices and developing comprehensive action plans to test, implement, and evaluate appropriate antibiotic stewardship best practices.

SCHUYLER CENTER FOR ANALYSIS AND ADVOCACY \$61,708

To ensure that the unique health needs of children are considered in New York’s health care reform efforts, by assessing the impact on child health of various approaches to value-based payment, and disseminating findings to policymakers and other stakeholders.



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ON THE CALENDAR

MAY 9

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

JULY 14

UHF's annual Medicaid conference, with keynote by Jason Helgerson, New York State Medicaid director and Office of Health Insurance programs deputy commissioner. New York Academy of Medicine

SEPTEMBER 26

United Hospital Fund Gala, presenting the Health Care Leadership and Distinguished Community Service Awards, and a special tribute. The Waldorf-Astoria

OFF THE PRESS

Seizing the Moment: Strengthening Children's Primary Care in New York analyzes the current opportunities to improve child health and well-being through a renewed focus on early childhood development in primary care, including key considerations and challenges for scaling and sustaining effective innovations.

After the Reinsurance Is Gone: A New Challenge for New York's Individual Market examines the federal Transitional Reinsurance Program and what alternatives might provide premium-stabilizing effects after the program expires later in 2016.

Navigating the New York State Value-Based Payment Roadmap frames the State's plans to move from volume- to value-based payment, to help a broad range of providers and other stakeholders prepare for the significant changes the Roadmap lays out.

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

ON THE WEB

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