

Blueprint

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UHF Work to Support Aging Services Gains Broad New Exposure

New York's five boroughs are home to more than 1.1 million seniors, 13 percent of the city's population. Most want to stay in their own homes—but successful “aging in place” requires elder-friendly surrounding communities offering a broad range of social and health care supports.

Bolstering the strategic and practical skills of the community-based agencies that are at the heart of such services has been the focus of UHF's Aging in Place Initiative for nearly two decades. From its inception in 2000 through its phasing out in 2017, the Initiative worked to help senior-serving programs refine and improve the way they identify and address clients' needs and bring new attention to evaluating the impact of their efforts. Now, a transfer of its NORC Blueprint website, one of the Initiative's centerpieces, to the New York State Office for the Aging is providing a much broader platform for this groundbreaking work.

HEALTH CARE / COMMUNITY PARTNERSHIPS

With an array of evidence-based tools and guidelines, and extensive technical assistance, the Aging in Place Initiative helped senior-serving community organizations reorient their practices and form effective partnerships with local health care providers. While focused on New York City, the Initiative's impact has been national.

The impact on UHF itself has also been significant—paving the way for new initiatives working at the intersection of clinical care and social services, in recognition of the outsize influence of “social determinants of health.”

At the Initiative's inception, health care and community partnerships were still somewhat novel. Fredda Vladeck, its director, had been instrumental



With effective community-based supportive services, many seniors can remain in their own homes as they age.

in developing the model for the first NORC Supportive Services Program, a collaboration between social services, health care, housing management, and tenants at the Penn South housing development on the west side of Manhattan. (NORCs, or naturally occurring retirement communities, are age-integrated housing complexes or entire neighborhoods in which seniors have come to make up a large proportion of residents.) Today, close to 40 NORC Programs operate across New York State, in communities that are home to 35,000+ seniors.

The spread of NORC Supportive Services Programs and other, independent older adult services in the community called for new ways of thinking by public agencies and local organizations—and a new focus on assessing and anticipating clients' risks and needs and strategically addressing them. That also involved partnering with individual physicians and with local hospitals and

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Aging in Place (continued from page 1)

health systems to ensure that health issues were addressed, with effective follow up. It was a new paradigm, requiring a focus on measurable outcomes and impact, rather than on units of service.

VIRTUAL SUPPORT TEAM

Launched in 2008, the *NORC Blueprint* website was designed to give aging services organizations an understanding of how to develop, implement, and evaluate NORC programs based on six principles about community partnerships. In 2010, a new Health Indicators program added evidence-based tools, including a client survey, a database, training and technical assistance guides, and other resources, to the website. The goal was to facilitate a transition from reacting to health crises—serving clients “one hip fracture at a time,” as Fredda Vladeck said—to proactive practices that use a population health approach. A major focus was on identifying risks to healthy aging through the client survey and developing a set of guidelines to reduce those risks, with a focus on heart disease, diabetes, and falls.

In 2015 UHF launched the Health Indicators–Performance Improvement project, a further step to help senior-serving community-based organizations implement health and wellness programs for their

clients and improve their ability to partner effectively with health care providers. The project simplified the process of tailoring interventions to organizations’ unique populations, targeting those most in need of education and support and measuring impact.

NORC Blueprint’s creation was supported by The Daniels Fund, Fan Fox and Leslie R. Samuels Foundation, and Harry and Jeanette Weinberg Foundation. Initial funding for the health risk identification process (Health Indicators survey, tools, and guidelines) was supported by the New York City Department for the Aging. Adaptation of the health risk identification process for the website and development and pilot testing by UHF of the performance improvement process were made possible with grants from the Altman Foundation and UJA-Federation of New York. The website is now available at <https://aging.ny.gov/norcblueprint>.

“Through this new home, our Aging in Place Initiative gains a wider audience and continues its formative work in allowing many older adults to remain in their homes,” says Deborah Halper, UHF vice president for program and education initiatives. “We’re excited to now build on the foundation that the Initiative laid to continue our work of creating effective clinical and community partnerships.”

Blueprint

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Together on Diabetes: Game Changer

Type 2 diabetes is one of the most common chronic health conditions affecting the elderly, and one of the hardest to manage. UHF’s Aging in Place Initiative was determined to address this challenge with the launch in 2011 of *Together on Diabetes*, a unique community-based diabetes program designed specifically for seniors.

With grant support from the Bristol-Myers Squibb Foundation, UHF developed *Together on Diabetes* as a “community control” strategy, with four senior-serving organizations linked by a common database and partnering with local health care providers. During its three years of operation more than 1,500 seniors—12 percent of the seniors with diabetes living in Washington Heights, where the program was based—enrolled.

Participants were connected to a variety of programs and services near their homes, including educational and support groups, healthy cooking classes, and individual coaching. The result? Documented improvements in practices essential to diabetes self-management, sustained over time. One evaluation of the program found that participants not only increased critical activities like checking blood sugar levels daily, but also felt empowered to ask their doctors about their care and how to take a more active role in it.

Together on Diabetes included a broad partnership of community, health care, faith-based, and civic organizations, as well as pharmacies and other local businesses. The New York City Department for the Aging and the New York City Department of Health and Mental Hygiene also worked closely with the project.

A Word...

WITH TONY SHIH

Our Core Values

An organization's core values are generally not an ideal topic for a public essay. Yet these are not ordinary times. Each day we are confronted with events that challenge both our individual moral compass and our identity as a nation. In times like these, I believe it is important for organizations to be clear about what they stand for. This is particularly true for nonprofits, which—by virtue of their tax-exempt status—have a special obligation to the public.

The essence of United Hospital Fund's mission, "to build a more effective health care system for every New Yorker," has guided us throughout our history. Those of you who have worked with us likely have a general sense of the principles by which we operate. But, to be honest, we have never clearly articulated those—not to ourselves, nor to the public.

Over the past few months, as part of a broader planning process, we've begun—with input from our staff, board, supporters, and other external stakeholders—to do just that. For our friends and colleagues, where we've ended up so far should be neither new nor surprising. But by clearly stating these values in this public forum, we are holding ourselves accountable to them.

We have intentionally limited ourselves to four "core" values—certainly not a comprehensive accounting but, taken together, an accurate distillation of what distinguishes us.

INTEGRITY. We are committed to rigorous and objective inquiry and analysis, embracing our role as an independent, trusted source of information. When you read one of our reports, you can rest assured that it is based on evidence and free of bias. We believe that the best public policy decisions are those informed by facts. This will be even more important as we move into an era of greater resource constraints, when trade-offs between two or more paths may be the norm. Although we can disagree about principles—whether or not universal coverage and access is a moral imperative, for instance—we should be able to rely on evidence rather than ideology to assess potential policy options and their impact.

EQUITY. We focus our activities on improving the lives of underserved, disadvantaged populations, because we believe an important measure of a civilized society is how it cares for the less fortunate. We acknowledge the long-standing disparities in health and health care between segments of our society, and strive to

address the causes of those disparities so that *all* people can lead long, healthy lives. This underlies our historic commitment to expanding insurance coverage and increasing its efficacy, and to improving Medicaid services. It also guides our more recent efforts to improve care delivery, as embodied in our Children's Health Initiative, addressing issues of poverty, homelessness, and other stressors affecting the health of both children and their families.

COLLABORATION. We believe that in order to find solutions to complex problems, we need participation from a wide range of stakeholders, and we actively seek partners in our work. This is not only because we truly believe that incorporating diverse perspectives often leads to the best solution, but also because we understand that all change is essentially political. Without listening to and including the stakeholders who will be affected, moving forward in any meaningful way will be all that much more challenging.

LONG VIEW. We take a long-term perspective, tackling persistent problems that require systemic solutions. We know our strengths and limitations, and have historically made the greatest impact by keeping a steady, focused commitment to an issue for several years, sometime decades. Our work on expansion of insurance coverage in New York State—helping shape programs like Child Health Plus and Family Health Plus, and the aggressive implementation of the Affordable Care Act—is, again, a prime example of that. We don't ignore immediate problems and short-term responses, but we recognize that pivoting from issue to issue is not our strength, and not, therefore, the focus of our activities.

These values—integrity, equity, collaboration, the long view—are at the core of all United Hospital Fund does. We embrace them, and are proud that they serve as our guideposts as we work toward our vision of quality health care and better health for every New Yorker.



Our core values serve as guideposts as we work toward a more effective health care system for all New Yorkers.

GRANT SPOTLIGHT

Partnerships Give At-Risk Children a Better Start

Almost all young children make regular visits to pediatric practices, so this setting presents a unique opportunity to also address a range of nonclinical issues known to affect long-term health and well-being.

That's why UHF's Partnerships for Early Childhood Development grant initiative, which pairs pediatric practices at 11 New York City hospitals with local social service agencies that they select, is focusing on this pivotal setting and time in a child's life. The initiative provides funding and guidance to help practices systematically screen the families of all patients up to five years old for a range of social and environmental risks—such as unsafe housing, parental unemployment or depression, and hunger—and connect them to partner organizations for help.

To date, the participating practices have screened upwards of 1,500 children and their caregivers and referred them to services. UHF and its funding partners, the Altman Foundation and The New York Community Trust, are providing \$703,062 for the year-long project's grants and a learning collaborative featuring workshops and webinars on key topics.

ADVANCING BEST PRACTICES

“Addressing poverty-related adversity during a child's first five years, when 90 percent of brain growth occurs, is clearly the best thing we can do for a child's health but it's also far from routine, and it's complex,” says Suzanne Brundage, program director of UHF's Children's Health Initiative and the first Patricia S. Levinson Fellow. “Our aim is to help a broad spectrum of pediatric practices take their

efforts to the next level—and share best practices with each other.”

In her 20 years of practicing pediatrics at St. John's Episcopal Hospital in Far Rockaway, Dr. Cynthia Criss says, she's always asked families about their broad social needs when taking a child's medical history. But the project's thrust to formalize the risk screening process is critical, she believes, as are ensuring that the new information is part of the electronic health record, and forging new relationships with community organizations. “Giving all parents and caregivers the screening checklist to fill out while they are waiting for their provider is helping capture needs that people may be too embarrassed to raise face to face.”

Farther north, the team at Cohen Children's Medical Center/Northwell Health had already begun systematic risk screening when they joined the UHF initiative. With their social services partner, the Child Center of New York, they knew how they would use the funding: to provide better follow-up to ensure that vulnerable patients and families, often immigrants, actually get the help they need.

They trained 10 volunteer navigators—all Hofstra University pre-med students, all from immigrant families themselves, and all bilingual, speaking the six languages most common among the practice's patients—to work with the Child Center's social workers and educators and actively listen to families who are feeling scared and overwhelmed.

The two groups' close partnership has spurred a range of new synergies and



Volunteer navigators are making the connection between Cohen Children's Medical Center and the Child Center of New York better serve vulnerable children and families.

developments, say Dr. Omolara Uwemedimo, assistant professor of pediatrics at the medical center, and Linda Rodriguez, the Child Center's vice president for early childhood and prevention. The hospital's medical residents are now doing formal rotations at two Child Center locations and performing on-site primary medical services. Child Center staff are now using the medical center's risk screening tool. And the medical center is helping the Child Center develop its own electronic health record.

MODELING EFFECTIVE PARTNERSHIPS

“The missing link in tackling social determinants of health has always been true community partnerships that are collaborative and aren't just superficial,” says Dr. Uwemedimo. “This project has shown us what that type of partnership can look like.” Ms. Rodriguez concurs: “Individually, we tend to focus on a single episode with a family, but working together we can look at the family's ongoing health and well-being.”

In the coming months, an independent expert will assess all 11 teams' efforts. “We're pleased with the progress teams are making and feel confident they will be well-positioned to continue screening, effective referrals, and follow up beyond the grant period,” says Ms. Brundage.

Improving Decisions on Post-Hospital Care

For more than 40 percent of Medicare beneficiaries each year, discharge from a hospital leads to post-acute care in a nursing home or rehab facility, or through outpatient therapy or in-home care. That trend is sure to grow as New Yorkers increasingly live into their 90s, and chronic diseases become more prevalent. But making a rapid and informed decision on the optimal setting and course of such care is a daunting challenge.

A grant award of \$219,606 from the New York State Health Foundation is supporting a new UHF effort to shine a light on that important task. The one-year project, which began November 1, will identify opportunities to improve communication between patients and families and hospital staff during the discharge process, especially when care in a skilled nursing facility is needed. “Difficult Decisions,” as the project is known, will examine both family caregivers’ and patients’ information and support needs and the hospital staff’s perspective on the process, and recommend ways to bridge gaps between the two.

“Discharge planning can be extremely stressful for patients and their family caregivers,” says project director Lynn Rogut, UHF’s



director of quality measurement and care transformation. “And time constraints on hospital staff, as well as financial and other factors, can have a major effect on how involved patients are in decision making and in what the outcomes will be.”

In addition to staff from UHF’s Quality Institute, the project is involving Carol Levine, director of the Families and Health Care Project, reflecting the effort’s focus on patient and family caregiver experiences and preferences.

The project will also examine changes in health care delivery and financing that influence hospital discharge planning, identify innovations within and outside New York that could help hospital staff better support patients, and develop strategies for improving the availability and use of information to support patient decisions.

RECENT UHF GRANT

GREATER NEW YORK HOSPITAL ASSOCIATION, \$125,000

Extending UHF’s joint effort with Greater New York Hospital Association to bolster quality improvement leadership, this grant provides for continuation of the Clinical Quality Fellowship Program, enabling 30 fellows to participate in the next 15-month professional development cycle. It also launches a new initiative introducing “high-reliability” principles and implementation to C-Suite executive management, in recognition of their key role in building a culture of patient safety and continuous improvement.

The Clinical Quality Fellowship Program helps early- and mid-career hospital physicians and nurses, including participants from ambulatory care settings, develop quality improvement leadership skills through in-person learning sessions, mentoring, webinars, and the planning and implementation of a capstone project.

The **High-Reliability Learning Collaborative** will focus on implementing high-reliability principles—practices that improve quality and reduce the incidence of harm by increasing providers’ capacity to anticipate, respond to, and contain unexpected developments that could lead to error—in participants’ organizations. Up to eight hospitals will participate.

NEWS BRIEFS

Assessing knowledge about antibiotic risks

is the focus of a patient survey administered in November as part of UHF’s Outpatient Antibiotic Stewardship Initiative, which is helping hospital-based clinics and physician practices reduce inappropriate prescribing of antibiotics—and the risks associated with that—for adults with acute respiratory infections. The survey, translated into six languages, is being used at 14 hospital clinics and practices to assess patients’ knowledge about antibiotics and perceptions of provider-patient communications about the drugs.

A new national survey on family caregiving continues the collaboration of UHF’s Families and Health Care Project and the AARP Public Policy Institute, with UHF playing a major role in updating *Home Alone: Family Caregivers Providing Complex Care*, originally published in 2012. This latest collaboration, informally called “Home Alone 2.0,” is funded by a grant from the John A. Hartford Foundation. UHF will work with AARP researchers on focus group guides, survey questions, data analysis, and a final report.

Gala Honors Four Outstanding Health Care Leaders

A renowned mathematician and innovative hedge fund founder who became a visionary philanthropist. A banking executive who understands the link between housing and health. A doctor addressing youth violence. An extraordinary public servant. These are the four remarkable individuals honored at UHF's 2017 gala. James H. Simons, PhD, received the Health Care Leadership Award, Priscilla Almodovar a Special Tribute, Robert Gore, MD, the Distinguished Community Service Award, and James R. Tallon, Jr., a Farewell Tribute.

"Tonight's honorees truly embody our ideals and our mission to improve health and health care for all New Yorkers," UHF President Anthony Shih, MD, told almost 500 health care, business, and community leaders attending the Oct. 3 event.

Jim Simons, chairman and co-founder, with his wife Marilyn, of the Simons Foundation, was honored for his transformative philanthropy and commitment to advancing research, promoting collaboration, and strengthening New York's scientific and medical community.

To Priscilla Almodovar, managing director and co-head of real estate banking at J.P. Morgan, decent housing is "the best prescription." While president and CEO of New York State's Housing Finance Agency from 2007 to 2009 she oversaw the financing of almost 11,000 affordable units. Later, when she headed community development banking at J.P. Morgan Chase, her team deployed some \$2 billion annually in financing for affordable housing, schools, and more.

For Rob Gore, an attending emergency department physician at New York City

Health + Hospitals/Kings County and SUNY Downstate Medical Center, violence is a public health crisis. Treating victims of gunshots and stabbings, and seeing the behavioral health issues that come from living surrounded by violence, led to his 2011 launch of KAVI, the Kings Against Violence Initiative, a hospital-, school-, and community-based program for young Brooklyn residents and their families. The Distinguished Community Service Award was presented by Roger W. Ferguson, Jr., CEO of TIAA, which underwrites the honor.

For more than 40 years, Jim Tallon was a steady, uniting force in New York health care. As a member of the New York

State Assembly, he was a prime mover behind major health care legislation. As UHF president for 24 years, he prioritized initiatives addressing the needs of vulnerable populations, including children, those living in poverty, the elderly, and the uninsured. His legacy, as he enters retirement, is one of extraordinary accomplishment.

Chaired by board chairman J. Barclay Collins II, the Gala raised more than \$1.75 million to help further UHF's work.



(From left) Roger W. Ferguson, Jr., Robert Gore, Priscilla Almodovar, James Simons, Barclay Collins, Tony Shih, and Jim Tallon.

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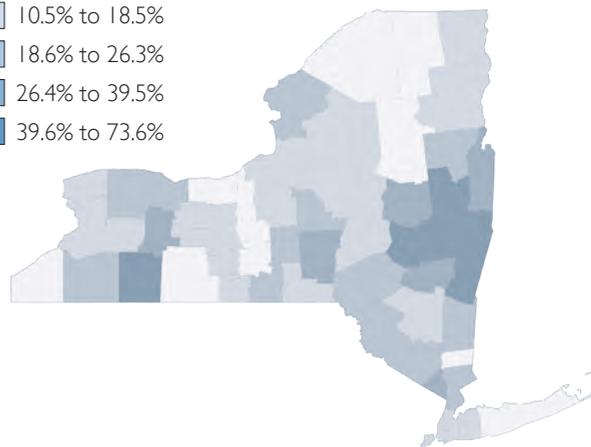
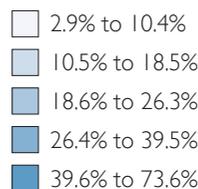
Growth in Child Health Plus Makes Funding More Urgent

Since 1997, the Children's Health Insurance Program has been a major source of federal funding to help lower-income families afford health insurance coverage for their children. When Congress failed to reauthorize funding this fall, it put at risk the future of New York's own Child Health Plus (CHP) program, which helps nearly 350,000 children and their families access comprehensive and affordable health care.

Understanding where children and families who rely on Child Health Plus live, and how their numbers have grown, became a focus for UHF during the debate on renewing the federal program. A HealthWatch brief by Lee Partridge and Misha Sharp, *Child Health Plus Enrollment: The Curve Bends Back Up, Sharply*, showed statewide enrollment in CHP increasing by 17 percent in the last year.

Interestingly, the higher numbers were spread around the state. Several counties with the greatest recent growth included those

CHP Enrollment Growth from 2016 to 2017, by County



surrounding Albany, but others were in the Southern Tier (Allegany) and the greater New York metropolitan area (Rockland).

Since October, New York has been drawing down unspent money from prior years to fund CHP. The recent enrollment increases mapped out by UHF mean the State has had to spend money faster—and the broad geographic range of increases shows how pervasive the effects of the looming cutoff may be.

Health Quality and Payment Innovator Elected to UHF Board

Robert S. Galvin, MD, chief executive officer of Equity Healthcare, has been elected to UHF's board of directors. Dr. Galvin is a nationally recognized leader in employer-sponsored insurance, quality measurement, and payment reform.

Equity Healthcare, a subsidiary of Blackstone, oversees the management of health care for private equity portfolio company employees and their families, with a goal of improving quality and containing costs.

Dr. Galvin was a co-founder of the Leapfrog Group and founder of Bridges to Excellence/PROMETHEUS and Catalyst Payment Reform (CPR), innovative

nonprofits that have helped drive health care's quality agenda; he is currently chairman of the board of CPR.

"Bob Galvin is a national thought leader in health care," said Anthony Shih, MD, UHF's president. "He brings a wealth of knowledge of health care in business, practice, and nonprofits that will prove invaluable to our board."

Before joining Blackstone, where he is an operating partner, Dr. Galvin was executive director of health services and chief medical officer for General Electric, responsible for the design and clinical and financial performance of GE's health programs and its employee-related health

care strategies. Prior to his 15 years at GE he was a practicing internist.

A member of the National Academy of Medicine (formerly the Institute of Medicine), Dr.

Galvin is currently on the boards of Team Health and Real Endpoints. He has served previously on the boards of the National Quality Forum, National Business Group on Health, and Vanguard Health Systems. He received his medical degree from the University of Pennsylvania and an MBA in health care management from Boston University; he is professor adjunct of medicine and health policy at Yale University.



Robert Galvin, MD



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OFF
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PRESS

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

Advancing the Integration of Behavioral Health into Primary Care for Small Practices, the first of a series, describes the launch of a grant-funded project testing an innovative “continuum-based framework” designed to improve the ability of primary care practices to systematically screen and treat patients for depression and other common disorders.

Patient-Centered Medical Homes in New York, 2017 Update reports on the most recent progress made in implementing the PCMH model,

identifying trends and providing context; with an appendix mapping growth by region or borough and practice type.

HealthWatch: As 2018 Open Enrollment Begins, New Challenges for New York's Individual Market presents a preliminary analysis of how New York would be affected by recent Trump administration actions on the Affordable Care Act, particularly the halt in cost-sharing reduction payments owed to health plans.

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