

Blueprint

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New Partnerships Target Social, Economic Risks to Children's Health

Addressing poverty-related adversity during a child's first five years—when 90 percent of brain growth occurs—can have a positive impact on lifelong physical, cognitive, and social-emotional development. A new United Hospital Fund initiative is helping hospital-affiliated pediatric practices do just that, by improving their ability to detect risks and get children and their families the services that can mitigate them.

The new effort, Partnerships for Early Childhood Development, links 11 hospitals and 18 community organizations. The goal is to intervene at this pivotal time of life by screening every young patient, and his or her family, for one or more psychosocial risks to healthy development—and then connecting families to social service organizations that can help.

BROAD REACH, LONG-TERM BENEFIT

Participating teams will focus on a wide range of risks—or social determinants of health—including food insecurity, parental depression, unsafe housing, and adult unemployment (see insert for a full list of partners and their selected targets). A learning collaborative will also bring participants together to share best practices and their experiences.

Generously supporting the initiative, along with UHF, are the Altman Foundation and The New York Community Trust. Together, the funding collaborative is providing \$703,062, for grants to participating hospitals and their community partners and for the initiative's learning collaborative.

“Almost all young children, regardless of family income level, make regular visits to pediatric



Dr. Evelyn Berger-Jenkins and colleagues at the Charles B. Rangel Community Health Center are using routine visits to identify poverty-related risks to healthy development, and connecting children and parents to community resources that can help.

practices, so this setting presents a unique opportunity to address a range of non-clinical issues that undoubtedly affect children's long-term health and well-being,” says UHF's Suzanne Brundage, program director of the Children's Health Initiative, and the first Patricia S. Levinson Fellow.

“Pediatricians are often the first professionals in contact with these vulnerable children; connecting their families to needed services *before* long-term consequences emerge makes sense on every level.”

Pediatric leaders throughout the New York metropolitan area are embracing the new initiative's cross-sector and collaborative approach. “The issues affecting these children are multifactorial, so if we are going to mitigate the impact of poverty and really change the trajectory of their lives, different sectors and disciplines must work together, across silos,” says Dodi Meyer, MD, associate professor of pediatrics at Columbia University Medical Center,

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Children's Health (continued from page 1)

an attending physician at NewYork-Presbyterian Hospital, and a nationally recognized expert on community-academic partnerships. "Every sector—health, education, social service, criminal justice—needs to acknowledge that we can't do this alone."

Last year the American Academy of Pediatrics recommended that pediatricians screen their patients for social risks to health and connect them to needed resources and supports. Yet such screening is far from routine. Some of the pediatric practices participating in the UHF initiative have significant experience and procedures in place, and will use the new grant funding to expand, improve, and fine-tune their approaches. Others are just learning to screen for risks and forge strong partnerships.

Participating practices serve more than 26,000 children a year in New York City, and UHF expects they will refer more than 7,000 children and their caregivers to services during the coming year. Each team is targeting specific risk factors and employing different strategies to screen for these risks, address them, and measure the impact of their interventions.

At NewYork-Presbyterian's Charles B. Rangel Community Health Center, Dr. Meyer and her colleagues are teaming up with the Northern Manhattan Perinatal Partnership to focus on maternal depression, domestic violence, food insecurity, and substance abuse. Together, they will hire and train a community health worker to provide peer support and culturally sensitive care to parents and refer them to services provided by the hospital or the Perinatal Partnership.

For Bronx-Lebanon Hospital Center, which already has long-standing partnerships with Claremont Neighborhood Center and Phipps Neighborhood—two vital community groups—the Partnerships funding will allow outreach to new segments of the community, says Douglas Reich,

MD, chairman of the hospital's department of family medicine. Bronx-Lebanon's Health Leads program, for example, will now screen families for food and housing issues, among many others, at two day care centers serving over 1,800 children ages 2-5; the hospital will also expand its current literacy program.

At Interfaith Medical Center in Brooklyn, one of the hospital's dental clinics will screen for food insecurity and inadequate nutrition, as well as household literacy, and make referrals to the hospital's health clinic next door or the Bed-Stuy Campaign Against Hunger.

Unsafe or insecure housing, adult employment and education, day care needs, parental trauma, and food insecurity are targets of Gouverneur Health's partnership with the Educational Alliance and the Grand Street, Henry Street, and University Settlements. Other projects take

aim at depression, the need for legal assistance, and early learning.

Expanding on each partnership's experience, the initiative's ten-month learning collaborative will provide in-person sessions and webinars on information technology, data sharing, program evaluation, and other challenges. An independent expert will later assess progress in screening, referrals, feedback systems, and communication.

The Partnerships project is the latest undertaking of UHF's Children's Health Initiative, which aims to improve the health and well-being of New York's children by strengthening primary care's capacities to promote healthy early childhood development.

"Through our partnerships and our own work we are actively exploring multiple approaches to improving children's health, particularly for those living in poverty," says UHF President Jim Tallon. "This initiative is at the forefront of the field. It's testing innovative ways to change the course of children's lives and could become a national model."

Project Budget
\$703,062

Funders
United Hospital Fund
Altman Foundation
The New York Community Trust

Participants
11 hospitals
18 community organizations

Estimated number of children who will benefit
7,000+

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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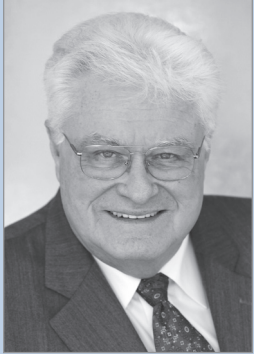
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A Word...

WITH JIM TALLON

Breaking a Fifty-Year Compact



New York has overwhelmingly embraced the Affordable Care Act, taking advantage of subsidies for the purchase of individual insurance coverage

through New York State of Health; expanding our Medicaid program with the aid of enhanced federal support; and creating the Essential Health Plan, offering insurance with nominal premiums to more than 600,000 people, including 250,000 legally resident immigrants who had previously been covered at State cost.

By any measure, this has been a success story. The proportion of state residents without insurance has plummeted from 13 percent to the single-digit range, the culmination of several decades of effort to reduce the numbers of uninsured.

While the future of the Affordable Care Act continues to be at issue in Washington—with the potential for significant disruption in New York of individual insurance markets and the Essential Health Plan—a broader structural change remains critical to the policy debate.

A FUNDAMENTAL SHIFT

That major change is a reshaping of Medicaid, which in New York covers more than a third of the state's population. At its core, Medicaid performs four connected, critical functions. First, in any given month, it provides payment for the basic health needs of 6 million low-income New Yorkers.

Second, it covers 1.3 million elderly and disabled people with a wide range of chronic or disabling conditions. Third, it supplements the costs of Medicare for 850,000 beneficiaries and is the de facto payer for nursing home and other long-term care services. And fourth, it gives direct subsidies to the institutions that make up the health care safety net.

The American Health Care Act would have repealed additional financial support for approved coverage expansions and, more importantly, capped the growth of Medicaid expenditures in future years. At its heart it upended the federal-state sharing of

The approach taken by the American Health Care Act breaks apart the federal-state compact in effect since 1965 and challenges all we have tried to accomplish in New York's health care.

Medicaid costs that has guided the program for more than 50 years.

The billions of dollars the plan would reportedly save in federal Medicaid expenditures over the next decade in fact represented a shift in costs: to state budgets, to health care providers, or to beneficiaries in the form of reduced services.

For New York, the proposed legislation provided a particularly tough challenge, one with potentially broad, and meaningful, effects on our entire health care system. Over the decades the State has combined Medicaid's robust insurance coverage with efforts to advance both quality and cost discipline in the delivery of services—

moving from highly regulating the commercial insurance industry, through all-payer rate setting and managed health care, and into the current push for value-based payments.

Since the administration of Nelson Rockefeller, successive governors have continued their bipartisan policy initiatives, with legislative support and often with waivers of federal Medicaid rules.

IMPACT BEYOND MEDICAID

While other states have used Medicaid primarily to expand coverage, New York has leveraged the program not only to provide access to care for millions but also to guide the use of resources and control health care cost growth. Whether in low-income communities or elsewhere, Medicaid has become an integral part of the structure of service delivery.

In New York, it would mean an estimated million people losing coverage, the inability to support health care providers, and the loss of the policy construct linking coverage to quality and cost control—all threats with ramifications far outweighing any budget impact.

The approach taken by the American Health Care Act breaks apart the federal-state compact that has been in effect since 1965. Altering that underlying shared responsibility undermines the basic concept of federalism on which Medicaid was constructed.

This change would also challenge all we have tried to accomplish in New York's health care over the last 50 years. Along with hurting poor people and those with significant health care needs, it would weaken our entire health care system.

GRANT SPOTLIGHT

Tackling Homelessness as Part of Emergency Care

Walk through many cities in America and the enormity of the homeless crisis becomes clear. More than 1.5 million people experience homelessness each year in the United States; in New York City, more than 60,000 people—including 15,000 families with 23,000 children—sleep in City-run shelters any given night.

Those numbers add up to a health crisis, as well: housing security is one of the leading social determinants of health. But the health system may in turn provide an opportunity to make inroads into the problem.

An NYU School of Medicine project, supported by a \$135,000 two-year grant from United Hospital Fund, is exploring that possibility, by developing screening tools that will enable emergency department (ED) personnel to identify patients at risk of future homelessness.

A KEY TO PREVENTION

The project, led by Kelly Doran, MD, MHS, assistant professor in the Departments of Emergency Medicine and of Population Health, is surveying ED patients at NYC Health + Hospitals/ Bellevue, assessing them for health status, socioeconomic status, substance use, social supports, housing and financial resources, and other characteristics. Connecting the results with homeless shelter data, team members will attempt to determine the factors most likely to predict future homelessness, and then develop a risk screening tool that can be used in emergency department settings.

The survey information will also be linked with SPARCS, the statewide database of hospital and ED usage and

patient demographics, to create a first-of-its-kind Social Determinants of Health Registry, allowing researchers to understand which factors are associated with hospital utilization.

Started in November 2016, the project grew out of a change in approach by policymakers. Increasingly, efforts are focusing on preventing homelessness in the first place, through interventions such as rent subsidies, back-rent payments, and landlord and family mediation that can often keep vulnerable people from losing their homes.

The challenge is reaching those at risk of becoming homeless before it's too late for effective interventions. The majority of at-risk people are missed because they are unaware that help exists; those who seek assistance often do so only after they've already lost their homes.

Hospitals may serve as an access point, however: a third of adult shelter residents visited an ED in the 12 months before they became homeless—thus, the NYU team's survey of a randomly selected 2,520 adults in Bellevue's ED who currently have housing. With their consent, patients will be tracked using City shelter records, to determine which ones become homeless within six months of their ED visits. Another 250 patients, already homeless, are also being surveyed; their characteristics will be included in the Registry as well.

More than a third of the currently housed ED patients being surveyed have documented substance abuse issues; the National Institute on Drug Abuse (NIDA),



Project leader Kelly Doran, MD, MHS, and team member Donna Castelblanco, MBE, review protocols for screening Bellevue emergency department patients for risk factors for homelessness.

part of the National Institutes of Health (NIH), is funding that part of the survey. In contrast to much previous work on homelessness, the NYU project is able, with its additional UHF support, to also focus on families and on individuals without substance abuse issues.

ATTENTION TO LOCAL REALITIES

“The UHF grant lets us expand the scope and potential impact of our work in a way that was just not possible with NIDA,” says Dr. Doran. “We know that a majority of the homeless population in New York City are families with children, yet there isn't an NIH institute that would fund research on those populations.”

Although still early in the project, the surveys have produced some preliminary data. More than half of patients reported food insecurity. Nearly a third said they worried about not having housing in the next two months. Forty percent are having trouble meeting basic expenses.

Dr. Doran calls herself an “optimistic realist” about whether interventions can make a difference once such needs are identified. “I do believe homelessness can be solved, but we need better tools,” she says. “My interest is in bringing a new player—the health system—to the table, because it's an all-hands-on-deck situation.”

New Quality Fellows Begin Leadership Training

Helping mid-career physicians and nurses learn quality improvement and leadership skills is central to the mission of the Clinical Quality Fellowship Program, jointly sponsored by UHF and Greater New York Hospital Association. So is building a new generation of quality champions in hospitals and health care. With the class of 2017–18—the program’s ninth—the number of clinicians receiving this training will come to 170. This is the largest class yet, with 19 physicians and 9 nurses from across the metropolitan region.

A pair of two-day learning retreats, in January and March, kicked off the 15-month program, which focuses on techniques and real-world strategies to achieve improvement and the necessary skills to work with interdisciplinary teams and promote

innovation and needed change. “The retreats are a terrific experience,” says Joan Guzik, director of quality improvement at UHF. “The faculty is impressive, and the teaching sessions are excellent, including topics such as Evolution of Health Care Quality and Patient Safety, Tools for Health Care Quality Improvement, Building a Culture of Safety, and Intersection of Quality Measurement and Policy. There are so many other opportunities—informal talks, team-building, and networking—as well. A lot of learning happens outside the formal presentations.”

Fellows are now planning their culminating “capstone” projects, which apply the skills they are developing to specific issues at their home hospitals, and reflect their own diverse clinical backgrounds and settings. Among this year’s proposals: decreasing hospital length of stay for end-stage renal disease patients, improving daily weight monitoring among patients with congestive heart failure, improving “door to doc” time in the emergency department, and reducing the use of non-contrast head CT for patients with non-traumatic acute headache.

2017–18 Clinical Quality Fellows

Gifty Amankwah, RN, BS, MSN • NYC Health + Hospitals, Segundo Ruiz Belvis
 Kathleen Asas, MD, MPH, FAAP • SBH Health System
 Komal Bajaj, MD, MS-HPED • NYC Health + Hospitals, Jacobi Medical Center
 Michael Bouton, MD, MBA • NYC Health + Hospitals, Harlem Hospital
 Alexis Colvin, MD • Mount Sinai School of Medicine
 Cynthia Figueroa, RN, MSN-INF, C-EFM • Bronx-Lebanon Hospital Center
 Jacqueline Ford, MD, FACOG • NYU Lutheran
 Xenia Frisby, MD • NewYork-Presbyterian, The Allen Hospital
 Carrie Gerber, MSN, RN • Mount Sinai Medical Center
 Shi-jun Hsieh, MD, MS-HPED • Montefiore Medical Center
 Paul Huang, MD • Stamford Hospital
 Susan Khalil, MD • Jamaica Hospital Medical Center
 David Koterwas, MS, NP • NYC Health + Hospitals, Bellevue
 Olena Ksovreli, MD, FACP, D-ABIM • NYU Lutheran
 Vijay Lapsia, MBBS, MD • Mount Sinai Hospital
 Jeffrey Lazar, MD, MPH • SBH Health System
 Melissa Lee, MD, FAAP, FACP • NYC Health + Hospitals, Kings County
 Kelly Maydon, MSN, BSN • NewYork-Presbyterian, Lawrence Hospital
 Raquel Mayne, MS, MPH, RN, CPHQ • Hospital for Special Surgery
 Nita McNeil, RN, MA, CPHQ • NYU Langone Medical Center
 Eve Merrill, MD • Mount Sinai Beth Israel
 Edward Meyer, MSN, RN-BC • NewYork-Presbyterian, Hudson Valley Hospital
 Charito Patel, MHA, RN, NE-BC • South Nassau Communities Hospital
 Lalitha Ranga, MD • Northwell Health, Southside Hospital
 Ram Roth, MD • Icahn School of Medicine at Mount Sinai
 Tara Sanft, MD • Yale University School of Medicine, Smilow Cancer Hospital
 Matthew Shaines, MD • Montefiore Medical Center
 Nasen Zhang, MD • Winthrop University Hospital

Helping Hospitals Support Caregivers

Improving patient care by engaging family caregivers and preparing them for post-discharge responsibilities is the goal of New York State’s Caregiver Advise, Record, and Enable—or CARE—Act. Helping hospitals meet the act’s requirements is the goal of a new UHF toolkit, a step-by-step guide to integrating the four core mandates of the legislation into daily practice.

With more than 42 million unpaid family caregivers performing essential tasks for patients who have been discharged from hospitals to their homes—many of those tasks complex medical or nursing procedures—including caregivers in discharge planning and giving them adequate instruction is a key to improving patient care and outcomes. The CARE Act was developed by AARP in response to that need; about 40 states and territories have enacted some version of it.

The toolkit details the law’s requirements, from offering patients the opportunity to identify a caregiver through obtaining consent for information sharing, informing patients and caregivers about discharge options, and providing needed instruction. It also advises hospitals on an important, although not required, fifth step: following up to identify problems and answer questions.

UHF has also produced two guides—in English, Spanish, Chinese, and Russian—for patients and family caregivers, explaining what they can expect in relation to the CARE Act. Development of both the toolkit and the guides was funded by The Fan Fox and Leslie R. Samuels Foundation, Inc.

UHF LEGACY SOCIETY

Passion for Health Care Sparks Thoughtful Giving

Pat and Bob Levinson's 61-year marriage was a happy and fulfilling one. Bob had a gift for business and a deep fascination with public affairs and the performing and visual arts. Pat found hospitals and health care to be her passion. She served on the board of Blythedale Children's Hospital, as president of the Mount Sinai Hospital Auxiliary, and, beginning in 1981, as a Mount Sinai trustee; she also co-founded New Alternatives for Children, to help those with complex medical conditions transition to loving homes.

Pat's keen interest in children's health led to her deep concern, too, with nursing, the importance of a diverse health care work force, the need for universal health insurance coverage, and the challenges of creating progressive health policy that balances access to care, quality, and cost.

At United Hospital Fund, she found a font of knowledge and commitment that suited her probing, creative mind—and her desire to focus on some of health care's biggest issues and concerns. Initially, her

UHF involvement was a way of extending her hospital work, but in 1994 she joined the board and made a serious commitment to UHF's mission of building a more effective health care system for every New Yorker. She remained active on the board for more than 20 years, becoming vice chairman in 2006.

After Pat's death from cancer in September 2015, Bob informed UHF of two distinct and very generous gifts that Pat and he had planned—a share of her estate, as designated in her will, and a grant through the newly created Robert A. and Patricia S. Levinson Award Fund at The New York Community Trust, to support the work of a "Patricia S. Levinson Fellow" at UHF, to be named annually. The first fellow was selected earlier this year—Suzanne Brundage, program director of UHF's Children's Health Initiative.

For information about the Legacy Society, and the advantages it provides UHF and you, please contact Director of Development Christina Maggi at cmaggi@uhfnyc.org or 212-494-0728.



Bob says that Pat and he both wanted to ensure that UHF and the other organizations they supported would use their gifts for core work. "I'm very pleased that the fellowship, in this first year, is advancing children's health, Pat's special passion. Pat cared deeply about UHF, and her involvement reinforced what makes it so worth supporting."

Untangling the Threads of Home Care Refusals

With medical care increasingly moving from the hospital to the community—and involving complex post-discharge tasks—home health services have become increasingly important for patients' well-being. Studies have shown that such care may reduce readmissions and improve quality of life. Yet up to 28 percent of eligible patients refuse those services.

Looking for clues to why that is the case, and how to reduce the incidence of refusals, UHF recently partnered with the Alliance for Home Health Quality and Innovation, convening a day-long roundtable on the subject with 27 national policy experts,

clinicians, home health providers, and consumer advocates. A full report on the roundtable's discussions is forthcoming.

"There is limited information about why patients refuse home health care, but some studies suggest that they worry that accepting help means losing their independence," says Carol Levine, co-director of the project. "We also don't know whether family caregivers would be more receptive to help at home than patients are."

Among the strategies discussed: improving communication with patients and family caregivers about care challenges and home health services; policies that bolster access to care and coordination of services; and collaborative relationships between home health agencies and both emergency departments and skilled nursing facilities, so patients in those settings will also receive appropriate home care referrals and support.

New HealthWatch Series Highlights Critical Trends

To help shed light on the fast-changing and often complex developments in health care, with a New York perspective, UHF is introducing a new series of data briefs under the name “HealthWatch.” “These briefs are very much in line with the educational piece of UHF’s mission,” says Chad Shearer, vice president for policy and director of the Medicaid Institute. “They’re a distillation of research underway at UHF, with the goal of getting data into people’s hands quickly and in a form they can easily use to better understand issues and trends.” HealthWatch will also include occasional commentaries and alerts on current policy challenges and other topics of importance.

The data briefs won’t just be inside

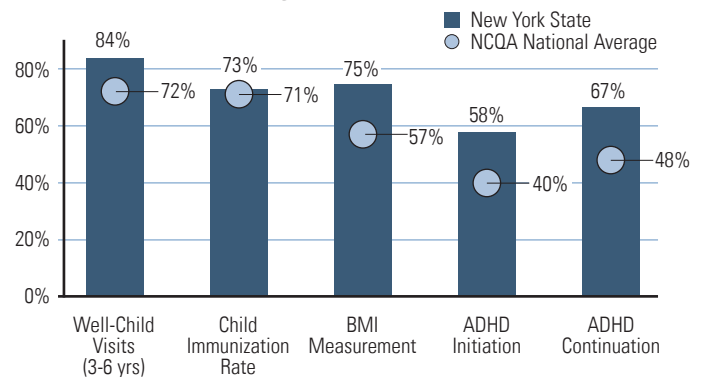
baseball for policy experts; the short, graphic pieces can help others needing factual insights to shape their work or their thinking. One recent example, helpful to anyone following the health care debates in Congress, laid out effects proposed changes to Medicaid would have in New York State, and, with a county-level map, showed how widespread those effects would be.

Another brief compared the quality of care provided to children under New York State’s Medicaid and Child Health Plus public insurance programs with nationwide averages. New York was one of six “higher-performing states” profiled by a Centers for Medicare and Medicaid Services-funded study in 2015, with some of the highest rates on common

preventive and treatment measures.

These comparisons not only demonstrate the strength of managed care plan performance on care quality in New York’s public programs—in part a result of New York’s long leadership on children’s health—but also suggest opportunities for improvement. That’s particularly important as New York keeps moving toward value-based payment models, a shift UHF has been covering closely.

Medicaid and CHP Quality for Children in New York Exceeded US Averages in 2015



Outpatient Antibiotic Initiative Details Patterns of Misuse

Antibiotic overuse and misuse, leading to drug resistance, has become a public health crisis and the target of efforts to advance judicious use of those drugs. While most attempts have focused on the inpatient setting, a major UHF initiative has centered, over the past year, on outpatient settings. The goal: to help hospital-owned clinics and hospital-based physician offices understand their antibiotic prescribing patterns for one common condition and develop strategies to improve them.

Phase 1 of the Outpatient Antibiotic Stewardship Initiative has now concluded, and the nine participating hospitals and

health systems have shared their findings and the action plans they created in the process. With grant support and technical assistance from UHF, a total of 31 practice sites assessed prescribing for adults with acute respiratory infections (ARIs)—one of the diagnoses most associated with antibiotic misuse. Most ARIs are viral and resolve without the use of those drugs.

Some of the initiative’s key findings:

- Across all settings, the average rate of antibiotic prescribing for ARIs was 37 percent—ranging from 17 to 71 percent, with broad variation even within systems;
- More than half the antibiotics

prescribed were macrolides, a class of drug associated with antibiotic resistance and not recommended as a first-line drug even for those ARIs warranting antibiotics;

- According to survey results, the health systems of two-thirds of the practices have antibiotic stewardship programs, but only 11 percent said those programs included any outpatient-specific activities.

What will it take to improve that picture? UHF is about to launch Phase 2 of the initiative, in which participants will build on their action plans to implement and evaluate interventions. Among the approaches they will consider: intensified provider education, clinical decision support within electronic medical records, and patient and family education about antibiotic resistance, to reduce inappropriate demand.



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ON
THE
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MAY 1

The Tribute to Hospital and Health Care Trustees luncheon and awards ceremony.
Cipriani 42nd Street

JULY 20

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

OCTOBER 3

United Hospital Fund Gala, presenting the Health Care Leadership and Distinguished Community Service Awards, and a special tribute.
Cipriani 42nd Street

OFF
THE
PRESS

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

The Big Picture VI: New York's Private and Public Insurance Markets presents an overview of New York's insurance markets, analyzing enrollment and financial data across health plans and lines of business to create a comprehensive snapshot of the markets since implementation of the ACA.

Implementing New York State's CARE Act: A Toolkit for Hospital Staff, a step-by-step guide, supports nurses, care managers, discharge planners, and other staff in identifying, engaging, and preparing family caregivers, to improve the transition of patients from hospital to home.

Caring for Your Peripherally Inserted Central Catheter: A Guide for Patients and Family Caregivers, developed in response to patients' and caregivers' need for more education about the home care tasks they must take on, uses simple language and graphics to supplement nurses' teaching on safely managing these common devices.

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