

Blueprint

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Fund Partners with City to Improve Primary Care

In the quest for a high-performance health care system, government and health care leaders broadly agree on the potential of a new model of patient care. The "medical home," as it is commonly known, uses electronic health records, a team-based approach to care, and a common set of performance measures to improve access, quality of care, and the patient experience, and to reduce avoidable hospital stays and cost.

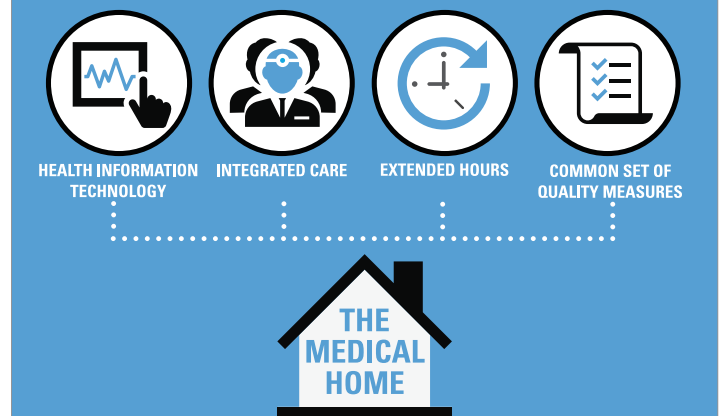
New York State's ambitious goal is that 80 percent of its residents will have access to a medical home—which the State calls Advanced Primary Care—within five years. And New York City has been actively working for more than a decade to help physicians, particularly those working in underserved areas, strengthen their practices by adopting electronic health records and moving toward the medical home approach.

Now, the United Hospital Fund is helping develop a strategic plan to increase adoption of this advanced care model by the city's primary care physicians. The effort is part of a new State-supported initiative, the Population Health Improvement Program, or PHIP, being implemented by contractors in 11 different regions of the state. The contractor for the New York City region is the New York City Department of Health and Mental Hygiene's affiliated Fund for Public Health in New York.

DUAL GOALS AND STRATEGIES

"Improving the performance of the primary care delivery system is fundamental to the reform of the entire health care system," says UHF President Jim Tallon. "Both the State and the City are sending a

Elements of Advanced Primary Care



consistent message about advanced primary care, which is 'Go forth and do this!' UHF is pleased to help."

The New York City PHIP has two complementary objectives: to promote interventions that prevent disease and improve health, particularly in target communities that have high rates of health problems and disparities; and to support improvements in the delivery of care, in part by developing a strategic plan for spreading the new Advanced Primary Care model among the city's estimated 10,000 primary care physicians. UHF is partnering with the City's health department on this project under a two-year contract.

BETTER CARE FOR COMPLEX PATIENTS

"We know that medical homes, which stress team-based care, expanded access, and the use of data to track and improve quality and to manage the care of high-risk patients, are more effective than traditional episodic and reactive primary care," says Director of Innovation Strategies Gregory C. Burke, author of several UHF reports on medical homes in New York State. "That's particularly true for

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complex, high-cost patients with chronic illnesses such as diabetes or asthma, or a combination of physical and behavioral health problems, and for patients discharged from the hospital, who need to reconnect with their usual caregivers at home. The medical home model has been shown to improve quality and help prevent hospital admissions and readmissions.”

DIVERSE COMMUNITIES—AND CHALLENGES

But adopting advanced primary care is not without challenges, which is why the strategic plan is so important, especially for practices with fewer technical, financial, and human resources. To date, most medical homes have been established by doctors in hospital-based clinics, health centers, or large group practices—providers with the necessary resources and scale. Smaller, independent practices often require additional staffing resources and outside help with reengineering office workflows, training staff for new roles, expanding practice hours, acquiring and using health information technology, and more.

Access to needed financial resources varies too. Over the past half-decade, some practices have adopted the medical home model in order to receive New York State Medicaid incentives; others may have had access to federal or private sources affiliated with their hospital system. Most lack funds to invest in the process. The PHIP strategic planning process will help clarify the current status of the city’s primary care system, including progress in the adoption of the medical home model—tracking practices that have become medical homes and those that are on the way.

INSURERS’ EMBRACE IS CRITICAL

Other factors play a role, as well, in the limited adoption so far of the medical home model. “This kind of innovation doesn’t fit the current fee-for-service payment system,” observed Mr. Burke. “There needs to be a corresponding innovation in the way services are paid for—payment changes that not only recognize the new approach’s added value

but also support its implementation costs. Doctors will be more motivated to transform their practices if they know that insurers will pay more for the costlier but higher-value services they will offer, and insurers may well be more willing to make higher payments for the better outcomes, reduced hospitalizations, and greater satisfaction expected among subscribers using medical homes.”

That expectation is borne out by the experience of New York State’s Medicaid program, which pays a substantial incentive for providing advanced primary care. Of the city’s more than 2,500 providers nationally recognized as medical homes, over 70 percent—primarily hospital clinics and community health centers—mainly serve Medicaid patients.

The PHIP strategic plan for Advanced Primary Care will document the important variations among the city’s primary care physicians, to identify those who have already transformed their practices, those slated to receive State or federal support to do so, and those for whom advanced primary care is a particular challenge. The latter are most likely to be doctors in the many small, unaffiliated practices serving communities that have a high burden of chronic disease and health inequalities, says Mr. Burke.

An expert multi-stakeholder work group—including representatives from the health insurance, provider, academic, and consumer communities—has been assembled by the City and UHF to share insights and offer guidance on formulating the strategic plan. Working closely with the City’s health department, along with Mr. Burke, are UHF Senior Vice President for Program Andrea Cohen and Health Policy Analyst Suzanne Brundage.

“New York has been ahead of other states in adopting the medical home model,” says Ms. Cohen. “Now, the City and State are supporting more systematic efforts, regionally, to take expansion of that model to the next level and track its impact. Broad adoption could really set New York apart again—creating a better-performing health system and, most importantly, helping New Yorkers live healthier lives.”

Blueprint

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The United Hospital Fund is a health services research and philanthropic organization whose primary mission is to shape positive change in health care for the people of New York.

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WITH ANDREA G. COHEN, SENIOR VICE PRESIDENT FOR PROGRAM

Keeping Our Eyes on Children



Long before I had children of my own, I knew the importance of health coverage for kids. Now, after dozens of pediatrician visits with my twin daughters, I've seen

up close how critical good health care can be in getting children off to a good start. So it is gratifying to live and work in a state that takes children's health care seriously.

Today, nearly all children in New York have health coverage and begin seeing a provider early in life, thanks in part to the State's bold expansion of Child Health Plus eligibility to all uninsured children. The program's graduated, highly subsidized premiums and its inclusion of undocumented immigrant youth bring universal health coverage for New York's children tantalizingly near.

That coverage expansion, and others supported by the Affordable Care Act, have turned policy attention in New York to another critical health care challenge: addressing the high cost of care for complex, high-need patients—typically adults with multiple chronic conditions, often both physical and behavioral. Major state initiatives, like Medicaid's Delivery System Reform Incentive Payment program and the State Health Improvement Plan, focus most heavily on these high-need adults. Yet certain developments have set the stage for a renewed focus on children. The next few years will provide important opportunities to further advance their health; UHF will be working with a number of partners to move those improvements forward.

RECONSIDERING CHIP AND MEDICAID REFORM

With federal and state laws on Child Health Plus set to sunset in 2017, now is an ideal time to begin reevaluating State programs for children. Child Health Plus (CHP) was a huge step forward when initially designed, and again when expanded. But under the ACA, there is now a continuum of coverage available for most New Yorkers, including children, through the State's health insurance exchange, employer mandates, and Medicaid expansion. Whether a stand-alone program is the right design; whether the benefits, eligibility, and cost-sharing protections for children found in CHP can be exported to other programs; and whether

With almost all New York children covered, pediatric primary care can play a significant role in their functioning later in life.

current benefits and payment approaches are designed to maximally support child health are all important questions that policymakers could grapple with.

A second issue, under consideration since the outset of New York's Medicaid Redesign Team process, is the future of children's behavioral health care in Medicaid. It's a system that has historically been "siloeed," providing most care through six separate programs that, depending on a child's circumstances, may or may not provide the right mix of services. In most cases, there is little or no coordination with other health care services these children need. At UHF we've been examining key issues and recently brought together stakeholders for a productive discussion. The State has committed to taking a hard

look at and addressing policy and implementation challenges, but many serious challenges remain.

NEW ROLE FOR PEDIATRIC PRIMARY CARE

The need to revisit existing programs isn't the only reason to bring children back into the spotlight. Recent research on brain development has revealed that children's experiences between birth and age 5 are critically influential, not only for long-term social and emotional well-being but also for physical health and cognitive abilities, from school readiness to executive functioning. In turn, intervention models have been designed to address the harms that can come from negative early experiences—exposure to severe maternal depression, violence, and poor parent-child interactions among them.

Some of those interventions can be initiated in pediatric primary care settings, where nearly all of the youngest New Yorkers see health care providers on a regular basis. That has profound implications—and promise—for the role of pediatric primary care in influencing long-term development. But how do we encourage the use of more of these interventions—screening for maternal depression, coaching for positive parenting, addressing social needs through linkages with social services, and more—in pediatric primary care? And how can they be incorporated or adapted in the small practices where many children are seen?

It's unlikely that these new approaches can be broadly scaled without new kinds of support and incentives. The structure of practices, payment policies, workforce and training—how these can be oriented to support key interventions is a critical question that UHF will be exploring.

GRANTMAKING

Preventing Infections in Home Care Patients

Over the past decade, New York's hospitals have made significant strides in reducing bloodstream infections related to central line catheters—tubes placed into a patient's vein to administer medication, nutrition, or fluids. There's been little focus, though, on preventing these infections in the home care setting—even though increasing numbers of patients are discharged from hospital to home with a central line in place.

With grant support of \$140,000 from the United Hospital Fund, two major hospital systems, Montefiore Health System and North Shore-LIJ Health System, and their home health agencies, are now tackling this concern. The PICC [Peripherally Inserted Central Catheter] Line Initiative is developing a toolkit of resources for home care nurses, and educational materials for patients and family caregivers, aimed at preventing central line infections and improving patient care.

"There's a new urgency to preventing these infections in the home care setting," says Hillary Jalon, UHF's director of quality improvement. "Preventing infections across the whole spectrum of care is central to reducing preventable hospital readmissions."

HOME CARE'S UNIQUE CHALLENGES

New York hospitals have made significant progress in reducing central line infections. A 2005-2008 quality improvement collaborative sponsored by UHF and the Greater New York Hospital Association helped 38 participating hospitals reduce central line infections in their intensive care units by 54 percent. Their success

was the result of systematic adoption of "best practices"—as well as better communication and more thorough analysis of why infections occurred. Building on the collaborative's lessons, hospitals have been expanding their efforts to other patient units. But the home care setting presents very different challenges.

To better understand those, the PICC Line Initiative surveyed home care nurses. While most were confident about their training and skills, they reported that patients' homes sometimes presented obstacles, ranging from unclean conditions to pets coming in contact with PICC line insertion sites. Both this survey and one of patients and family caregivers also confirmed the need for better support and education to help patients and families cope with the difficulties of central line maintenance—such as keeping insertion sites dry during bathing.

Complicating infection reduction efforts, too, are the lack of both data on infection rates in the home care setting and effective communication between home care providers and hospitals.

"HARDWIRING" COMMUNICATION

Unlike hospitals, home care agencies in New York are not required to report infections to a national database. And when a home care patient does develop a central-line infection, home care nurses currently don't have a uniform method of communicating that information to the hospital infection control team.

The PICC Line Initiative's new toolkit includes tested resources, checklists, and simple forms proven to address those



Central-line catheters in home care patients pose unique infection prevention challenges.

needs. One form allows home care professionals to easily document information on patients, types of central lines, and suspected infections. "It's nothing complicated," says Donna Armellino, RN, MPA, CIC, vice president, infection prevention, North Shore-LIJ Health System. "But it provides much more consistent baseline surveillance data than we've ever had before."

Another form "prompts, and then streamlines, communications between home and hospital when there is a suspected or confirmed central line infection, and triggers analyses of why infections happened and how to prevent future occurrences," says Audrey Adams, RN, MPH, CIC, director of infection prevention and control at Montefiore Medical Center.

Project staff are also developing educational materials for patients and family caregivers.

The project team is confident that a wide range of health care organizations will be interested in the new resources. "There's a real shortage of practical tools for monitoring these infections and encouraging collaboration between home care and acute care providers," says Ms. Jalon. "The toolkit—which will be posted on the websites of UHF and the two hospitals, and broadly disseminated—can help fill that void and improve care for patients in both settings."

Helping Family Caregivers Learn to Give Care

A short video clip shows an elderly woman refusing her frustrated granddaughter's insistence that she take her pills, and slapping the cup across the room. The family caregivers viewing the video nod in recognition, then watch attentively as the granddaughter demonstrates a more effective strategy for winning the woman's cooperation. Following the video a facilitator leads an in-depth discussion about medication management and how it can best be learned. Conversations like these are part of UHF's latest efforts to better equip family caregivers for their daunting tasks.

Nearly half of family caregivers are providing—often without training—the kind of medical and nursing care once given only by doctors and nurses. This was one of the key findings of a national survey UHF and the AARP Public Policy Institute conducted in 2011. That collaboration is now continuing, to determine the role of videos in training for these caregivers.

“We know that family caregivers are struggling with medication management, wound care, and a host of other tasks,” said Carol Levine, director of UHF's Families and Health Care Project. “What we are trying to find out now is more about how they are—and aren't—prepared to take on those jobs. What training do they receive? From whom? What kind of videos work best for them? The answers to these questions can help shape more effective caregiver training going forward.”

To capture a broad range of perspectives, UHF has enlisted several community organizations to engage caregivers in the discussions. The New York City chapter of the Alzheimer's Association, for example, brought together caregivers of persons with dementia. Sunnyside Community Services in Queens coordinated a group of Spanish-speaking caregivers and the Visiting Nurse Service of New York brought together caregivers from the Chinatown NORC program.



Family caregivers discuss their challenges and training needs in a session at Montefiore Medical Center's Caregiver Resource Center.

Those two sessions were conducted by native speakers, with Fund staff assistance. Another session was held at Montefiore Medical Center, and additional discussions are being planned.

Findings from the sessions will inform the AARP Public Policy Institute's development of a series of training videos based on a better understanding of family caregivers' needs.

Results of the UHF/AARP national survey can be found in the report *Home Alone: Family Caregivers Providing Complex Chronic Care*, available at www.uhfnyc.org.

Patient Engagement a Growing Focus in Insurance Market

“Patient engagement” has become one of the mantras of efforts to improve health care quality and control costs. But while there isn't yet a clear path to getting patients actively involved in improving or maintaining their health and effectively using their benefits, a new UHF report has found a broad commitment to doing so,

and a growing consensus that “it's the right thing to do.”

Meeting Consumers Where They Are (see page 8) examines engagement as shaped by New York insurance regulations, employers, providers, and health plans. It also offers options for improving those efforts.

“Whether it is an integrated provider group especially equipped to manage a patient's care, or a bonus for an enrollee who meets a physical activity goal, as tracked by a free wearable device, the commercial market is replete with examples of efforts to better engage patients,” said Peter Newell, director of UHF's Health Insurance Project and the report's co-author. “Now the trick will be communicating with patients to find the strategies that work best, and tailoring them to consumers' individual needs.”

Saluting Hospital Trustees' Service and Leadership

Celebrating the extraordinary leadership and dedication of 27 hospital trustees, more than 600 health care, community, and business leaders, colleagues, family members, and friends gathered on May 11 for UHF's annual Tribute to Hospital Trustees. The recipients of this year's Distinguished Trustee Awards were nominated by hospitals throughout the city, Long Island, the Hudson Valley, and nearby New Jersey.

This year's event marked the 25th presentation of the awards. "Dramatic

changes in our health care system have taken place over that time," noted UHF President Jim Tallon, "but what has not changed is the vital contribution of trustees to hospitals' efforts to meet diverse and pressing needs."

For the tenth consecutive year the TD Charitable Foundation provided underwriting support for the event, targeted to UHF's Innovation Strategies Initiative. Greg Braca, head of U.S. corporate and specialty banking, and Emmet Conlon, Healthcare North head, led a group of TD executives in representing the foundation and bank.

Luncheon co-chairs were Kenneth Gibbs, chairman of Maimonides Medical Center, and Steven Hochberg, senior vice chairman of Mount Sinai Health System and a 2008 Distinguished Trustee.



Top: Luncheon co-chairmen Steve Hochberg and Ken Gibbs with Jim Tallon. Bottom: TD Bank's Greg Braca and Emmet Conlon flank UHF Chairman Barclay Collins.

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Fund Board Elects New Vice Chairman

John C. Simons was elected a vice chairman of the United Hospital Fund's board of directors at its annual meeting in June. He has served on the board since 2001, and has led the Development Committee since 2009. Mr. Simons is also a member of the Executive, Finance, Nominating, and Organizational Effectiveness Committees, as well as the Ad Hoc Board/Staff Committee on Communications and Marketing.

"This new position is a recognition of John's important leadership role, vision, and dedication to our mission," says J. Barclay Collins II, chairman of the board.

"He has greatly contributed to UHF's efforts, and we look forward to our continued work together."

Patricia S.

Levinson and Frederick W.

Telling will

continue their service as vice chairmen, as well.

Mr. Simons is the founding partner of Corporate Fuel, an integrated financial services company serving small and mid-size businesses and the families that own them. He was formerly an executive vice president for Bank of America, responsible for small business, middle market, and corporate banking in New York City, Long Island, New Jersey, and the Hudson Valley.



John C. Simons

Promoting the Safer Use of Antibiotics

“For a long time, there have been newspaper stories... that talked about ‘The end of antibiotics, question mark.’ Well, now I would say you can change the title to ‘The end of antibiotics, period.’”

These chilling words from Dr. Arjun Srinivasan, associate director at the Centers for Disease Control and Prevention, refer to the dangers of incorrectly prescribing or using antibiotics. But they may be premature, if UHF’s latest project has its desired impact.

Partnering again with the Greater New York Hospital Association (GNYHA), UHF has begun an initiative to tackle antibiotic

resistance, a challenge that has grown greater in recent years as a result of changing patterns of resistance.

Underscoring the issue’s urgency, the Obama Administration released a National Action Plan in March 2015, which outlines steps for implementing a federal strategy for combating the misuse and overuse of antibiotics.

Building on their experience from 2010 in helping hospitals and nursing homes establish programs to effectively manage antibiotic use, UHF and GNYHA’s ambitious new program, supported by a UHF grant, has as its centerpiece a training and certification program for physicians and pharmacists. An initial two-day session in May brought together more than 80 participants from 45 hospitals for an Antimicrobial Stewardship Certificate program developed by the New York State Council of Health System Pharmacists,

presenting rigorous hospital practices for ensuring proper antibiotic use.

“This first session was so well received that we’re holding another one this summer,” said Hillary Jalon, UHF’s director of quality improvement. “We had some 20 clinicians wait-listed for the first session, and a number of hospitals that couldn’t participate; we hope they will now, to garner important strategies for appropriately managing antibiotics.”

Ongoing support and education from UHF and GNYHA throughout 2015 will assist participants and their hospitals in implementing one or more of the CDC’s core strategies for improving antibiotic management. UHF and GNYHA will also develop subsequent learning opportunities to support stewardship programs in area hospitals, providing the expertise of pharmacy and infectious disease specialists and additional technical guidance.

Dr. Anne-Marie Audet Named Fund Vice President

Anne-Marie J. Audet, MD, MSc, has joined the United Hospital Fund as vice president to help shape and lead UHF’s new Quality Institute. Her work will focus on strategic, interrelated efforts to support and enhance health care quality in New York, and will build on and complement existing initiatives led by Director of Quality Improvement Hillary Jalon, who will continue in that position.

Dr. Audet brings with her more than 25 years of experience in health system quality. She comes to UHF from The Commonwealth Fund, where she was vice president for Delivery System Reform and Breakthrough Opportunities programs, and where she oversaw a health care quality public reporting website,

WhyNotTheBest.org. She was responsible for a portfolio of grants on topics including accountable care organizations, integrated clinical and behavioral health services for high-cost, complex populations, patient safety, and physicians’ roles in quality.

Previously, Dr. Audet worked in policy analysis at the American College of Physicians, where she staffed the Clinical Efficacy Assessment Committee, one of the first nationally recognized programs for developing evidence-based guidelines. She has also held positions with the Massachusetts

Medicare Health Care Quality Improvement Program and with Beth Israel Deaconess Medical Center in Boston.

Dr. Audet serves on the editorial boards of the *American Journal of Medical Quality*, *Journal of Health Care Quality*, and *Journal of Implementation Sciences*. She is also an

assistant professor of medicine and public health in the Weill Cornell Medical College Division of Outcomes and Effectiveness Research, and a special advisor to the Massachusetts Medical Society and Alliance Charitable Foundation Board, where she was a founding board member. She earned her medical degree

and her MSc in epidemiology from McGill University, and an SM in health policy and management from Harvard University.



Anne-Marie J. Audet



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OCTOBER 5

United Hospital Fund Gala, honoring Howard P. Milstein with the Health Care Leadership Award, Arnold P. Gold, MD, with the Distinguished Community Service Award, and Stephen Berger with a special tribute. The Waldorf-Astoria

OCTOBER 12

Deadline for submitting letters of intent for health care improvement grants to be awarded in early 2016. For criteria and application instructions see http://www.uhfnyc.org/grants/criteria_and_instructions/

OCTOBER 20

The 26th annual Symposium on Health Care Services in New York: Research and Practice, addressing critical health care delivery issues and current research, practice, and policy advances. CUNY Graduate School and University Center

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Accountable Care in New York State: Emerging Themes and Issues outlines the early experience of the state's 27 Medicare Accountable Care Organizations, which use a new value-based model of delivering services to improve health care and reduce costs. The report pays particular attention to the implications of sponsorship type and previous investment in infrastructure needed to make

these new service delivery systems effective.

New York's Medicare ACOs: Participants and Performance, a data brief complementing *Accountable Care in New York State*, provides numbers on the size, composition, sponsorship, and regional distribution of ACOs, and reports results to date in terms of savings generated and measures of care quality.

Meeting Consumers Where They Are: Patient Engagement in New York's Evolving Commercial Insurance Market examines how patient engagement efforts are aiming to improve health care quality and the patient experience, while lowering costs.

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

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