

Blueprint

SPRING / SUMMER 2021

Putting Patients and Providers on the Same Page

Despite great strides in care for chronic illness over the last two decades, a major obstacle persists. Communication barriers commonly experienced by patients and providers too often stand in the way of effective co-management of health.

Consider a patient with diabetes who wants to get off insulin so she can travel with her daughter. During a regular appointment, her doctor focuses on blood pressure and glucose control, as well as the prevention of longer-term complications. She tells the patient she's doing well, to continue to manage her diabetes, and that she'll see her in four months. After the doctor leaves the room, the patient realizes it is too late to bring up her concern about travel.

Communications challenges like this between patients and providers are frequent and became all too apparent during the COVID-19 pandemic. Both parties had to quickly adapt to changes in clinical care protocols. Office visits moved online (often overnight), and some patients' conditions became even more complex due to pandemic-related delays in care and increases in behavioral health problems.

A team from UHF's Quality Institute sought to tackle this critical issue by better understanding shortcomings in the patient-provider partnership. Over nine months, the team partnered with patients and clinicians from a New York City primary care practice that serves a diverse group of patients with high prevalence of diabetes.

The UHF team conducted a series of active-listening interviews with ten patients and practice staff to cultivate trust and set the stage for collaborating on the co-design of a digital prototype called How's My Health Dashboard, in order to help overcome communication barriers. The prototype was designed in partnership with two health information technologists/designers; UHF has just released a report describing the co-development of the Dashboard.

ENGAGING PATIENTS AND PROVIDERS

The interviews conducted by the UHF team explored the shared experience of both patients and providers in co-managing diabetes. The conversations revealed common ground in seeking successful

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DID YOU KNOW?

UHF recently honored **73 extraordinary quality improvement leaders** at its third annual Tribute to Excellence in Health Care. (See page 6.)



UHF Names Two New Vice Presidents and Chief Technology and Facilities Officer

United Hospital Fund made several significant staff changes in the spring of 2021. Quincy McLain, CPA, was promoted from controller to vice president, chief financial officer, and treasurer, replacing Sheila Abrams, CPA; Ms. Abrams, who was the senior vice president for administration and finance and treasurer, retired in early May. Vaughn R. Murria was promoted to vice president of human resources from director of human resources while retaining his title as chief diversity, equity, and inclusion officer.

Both Mr. McLain and Mr. Murria joined UHF's management committee in their new roles. In addition, Joey Rodriguez, MCSA, was promoted to chief technology and facilities officer from director of information technology. UHF also hired a new controller,

Sherrard J. Zamore, CPA, effective March 29. Mr. Zamore was formerly assistant vice president, Office of the Comptroller, at Nassau Community College.

Ms. Abrams joined UHF in 2000 and helped navigate such far-reaching economic challenges as New York City's post-9/11 financial downturn, the Great Recession of 2008, and the COVID-19 pandemic.

Mr. McLain, who joined UHF in July 2019, was previously chief financial officer at The Institutes of Applied Human Dynamics, Inc. Mr. Murria joined UHF as director of human resources in 2013, having previously served as director of human resources and operations at the Manhattan Borough President's Office. Mr. Rodriguez joined UHF in 1987 and is one of its longest-serving staff members. ■

UHF Receives Grants to Continue and Expand Innovative Programs

UHF received several grants in recent months to support programs to address the health of children and older adults and improve access to insurance for all.

In February 2021, Mother Cabrini Health Foundation awarded UHF's Pediatrics for an Equitable Developmental Start Learning Network a \$500,000 grant to support a second year of its work to reduce inequities in childhood by increasing the number of young children receiving primary-care-based interventions that promote healthy development, address unmet social and developmental needs, and strengthen families.

UHF's Skilled Nursing Facility Learning Collaborative also embarked on its second year with \$500,000 in support from Mother Cabrini Health Foundation. This initiative is engaging a group of eight New York skilled nursing facilities in a learning collaborative to improve transition planning so it better aligns with the needs and priorities of older, vulnerable patients and their family caregivers.

In the fall of 2020, UHF received significant support from The Leona M. and Harry B. Helmsley Charitable Trust and the Altman Foundation to respond to a request from New York State to support the development of Medicaid medical respite pilots authorized by the legislature in 2020. The newly funded initiative focuses on developing a program to provide care to homeless patients who are too sick to be on the streets or in a traditional shelter but not sick enough to warrant inpatient hospitalization. UHF's Medicaid Institute is partnering with Manatt Health Strategies to develop the contours for New York Medicaid coverage and reimbursement for medical respite services.

UHF also secured two other grants earlier this year: \$200,000 from the Stavros Niarchos Foundation to support the Clinical Quality Fellowship Program, co-led by UHF and the Greater New York Hospital Association; and \$160,000 from the New York Community Trust to support our health insurance policy work. ■

Grants support UHF's policy work, quality improvement initiatives, and clinical-community partnerships.

Finding Silver Linings in the Pandemic

Words cannot capture the immense toll of the COVID-19 pandemic. The direct clinical impacts of the disease—as well as the ripple effects on our collective mental health, the economy, and our overall well-being—are immeasurably devastating. However, we are at risk of further compounding the tragedy by ignoring lessons we have learned. And therein lies a potential silver lining: tragedy can sometimes drive long-term change.

We are already seeing, for instance, fundamental changes in how hospitals are preparing for future pandemics, how offices can effectively manage a remote workforce, and the accelerated adoption of technological innovations. There are also numerous public policy issues that merit our attention, such as how to design a social safety net that prevents some of the havoc from the pandemic's economic fallout. I would like to focus on two issues that may be particularly relevant to our audience: the need to address the historic underinvestment in public health, and the need to move beyond the current focus on vaccine equity to encompass broader health equity.

STRENGTHENING OUR PUBLIC HEALTH INFRASTRUCTURE

Public health has long been an underinvested part of our health care system, comprising less than 3 percent of total U.S. health care spending. The consequences of this are not hard to see. Last year, as the pandemic reached our shores in the U.S., it was clear that we could not adequately execute the core public health function of surveillance. An uncoordinated testing strategy, shortages, and an inability to adequately trace contacts of infected individuals made it difficult to contain the virus's spread. And once we had a better grasp of the pandemic's scope, public health was hampered in efforts to develop policies for containment and effectively communicate a consistent message around issues like social distancing and masking.

This not only reflects an underinvestment in public health, but just as importantly the lack of public health's prominence and influence in our overall health system. What we need is not only a temporary surge of funding for public health activities but a longer-term commitment to public health and its focus on prevention. And in a broader sense, we must all better recognize public health's important

role in keeping our society healthy. Not only will this make us more prepared to respond to the next infectious disease pandemic—it will also help mitigate the ongoing pandemics of chronic disease, substance use disorders, and other threats to our physical and mental health.

MOVING BEYOND VACCINE EQUITY TO HEALTH EQUITY

The disproportionate impact of COVID-19 and its economic fallout on underserved and historically disadvantaged communities is indisputable. New Yorkers from some racial and ethnic groups—including Black, Latino, and Indigenous groups—contracted COVID-19 at a higher rate and were hospitalized and died at a higher rate than other New Yorkers. For those familiar with health care in the U.S., this was not surprising; similar disparities in health outcomes are seen across a wide variety of medical conditions. Though the proximate causes may be related to factors such as poverty, housing instability, and food insecurity, there are deeper roots in structural racism, such as long-standing disinvestment in communities of color. In response, both New York State and New York City have rightly focused on equity in the rollout of COVID-19 vaccines. New York State has launched a New York Vaccine Equity Task Force, and New York City has a detailed COVID-19 Vaccine Equity Strategy.

Despite a bolstered commitment to vaccine equity, wide racial disparities in vaccination rates persist. This is not surprising: health disparities are rooted in centuries of racism, and even a focused effort right now will only have a limited effect. Achieving health equity—where everyone has the opportunity to be as healthy as possible—will require a long-term commitment, as well as a rethinking of all our systems, policies, and practices. It's a big challenge and requires the commitment of all of us working in health. We now have a precious opportunity to leverage the momentum around vaccine equity to work toward broader health equity.

More than a year after the beginning of the pandemic, we can finally see light at the end of the tunnel. As we move forward, let us also look back to ensure that the tragedies we have endured can help us make a better tomorrow. ■



Anthony Shih, MD
UHF President

We now have a precious opportunity to leverage the momentum around vaccine equity to work toward broader health equity.

Putting Patients and Providers on the Same Page
(Continued from page 1)

Optimal treatment of chronic conditions requires co-management by the provider and patient, and this digital tool could help realize that goal.
— Anthony Shih, president of UHF

communication, including priorities and values as well as setting agendas and goals of care. Inclusion and trust surfaced as important aspects of these interactions.

“The interviews shed light on the limitations of current health information technology (HIT) tools in facilitating effective communications between doctors and patients when co-managing chronic conditions,” said Anne-Marie J. Audet, MD, UHF senior medical officer and lead author of the report. “Clinicians want easy-to-access patient-reported information that can make their interactions more effective, and patients wish they could more easily share information with their doctor, especially about the issues that matter most to them. Existing HIT platforms create limitations for both.”

Part of the problem is that clinicians access patient information via an electronic medical record (EMR) system, while patients obtain theirs via a patient portal. Interviews confirmed that information generated by practitioners—such as physician notes and test results—can be too technical for patients to understand, while patient-generated information—such as health status, self-reported symptoms, and goal achievements—is not integrated in the clinician’s EMR unless it is manually added.

Innovations that facilitate the sharing of information at the point of care could go a long way toward solving this problem and enhancing doctor-patient interactions. The UHF-led project explored how to do just that.

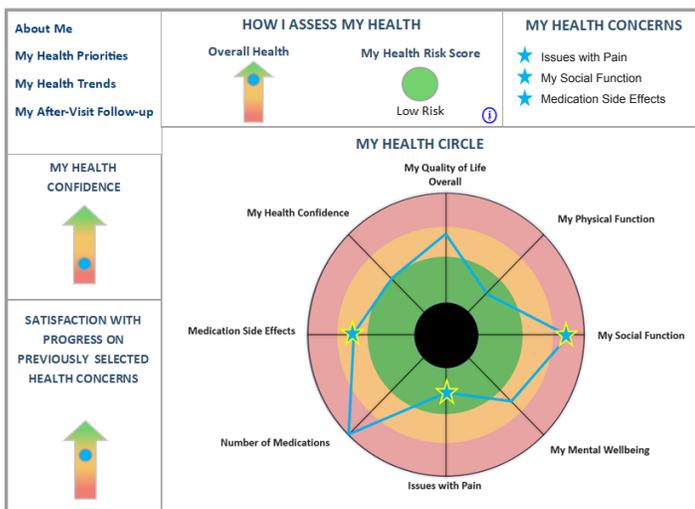
A NEW DIGITAL PROTOTYPE TO IMPROVE COMMUNICATION

The How’s My Health Dashboard prototype is the result of this collaboration between patients, providers, and the UHF team. Created through a process emphasizing co-design, the dashboard tackles well-known communication barriers and seeks to address the imbalance between provider- and patient-generated data necessary to the management of health.

Feedback on the dashboard prototype from both patients and clinicians confirmed that it would foster trust, improve communication, and facilitate patients’ input on setting priorities. Patients said that they liked the overall content and display of the prototype and understood and appreciated the questions. “I can’t wait to use it,” one patient said, offering to participate in a pilot program.

All the clinicians interviewed valued the dashboard’s potential to set a shared agenda for a visit by allowing patients to answer a set of questions and detail their own concerns before coming in, leading to a more productive visit. “This is not information we get readily, except if we ask about it at the time of the visit,” one practitioner said.

The report was supported by New York State Health Foundation and can be downloaded from UHF’s website. It was co-authored by UHF staff members Anne-Marie J. Audet, MD, senior medical officer; Joan Guzik, MBA, director, quality improvement, Quality Institute; Pooja Kothari, RN, MPH, senior program manager; and Kevin Mallon, MSW, program analyst. ■



The dashboard home page (left) provides a snapshot of a patient’s most recent health score, goals, and “health circle.” A clinician can quickly visualize a patient’s top three concerns and the patient’s own assessment of their overall health. The dashboard also displays a patient’s confidence in managing their health and their degree of satisfaction with goals set in previous visits.

UHF Supports Pilot Project to Measure Opinions on Vaccine Access

Last fall, as New York was focusing on how best to distribute the COVID-19 vaccine when it became available, UHF awarded \$50,000 to the New York Academy of Medicine to support its work, in partnership with the New York City Department of Health and Mental Hygiene, to develop and pilot a virtual public deliberation process to examine New Yorkers' opinions on how best to equitably distribute the vaccine.

Participants were asked about the prioritization order for vaccination of essential workers by occupation (beyond already prioritized frontline health care workers), and the prioritization order for other risk factors like age, neighborhood, race/ethnicity, and underlying health conditions. At the end of public deliberations, participants prioritized bus drivers, schoolteachers, and grocery workers

for vaccine access among essential workers, and identified underlying conditions and most-affected neighborhoods as primary considerations for vaccine access.

Throughout the project, interim results supported the city's plans for expanded vaccine eligibility categories and access, influencing the decision-making of city leaders in real time.

Based on this pilot study in New York City, the New York Academy of Medicine created a digital guide to public deliberation for local municipalities to use as they determine priorities in their own jurisdictions. This grant was made as part of a consortium of funders that included United Hospital Fund, the Altman Foundation, the de Beaumont Foundation, and New York State Health Foundation. ■

NYC Health Commissioner Updates Quality Leaders Forum on Pandemic Response

On April 7, Dave A. Chokshi, MD, MSc, FACP, commissioner of the New York City Department of Health and Mental Hygiene, called on members of UHF's Quality Leaders Forum to do everything they can to get people to share their stories about choosing to get vaccinated and their experiences with the process. "We have to create that snowball effect."

Dr. Chokshi spoke movingly of the parallel pandemics the city faces—not only COVID-19, but the trauma that health care workers have experienced over the past year, as well as growing food insecurity, the nested epidemic of overdose deaths, and forgone care by people who delayed treatment for other conditions.

"We have to take advantage of this moment and call for massive investment in public health and its workforce," he said. The one book he had time to read in the last six months, *The Great Influenza: The Epic*

Story of the Deadliest Plague in History, reminded him that, as devastating as that 1918 influenza pandemic was, it is often now referred to as the "forgotten pandemic" because when it was over "everyone went back to business as usual."

To ensure that underserved neighborhoods and the elderly have access to the COVID-19 vaccine, he highlighted the city's expanding programs to vaccinate the homebound and set up pop-up sites in communities far from the larger city vaccination sites.

Participants in the Quality Leaders Forum, organized in collaboration with the Greater New York Hospital Association (GNYHA), included alumni from the UHF/GNYHA Clinical Quality Fellowship Program and quality improvement leaders honored with UHF's Excellence in Health Care Award. UHF is grateful to Elaine and David Gould, whose generosity supports the Quality Leaders Forum. ■



Dave A. Chokshi,
MD, MSc, FACP

UHF Honors Quality Improvement Leaders

On May 3, 2021, United Hospital Fund honored 73 extraordinary quality improvement leaders from 69 health care organizations across the metropolitan region at its third annual Tribute to Excellence in Health Care. The honorees (listed below) were recognized during a virtual event for their personal efforts to improve quality of care, patient safety, and the patient experience. A special focus was leadership

related to responding to COVID-19 and addressing health care disparities.

The keynote was delivered remotely by Ashish K. Jha, MD, MPH, Dean of the School of Public Health and Professor of Health Services, Policy, and Practice at Brown University. Cary A. Kravet, a UHF board member and trustee of Northwell Health, was the event chair. TD Bank was the generous Lead Sponsor of the Tribute. ■

2021 HONOREES

AdvantageCare Physicians
Eveth Green, FNP-BC, MBA, MSN, RN

BronxCare Health System
Dave A. F. Livingstone, MD

The Brooklyn Hospital Center
Judy McLaughlin, DNP, MS, BSN, BS, RN

Catholic Health
Jason M. Golbin, DO

Coalition of Asian-American IPA (CAIPA)
Jonathan M. T. Chang, MD, and Kevin Guo, MD

Community Healthcare Network
Diana Castillo and Michelle I. Everett-Oxley

Elizabeth Seton Children's Center
Josephine Leung, MS, RN-BC

Gurwin Jewish Nursing & Rehabilitation Center
Christina Jones, RN, BSN

Hackensack Meridian Health
Suelyn Boucree, MD, MBA, FACP

HealthCare Partners, IPA
Dutsi Behm, MD

Hospital for Special Surgery
Jennifer O'Neill, DNP, APN, NEA-BC, and Douglas Padgett, MD

Institute for Family Health
Kwame A. Kitson, MD

Maimonides Medical Center
Shari Suchoff

MediSys Health Network

Alan R. Roth, DO

Flushing Hospital Medical Center
Alessandro Solinas, MD

Jamaica Hospital Medical Center
Robert I. Mendelson, MD

Memorial Sloan Kettering Cancer Center
MSK COVID Lab Testing Team

MJHS

MJHS Hospice and Palliative Care
Russell K. Portenoy, MD

MJHS Health System
Mary Foronda, RN

Isabella Center for Rehabilitation and Nursing Care
Loyola Princivil-Barnett, MHA, LNHA

Montefiore Health System

Burke Rehabilitation Hospital
Valerie Vermiglio-Kohn, RN, CRRN, MSN, MS

The Children's Hospital at Montefiore
Suzette Olubusola Oyeku, MD, MPH

Montefiore Medical Center
Jacqueline Myrie-Weir, RN, BSN, MPH

Montefiore Medical Center, Moses Campus
John Loebner, MD

Montefiore Medical Center, Wakefield Campus
Una Hopkins, DNP, MSN, BSN, FNP-BC, RN

Montefiore Mount Vernon Hospital
Dianne Gordon, EdD, MSN-ED, RN

Montefiore New Rochelle Hospital
Amrah Hasan, MD

Montefiore Nyack Hospital
Susanne Z. Stone, RN, MPH, CIC, CRCST

Montefiore St. Luke's Cornwall
Sandeep Garwin, MD, MS

White Plains Hospital
Farrukh Nadeem Jafri, MD, MS-HPed

Mount Sinai Health System

Mount Sinai Beth Israel
Young Im Lee, MD

Mount Sinai Brooklyn
Vadim Leyko, MSA, RRT, RPSGT

The Mount Sinai Hospital
Jorge L. Rodriguez, MPA

Mount Sinai Morningside
Berthe Erisnor

Mount Sinai Queens
Ellina Babar

Mount Sinai West
Andres S. Moreira

New York Eye and Ear Infirmary of Mount Sinai
Cindy Girdusky, RN, CNOR

Mount Sinai South Nassau
Karine Austin, DNP, RN, NEA-BC, CENP

The New Jewish Home
Jeffrey Farber, MD, MBA, President & CEO and Ruth Spinner, MD, Senior Medical Director

Northwell Health

Cohen Children's Medical Center
Dhalia Puri, MSN, RN

Community and Population Health
Debbie Salas-Lopez, MD, MPH, FACP

Glen Cove Hospital
Lorraine Daphna, RN

Huntington Hospital
Corazon R. Paraso, RN, MS-FNP, CCRN, NE-BC

Long Island Jewish Forest Hills
Michelle Parcels, MSN, BSN, RN, FNP-CCRN, ICU

Long Island Jewish Medical Center
Karina Gutierrez, MSN, RN, AGPCNP-BC, CWOCN

North Shore University Hospital
Michael D. Montanez

Peconic Bay Medical Center
Dawn Leonard

Plainview Hospital
Kwest-Ann Samuels, BSN, RN-BC

Southside Hospital
Shehzad Khan, RN, BSN

Staten Island University Hospital
Vanessa Cabatbat, MS, RN, FNP

Syosset Hospital
Bernie R. Alivio, BSN, RN, CCRN, CMSRN

Donald and Barbara Zucker School of Medicine at Hofstra/Northwell
Tochi Iroku-Malize, MD, MPH, MBA, FAAP, SFHM

Zucker Hillside Hospital
Marie Germaine Rancy, RN, MSN, CDCES, CWCN

NuHealth/Nassau University Medical Center
Grace Y. Ting, MD

NYC Health + Hospitals/Elmhurst
Suzanne Bentley, MD, MPH, FACEP

One Brooklyn Health System
Kurt S. Kodroff, MD, MMM

Parker Jewish Institute for Health Care and Rehabilitation
Verna Sinclair, RN, MSN

Richmond University Medical Center
Marianne LaBarbera, MD

SBH Health System
Susan Singh

St. John's Episcopal Hospital
Tessy Peter, MD, FCCP

St. Mary's Healthcare System for Children
Judy Vigliotti, RN

SOMOS Community Care
Yomaris Peña, MD

Stamford Health
Ellen M. Komar, MPA, BSN, RN, NEA-BC

Visiting Nurse Service of New York
Carol Odnoha, RN, BSN, MPA

Yale New Haven Health

Bridgeport Hospital
Zane K. Saul, MD

Greenwich Hospital
Kisha A. Mitchell Richards, MD, FACP, FASCP

Lawrence + Memorial Hospital
Shannon R. Christian, MSN, RN, NEA-BC

Yale New Haven Health System
Danielle M. Zawatsky

Yale New Haven Hospital/Yale New Haven Health System
Richard A. Martinello, MD

Alexandra Brandes, JD, MPH

Director, Medicaid Institute



Alexandra Brandes joined UHF in November 2020 as director of the Medicaid Institute. She came to UHF from Lenox Hill Neighborhood House,

where she served in various roles, including policy and advocacy manager, supervising attorney, and health care and elder care fellow. She holds a Master of Public Health from Tulane University School of Public Health and a Juris Doctor from Tulane School of Law.

UHF's Medicaid Institute provides information and analyses of New York's Medicaid program to help public officials and other stakeholders build a more effective health care system for low-income New Yorkers.

Q: Can you give us a quick overview of New York's Medicaid program and why it is so important—especially now?

New York State Medicaid serves seven million New Yorkers, a tremendous number. It covers children, low-income adults, pregnant women, older adults, and people with disabilities. The pandemic brought home how tremendously important it is to have health insurance, and Medicaid is a critical safety net if you lose a job and your insurance.

Q: How did your background prepare you to lead the Medicaid Institute, and what attracted you to the role?

I started working on health care access issues over a decade ago as a patient navigator for cancer patients in Texas who didn't have insurance. I saw firsthand how unfair and inequitable our health system is. More recently, as a health care attorney, I worked to overcome lack of access to health insurance, particularly Medicaid. Understanding the barriers to care showed me where change needs to happen. I am excited to have the opportunity to take those experiences to a policy level and a broader

audience. I was already familiar with the work UHF does from my participation in a workgroup for the First 1,000 Days on Medicaid initiative (New York's cross-sector program for children from birth to age three).

Q: How can Medicaid help address the unacceptable inequities in health care?

We can see clearly that Medicaid reduces health disparities by comparing data from states that expanded Medicaid under the Affordable Care Act, like New York, to states that have not. It is a significant anti-poverty program—with Medicaid, people do not delay medical care due to affordability, do not incur significant medical debt, and do not struggle to choose between paying for health care or other necessities such as food, utilities, diapers, or shelter. Of course, significant health inequities persist even with the current New York State Medicaid program, but the more we can expand eligibility and ensure that people covered by Medicaid have the same access to care as those covered by Medicare or private insurance, the more powerfully Medicaid can address persistent health inequities.

Q: The Medicaid Institute is conducting work on many fronts. Which excites you most?

I am excited that the Medicaid Institute will be able to help New York redefine how Medicaid programs work post-pandemic. Specifically, how they can engage communities to create more equitable structures and how Medicaid can be more aligned with other health insurance and social programs to contribute to community health.

Q: What has surprised you most since you started?

The change in the federal administration is tremendously significant. I am surprised and very happy that the new administration sees the value of Medicaid and its focus on equity rather than cost alone. ■

Blueprint

Published three times a year by United Hospital Fund. We welcome your comments and suggestions.

United Hospital Fund works to build an effective and equitable health care system for every New Yorker.

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Blueprint

ON THE CALENDAR



JULY 15, 2021

UHF's Annual Medicaid Conference

The 2021 Medicaid Conference, "Medicaid in New York: Centering Communities Post-COVID," will be presented as a live webcast, featuring keynote speaker Brett Friedman of the New York State Department of Health.

OCTOBER 4, 2021

UHF's Gala

Honoring New York's extraordinary million-plus health care workforce with UHF's Health Care Leadership Award and Karen Washington with UHF's Distinguished Community Service Award for her exemplary work to advance food justice and sustainability.

LATE OCTOBER 2021*

32nd Annual Symposium on Health Care Services in New York: Research and Practice

Fostering collaboration on and understanding of current health care issues and research in New York, building bridges among health services researchers and practitioners, and showcasing the New York health services research community. This will be a virtual event.

**Exact date and time to be announced.*

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



Designing a Digital Platform to Monitor Health Status and Foster Trust Between Patients and Clinicians describes a prototype for a digital resource to help patients and providers work together to achieve the health goals important to patients.

New York State Department of Health Price Methodology Workgroup: Final Recommendations examines the most effective ways to develop and present meaningful and user-friendly pricing information and resources that could support common health care decisions.

