

Blueprint

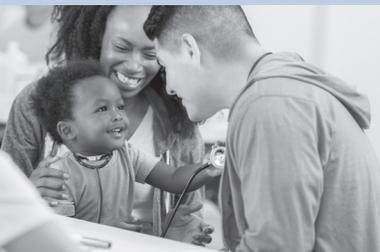
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UHF’s Quality Institute Fosters Patient-Driven Improvement

The U.S. has some of the best medical institutions in the world, yet uneven quality and care that does not follow evidence-based practices are all too common. A growing national focus on improvement has produced a vast body of quality measures, but few assess aspects of quality that patients and families find meaningful.

Since 2015 United Hospital Fund’s Quality Institute has been working with health care providers, Greater New York Hospital Association, the New York State Department of Health, and others across the state and the metropolitan area to develop programs aimed at making health care safer, more effective, and more responsive to patients. Initiatives focus on three strategic areas—profiling performance, building quality improvement capacity, and engaging patients. Some of the Institute’s most innovative work addresses that last challenge.

STRATEGIC INNOVATION

Extending the horizons of typical quality improvement efforts to include patients can be challenging, says Anne-Marie Audet, MD, the Institute’s senior medical officer. “Some of our initiatives require changes to routine ways of delivering care, as well as staff training in new competencies such as team-based models or goal-driven interactions with patients and families.”

Patient-Reported Outcomes in Primary Care-New York (PROPC-NY), supported by the Engelberg Foundation, is one such project. While clinical observations and test results are essential to judging whether interventions are improving patients’ health and responding to the reasons they consulted a provider, patients’ own assessments are



as essential, to inform and guide provider teams. Research suggests that patients’ perceptions of their conditions and their care can differ markedly from that of their physicians, and that eliciting a patient’s goals—such as increased mobility—and evaluating whether they’re being met can lead to more effective treatment and goal attainment.

Some specialty practices have already started integrating the use of “patient-reported outcomes,” essentially self-reporting in response to a structured set of questions. But this approach is much less used in primary care, where patient conditions and goals are more wide-ranging and complex. Given this gap, the PROPC-NY project brought together three health care partners—The Institute for Family Health, Montefiore Health System, and Northwell Health—to develop and test tools and methods for eliciting and measuring patient-reported outcomes in primary care.

The 18-month project, concluding this spring, found that patient-reported outcomes are particularly useful in safety-net primary care practices, giving struggling patients the opportunity

Patient-Driven Care (continued from page 1)

to open up about their lives in a way that rarely happened in their health care encounters. “By asking patients to report on their quality of life, depression and anxiety, and social health stressors through the use of standard questionnaires prior to the visit, physicians found they could jump-start deeper, more probing conversations about issues that have a real impact on their health,” Dr. Audet says. The questionnaires also create a common language for doctor-patient discussions, and for coordination among multi-disciplinary team members who support the patient, she notes.

ADDRESSING RESOURCE NEEDS

At Montefiore, pregnant patients were asked about health-related stress caused by factors such as inadequate food or housing and partner abuse. This information, shared with the entire care team, was used to provide appropriate resources to help reduce the impact of those stressors, to positively influence the pregnancy and delivery and, later, the infant’s development. In follow-up surveys, 76 percent of patients said the process helped them find needed resources, 88 percent said the questions made it easier for them to raise concerns, and 92 percent said they felt better prepared to manage stress.

Systematically using patient-reported outcome measures takes significant work, partners in the initiative reported when they gathered at UHF for a final joint session. Follow up with the patient is crucial. Clinicians must be convinced of the value of patient questionnaires, not always an easy sell given time pressures. And many electronic health records systems cannot accommodate patient-reported outcomes; most lack the capacity to document social health stressors or patient goals and progress over time. But participants unanimously confirmed that these efforts pay off, helping them uncover important issues for their patients. “Although much work remains to spread and sustain the use of patient-reported outcomes,” says Dr. Audet, “the project’s approach shows promise for fostering more patient-inclusive practice that improves overall care,

and we are assembling resources for providers ready to embark on this journey.”

HELP FOR “DIFFICULT DECISIONS”

Eliciting patient preferences also plays a part in another Quality Institute project, “Difficult Decisions about Post-Acute Care,” supported by a grant from the New York State Health Foundation. One in five patients require post-acute care after hospitalization, and choosing a care setting and provider can be extremely stressful for both patients and family caregivers. The choice has serious implications for health outcomes as well: the care that patients receive after discharge may place them at greater risk of prolonged stays in skilled nursing facilities, decline in functioning, hospital readmissions, and inability to return home.

Yet despite hospital staff’s best efforts to create safe, effective discharge plans, efficiency and cost concerns commonly require rapid decision-making. Since federal regulations prohibit staff from making recommendations about post-acute care providers, the onus falls on patients and families to make site visits, reach out to family and friends for recommendations, and search online.

“Difficult Decisions” is examining the factors providers and hospital staff consider during discharge planning, patient and family caregiver preferences, policies that foster or limit decision making, how insurance coverage and other factors restrict choice, and innovative models and strategies that can better support informed decision making. “With valuable input from hospital staff, researchers, policymakers, innovators, and other stakeholders we intend to identify best practices, innovative tools, and potential policy levers that hold promise for supporting decision-making,” says Lynn Rogut, director of quality measurement and care transformation at UHF. “In this case our specific goal is helping New Yorkers make better-informed choices for post-acute care but, as with all our projects, the larger aim is continuous improvement of our health care system overall.”

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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A Word...

WITH TONY SHIH

To Increase Value, Go Beyond Health Care

One of the most vexing issues in the U.S. health care system is the “value” equation. As a nation we spend far more on health care than any other country—on average, more than 50 percent higher than other industrialized countries. Yet despite having some of the best health care institutions in the world, on most broad measures of health we rank well below average compared to our peers—26th on life expectancy among the 35 OECD member countries and, even worse, 29th on infant mortality.

KEEPING HEALTH CARE IN CONTEXT

High health care costs and mediocre health outcomes translate to poor value—but this is a somewhat simplistic view of the problem, because health care, we know, accounts for just 15-20 percent of health status. Outside of genetics, nothing has more impact than the social determinants of health—the conditions in which we live, work, and play.

That’s a powerful argument for both a broader view of costs—including spending on social services too—and attention to health care’s role in ensuring that those factors are recognized and addressed.

Researchers have demonstrated that countries—and, within the U.S., states—with higher proportions of spending on social services relative to health care have generally better health outcomes. But simply increasing spending on social services, particularly in the current political environment, is neither viable nor sufficient. Health care remains central to efforts to reach many of the people we’re trying to serve; for disadvantaged populations, especially, it may be the only consistent window into their lives.

On a policy level, a more nuanced approach to addressing the social determinants of health and improving health outcomes is value-based payment—moving away from volume-based, fee-for-service payment and holding the clinical delivery system accountable for health care resource use and health outcomes. This of course incentivizes the reduction of unnecessary tests and procedures, and promotes value-creating actions such as strengthening primary care and improving care coordination.

But particularly for disadvantaged populations, more is needed to improve health outcomes, as issues such as food insecurity, unstable housing, and inadequate transportation will derail even the most well thought out medical treatment plans. To date, however, it has been incredibly challenging for health care providers to figure out how to effectively partner with community

organizations to address these social determinants of health that are critical to health outcomes.

Getting the financial incentives right through value-based payment is not enough. Community-based organizations (CBOs) are a heterogeneous group, more fragmented than health care was decades ago. And with major differences between health care and CBOs in organizational culture and structure, staff capacity, technology infrastructure, regulatory requirements, and ways of measuring impact, aligning all those factors to create true partnerships is no small task. For those of us familiar with the struggle to coordinate primary and specialist care, and transitions between health care settings such as hospitals and nursing homes, the enormity of the challenge of coordinating with entities outside the health care system is no surprise.

BUILDING EFFECTIVE PARTNERSHIPS

We are learning, however, how to build productive relationships and ensure ongoing linkages and feedback between the two sectors, through projects such as our own Partnerships for Early Childhood Development. Working with 11 pediatric practices and their CBO partners, the initiative is helping health care providers routinely screen children ages 0-5 and their families for social and environmental risks that interfere with their development, and connect them with services that can address those risks. This year, UHF will be launching a similar initiative for adult primary care practices as well.

Over the next few years UHF will be spending increasing amounts of our time and resources on such clinical-community partnerships, explicitly recognizing the importance of the social determinants of health and the role that health care providers can play in addressing them. Creating effective, sustainable relationships between the two sectors is critical to the long-term success of value-based payment and to increasing the value of our health care spending but, most importantly, to improving the overall health of our nation.



Clinical-community partnerships are critical to both the value equation—and increasing overall health.

UHF and New York State Partner to Benefit Youngest Children



The evidence is compelling: investing in the first 1,000 days of a child’s life, when 85 percent of brain development occurs, can improve the entire trajectory of that life—physical and mental health, cognitive development, and educational and economic prospects.

That’s why New York State has launched 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.

“With this initiative, the State has recognized that even in periods of tight budgets, it’s important to invest in prevention,” says Suzanne Brundage, director of the Children’s Health Initiative at United Hospital Fund, which is a lead partner in the effort. “If young children’s key needs are not met, there will be broad and profound ramifications down the road, in classrooms, the health care system, the workforce, and public budgets.”

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. Cooperation between health and education is particularly important, which is why the initiative’s co-chairs are education leaders—SUNY Chancellor Emeritus Nancy Zimpher and State Education Department Commissioner Mary Ellen Elia. Additionally, every activity in the initiative’s ten-point plan includes ways in which Medicaid can collaborate with non-health players to promote child health and development, regardless of where that work occurs.

The *First 1,000 Days* demonstrates that diverse sectors can come together to make meaningful progress, then-State Medicaid Director Jason Helgeson noted. Commending the initiative’s co-chairs and its vice chairs Kate Breslin of the Schuyler Center for Analysis and Advocacy, and Dr. Jeffrey Kaczorowski, of the University of Rochester Medical Center, he also said UHF “deserves tremendous credit.”

UHF guided development of the initiative’s proposals, soliciting ideas from 200 participating experts in child development, child welfare, pediatrics, mental health, and education, developing 23 proposals, and facilitating a voting and ranking process to create the final plan.

UHF will continue to be a vital resource supporting State implementation of interventions, re-convening stakeholders as necessary, and sharing lessons from its Children’s Health Initiative.

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

THE FIRST 1,000 DAYS TEN-POINT ACTION PLAN

Braided funding for early childhood mental health consultations—to unite several state agencies to co-fund training for early childhood teachers on how to support healthy development and identify behavioral problems;

Statewide home visiting—to expand home visiting programs that have demonstrated improved outcomes;

Preventive pediatric care clinical advisory group—to guide pediatricians on prevention, health promotion, and addressing poverty-related risks;

Expansion of “Centering Pregnancy”—to spread this successful model of group prenatal care for mothers in communities with the poorest birth outcomes;

Early literacy through local strategies—to improve early language development by expanding “Reach Out and Read” in pediatric primary care;

Requiring managed care plans to have a child-specific quality agenda—to develop quality improvement programs on common child-health quality measures;

Developmental inventory upon kindergarten entry—to create a standard measurement tool for use at that milestone;

Peer family navigators in multiple settings—to launch nine pilot projects, in homeless shelters, drug treatment programs, and other settings, to help hard-to-reach families connect to resources;

Parent/caregiver diagnosis as eligibility criterion for dyadic therapy—to allow children’s Medicaid enrollment to cover a proven parent/child therapy model based solely on a parent’s mood, anxiety, or substance abuse disorder diagnosis;

Data system development for cross-sector referrals—to develop a screening and referral data system that connects families to nearby health and social services.

Strategic “Refresh” Sharpens UHF Program Agenda

“Quality health care and better health for every New Yorker.”

It’s an ambitious statement, but a strategic “refresh” at United Hospital Fund is ensuring that our core activities—research and analysis, convening stakeholders, capacity building and collaborative projects, and focused grant making—are clearly aligned to help bring this vision to life, by targeting three priorities over the next three years: coverage and access, quality and efficiency, and clinical-community partnerships.

The reboot does not represent a major change in direction, but rather a timely reassessment following the appointment of Anthony Shih, MD, MPH, as UHF president in August 2017. In the months since, he has embarked on a “listening tour” to meet and share insights with health care, government, and community leaders from across the metropolitan area and beyond. Both board and staff have been involved in examining current programs, operations, and finances, fine-tuning UHF’s organizational direction,

and reviewing the health care landscape itself.

The three program and policy priorities will gain new prominence as both organizing principle and rationale for UHF initiatives, reflecting the interconnectedness of our work and, on a larger scale, the entire health care environment.

“If better health is our goal,” says Tony Shih, “it’s clear that we have to engage with the social determinants of health, which is why we’re increasingly emphasizing clinical-community partnerships” [for a more detailed discussion, see his commentary, “To Increase Value, Go Beyond Health Care,” page 3].

That broader view is also shaping UHF’s efforts to expand relationships and collaborations within the health care system to settings beyond the hospital, including primary care, long-term care, and home health.

While the strategic refresh is intended primarily as an internal guide, a website redesign will provide a new public face for UHF as well. A more user-friendly organization and improved search function, as well as more modern look, will make their debut later this year.

UHF VISION:

Quality Health Care and Better Health for Every New Yorker

COVERAGE AND ACCESS

Providing analysis and information to support universal, affordable, comprehensive insurance coverage and access to services.

QUALITY AND EFFICIENCY

Promoting improvements in the quality, patient experience, and efficiency of health care delivery, with special attention paid to vulnerable populations.

CLINICAL-COMMUNITY PARTNERSHIPS

Fostering collaborations between the health care delivery system and communities to improve health and well-being and to address the social determinants of health.

NEWS BRIEFS

Chad Shearer, UHF’s vice president for policy and director of the Medicaid Institute, laid out the importance of the health care safety net and what can be done to sustain its vital role in **testimony before the New York City Council’s** new Committee on Hospitals.

The unique benefits of the public hospital system “can’t always be measured in services provided, or dollars and cents,” he said.

Despite serious financial pressures caused by the high proportion of patients

covered by Medicaid—the program’s reimbursements don’t match the costs of care—Health + Hospitals facilities perform as well as other hospitals on inpatient quality measures, he noted. The system is also shifting more care into the community through primary care practices, and addressing social determinants of health. His full testimony is available on UHF’s website.

A new **grant-funded project on a little-studied effect of the opioid crisis** will be launched with support from the Alfred P. Sloan Foundation and a

commitment from the Milbank Memorial Fund. “Ripple Effect: The Children and Kinship Caregivers Affected by the Opioid Epidemic” will convene a panel of experts to take the first step in addressing this emerging issue—the impact on the mental health, development, and family responsibilities of children and adolescents whose parents misuse opioids and are at risk for overdose and death.

The project will be jointly led by Carol Levine, director of UHF’s Families and Health Care Project, and Suzanne Brundage, director of the Children’s Health Initiative.

Milestone for Quality Leadership Program

The tenth class of the UHF/Greater New York Hospital Association Clinical Quality Fellowship Program started its intensive training as quality improvement experts and champions with retreats in January and March. With this largest class yet—23 doctors and 6 nurses from 22 metropolitan-area health care facilities—the 15-month program continues its mission of building Fellows' ability to plan, implement, and sustain systematic quality improvement efforts.

To date the program has enrolled 206 Fellows. Many alumni have gone on to assume leadership positions in their home facilities, and several serve as mentors to new classes of Fellows.

This year's selection process was the most competitive to date, with 50 applications from clinicians in diverse settings: academic medical centers, community hospitals, and outpatient clinics, and specialties including trauma surgery, psychiatry, neonatology, OB/GYN, and primary care.

Each cycle of the Clinical Quality Fellowship Program, which was launched in 2009, features two retreats, webinars, learning sessions, mentoring by expert faculty, and the program's signature capstone project—an opportunity for each Fellow to develop and lead a major quality improvement effort.

At the latest retreat, held at the IBM Center in Armonk, NY, Fellows spent two days in seminars and formal training sessions covering a broad range of topics, such as patient safety and human error, building a culture of safety, and the intersection of quality measurement and health policy; they also presented a group root cause analysis and discussed their proposed capstone projects.

2018–19 CLINICAL QUALITY FELLOWS

Alpna Aggarwal, DO • Northwell Health, Cohen Children's Medical Center
Amanda Anderson, MSN, MPA, RN, CCRN • Mount Sinai Hospital
Lisa Barbarotta, MSN, APRN-BC, AOCNS • Yale New Haven Health System, Smilow Cancer Hospital
Jenna Blitz, MD • NYU Langone Medical Center
Ana Cepin, MD • NewYork-Presbyterian / Columbia University Medical Center
Jed Cutler, MD • NYC Health + Hospitals/Kings County
Patricia Dharapak, MD • Mount Sinai Beth Israel
Karim El Hachem, MD • Mount Sinai St. Luke's
Emilie Fitzmaurice Rosner, MS, CNM, WHNP-BC • SBH Health System
Adam Goodman, MD • NYU Langone Hospital–Brooklyn
Sayyed Hamidi, MD, MPH, MBA • John T. Mather Memorial Hospital
D'Andrea Joseph, MD, FACS • NYU Winthrop Hospital
Marina Keller, MD • Orange Regional Medical Center
Carisa Kymissis, MD • NewYork-Presbyterian / Columbia University Medical Center
Susan Lerner, MD • The Mount Sinai Hospital
Liana Leung, MD, FACP • NYC Health + Hospitals/Queens Hospital Center
Konstantin Millerman, MD • NewYork-Presbyterian Lawrence Hospital
Neil Pasco, MD • NYU Langone Family Health Centers
Catherine Petchprapa, MD • NYC Health + Hospitals/Bellevue
Andrea Porrovecchio, MD • Montefiore Medical Center
Adriana Quinones-Garcia, MD • NYU Langone Medical Center
Praveen Reddy, MD, MPH • Stamford Hospital
Faye Reiff-Pasarew, MD • The Mount Sinai Hospital
Deanna Ripley, MS, BSN, RN • NYU Winthrop
Nermica Sarcevic, MD • NYC Health + Hospitals/Jacobi Medical Center
Lisa Schmutter, RN, BSN, MPA • NewYork-Presbyterian / Weill Cornell Medical Center
Mangalore Shenoy, MBBS • Mount Sinai West
Daniella Stephen, MPH, MSN, RN, CPHQ • Mount Sinai Queens
Dean Straff, MD • White Plains Hospital

UHF Partners with Health Technology Group

United Hospital Fund and health care technology consortium Junto Health have agreed to share information and expertise to benefit both organizations.

Junto helps large health-related organizations—including major health

systems, health insurers, and pharmaceutical companies—navigate the unique challenges and opportunities of today's digital medicine environment.

The consortium advises management teams on their innovation strategies, analyzes market trends, and facilitates collaboration with other Junto members to achieve shared goals, pool risk, and reduce costs. Junto also makes critical connections between its members and health care technology start-ups and investors.

“We are pleased to launch this partnership with Junto Health, which has its finger on the pulse of what's new in information technology and how health care organizations, working independently or collaboratively, can meet their goals of deploying digital strategies to advance the well-being of their patients and their clients,” said UHF President Anthony Shih, MD, MPH. “By working together to leverage our respective expertise, both of our organizations will become stronger.”

Child Health Project Highlights Value of Partnerships

After a year of innovative collaborations to address the outside impact of social and economic forces on children's life-long health, UHF's groundbreaking Partnerships for Early Childhood Development (PECD) project has shown the promise of clinical-community partnerships, and uncovered some overriding priorities.

PECD aims to help pediatric primary care practices screen all children up to age 5, and their families, for social determinants of health such as unsafe housing, inadequate nutrition, and exposure to violence, and create effective referrals to address them.

Practices from 11 health systems joined with one or more of 18 community organizations, with grant support from UHF, the Altman Foundation, and the New York Community Trust. UHF took the lead on project management and program development, including a critical learning collaborative.

The teams screened nearly 4,000 patients and made 730 referrals; multiple sites reported that more than half of all screenings uncovered at least one psychosocial need. One



unexpected insight: “Nearly all the teams were surprised by the extent to which families said they needed quality child care and adult education,” said Lee Partridge, an advisor to the project.

But child care and education were among the most difficult resources to secure, due to limited capacity and complicated enrollment processes. “As a pediatrician I see food insecurity and that’s the issue that creates the most panic in the bottom of my stomach, but sometimes that’s not the parent’s priority” said one participant. “I had a mother who screened positive for every single thing on the six-item screener and really what she needed was child care. Once she had that she could get her GED or get a job or do other things that would solve the food insecurity problem.”

Although some parents were initially wary about answering the project’s questionnaires, practitioners found that asking families about their lives could lead to more productive conversations. A far larger hurdle was the inability to efficiently document the outcome of those conversations. “The lack of compatibility between systems, and the inability to record and track the results of screenings, made the workflow between partners incredibly complex,” said Suzanne Brundage, director of UHF’s Children’s Health Initiative.

Nevertheless, participants were overwhelmingly enthusiastic about the possibilities PECD raised, and the opportunities that the learning collaborative provided. Many participants stayed to talk and share experiences long after each session officially ended, Ms. Brundage said.

Eight of the partnerships will continue, with additional funding and technical assistance. “Pediatricians and social service providers really want to work together,” said Ms. Brundage. “It doesn’t take a lot of investment to encourage these types of relations. They just need a push.”

RECENT UHF GRANTS

COMMUNITY HEALTHCARE NETWORK (CHN), \$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—including screening, referral, and feedback that encourages follow up.

CORPORATION FOR SUPPORTIVE HOUSING, \$100,000
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; the project will produce a roadmap to developing partnerships and sharing data, and a training series of webinar and online resources on developing supportive housing for this population.

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, especially those addressing the main risks and protective factors that influence child development.



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ON THE CALENDAR

JULY 18

UHF's annual Medicaid Conference, featuring state and national experts assessing the program's status, opportunities, and challenges.
New York Academy of Medicine

OCTOBER 1

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

OCTOBER 30

The 28th Annual Symposium on Health Care Services in New York: Research and Practice. Deadline for submission of abstracts for poster session is June 22.
CUNY Graduate Center

OFF THE PRESS

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

New York Medicare ACO Performance: Cost and Quality Results Raise Bigger Questions, a *HealthWatch* brief, focuses on the financial performance of accountable care organizations based in New York State in 2016, comparing their quality performance to that of similar programs nationwide.

New York's Small-Group Market Isn't Feeling Well—and a Trump Administration Proposal May Make Things Worse analyzes the difficulties this market faces—including dwindling enrollment and the sickest risk pool in the nation—in light of federal changes.

Empowering New Yorkers with Quality Measures that Matter to Them presents a comprehensive review of information sources for consumers seeking to make informed health care choices—and finds a critical shortfall of understandable, relevant quality measures.

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