

united hospital fund annual report

2012



explainimproveconnect

United Hospital Fund annual report
fiscal year 2011-2012

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shaping positive change in health
care for the people of New York

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.

We advance policies and support programs that promote high-quality, patient-centered health care services that are accessible to all.

We undertake research and policy analysis to improve the financing and delivery of care in hospitals, health centers, nursing homes, and other care settings.

We raise funds and give grants to examine emerging issues and stimulate innovative programs.

And we work collaboratively with civic, professional, and volunteer leaders to identify and realize opportunities for change.



J. Barclay Collins II

CHAIRMAN, UNITED HOSPITAL FUND

Explain. Improve. Connect.

Guideposts for our complicated times, these three imperatives also describe both the goals and the substance of our work at the United Hospital Fund. In this year of enormous anticipation, opportunity, and change in health care, the Fund continued its valued longtime roles: providing high-quality information and analysis; laying the groundwork for important policy reforms and charting a path to implementing them; bringing together the full range of stakeholders needed to effect real health care improvement; and connecting health care to the larger community to better integrate essential services and supports, promote wellness, and ensure that *people* are always the focus.

In the pages of this annual report you'll find, first, insights on the Fund's success as a small organization that has had a profound role in shaping real change, and, second, highlights of the past year's work by our six major program initiatives. We're also spotlighting the way our grantmaking so often helps other organizations test and implement innovative approaches to difficult problems and in turn build on those beginnings to bring the resulting programs to scale.

We hope that these capsule descriptions, while they cannot capture the real scope and depth of our work and its impact, give you a sense of the value equation that the Fund provides—and that you will turn to our websites for the host of commentaries, reports, guides, and news that can provide a fuller picture of that.

As always, the achievements and impact of our program initiatives are based in the expertise and commitment of our extraordinary Fund leadership and staff. Jim Tallon's vision continues to push the Fund in new directions, even as the qualities of rigor and independence on which the Fund's reputation is built remain a strong, integral part of our efforts. Our Board of Directors provides thoughtful counsel and support, for which we are tremendously grateful; one of their number, Richard DeScherer, stepped down from Board service this year, and we extend a special "thank you" to him. And our talented and energetic staff continues to refine and expand our groundbreaking body of work, anticipating, identifying, and advancing profound changes in the health care environment.

You, our extended family, are also an important part of those efforts, and we sincerely thank you for that. It is the strength of our collaborations and partnerships with health care, civic, business, and community leaders—bolstered by the generous and essential support of funders and donors—that moves our work from the page to the real-world stage. The testing, questioning, and *improving* that happen out there are what continue to help us shape positive change, and move us closer to the better-performing health care system for all that remains our goal.

from the president

The year covered by this annual report has been the most remarkable, by any health policy measure, in the 40 years in which I've moved from health planner to elected official to president of the United Hospital Fund. That's a bold statement, and a very personal one, but the milestones are evident.

It's a year that launched the implementation of the most sweeping federal health care legislation in 50 years.

A year in which health care policy was marked equally by the momentous Supreme Court decision on the Affordable Care Act and the daily debate of the presidential and congressional campaigns.

A year in which New York has begun implementing profound changes in its \$54 billion Medicaid program—reforms that cap spending growth and commit to care management for nearly all of its 5 million beneficiaries.

And a year in which those at the front lines of health care delivery have increasingly accepted the challenges of and opportunities for fundamentally altering the way in which services are organized and delivered.

We've written elsewhere about the scope of the ground-up changes occurring in New York's and the nation's health care: The move from individual physician-patient relationships to care provided by teams of clinicians. The coordination of primary care and hospitals, of hospitals and long-term care, of providers and insurers. The move away from fee-for-service payments based on single visits to payments for episodes of care or for the entirety of care over time. The explosion of health information technology and its meaningful use in medical records, and in allowing us to better understand our health status. And a broader focus on not just individuals' illnesses but also on overall population health.



James R. Tallon, Jr.
PRESIDENT, UNITED HOSPITAL FUND

The changes have been large—and bigger, faster change is on the way. Yet while there is eagerness to alter health care's direction, we attempt to do so within a sobering economic climate. In effect, either we will take the lead in creating positive change or our fiscal constraints will compel us, in the not too distant future, to make some less palatable choices. That realization—shape or be shaped—has guided my 19 years at the Fund.

During that time, I've tried to create and sustain the organization that I wished for during my years in the State legislature—an independent, New York-based group that could provide timely and accurate information, identify opportunities for improvement, and have the skills to assist both health care providers and government policymakers in implementing those changes.

In the following pages we explore the activities that advance three broad Fund goals: explaining the forces and choices operative in health care; pointing to specific ways in which services can be improved; and making the connections that demonstrate the essential role of partnerships in effecting real change. Those themes play out in six major Fund initiatives, five developed and evolving over the course of more than a decade and a sixth very much a product of the sea change of the past few years.

- Building on our long-standing commitment to expanded insurance coverage as a fundamental element of health system improvement, our **Health Insurance Project** is now actively supporting New York State in implementing the health insurance exchange called for by the Affordable Care Act, and paving the way for other improvements essential for

making insurance more accessible and affordable for all New Yorkers.

- We've long identified public insurance as central to the care of low-income people, those with chronic illness or disabilities, and those who require long-term care. Our **Medicaid Institute** has been helping State officials understand the opportunities for better coordination of care for individuals with multiple, complex needs and resulting high costs. Now we are exploring ways to provide better and more cost-effective care through an initiative called "health homes," and how to achieve those same results for persons with high health care needs and the added complexity of eligibility for both Medicaid and Medicare.
- **Improving health care quality and patient safety** has also long been pivotal to the Fund's work. In collaboration with hospitals in the New York region we have been able to dramatically reduce rates of infection and help hospitals tackle the pressing issue of preventable readmissions. And our work to train a cadre of quality improvement leaders is a model of how to create a culture of quality.
- Expanding the traditional boundaries of health care—making vital connections to the wider community in which health care is sited—is the focus of two other long-standing Fund initiatives, on families and health care and "aging in place." Recognizing the unexpected, sometimes overwhelming, challenges family caregivers face when they must take on responsibility for seriously ill family members, our **Next Step in Care Campaign** has developed an extensive array of practical guides and tools for them. We've also worked closely with health care providers to help them work more effectively with families, benefiting patients, caregivers, and providers alike.
- This year, we've opened a new front in our campaign to forge connections between health care and community organizations to support aging New Yorkers. **Together on Diabetes** tests an exciting approach to improving the health status of seniors diagnosed with diabetes. One of the major challenges facing

an aging population, diabetes is also one that's amenable to better management and health outcomes, through strategic collaborations, outreach, intervention, patient engagement, and support—exactly the approach the Fund has developed and is piloting today.

- Our newest initiative—**Innovation Strategies**—draws on and has implications for all the others. It recognizes that opportunities are created when health care leaders think differently about how care can be organized and paid for. Our goals: to identify promising innovations, bring together the people shaping them, and help grow model projects to full-scale standard of practice. Early on, we've focused on new kinds of practices that provide better-coordinated, more efficient, more cost-effective care for both individuals and larger populations—models like patient-centered medical homes and accountable care organizations. We are also working with State officials to review New York's complex certificate of need laws, with the goal of developing a new approach to community health planning across the state.

For me, personally, this new look at our CON laws brings me full circle: 40 years ago, when I took my first steps into health policy, it was as the leader of a regional health planning agency in upstate New York. For many of us in health care, I suspect, efforts to create a better-performing health care system often feel as if we're coming full circle over and over again. And yet...

As you read through the following pages, it's important to recognize the many ways in which the Fund, small as it is, has broken that cycle to have a major impact on the way we are meeting the challenges of health care in New York. This has truly been a remarkable year, for the Fund just as for the state and the nation. Despite political debate and economic constraints on a grand scale, change is being made—locally, from the ground up, in ways that are significantly improving how we deliver and pay for care. There is much cause for optimism—and much opportunity—as the Fund continues to move forward with its historic mission of shaping positive change in health care for the people of New York.

explain

mapping a path from commitment to change

How to get people the high-quality services they need, at a cost we can afford, is the most fundamental health care challenge today. There is a real urgency to make thoughtful decisions—decisions that will affect millions of New Yorkers today, decisions that could well last a generation.



With health care accounting for about 18 percent of the nation's economy, it is no wonder that there are widely divergent strategies for controlling its growth. And with millions of people—especially the uninsured, underinsured, chronically ill, and other vulnerable Americans—lacking access to a regular source of care, the scope, complexity, and sheer importance of building a better health care system have never been greater.

Regardless of the approaches they favor, everyone agrees on two broad themes: private insurance has to be affordable. And public insurance—like New York's Medicaid program, serving 5 million of our most at-risk residents at an annual cost of \$54 billion—needs to be better managed to ensure quality of care and deliver real value.

But articulating new policies and implementing them well demands reliable information on today's reality and options for making significant, sustainable change. *Explaining—using rigorous, independent research and analysis to give change-makers knowledge essential*

for informed decisions—is one of the United Hospital Fund's most fundamental roles.

Since the landmark Affordable Care Act was enacted in 2010, the Fund has helped New York State leaders and other stakeholders understand the Act's voluminous and complex guidelines for implementation. Our up-to-date knowledge of insurance markets and regulations and our proven ability to bring together diverse stakeholders have also played a key role in New York's preparations for implementing health care reform. The fundamental challenge: to find the best fit between the Affordable Care Act's standards and the significant financing it affords states, and New York's traditional commitment to expanded coverage and affordable, high-quality care. Now, with the Supreme Court upholding the Act, the groundwork laid by the Fund will help New York move forward on implementation.

In this complex, dynamic environment, New York's need to reshape Medicaid provides a second critical focus for the

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The Exchange: Bringing Coverage within Reach

New York's creation of a Health Insurance Exchange—an online and face-to-face marketplace allowing individuals and small businesses to find the coverage they need at an affordable price—is moving forward, aided by significant Fund work over the past year. Fund reports have detailed the opportunities and challenges the State faces: determining the Exchange's role, whether as passive conduit for information or active influence on the market; laying out the logistics of coordinating with Medicaid; defining a package of essential health benefits; and more. Two Fund-hosted roundtables have also brought together policymakers and other stakeholders to ensure that this knowledge is put to good use in helping build an effective, user-friendly experience for New Yorkers.



Peter Newell, Director
Health Insurance Project

“Federal health care reform gives states a lot of leeway in how programs are implemented. We’re using our knowledge of New York’s insurance markets to analyze complex federal guidance and help policymakers design approaches that work for New York.”

Trees and Forest: Local Needs, Broader Environment

Through our compilation and examination of the most up-to-date data, the Fund continued, this year, to describe New York's public and private insurance markets and the people that they cover—and do not. The latest in our *Big Picture* series reviewed 2010 health plan enrollment and financial results, the latest available, and described the positive impact of the Affordable Care Act and its key issues and implementation challenges. And *Health Insurance Coverage in New York* provided, for the first time, detailed coverage rates for 14 New York State regions and 55 New York City neighborhoods, along with our traditional analysis of coverage in the city and state—by age, income, employment, citizenship, and other factors important in New York's vibrant population mix—vital to targeting policy to local needs.

www.uhfnyc.org/initiatives/health-insurance-project

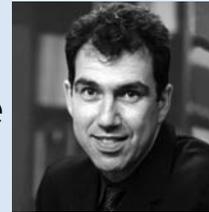


explain

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Fund's work. With State policy aimed at fundamentally altering how Medicaid delivers and pays for care—a move to care management for all beneficiaries is a pivotal part of that effort—the Fund's research and policy analysis are explaining how that decision can be implemented to the best advantage of beneficiaries, health care providers, and the State. Of particular concern are the long-term care and behavioral health care services that Medicaid provides to frail elderly or disabled beneficiaries and to those with mental health conditions—the program's most vulnerable beneficiaries, whose needs are major drivers of Medicaid costs.

medicaid institute



**Michael Birnbaum, Vice President
Director, Medicaid Institute**

“For New York’s Medicaid program, reforms advancing care management for all beneficiaries, and a commitment to measure quality of care and health outcomes, hold transformational power. The Fund serves as a trusted voice, explaining and assessing these complex changes in real time.”

Better Care for the Most Vulnerable

For Medicaid beneficiaries with behavioral conditions along with multiple chronic illnesses, and for elderly and disabled beneficiaries requiring long-term care services or supports in their homes or in residential facilities, “fragmentation” has too frequently characterized their care. Coordinated or integrated care improves health outcomes for these vulnerable beneficiaries; with their care accounting for a majority of Medicaid spending, it is also critical for holding the line on costs. The Fund is helping New York strategically address the complex issues it faces as it changes the way these beneficiaries receive care, with reports, presentations, and roundtables examining changes in roles and responsibilities among providers and managed care plans, opportunities for community-based services to replace institutional care, and the implications of shifting toward care management for all Medicaid beneficiaries.

www.uhfny.org/initiatives/initiatives_medicaid_institute

www.medicaidinstitute.org

Targeted Need, Clearer Impact

The sheer diversity and scope of the challenges facing Medicaid are daunting, a microcosm of the challenges facing our health care system overall. Controlling costs, ensuring quality, and tailoring services to community and population needs are all critical. Over the past year, the Fund has explored the particular difficulties of measuring the quality of care for beneficiaries receiving behavioral health or long-term care services, and for those with multiple chronic illnesses—a prerequisite to delivering the most appropriate and effective care; examined patterns of emergency department use and what they imply about access to primary care and behavioral health care; and explained the role of Medicaid as the primary payer for long-term care, at a cost of over \$13 billion in 2010.

improve

increasing safety, delivering better care

When we talk about quality improvement we're talking about two distinct but connected elements. One is advancing clinical quality by creating a *culture* of patient safety, in which "best practices" are the norm. The other is making patient-centered care a reality by coordinating services, engaging patients and families, and making the most of information technology.

New York's hospitals have made measurable progress in reducing infections, anticipating and responding to medical crises, and taking other important steps to continually improve quality of care and patient safety. But sicker patients, shorter hospitalizations, and increasingly complicated technology and treatments make *consistent* improvement an ongoing challenge.

That's reflected, nationally, in 1.7 million hospital-associated infections each year,

resulting in some 90,000 deaths. It's also a factor in the nearly 18 percent of Medicare patients readmitted to hospitals within 30 days of discharge at a cost of \$15 billion in spending, at last count. And that's why the federal Centers for Medicare & Medicaid Services has set a national goal of reducing hospital-associated infections and other adverse events by 40 percent and preventable readmissions by 20 percent by January 2014.

Improving health care by changing practices—in hospitals, nursing homes, and the communities where patients live—is an important part of the United Hospital Fund's work.

Since 2005, the Fund has cosponsored quality improvement collaboratives, in partnership with the Greater New York Hospital Association, to address some of health care's most intractable quality challenges. By providing expert faculty, project management, and financial support, the Fund has helped more than 80 metropolitan-area hospitals to significantly lower infection rates, improve critical care, create a new generation of quality leaders, and—beginning this past year—reduce preventable hospital readmissions.

The Fund has also taken on a substantial role in the New York State

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quality improvement



Hillary Jalon, Director
Quality Improvement

The Bug Stops Here: Systematic Infection Control

Fund/GNYHA collaboratives have made strides in reducing the rates of two life-threatening conditions, *Clostridium difficile* infections, related to 14,000 deaths each year, and severe sepsis, the tenth leading cause of death nationally, adding costs of more than \$16 billion. The *C. difficile* Collaborative's systematic approach has contributed to a decrease, on average, of 20 percent in rates of those hospital-associated infections among participating hospitals. And, between January 2011 and June 2012, the more than 50 hospitals participating in the STOP Sepsis Collaborative had an absolute reduction in inpatient mortality from severe sepsis of 18 percent.

Targeting Avoidable Readmissions

The Fund's new Preventable Hospital Readmission Initiative is helping hospitals learn why groups of particularly high-risk patients—people with congestive heart failure, for example—are often readmitted with avoidable complications, and how to change that. The Initiative ventures into new territory by not only examining medical records and tracking widely acknowledged factors but also by focusing on patients' own experiences. In Phase 1, hospitals worked directly with patients, their families, and their community-based physicians to pinpoint critical challenges—like the difference between *prescribing* a "low-salt" diet and *checking patients' understanding* of it by reviewing their actual eating habits with them. Now, in Phase 2, hospitals are testing new approaches to discharge preparation and care coordination, patient and family education, and communication with local doctors to ensure follow-up visits—all tailored to targeted groups of patients' specific risks and needs.

"Through our collaborations with more than 80 hospitals, the Fund is bolstering their ability to sustain quality improvement and patient safety efforts, weave them into their overall organizational cultures, and obtain the necessary engagement of front-line staff."

Gen L: New Leadership for Quality Improvement

Hospital quality improvement efforts are most successful when on-site "champions" make those efforts a conscious focal point of hospital life and help colleagues put proven techniques into effect. The Fund/GNYHA Clinical Quality Fellowship Program uses an expert faculty; sessions on quality measurement, team dynamics, a systems approach to improvement, and more; and a required "capstone" project that fellows introduce in their home hospitals, to develop such champions. The 15-month program aims to ensure not only the launch of effective quality improvement initiatives but also their sustainability. With the success of the first three rounds of the program, which now has 48 alumni, a record-breaking number of candidates applied for the 20 openings in the current class, which includes 15 physicians and 5 nurses.

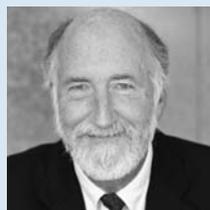
www.uhfny.org/initiatives/quality_improvement

improve

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Partnership for Patients, providing technical and project management support to 13 hospitals in four New York City boroughs. This new statewide, federally funded project, led by GNYHA and the Healthcare Association of New York State, draws strongly on the pioneering work of the Fund/GNYHA quality improvement collaboratives as it works to meet national improvement goals.

But health care isn't just about hospitals and other institutional care. It's also about keeping people healthier in their own communities. And that requires reorganizing how care is delivered—coordinating primary care and specialists, making patients and their families part of the team, changing payment methods, and using information technology to knit all the moving parts together. The Fund's newest initiative, Innovation Strategies, is identifying promising models that incorporate those elements, analyzing their impact, and determining what will be needed to implement them broadly. By working with the people and organizations piloting these changes, we are providing common ground for innovators throughout the state to exchange the best new ideas and engage with public policymakers and other stakeholders to help formulate policies that will transform health care for the better.



**Gregory Burke, Director
Innovation Strategies**

“The Fund’s role in identifying, analyzing, disseminating, and replicating local and regional innovations is helping stimulate and support the positive reforms happening in New York—better ways of organizing, coordinating, paying for, and engaging patients in health care.”

Redesigning Practice through Patient-Centered Medical Homes

What would health care look like if patients had access to a regular source of care? If health information technology helped physical, mental, and behavioral health care providers communicate with each other and patients? If a care manager ensured that all services were appropriate and cost-effective? If patients and their families received the education and support they need? Very much like a model of care called the Patient-Centered Medical Home. The Fund has been lending momentum to the growth of these practices by tracking and analyzing their adoption and advancing policies to help bring this innovation quickly to scale. This past year we issued several reports and convened a statewide leadership conference to identify obstacles and propose remedies. A second invitational conference will focus on progress being made and challenges remaining—bringing the model to more private practices, gaining its acceptance as a standard of care, and addressing multi-payer payment issues.

Integrating Mental Health into Primary Care

As many as 25 percent of patients in primary care practices have mild to moderate mental health problems, most of which are missed or inadequately treated. Not only do depression, anxiety, and other mental health conditions end up under-treated; these patients also have poorer physical health outcomes, higher rates of emergency department and hospital use, and higher costs of care. The Fund is exploring the impact of a new approach to this challenge that has shown impressive results. The new "collaborative care" model brings professionals trained to diagnose and effectively treat these issues into the primary care setting. This past year the Fund brought together stakeholders and state policymakers to consider how best to reduce barriers to the model's use in New York.

www.uhfny.org

connect

creating partnerships in the community

Medical providers can't deliver good health care without a lot of help. Genuine engagement of patients and their families, and involvement of a whole range of community supports, are also critical, as more patients are living longer with chronic illness and care at home becomes increasingly complex.

For growing numbers of frail elderly New Yorkers, the realities of grappling with multiple illnesses and limitations, medications, and health care providers are in harsh contrast to the golden-years images we see on television. The complexities of managing chronic conditions are daunting, at best, and the resources needed to do so are a major driver of health care costs.

The challenges go well beyond those facing seniors themselves. Fully a fifth of New Yorkers over 18—nearly 3 million people—are family caregivers, assisting loved ones with personal care and household support. Almost half of them also take on what are essentially nursing-level tasks, such as medication management, wound care, and monitoring. And too frequently, inadequate training and support can compromise the quality of that care, and caregivers' own welfare.

Whether for chronically ill seniors and their family caregivers, or for seniors whose relatively good health allows



them to manage largely on their own, supportive community services are an essential factor in the health care equation. Equally essential is clear and consistent communication among seniors, family caregivers, health care providers, and community supports.

Connecting health care providers, patients, family caregivers, and the communities in which they work and live—creating respectful, productive partnerships that make care more effective and more humane—is at the heart of pioneering United Hospital Fund initiatives.

For more than a decade, the Fund has brought family caregiving to national attention and addressed the challenges

of chronic care. Our Next Step in Care Campaign provides vital information to better prepare family caregivers for their taxing new roles, and helps health care professionals learn how to work effectively with families as partners in care. And our Transitions in Care—Quality Improvement Collaborative is transforming the way patient transfers from one setting to another are carried out, reducing common risks.

But good health care doesn't stop at the doctor's office or hospital door. For seniors, especially, wellness and disease management alike are grounded in the ready availability of community

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families and health care



**Carol Levine, Director
Families and Health Care
Project**

“The Fund’s Next Step in Care Campaign is providing valuable insights and tools for the thousands of health care professionals and family caregivers we reach, increasing their ability to work as partners to transform and improve patient care.”

Teamwork to Transform Care Transitions

Completion of the second round of the Fund’s Transitions in Care—Quality Improvement Collaborative (TC-QulC) saw real change in the way participating health care providers—drawn from 22 hospitals, nursing home rehab programs, home care agencies, and hospices—“hand off” patients to their colleagues in other facilities or to family caregivers at home. Some impacts: One hospital/home care agency team substantially reduced the rate of the hospital’s readmissions; a nursing home reported more effective family care planning meetings before patients’ discharge; and a home care agency/hospice team established better referral practices—all accomplished with the systematic involvement of family caregivers.

Understanding the Demands of Caregiving

Through a groundbreaking national survey, the Fund and the AARP Public Policy Institute assembled the most detailed picture to date of the very special demands placed on family caregivers who perform nursing-level tasks in addition to providing help with activities of daily living, personal care, and household management. The survey closely examined how well the formal health care system prepared and supported these family caregivers, paying special attention to those managing medications and wound care. A forthcoming Fund/AARP report will explore the survey’s implications for shaping policy and practice.

www.uhfnyc.org/initiatives/family-caregiving

www.nextstepincare.org

Answers Made Nationally Accessible

National recognition and partnerships have made the Fund’s Next Step in Care resources and support even more widely available. Our award-winning website offers family caregivers and health care providers more than two dozen guides, in four languages, with practical answers on planning for home care, medication management, hospice and palliative care, and other difficult concerns. This past year, the Centers for Medicare & Medicaid Services collaborated with the Fund on a series of six podcasts on medication management, and the Administration on Aging’s ElderCare Locator solicited the Fund’s collaboration on a brochure on hospital discharge, for national distribution. The Fund has also trained more than 720 staff members from 120 community agencies and insurance plans on using Next Step in Care materials with caregiver clients.

connect

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resources—senior centers, pharmacies, churches, and other sites—and the support they can offer. The Fund’s Aging in Place Initiative has long linked health care providers, community services, and seniors themselves, and has helped communities assess their senior populations’ specific health risks and target programs to them. Today the Fund is applying the same kind of strategic partnerships to help seniors better control their diabetes and minimize risks of serious complications.

aging in place



**Fredda Vladeck, Director
Aging in Place Initiative**

“Meeting the needs of today’s older adults requires a new repertoire of professional skills and leadership. The Fund’s Aging in Place Initiative is helping build health care/community partnerships, driving interventions targeted to specific risks, and improving life for seniors in their homes and communities.”

Coming Together for Diabetes Control

The official launch of the Fund’s Together on Diabetes initiative marked the progress made over the past year in creating a model community strategy to help seniors diagnosed with Type 2 diabetes improve control of their disease. Developed and guided by the Fund with a \$2.8 million, three-year grant from the Bristol-Myers Squibb Foundation, and being piloted initially in Washington Heights, Together on Diabetes aims to better integrate health care and community support by partnering senior service programs, local hospitals and private-practice physicians, faith-based and other community organizations, businesses, and New York City’s Department of Health and Mental Hygiene and Department for the Aging. The initiative’s new practice protocol is helping community partners systematically identify diabetic seniors and enroll, assess, and provide support for them; five sites are offering a core set of services and programs for seniors—including diabetes education, individual coaching, and cooking and exercise classes; the Fund’s website-based resource directory for the public, and database for tracking and evaluating program results, are up and running; and community outreach has intensified. The program will expand to a second neighborhood in the coming year.

www.uhfnyc.org/initiatives/aging-in-place

www.togetherondiabetesnyc.org

www.norcblueprint.org

Reading the Signs, Leading the Response

The Health Indicators process for identifying risks to seniors’ healthy aging, at the neighborhood level, continues to make an impact within New York City and nationally. This Fund-created assessment and program development tool helps supportive service programs plan and initiate targeted interventions to promote wellness and help seniors manage their chronic conditions. Embodying the idea of “population health,” the process pinpoints specific health risks, such as heart disease, diabetes, or increased risk of falls, prevalent among a neighborhood’s senior residents, assesses seniors’ use of local health services, and provides tools to measure progress in reducing those risks. Over 40 organizations now use the Fund’s Health Indicators to facilitate their work.

support

promoting innovation through philanthropy

The Fund's strategic grantmaking is an important tool for shaping positive health care change. Expanding on our own work, Fund grants sponsor research to analyze systemic problems, support the development of model programs, and foster innovative solutions.

During the fiscal year ending February 29, 2012, the United Hospital Fund awarded \$941,500 in grants to not-for-profit and public hospitals, nursing homes, and health care, academic, public interest, and social services organizations. The Fund's philanthropy is made possible by our own fundraising campaign.

Expanding Health Insurance Coverage

EMPIRE JUSTICE CENTER \$30,000

To analyze the policy implications and implementation challenges created by complex Affordable Care Act provisions related to citizenship status, comparing New York and federal eligibility requirements, standards, and verification methods for public programs; examining confidentiality issues; and reviewing policies in states with similar challenges.

Improving the Quality of Care

ALZHEIMER'S ASSOCIATION, NEW YORK CITY CHAPTER \$75,000

To pilot a model residential palliative care program for patients with advanced dementia at three New York City nursing homes—Isabella Geriatric Center, Cobble Hill Health Center, and Jewish Home Lifecare—in collaboration with hospice partners Visiting Nurse Service of New York Hospice and Palliative Care, Metropolitan Jewish Hospice and Palliative Care, and Calvary Hospice. The model focuses on reducing difficult behaviors and the use of psychotropic medications by understanding and alleviating physical and psychic pain, reducing overstimulation and creating a calm environment, and liberalizing diets to improve patients' enjoyment of food and ability to keep on weight. It will be evaluated through assessment of patient outcomes, staff attitudes and knowledge, and costs.

BROOKLYN COLLEGE, CITY UNIVERSITY OF NEW YORK \$25,000

To conduct a survey to assess the range and scope of substance abuse treatment

services currently available at community health centers in New York State, and to develop recommendations for interventions to expand capacity to provide these services.

GREATER NEW YORK HOSPITAL ASSOCIATION \$125,000

To continue and enhance the Clinical Quality Fellowship Program and the STOP Sepsis quality improvement collaborative developed by GNYHA and United Hospital Fund. Funds also support the development of a new palliative care collaborative.

MONTEFIORE MEDICAL CENTER \$75,000

To pilot a multidisciplinary "care map" to reduce the incidence of adverse obstetrical and neonatal events associated with obesity in pregnancy.

THE NEW YORK CITY AIDS FUND \$10,000

To support an AIDS grantmaking collaborative in New York City.

(continued)

“Fund grants seed new ideas and programs that, if successful, have the potential to leverage additional funding so they can be expanded and replicated—bringing their benefits to more people and often reshaping standard practices.”



**Deborah Halper, Vice President
Director, Education and Program Initiatives**

THE NEW YORK IMMIGRATION COALITION \$50,000

To promote best practices in hospital language assistance services for patients and families with limited English proficiency, by developing a best-practice guide and working with hospital administrators and clinicians to understand their challenges and successes, and with consumers to determine what has and has not worked well from their perspectives.

PHI/ISABELLA GERIATRIC CENTER \$75,000

To enhance the delivery of “person-centered care” at Isabella Geriatric Center’s nursing home and home- and community-based services by implementing organization-wide staff training, using an innovative, coaching-based model, to improve communication and collaborative decision-making skills.

PICC LINE INITIATIVE \$40,000

MONTEFIORE MEDICAL CENTER
NORTH SHORE-LIJ HEALTH SYSTEM
To prevent serious bloodstream infections that can result in rehospitalization of patients discharged to home with active PICC (peripherally inserted central catheter) lines for medications or parenteral nutrition, by identifying and evaluating current home care practices, designing a methodology

for collecting data to monitor infection rates in the home care setting, and developing a reporting system between hospitals and home care services to identify patients at risk of readmission.

PREVENTABLE HOSPITAL READMISSION INITIATIVE, STAGE I \$140,000

THE BROOKLYN HOSPITAL CENTER
LENOX HILL HOSPITAL
MOUNT SINAI MEDICAL CENTER
NEW YORK METHODIST HOSPITAL
ST. BARNABAS HOSPITAL
ST. LUKE’S-ROOSEVELT HOSPITAL CENTER
STATEN ISLAND UNIVERSITY HOSPITAL

To help hospitals better understand the reasons for preventable readmissions by reviewing charts, interviewing patients and their family caregivers, and having discussions with community-based physicians. The findings will inform the design of intervention strategies to reduce readmissions.

Redesigning Health Care Services

COALITION FOR MEDICALLY FRAGILE CHILDREN \$75,000

To document care coordination issues unique to medically fragile children; evaluate the medical home and other care management models for promoting

coordination; identify the features critical to high-quality coordination models; and disseminate findings to stakeholders and policymakers.

NEW ALTERNATIVES FOR CHILDREN \$50,000

To implement and evaluate three strategies—including use of parent advocates, home visits, and transportation assistance—to help low-income parents of children with special medical needs keep needed medical and mental health appointments.

TOGETHER ON DIABETES: A COMMUNITY CONTROL PROJECT FOR SENIORS \$17,500

ARC XVI FORT WASHINGTON, INC.
ISABELLA GERIATRIC CENTER
RIVERSTONE SENIOR LIFE SERVICES, INC.

YM & YWHA OF WASHINGTON HEIGHTS AND INWOOD

To support four Washington Heights/Inwood organizations’ planning activities for the Fund’s Together on Diabetes Initiative—supported by a major grant from the Bristol-Myers Squibb Foundation—which will create partnerships among local seniors, health care providers, and community organizations to improve seniors’ access to care and management of their diabetes.

grantee highlights: new approaches, early successes

Promoting Health Care Voluntarism

BETH ISRAEL MEDICAL CENTER \$34,000

To extend the care provided by Beth Israel's Gerald J. Friedman Diabetes Institute by engaging volunteer "health coaches" to support diabetes patients in the management of their disease.

METROPOLITAN HOSPITAL CENTER \$40,000

To pilot-test a project that uses volunteers to provide intensive self-management support to low-income patients with poorly controlled diabetes, and that draws on community resources to aid in that management.

THE MOUNT SINAI MEDICAL CENTER \$40,000

To implement the Care and Respect for Elders with Emergencies (CARE) program, using volunteers in the emergency department to engage unaccompanied elderly patients at risk for such preventable complications as falls, delirium, and agitation.

NEW YORK METHODIST HOSPITAL \$40,000

To prevent avoidable readmissions by enabling trained volunteers to educate congestive heart failure patients and their families about managing their disease, and reinforce discharge instructions with follow-up phone calls.

Supporting Seniors in Emergencies

For adults over 75 years old, a visit to an emergency room without the support of a family member or friend creates a high risk of falls, delirium, agitation, and other preventable conditions. It's a problem that Mount Sinai Medical Center, where nearly half of the elderly visitors to the emergency department are unaccompanied, has addressed with a United Hospital Fund grant, implementing the Care and Respect for Elders with Emergencies (CARE) program. The CARE program trains volunteers to interact with these elders, engaging them with books and puzzles, offering emotional support, and facilitating communications with hospital staff. Led by Dr. Kevin Baumlin—a graduate of the Fund's Clinical Quality Fellowship Program, through which he received advanced quality improvement training—CARE brought together a collaborative team of Mount Sinai leaders in geriatrics, emergency medicine, nursing, social work, and volunteer services, resulting in a broadly supported initiative that has made a difference. Crediting the Fund's support in pioneering this strategy to improve patient safety and satisfaction, Mount Sinai has now built on the CARE program's success by creating a new geriatric emergency department.

New Strategies for Special- Needs Families

When a child of low-income parents has special needs, the situation is often overwhelming. Something as fundamental as keeping the child's medical or mental health appointment can be a profound challenge—but a critical element in preventing medical neglect, unnecessary emergency room visits or hospitalizations, even institutionalization. Now, with grant support from the Fund, a New York nonprofit is testing new strategies to help parents carry out that essential task. And already, New Alternatives for Children (NAC)—a health and child welfare agency that provides comprehensive services for children with severe disabilities and chronic illnesses and their families—is seeing positive results. Through NAC's Parent Advocate Program, focusing on new clients' first medical visits, advocates/peer counselors connect with parents by phone or in the home to introduce them to their new clinic, providing literature and explaining the importance of keeping appointments. To date, the rate of missed appointments has been cut nearly in half, from a baseline of 43 percent to 22 percent. As a secondary and unexpected benefit, the rate of missed appointments for siblings of children with special needs has decreased even more, from 57 percent down to 6 percent. While two other interventions being tested with support of the Fund grant have yet to reach the measurement stage, the groundwork has been laid for important progress in improving care for vulnerable children.

united hospital fund

beneficiary hospitals

Bronx-Lebanon Hospital Center
The Brookdale University Hospital
and Medical Center
The Brooklyn Hospital Center
Calvary Hospital
Continuum Health Partners
Beth Israel Medical Center
The New York Eye and Ear Infirmary
St. Luke's-Roosevelt Hospital Center
Hospital for Special Surgery
Interfaith Medical Center
Kingsbrook Jewish Medical Center
Lutheran Medical Center
Maimonides Medical Center
MediSys Health Network
Flushing Hospital Medical Center
Jamaica Hospital Medical Center
Memorial Hospital for Cancer and Allied
Diseases
Montefiore Medical Center
The Mount Sinai Medical Center
Mount Sinai Queens
New York Community Hospital
New York Downtown Hospital
New York Hospital Queens
New York Methodist Hospital
NewYork-Presbyterian Hospital
North Shore-LIJ Health System
North Shore-LIJ Lenox Hill Hospital
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financial report

The Fund had a highly productive year managing a broad range of initiatives despite the anemic economic climate. While operations were strong, our balance sheet declined approximately \$7.5 million, from nearly \$122 million to just under \$114.5 million. A \$6 million decline in the Fund's investments from just over \$107 million in FY 11 to just under \$101 million in FY 12 was due to nearly flat investment returns of 0.1 percent for the fiscal year, and to the transfer of \$5.7 million for operations, based on the Fund's FY 12 approved spending rate. As we settled into new space at 1411 Broadway, we collected all of our nearly \$2.1 million tenant improvement allowance from the landlord and subsequently reduced our credit line by \$1.3 million, converting the balance of the credit line, \$400,000, to a four-year term loan. At the same time, the Fund paid the remaining balance due to our construction contractor. In FY 12, the Fund added approximately \$600,000 to our nearly \$3 million total deferred rent obligation, the \$2.4 million balance having been recognized in FY 11. This obligation was generated by a free rent period and the tenant improvement allowance, and will be amortized over 15 years, the life of the lease.

Significant program revenue was recognized in FY 12, with \$2.7 million awarded the Fund by foundations. These funds, which are considered temporarily restricted, will be spent on program activity over the time periods to which the awards relate. The Fund also earned just over \$1 million from government contract revenue in FY 12, a decline from FY 11's nearly \$2 million due mainly to significant reductions in funding by New York State. Combined, these two categories provided \$3.7 million in FY 12, slightly less than the \$4.1 million recognized in FY 11. Annual giving and special events raised approximately \$2.3 million, keeping pace with the total raised in FY 11—a significant accomplishment given the tough economic environment. Endowment income of \$5.7 million applied in FY 12 was slightly less than the \$5.9 million spent in FY 11. This resulted from lower monthly values used to calculate the spending rate—5.5 percent of a 36-month moving average of endowment value. In total, operating revenues and support generated over \$12 million in FY 12, compared to \$12.6 million in FY 11.

Our program initiatives continued their intensive activities, as discussed in the preceding pages of this report. Along with the Fund's own grantmaking, at a reduced level over the past year, program expenses totaled \$6.4 million in FY 12, compared to \$7 million in the prior year. After 20 years, the Fund wound down its Hospital Watch project—which analyzed hospital finances, utilization, and staffing in New York City—while creating our new Innovation Strategies initiative.

Our communications division provided effective support for all these activities, with expenses of approximately \$1.2 million in both FY 12 and FY 11. Administrative costs were constant from year to year at over \$2.8 million. Fundraising costs increased to nearly \$850,000 in FY 12 from just under \$800,000 in FY 11, as the department, having earlier experienced some attrition, returned to a full staffing complement. In all, while FY 12 operating expenses, reaching just under \$11.3 million, declined from nearly \$12 million in FY 11, the Fund netted \$757,000 from operations in FY 12, slightly higher than the \$672,000 recognized in FY 11. A \$6.8 million loss in non-operating activity for FY 12, compared to the nearly \$11 million gain recognized in FY 11, was driven primarily by the nearly \$6 million loss in investment value after the spending rate draw, along with changes in pension and post-retirement plan benefit costs. All these events contributed to the net \$6 million decline in assets.

Much work remains to be accomplished as we move into FY 13, but in a year of rapid change in health care, the Fund remains at the forefront of improvement efforts. As a proven leader known for providing high-quality, independent information and analysis, the Fund is committed—while continuing to build strength and financial capacity—to our strategic collaborations and our mission of shaping positive change in health care for the people of New York.

financial summary

Statement of Financial Position

Year ended February 29, 2012

ASSETS

| | | |
|---|-----------|--------------------|
| Cash and cash equivalents | \$ | 4,779,149 |
| Grants and other receivables, net | | 961,169 |
| Other assets | | 720,555 |
| Investments | | 100,980,318 |
| Property and equipment, net | | 3,476,292 |
| Beneficial interest in perpetual trusts | | 3,552,996 |
| Total assets | \$ | 114,470,479 |

LIABILITIES AND NET ASSETS

Liabilities:

| | | |
|--|----|------------------|
| Accounts payable and other liabilities | \$ | 823,605 |
| Indebtedness | | 366,667 |
| Pension benefit liability | | 1,748,136 |
| Deferred rent obligation | | 2,970,846 |
| Grant commitments | | 748,000 |
| Accrued post-retirement benefits | | 728,689 |
| Total liabilities | | 7,385,943 |

Net assets:

| | | |
|---|-----------|--------------------|
| Unrestricted | \$ | 80,950,492 |
| Temporarily restricted | | 21,323,608 |
| Permanently restricted | | 4,810,436 |
| Total net assets | | 107,084,536 |
| Total liabilities and net assets | \$ | 114,470,479 |

Complete audited financial statements are available on the United Hospital Fund website at www.uhfnyc.org, or you may contact the New York State Charities Bureau, 120 Broadway, New York, NY 10271.

Statement of Activities

Year ended February 29, 2012

OPERATING REVENUES AND SUPPORT

Public support:

| | |
|-------------------------------|------------------|
| Foundation grants | \$ 2,709,710 |
| Government grants | 1,078,264 |
| Legacies | 8,549 |
| Contributions | 331,100 |
| Special events | 2,331,562 |
| <i>(Less direct expenses)</i> | <i>(329,235)</i> |

Total public support 6,129,950

Other revenues:

| | |
|---|-----------|
| Conferences and other | 101,394 |
| Investment return designated for current operations | 5,720,000 |
| Other investment income | 93,779 |

Total other revenues 5,915,173

Total operating revenues and support 12,045,123

OPERATING EXPENSES

Program services:

| | |
|--|-----------|
| Grants | 879,642 |
| Health services research, policy analysis, and education | 5,523,131 |
| Publications and information services | 1,158,331 |

Total program services 7,561,104

Supporting services:

| | |
|----------------------------|-----------|
| Administrative and general | 2,881,907 |
| Fundraising | 844,767 |

Total supporting services 3,726,674

Total operating expenses 11,287,778

Change in net assets from operations 757,345

NON-OPERATING ACTIVITIES AND SUPPORT

| | |
|--|-------------|
| Investment return less than amounts designated for current operations | (5,779,475) |
| Pension-related changes other than net periodic pension cost | (862,098) |
| Post-retirement-related changes other than net periodic post-retirement cost | (122,525) |
| Change in value of beneficial interest in perpetual trusts | (64,255) |
| Tax expense from unrelated business income | (4,693) |

Change in net assets from non-operating activities and support (6,833,046)

Change in total net assets (6,075,701)

Net assets at beginning of year 113,160,237

Net assets at end of year \$ 107,084,536

Complete audited financial statements are available on the United Hospital Fund website at www.uhfny.org, or you may contact the New York State Charities Bureau, 120 Broadway, New York, NY 10271.

ENDOWMENT FUNDS

The total of legacies and memorial and other endowment fund gifts received prior to March 1, 2012, was \$17,754,620. Of this sum, \$231,960 was distributed to the Fund's beneficiary hospitals directly, by the terms of the legacies.

Legacy Gifts Received

(fiscal year 2012)

Margot Ammann Durrer
Benjamin E. Schwartz

Legacy Society Members (new)

Patricia S. Levinson
Frederick W. Telling

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Support received March 1, 2011–
February 29, 2012

\$100,000 and Over

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\$50,000 to \$99,999

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\$25,000 to \$49,999

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Jude Auguste
Support Services Assistant

opportunities to help

The United Hospital Fund relies on your generosity to support our primary mission of addressing critical issues and shaping positive change in health care for the people of New York. One especially meaningful way to help is to remember the Fund in your will. Through a bequest you can support innovation and necessary change in health care while linking your name for years to come with a cause larger than any single institution.

A bequest may allow you to make a more significant gift than you could otherwise afford in your lifetime and may also reduce your estate taxes. Moreover, your support will enable the Fund to continue to be a center for ideas, activity, and participation for future generations.

When discussing your estate plans with your lawyer or financial advisor, you may want to consider incorporating the following simple language in your will: “I give and bequeath to the United Hospital Fund ____ percent of my total estate [or \$____, or other property].”

Please let us know if your estate plans already include a gift to the Fund, so that we may include you as a member of the Fund’s **Legacy Society**.



The United Hospital Fund is proud that it meets all of the Better Business Bureau’s Standards for Charity Accountability.

Other giving opportunities are available that may provide lifetime income and significant tax advantages for you while benefiting the work of the Fund. You can also contribute to the Fund by supporting our annual fundraising campaign.

For more information on bequests, other special giving plans, or the annual fundraising campaign, please call Christina Maggi, Director of Development, at 212.494.0728.

The United Hospital Fund is a not-for-profit charitable organization under Section 501(c)(3) of the Internal Revenue Code (federal tax ID# 13-1562656) and all gifts are tax deductible to the full extent allowed by law.



**United
Hospital Fund**

*Shaping New York's Health Care:
Information, Philanthropy, Policy*

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