

UNITED HOSPITAL FUND **ANNUAL REPORT 2018**



COVERAGE
AND ACCESS



QUALITY AND EFFICIENCY



CLINICAL-COMMUNITY
PARTNERSHIPS



**United
Hospital Fund**

*Improving Health Care
for Every New Yorker*

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IMPROVING HEALTH CARE FOR EVERY NEW YORKER

United Hospital Fund works to build a more effective health care system for every New Yorker. An independent, nonprofit organization, we analyze public policy to inform decision makers, find common ground among diverse stakeholders, and develop and support innovative programs that improve the quality, accessibility, affordability, and experience of patient care.

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FROM THE CHAIRMAN



J. Barclay Collins II
Chairman
United Hospital Fund

Our work has been shaped by a focus on equity and by the search for systemic, lasting solutions to persistent problems.

In an ever-shifting health care landscape, the role of United Hospital Fund remains unique. For decades, our independent analysis, convening of diverse stakeholders, and support of innovative programs have helped advance quality, affordable health care and good health for all New Yorkers. Our work has been shaped by a focus on equity and by the search for systemic, lasting solutions to persistent problems.

In our view, the best way to do this is to target three overarching priorities. We strive to provide analysis and information to support universal, affordable, and comprehensive insurance coverage and access to services. Our staff also advances improvements in the quality, safety, and patient experience of health care delivery—with a special focus on vulnerable groups. And by working to create partnerships between the health care delivery system and communities, we aim to strengthen health and well-being and address social factors that can affect both.

The following pages provide highlights of our accomplishments and contributions in each of these areas over the past year. This progress would not have been possible, of course, without the vision of Tony Shih, MD, MPH, and the creativity, wisdom, and dedication of our remarkable staff. I applaud their efforts and continuing enthusiasm.

This year, we began preparations for a transition in board leadership. I will be stepping down as chairman at our Annual Meeting in June. The last 13 years as chairman have been exciting and rewarding ones for me and UHF as it continues to successfully pursue its vital mission. I have great confidence in our future under the leadership of Tony Shih and John C. Simons, who will succeed me as board chairman.

Our board and dedicated staff share a passion for our mission, and I am most grateful for their support over the years. I want to specifically thank Reverend John E. Carrington and Michael A. Stocker, MD, both outstanding directors with 26 and 10 years of service, respectively, who have been elected honorary directors. And we are all very pleased to welcome Barbara Yastine as a new director.

The UHF family is bigger than directors and staff, of course. We could not do what we do without the steadfast support of our donors and funders, whose generosity allows us to continue this essential work and to address new challenges as they arise. And our reach and influence would not be what it is without the many health care, civic, business, and community leaders with whom we collaborate. We are deeply grateful.

As we look ahead to a new year, UHF's 140th, we recommit ourselves to the work of building a more effective health care system for every New Yorker. We hope you will continue to follow and support our progress.

FROM THE PRESIDENT



Anthony Shih, MD, MPH
President
United Hospital Fund

Ultimately, the goal of a health system should be to produce better health. And while health insurance coverage and access to care are vital to making this happen, they are not sufficient.

In the health policy world, the last two years were dominated by the battle over the Affordable Care Act (ACA). Otherwise known as “Obamacare,” the ACA was enacted in 2010 and, as of 2016, had successfully expanded health insurance coverage for an additional 20 million people. Despite the law’s success, the 2016 elections ushered in a new wave of attacks. Following the failure to repeal the ACA in 2017, there were multiple attempts to damage or otherwise dismantle the law—with some success. Not only was the individual mandate penalty eliminated as part of the Tax Cuts and Jobs Act of 2017, the administration also used executive actions to greatly curtail ACA outreach and education and eliminate cost-sharing reduction payments to insurers for low-income enrollees. The administration also promoted the expansion of association health plans and short-term, limited duration insurance plans, both of which have the potential to greatly destabilize the individual and small-group insurance markets. Notwithstanding a federal court judgment in Texas in late 2018 that invalidated the ACA (the ultimate outcome is still pending), the 2018 elections offered some reprieve.

With a now divided Congress, further legislative efforts to dismantle the law will likely fail. On the progressive front, the focus has changed from defending the ACA to once again expanding coverage. At the federal level, many, if not most, Democratic presidential candidates in 2020 will likely develop some version of “Medicare for All” (keep in mind that this term can mean many different things). In New York State, a single-payer bill that has passed the Assembly multiple times in recent years but stalled in the Senate now no longer faces a Republican-controlled Senate roadblock. And at the city level, the Mayor recently announced a plan to expand health care access (not necessarily insurance coverage) to all residents.

All this is to say that, over the next few years, the health policy discourse may be driven by a debate about single-payer and other means of extending coverage. Of course, at United Hospital Fund, we believe that access to essential health care services is a right, and we support universal, affordable health insurance coverage. And as we have in the past, we will continue to provide independent analysis and expertise that supports evidence-based decision-making on complex policy proposals to achieve these goals.

However, often lost in this blizzard of health news is a simple and critically important fact: insurance coverage and access are not ends in and of

themselves. Ultimately, the goal of a health system should be to produce better health. And while health insurance coverage and access to care are vital to making this happen, they are not sufficient. So what more do we need to do?

It's been almost 20 years since the 1999 Institute of Medicine report, *To Err is Human*, estimated that "at least 44,000 people, and perhaps as many as 98,000 people, die in hospitals each year as a result of medical errors that could have been prevented." Yet, despite the rapid growth of quality and patient safety activities over the past two decades, wide variations in quality stubbornly persist. That's why UHF continues our work to advance high-quality care for everyone, focusing recently on antibiotic stewardship, transitions in care, and supporting the next generation of quality leaders—among other critical issues. Of particular note over the past few years are our efforts to elevate the voices of patients and caregivers in the quality dialogue.

While quality improvement is clearly within the scope of a health care delivery system, "social determinants of health," until recently, were not. But these social and environmental factors—employment, housing, education, food access—have an even greater influence on health than clinical care, especially among disadvantaged populations. What is the role of the health care delivery system in addressing social determinants of health? It's a complicated question and a subject of active debate, but as we progress toward value-based payment, health systems must confront it directly. But how these systems interact with communities and community-based organizations to tackle social determinants is an extremely complex matter—in my opinion, doing so effectively is harder by several orders of magnitude than getting players within the health care system to collaborate on issues such as transitions between care settings. We are in the early days of this field, and UHF is at the forefront of generating and disseminating knowledge about clinical-community partnerships.

The federal and state health care debates over the next few years will certainly be exciting. Will we finally reach a tipping point for extending health insurance coverage and access to all? I hope so, but whether we do or not, let's not lose sight of our ultimate goal: better health for all. Many thanks for your continued support and interest in the mission of UHF, and I look forward to working together to improve the health of all New Yorkers.

UHF continues our work to advance high-quality care for everyone, focusing recently on antibiotic stewardship, transitions in care, and supporting the next generation of quality leaders.

COVERAGE AND ACCESS



An effective and equitable health care system is not possible without universal, affordable, and accessible health insurance that offers comprehensive coverage. Though New York State has made great strides in boosting coverage, significant gaps remain.

**Over
1 million**
New Yorkers
lack health
insurance coverage,
and many more are
underinsured

44%
of New York's
young children
live in low-income
households

6 million
vulnerable New
Yorkers—including
2.2 million
children—depend
on Medicaid

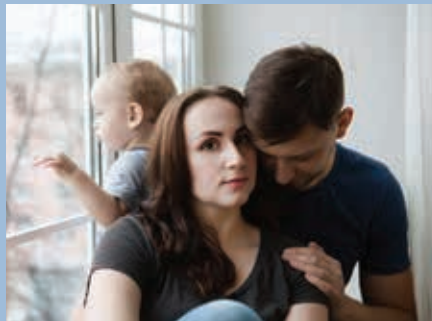
Shining a Light on Children and Families Affected by the Opioid Crisis

The opioid crisis is not the United States' first drug crisis, but it is its most deadly. Every year, opioids now claim more lives than car crashes.

Yet one aspect of the epidemic that has received little attention is the effect on children and families and their lack of access to needed services.

A new United Hospital Fund effort aims to change that. *The Ripple Effect: The Impact of the Opioid Epidemic on Children and Families* examines the impact of parental opioid addiction on youngsters' mental health, development, and family responsibilities.

To initiate the project, United Hospital Fund hosted a meeting in October 2018 that brought together some 40 specialists in opioid addiction, child development, and family policy. Their presentations,



observations, and discussions laid the foundation for the creation of a research agenda, policy options, and practice guidelines.

Supported by the Alfred P. Sloan Foundation, the project is jointly led by Suzanne Brundage, director of UHF's Children's Health Initiative, and Carol Levine, director of UHF's Families and Health Care Project. The Milbank Memorial Fund is collaborating on the initiative.

Despite significant challenges, many of the attendees at the UHF meeting were optimistic about solutions. Said Ms. Brundage: "The ramifications of childhood trauma are broad and quite pronounced, but it is not destiny. The brain is resilient and malleable, and a lot of good can be done when working with children despite the adversities they have been exposed to."

But working with children affected by opioids requires access to essential services, noted Ms. Levine. "It takes the entire community coming together to make sure affected children and families get the services they need."

UHF has prepared a report on the issue, which includes recommendations that can help states and communities provide needed assistance.



UHF advanced efforts to improve access to health insurance through analysis, convenings, consensus building, and collaboration with policymakers.

In 2018, we...



Strengthened New York's Medicaid program by playing a leadership role in efforts to ensure its long-term sustainability through analysis of broad program trends and specific policies.



Helped bridge the health and justice gap by supporting seminal work by the Legal Action Center to examine and share lessons from efforts in New York to ensure that recently incarcerated people can access immediate and appropriate physical and behavioral health care.



Promoted a strong health insurance market by analyzing market trends, assessing the impact of federal regulations on the New York market, and offering policy options for keeping the market robust and affordable.



Supported housing security by identifying New York City neighborhoods where high housing instability and Medicaid enrollment and utilization overlapped and by highlighting opportunities for Medicaid providers and plans to address housing issues and support better quality care.



Brought together 400 health care leaders from across New York State for the 10th annual Medicaid Conference.

QUALITY AND EFFICIENCY



Despite major strides in health care over the last several years, there are wide variations in quality among providers across the U.S. and persistent gaps between optimal care and current clinical practice.

1 in 5
patients require post-acute care after hospitalization, which often poses difficult and stressful decisions that can have long-lasting implications for their recovery

Antibiotic-resistant bacteria lead to
23,000 deaths
per year

About
43 million
family caregivers—unpaid relatives or friends—care for adults with terminal or chronic conditions

Helping Patients with Difficult Decisions about Post-Acute Care

Being in the hospital can be stressful enough. But each year, approximately one in five hospital patients in the United States—including some 300,000 New Yorkers—require continued care following hospital stays for major surgery or serious illness.

And all too often, patients and their families do not have the critical information and support they need to carefully assess their options and make the best possible decisions.

UHF has conducted a yearlong inquiry, supported by the New York State Health Foundation, to better understand why hospital discharge planning can fall short despite well-intentioned efforts by hospital staff. The resulting, four-part *Difficult Decisions* series examines the challenges faced by patients and their families when arranging post-acute care.



The first report in the series takes a broad look at the many barriers, including regulation, that can stand in the way of informed decision-making about post-acute care. The second report focuses on the experiences of patients and family caregivers, and the third examines the perspectives of health care providers.

“We heard vivid stories from our participants about the limited choices they felt they had, the lack of information about the quality of care at different facilities,

and what they perceived as the failure of hospital staff to prepare them for the experience of being in a nursing facility, not a hospital,” said Carol Levine, director of UHF’s family caregiving initiatives and co-author of the second *Difficult Decisions* report with UHF program manager Kristina Ramos-Callan.

The fourth installment will discuss best practices, innovations, and policy levers that could help support New Yorkers who need to make decisions about post-acute care.

“Access to meaningful information and decision support is missing, but it’s absolutely essential for achieving optimal outcomes,” said Lynn Rogut, director of quality measurement and care transformation for UHF’s Quality Institute and head of the *Difficult Decisions* project.



UHF tackled quality issues in a variety of ways, helping to make health care delivery in New York more patient-focused, outcome-driven, safe, and effective.

In 2018, we...



Addressed antibiotic resistance, a growing public health threat, collaborating with more than 30 hospital-owned outpatient practices to examine antibiotic prescribing practices and implement targeted interventions. UHF completed the second stage of its outpatient antibiotic stewardship initiative last year, published an article on stage I findings, and disseminated a toolkit on best practices.



Prioritized patient needs by organizing an 18-month learning collaborative with three partners—the Institute for Family Health, Montefiore Health System, and Northwell Health—to elicit first-hand reports from patients on their symptoms, health goals, and outcomes. To give patients more of a voice in managing their care, UHF compiled lessons learned in a package of resources, including an implementation guide, three field reports, and an overview of the implications for policy and practice.



Built quality improvement teams through our 15-month Clinical Quality Fellowship Program, co-led with Greater New York Hospital Association, which has trained more than 200 physicians and nurses in over 50 hospitals to be quality improvement leaders. The program observed its 10th anniversary in 2018 with a graduating class of 28.

Supported health care consumers by identifying gaps in quality information that can hinder informed decision-making in our report, “Empowering New Yorkers with Measures of Quality that Matter to Them.”



Helped improve primary care by providing analysis, advice, and technical assistance to support city and state efforts to transform primary care delivery with a special focus on small practices, those working to achieve patient-centered medical home standards, and those collaborating with accountable care organizations to improve care and reduce costs.

CLINICAL- COMMUNITY PARTNERSHIPS



Health is about far more than health care. A number of factors outside the hospital or doctor's office—like inadequate housing, unemployment, and poverty—can profoundly affect physical and emotional well-being. Yet these “social determinants of health” are not yet universally addressed in the delivery of health care.

1 in 5
adults suffer from a
mental health disorder,
such as depression
and anxiety, yet
80%
remain undiagnosed

**Food
insecurity,**
unstable housing,
unemployment,
and poverty can
derail medical
treatment plans

**Adversity
and
stress**
in early childhood can
cause long-term damage
to the physical and
mental health
of young children

Working with the State to Advance Children's Health

The first 1,000 days of a child's life, when 85 percent of brain development occurs, are critical. If a young child's needs are not met during this period, the effects can be tragic and long-lasting and can extend into adulthood.

Which is why New York State introduced the First 1,000 Days on Medicaid initiative, a host of new cross-sector programs for children up to age three. New York's Medicaid program, which spearheads the initiative, covers about 60 percent of the state's very young children. While Medicaid can make a unique contribution in preparing children for lifelong health and success, reaching that goal is only possible if all child-serving sectors work together.



United Hospital Fund guided development of the initiative's proposals. After soliciting ideas from 250 participating experts in child development, child welfare, pediatrics, mental health, and education, UHF authored a 10-point plan to improve early

childhood health and well-being. The plan was included in New York State's Fiscal Year 2019 enacted budget and Governor Cuomo's 2018 State of the State address.

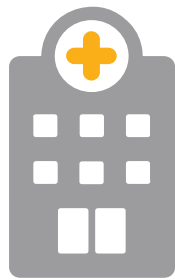
UHF continues to play a vital role in supporting the state's implementation of interventions.

“This is a perfect example of the power of partnerships,” said UHF President Anthony Shih, MD. “By focusing on preventing problems before they start, working collaboratively across sectors, and drawing on a broad range of experts, New York is again leading the way on how government can tackle tough public challenges to make a difference in vulnerable lives.”

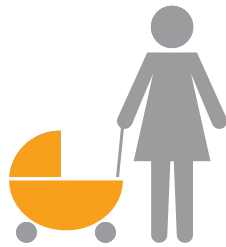


UHF forged alliances between the health care system, social services, and communities to promote a comprehensive approach to helping patients and families live healthy, long, and productive lives.

In 2018, we...



Supported 14 primary care sites and 23 community-based organizations in developing partnerships to address social needs.



Advanced the well-being of children in New York City by making 19 grants (in concert with the Altman Foundation and The New York Community Trust) that enabled 11 health care systems and 17 community organizations to implement proven interventions addressing social needs. During the first phase of the project, more than 5,500 families were screened, and more than one-third were found to have one or more social needs related to children's health and development.



Enhanced care for vulnerable populations by working with the New York City Department of Health and Mental Hygiene to help federally qualified health centers and community-based organizations jointly respond to the social needs of their patients and clients. The initiative was carried out as part of the New York City Population Health Improvement Program, which promotes health equity and better health outcomes for New Yorkers.



Strengthened the growing connection between health and housing by supporting research on homelessness risk detection and intervention and by backing a pilot program to identify and house patients with high rates of emergency department use.

UHF GRANTMAKING

Grants awarded by United Hospital Fund reflect, complement, and extend our program initiatives, with the broad goal of improving the quality and delivery of health care in New York, and a focus on vulnerable and underserved populations. The grants included below were made between March 2017 and October 2018.

QUALITY AND EFFICIENCY

Greater New York Hospital Association, \$250,000

Includes two grants made in 2017 and 2018, supporting UHF's joint effort with Greater New York Hospital Association (GNYHA) to build clinical capacity in the Clinical Quality Fellowship Program, promote a culture of safety in hospitals, and explore the feasibility of a training program to build the quality improvement capacity of nursing home staff.

Outpatient Antibiotic Stewardship Initiative, Stage II, \$296,887

Stage II of UHF's Outpatient Antibiotic Stewardship Initiative assisted participants as they designed, implemented, and evaluated their own strategies to decrease overuse and misuse of antibiotics.

Stage II Participants

MediSys Health Network/Jamaica Hospital Medical Center
Memorial Sloan Kettering Cancer Center
Montefiore Medical Center
Mount Sinai Health System
NewYork-Presbyterian Queens
Wyckoff Heights Medical Center

CLINICAL-COMMUNITY PARTNERSHIPS

Family Health Centers at NYU Langone, \$100,000

To pilot test, evaluate, and recommend modifications to a screening, referral, and feedback process that identifies patients with one or more social determinants of health and connects them with community-based organizations.

Community Healthcare Network, \$119,107

For its Integrating Social Determinants of Health in Primary Care Practice project, to help primary care practices work with community-based organizations to address social determinants of health by developing and vetting a process for creating effective partnerships.

Corporation for Supportive Housing, \$125,000

To leverage and grow the Frequent Users of Hospital Systems initiative in the Bronx to better identify homeless Medicaid super-utilizers and connect them with supportive housing placements and wrap-around intensive case management.

Partnerships for Early Childhood Development, Phase II, \$460,122*

Phase II of United Hospital Fund's Partnerships for Early Childhood Development (PECD) was launched in June 2018 with support from the funding consortium established for the first phase of PECD: UHF, the Altman Foundation, and The New York Community Trust.

Phase II Partners

BronxCare Health System
Cohen Children's Medical Center (Northwell)
The Mount Sinai Hospital
NewYork-Presbyterian/Columbia University Irving Medical Center
NewYork-Presbyterian Queens
NYC Health + Hospitals/Gotham Health, Gouverneur
NYU School of Medicine/Family Health Centers at NYU Langone
St. John's Episcopal Hospital

Public Agenda, \$100,000

For the Parent Perspectives on Pediatric Primary Care Innovations project, to develop, conduct, and analyze results from eight New York City focus groups to understand low-income parents' openness to and perspectives on primary care-based innovations.

** These grants are made possible through joint funding by UHF, the Altman Foundation, and The New York Community Trust. Total amount shown includes Altman Foundation support made directly to UHF. The New York Community Trust provided additional funds directly to grantees.*

UHF PUBLICATIONS 2018-19

Advancing Behavioral Health Integration for Small Primary Care Practices: Progress, Emerging Themes, and Policy Considerations (May 2018)

NYC PHIP Small Practice Project: Final Report (June 2018)

The Right Prescription: Assessing Potentially Inappropriate Use of Antibiotics Among New York's Medicaid Population (June 2018)

HealthWatch: The Other Shoe Drops: Federal Association Health Plan Regulation Is Next Threat to Coverage in New York (June 2018)

HealthWatch: Stable Housing, Stable Health: Addressing Housing Insecurity Through Medicaid Value-Based Payment (July 2018)

Clinical-Community Partnerships for Better Health: Observations from New York City's Partnerships for Early Childhood Development Initiative (July 2018)

HealthWatch: 2019 Shaping Up as a Watershed Year for New York's Individual Market as Federal Challenges and Uncertainty Continue (October 2018)

Antibiotic Stewardship for Acute Respiratory Infections: The Milstein Toolkit for Ambulatory Care Practices (November 2018)

Difficult Decisions About Post-Acute Care and Why They Matter (November 2018)

Patient-Reported Outcomes in Primary Care-New York (PROPC-NY): An Implementation Guide (December 2018)

An Overview of Policy and Practice Implications for PROPC-NY: "What's the Upshot?" (December 2018)

Three Field Reports on Lessons Learned from the PROPC-NY Collaborative (December 2018)

The Illusion of Choice: Why Decisions about Post-Acute Care Are Difficult for Patients and Family Caregivers (January 2019)

Health Care Provider Perspectives on Discharge Planning: From Hospital to Skilled Nursing Facility (January 2019)

FORTHCOMING PUBLICATIONS

Patient-Centered Medical Homes Update (Winter 2019)

The Ripple Effect: The Impact of the Opioid Epidemic on Children and Families (Winter 2019)

Achieving Payment Reform for Children through Medicaid and Stakeholder Collaboration (Winter 2019)
[Includes a report and associated guide]

Complex Construction: A Framework for Building Clinical-Community Partnerships to Address Social Determinants of Health (Winter 2019)

Difficult Decisions About Post-Acute Care: Recap on Findings and Pathways to Progress (Winter 2019)

For authors or more information, please visit: <https://uhfnyc.org/publications/>.

FINANCIAL SUMMARY

Statement of Financial Position

Year ended February 28, 2018

ASSETS

Cash and cash equivalents	\$3,098,473
Grants and other receivables, net	739,559
Other assets	650,678
Investments	97,619,464
Property and equipment, net	2,065,834
Beneficial interest in perpetual trusts	4,241,501
Total assets	\$108,415,509

LIABILITIES AND NET ASSETS

Liabilities:

Accounts payable and other liabilities	\$904,754
Deferred rent obligation	2,268,104
Grant commitments	856,198
Accrued postretirement benefits	471,110
Total liabilities	4,500,166

Net assets:

Unrestricted	79,973,589
Temporarily restricted	17,271,401
Permanently restricted	6,670,353
Total net assets	103,915,343
Total liabilities and net assets	\$108,415,509

Statement of Activities

Year ended February 28, 2018

OPERATING REVENUES AND SUPPORT

Public support:

Foundation grants	\$1,660,971
Government and exchange contracts	1,153,709
Contributions	250,370
Special events	2,221,337
(Less direct expenses)	(320,210)
Total public support	4,966,177

Other revenues:

Conferences and other	73,113
Investment return designated for current operations	6,351,950
Other investment income	180,992
Total other revenues	6,606,055
Total operating revenues and support	11,572,232

OPERATING EXPENSES

Program services:

Grants	816,889
Health services research, policy analysis, and education	5,248,271
Publications and information services	1,244,094
Total program services	7,309,254

Supporting services:

Administrative and general	2,694,005
Fundraising	899,991
Total supporting services	3,593,996
Total operating expenses	10,903,250
Change in net assets from operations	668,982

NON-OPERATING ACTIVITIES AND SUPPORT

Investment return more than amounts designated for current operations	4,190,009
Postretirement related changes other than net periodic postretirement cost	(63,751)
Change in value of beneficial interest in perpetual trusts	321,441
Change in net assets from non-operating activities and support	4,447,699
Change in total net assets	5,116,681
Net assets at beginning of year	98,798,662
Net assets at end of year	\$103,915,343

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.

CONTRIBUTORS

2017-18 CONTRIBUTORS

Support received March 1, 2017 –
February 28, 2018

\$100,000 and Over

The Peter and Carmen Lucia Buck
Foundation
Charina Endowment Fund‡
Ira W. De Camp Foundation
The Engelberg Foundation‡
Paul E. Francis‡
Fund for Public Health in NY, Population
Health Improvement Program
Health Research Incorporated
Hearst Corporation‡
The New York Community Trust
New York State Department of Health
New York State Health Foundation
Jim and Marilyn Simons
TIAA
The James S. & Merryl H. Tisch
Foundation, Inc.

\$50,000 to \$99,999

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\$25,000 to \$49,999

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TD Charitable Foundation
Tishman Speyer

\$10,000 to \$24,999

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\$5,000 to \$9,999

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