

UNITED HOSPITAL FUND

work in progress

ANNUAL REPORT 2014



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

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**United Hospital Fund Annual Report
Fiscal Year 2013-2014**

1 From the Chairman

2 From the President: Work in Progress

4 Affordable Insurance: Putting Reform to Work

5 Transforming Care for Medicaid's Complex Populations

6 Building a Better Patient Experience

7 Major Steps Forward in Quality and Safety

8 Making Families Partners for Better Care

9 Neighborhood Linkages Support Healthier Aging

10 Grantmaking: Supporting Innovation in Health Care Through Philanthropy

12 Officers and Directors

13 Financial Report

16 Contributors

20 Staff

**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.

FROM THE CHAIRMAN

After long debate about health care reform, the hard work of delivering high-quality services in new and better ways, to greater numbers of people than ever, has begun. There will, undoubtedly, be challenges and temporary setbacks. But all evidence indicates that we've collectively embarked on an era of extraordinary progress toward the goals of improving both health care and health, at a cost we can better afford.

The traits that have allowed the United Hospital Fund to play such a significant role in New York's health care for 135 years will also help today's providers and payers—and, in part, patients and families—to thrive amid sometimes-startling changes in practice. Vision and adaptability, assuredly. But also a commitment to even-handed, exacting analyses, to providing a space in which the full range of stakeholders can share their experience and perspectives, and to connecting health care with the larger community, to keep people at the center of all we do.

In the following pages of this annual report we provide glimpses of both the changing health care environment—its new ground rules, and some of the challenges that lie ahead—and the ways in which United Hospital Fund is both shaping and responding to that evolving world. As Jim Tallon notes in his introduction, we are seeing policy transformed into practice, with the Fund's innovative work informing and embodied in much of it. We hope the brief descriptions that follow Jim's letter will give you a sense of the scope—and value—of our efforts over the past year, and inspire you to continue your strong support.

The Fund's work, as always, reflects the talents, knowledge, and commitment of our extraordinary leadership and staff. This year, we've marked a changing of the guard with David Gould, longtime senior vice president for program, stepping down, and Andrea G. Cohen assuming that role. David's contributions to the Fund and to the larger health care community are legion, and we are profoundly grateful for the vision, intelligence, and dedication he brought to the Fund's efforts over the years.



J. Barclay Collins II
CHAIRMAN, UNITED HOSPITAL FUND

Equally important to our work, of course, is our board of directors; we are grateful, and thank them all, for their thoughtful counsel and support. This year we welcomed three new members to the table: Michelle A. Adams, managing director for public affairs at Tishman Speyer; Stephen Berger, chairman and a founder of Odyssey Investment Partners, LLC, who chaired the New York State Commission on Health Care Facilities in the 21st Century; and Dale C. Christensen, Jr., a partner at Seward & Kissel and trustee of Lutheran Healthcare. Another one of our directors, Philip Chapman, stepped down from the board after four years of service, and we thank him for his many contributions. Sadly, we also said goodbye to longtime director William M. Evarts, Jr., who died late last year at age 88. A member of the board for 30 years, Bill served as vice chairman and a member of the executive committee, and on the finance and nominating committees. His wise guidance, enthusiasm for the Fund's mission, loyalty, and humor will be missed. We will also miss three other former board leaders who died this past year, all good friends and supporters of the Fund: honorary chairmen Donald M. Elliman and Douglas T. Yates, and former vice chairman and head of the Committee on Voluntary Initiatives Ida O'Grady Clark.

These changes are all part of the natural life cycle of an organization that dates back 135 years—one that continues to evolve as the times demand. Our extended family of partners and collaborators—health care, civic, business, and community leaders, along with funders and donors—is an integral part of that life cycle as well, and we are deeply thankful for the role they all play. Together, we are moving closer to achieving a health care system that can assure affordable, accessible, high-quality care for all, especially the most vulnerable.

FROM THE PRESIDENT WORK IN PROGRESS



JAMES R. TALLON, JR.
PRESIDENT, UNITED HOSPITAL FUND

In a nation with continuing political and economic gridlock, health care in New York is moving forward. The extended dance of identifying challenges, advancing new ideas, and building on both to formulate public and private policy has given way to the equally strenuous exercise of implementation. Making big changes in a very big health care system, New York is creating an unprecedented number and variety of new relationships, new dynamics, and new organizations.

The Fund has been an integral part of this process, providing analyses, perspectives, guidance, and bridge-building that are essential to these advances. Last year I talked about our role in “making change work.” Today, our efforts continue to shape the path from “reform”—the policy arc of the cycle—to “transformation,” what happens on the ground.

That the basic elements of our health care system are undergoing dramatic change is evident. That they will continue to be transformed—some enlarged, some altered, some fading away—is a given as well, with new opportunities and challenges unfolding as these changes are put into play. In the following pages of this annual report we highlight both our recent progress in shaping positive change and some of the critical questions that will inform our work over the coming years. This is a “horizon moment,” a time not only to grow and fine-tune the promising innovations we’ve been seeing in coverage, quality, and service delivery but also to look ahead to what they mean for New York’s health care, and for the Fund’s own agenda.

In large part, the success of our “new” health care system will be determined by how we explain it, and how we connect the people and institutions who count on it.

Much of this change will be judged by how it is perceived. And those perceptions will be very different for, and among, patients, individual providers, hospitals, and payers. In large part, the success of our “new” health care system will be determined by how we explain it, and how we connect the people and institutions who count on it. Like politics, all health care is very much local—and also very much personal.

That reality is already expanding the scope of our initiatives. Woven into our long-standing work, we are now also seeking to understand patients’ differing perceptions, expectations, and needs, and how to truly engage them—to the best of their abilities—in the health care process. And we are grappling with the fact, and helping our colleagues do so, that change is difficult—that we can talk about it, model it, incentivize it, but, in the end, actors don’t all behave the same way and don’t always behave the way we’d expect.

The pages ahead illustrate both the dramatic growth, this year, in the number of New Yorkers with health insurance coverage and some of the questions that expanded coverage raises. Through enrollment in the Medicaid program and coverage purchased through New York State of Health, we are well on our way to single-digit rates of uninsurance, a distant goal a decade ago. Yet it is clear that the policy changes that have made that happen still leave some New Yorkers out. The next generation of policy discussions will doubtless focus on those whose immigration status remains the barrier to coverage.

Meanwhile, on the ground, people with insurance have new choices. How they understand the cost and coverage variables of health insurance, and how insurance carriers compete to serve them, within the parameters of governmental oversight, will ultimately determine the success of the new models that we’re seeing.

Payers, public and private, are moving away from narrow fee-for-service payments. Experimentation with new payment incentives is creating care based in teams, valuing coordination among professionals—indeed, even among organizations—a system focusing its attention and resources on those patients most at risk.

Medicaid, especially, is using its concentrated purchasing power and federal support to attempt a fundamental restructuring of the health system itself. Our work at the Fund will continue to give special attention to achieving the highest levels of quality and safety in the care provided, whatever the organizational and financial incentives.

People—patients, our families, the larger public—are in the middle of these profound changes. How our health records are both shared and secured, how we truly understand the medical choices that are presented, how we take on a larger role in our own well-being—these are all core issues with which we must engage.

The challenges on the horizon are numerous, but so are the opportunities. What is clear is that New York’s health care system is in motion, and the Fund is continuing to play a vital role in its transformation. In the best sense of the words, this is truly a work in progress.

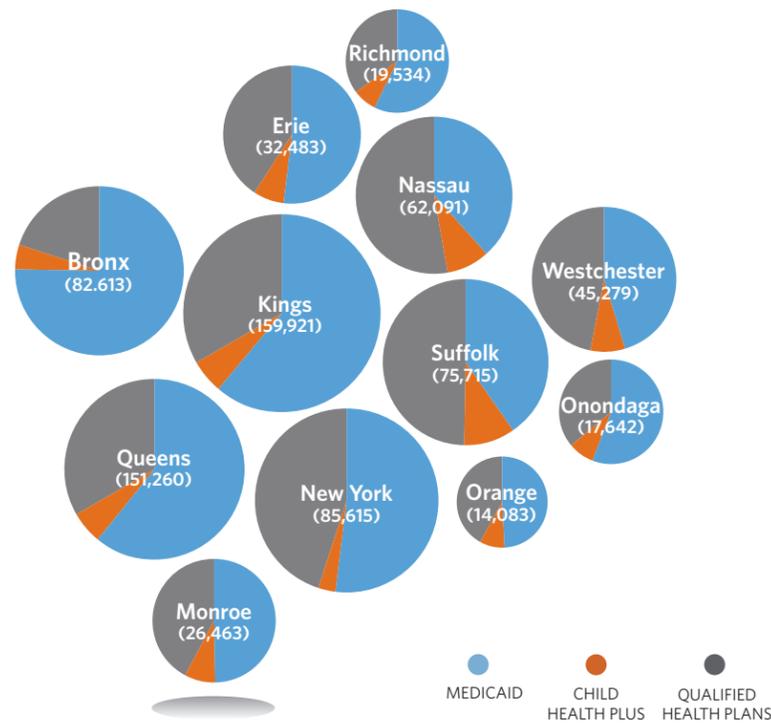
Affordable Insurance: Putting Reform to Work

In the first six months of New York State’s health insurance exchange, close to a million new enrollees—more than 80 percent of them uninsured when they applied—gained coverage through the new online marketplace. The Fund played an important role in that successful launch, highlighting key policy and design issues before the exchange went live, and assessing its early performance in the days afterward.

Continuing its longtime focus on expanding insurance coverage, the Fund’s work, since 2010, has been a valuable resource for State leaders as they’ve implemented the Affordable Care Act and developed New York State of Health, the insurance exchange, to fit New York’s unique landscape. Fund research and analyses helped develop the structure and governance of the exchange, the role it should play in the market, and the benefits required. And just months after the new marketplace opened, the Fund issued the first outside evaluation of that launch, exploring some of the reasons for its early success—and mapping out ten important issues to watch as the exchange moves into its second year and seeks to sustain its momentum.

New York’s private and public health insurance markets are rapidly changing beyond the exchange, as well. The Fund’s *Big Picture* reports have helped policymakers keep tabs on important market trends by documenting plan enrollment and financial performance over the past seven years, including, most recently, a look at the significant growth of health plans specializing in Medicaid managed care and other public programs.

NEW YORK STATE OF HEALTH:
One-Stop Shopping—and a Mix of Options—Draw Enrollees



New York State of Health enrollment in most populous counties, by type of coverage

Nearly a million New Yorkers enrolled in public or private coverage through the state’s new insurance marketplace in its first six months of operation. In some counties, notably Kings and Queens, most new enrollees qualified for Medicaid. Other major counties showed more balanced distributions. Overall, strong enrollment in qualified health plans shows that premium subsidies and a range of choices are putting coverage within reach of moderate-income families too.

Transforming Care for Medicaid's Complex Populations

New York’s Medicaid program has made significant strides on expanding coverage and holding down cost growth for its 6 million beneficiaries, with Fund analyses informing the introduction of innovative models like health homes. Now the Fund is addressing the challenges of moving special-needs populations into managed care, and working to maximize the enormous opportunities for positive change that the new Delivery System Reform Incentive Payment program will provide.

Over the past year, the Fund has produced insightful examinations of Medicaid’s home- and community-based long-term care, and of the shifting roles of nursing homes. A comprehensive update of the Fund’s Medicaid “primer” reflected not only the latest enrollment and spending data but also the complexities of current reforms. And a major conference brought together national and state leaders and a range of stakeholders for a stimulating exchange of experiences and ideas on the many new forms of collaboration that health care reform is demanding.

this year, of New York’s long-sought federal Medicaid waiver, and the advent of DSRIP, the Delivery System Reform Incentive Payment program that aims to fundamentally reorganize how care is delivered and coordinated. As that process unfolds over the next five years, the Fund will continue our work of understanding and facilitating nontraditional partnerships, and their underlying goals of better health care, at lower cost, for New York’s most vulnerable, and better health overall.

Such partnerships are taking on even greater importance and urgency with the approval,

INVESTING IN COLLABORATION AND CHANGE

New York’s Medicaid waiver aims to invest some \$8 billion in federal funds—potential savings from avoidable hospitalizations and emergency room visits—in efforts to remake the program’s care delivery. Most of that money will flow through safety net providers in Performing Provider Systems, new entities formed under the Delivery System Reform Incentive Payment (DSRIP) model to facilitate collaborative projects improving care and overall population health while reducing costs.



WHAT'S AHEAD

Who will remain uninsured? What happens to “safety net” hospitals?

What will pricing changes, narrower networks, high cost-sharing options, and a new range of IT challenges mean for Year 2 of the exchange?

How will DSRIP and its Performing Provider Systems move from the page to practice?

What are the challenges of moving special populations—people with mental illness, behavioral health conditions, or developmental disabilities—into managed care?

Building a Better Patient Experience

Patient-centered practices, coordinated services, increased accountability, and value-based payments: they're all part of the growing emphasis, in both the public and private sectors, on achieving more efficient, cost-effective services, yielding better health care and better health. The Fund's Innovation Strategies initiative is helping bring the most successful and sustainable of these new approaches into wider use, to make those goals attainable.

Transforming health care from a series of episodic encounters to an ongoing relationship centered on the "whole" patient takes more than new ways of thinking. That kind of overhaul requires untraditional partnerships and payment models that make all stakeholders, from providers to payers to patients, truly engaged in the process.

Over the past year the Innovation Strategies initiative has continued to assess the challenges and successes of Patient-Centered Medical Homes and advanced primary care—practices promoting wellness and better management of chronic illness, and grounded in coordinated services, multidisciplinary teams of providers, intensive use of health information technology, and linkages with

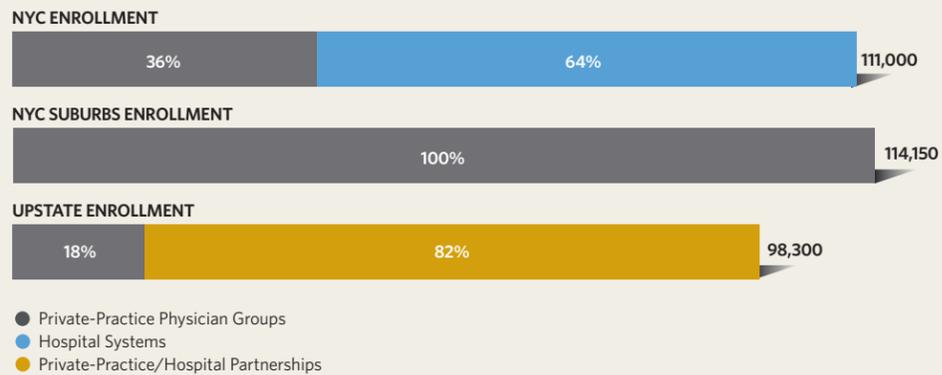
other health care and community services. And our ongoing monitoring of New York's Medicare Accountable Care Organizations is documenting how different types of these groups—all of them involving providers and payers sharing financial risks—are tackling the challenges of better managing health care for a defined population.

The Fund's widely cited reports, statewide and multistate leadership conferences and roundtables, invited service on State

panels and work groups, and other joint efforts with key provider, payer, governmental, and academic stakeholders are playing an important role in promoting the implementation of these and other promising new models.

ACCOUNTABLE CARE GROWS ACROSS NEW YORK

With six additional Medicare Accountable Care Organizations designated as of January 2014, there are now a total of 22 organizations participating in the ACO program statewide, serving nearly 324,000 Medicare fee-for-service beneficiaries—one in six. Enrollment is fairly evenly distributed across three broad regions: New York City, its suburbs (Long Island and the Hudson Valley), and upstate, but sponsorship of these organizations shows more regional variation.



WHAT'S AHEAD

How will payers and providers work together to develop goals and incentives that satisfy both financial needs and improved health outcomes for patients?

How can we achieve real connectivity between health information systems, and ensure that data collection is actually being used to improve care?

How do we create a permanent "culture of quality" and assure that quality improvement efforts are measured and sustained?

How can we build effective quality improvement mechanisms and capacity in the long-term care sector, as hospitals are now increasingly doing?

Major Steps Forward in Quality and Safety

New York's hospitals are making real progress in reducing health care-associated infections, mortality associated with severe sepsis, and avoidable readmissions. But challenging rates of preventable complications still exist, leaving ample room for improvement. Fund initiatives are helping providers change that picture, benefiting patients in hospitals, ambulatory care settings, and at home.

The Fund's leadership of systematic quality improvement collaborations, in partnership with the Greater New York Hospital Association (GNYHA), has helped more than 90 hospitals make significant gains in patient safety and outcomes—greater and faster improvement, in rates of high-mortality conditions like sepsis, than they could accomplish on their own.

We're also focusing on preventing infection in the home care setting, with Fund grantees Montefiore Medical Center and North Shore-LIJ Health System, and their home care agencies, developing comprehensive resources to address a critical need of patients and families—competence in caring for PICC lines, catheters used to deliver medications in the home.

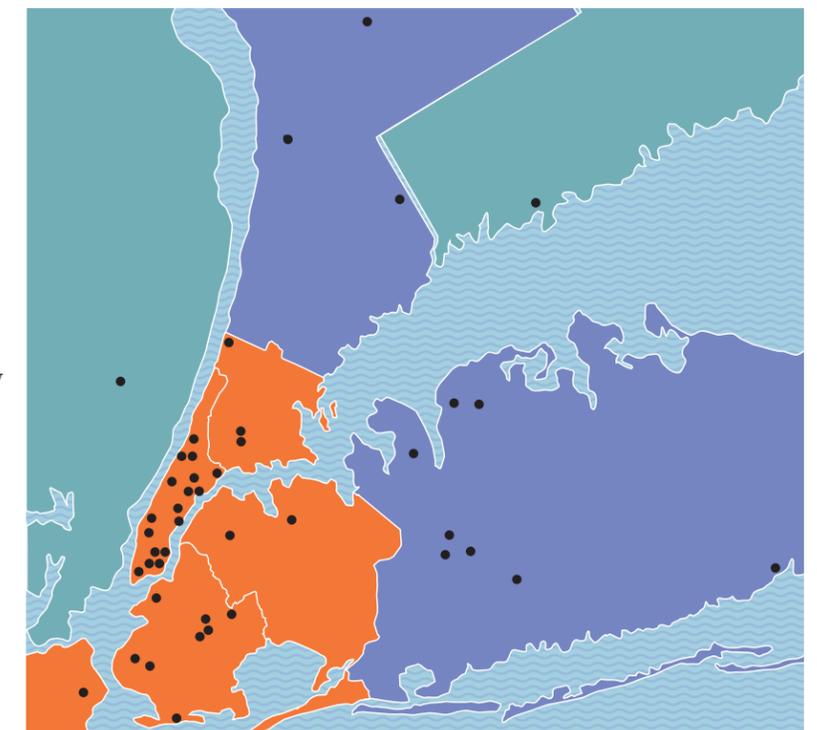
Expanding on earlier Fund-supported efforts with additional support from the New York Community Trust, our Preventable Hospital Readmission Initiative has helped four hospitals make important progress, over the past year, on reducing avoidable readmissions of high-risk patients. A new Fund publication is sharing the important lessons they learned on the impact of intensive patient and family education, medication management, and linkages with

community doctors. And our new IMPACT to Reduce Readmissions Collaborative, in partnership with GNYHA, is tackling that same challenge by creating closer collaboration between hospitals and nursing homes.

Our role in the New York State Partnership for Patients continues to bring that same

collaborative, systematic approach and expertise to a larger canvas. And the Clinical Quality Fellowship Program continues preparing a new generation of mid-career doctors and nurses to be quality improvement leaders and champions in their home institutions.

CLINICAL FELLOWS EXTEND QUALITY EFFORTS



More than 100 participants in the Fund's Clinical Quality Fellowship Program—co-sponsored with the Greater New York Hospital Association—are the vanguard of a new generation of leaders bringing systematic practice change and a sustainable "culture of quality" to nearly 50 metropolitan-area hospitals.

Making Families Partners for Better Care

From helping health care professionals change their routines and expectations, to supporting family caregivers with vital information, to documenting the tough realities of this stressful, time-consuming, unpaid job, the Fund's pioneering efforts have won increasing recognition of the vital role of family caregivers—some 3 million of them across New York State—in the safe and effective care of people with chronic illness or disability.

Family caregivers provide the bulk of daily care for the chronically ill, often medical and nursing tasks that used to be the responsibility of skilled professionals. They're also a vital resource—too often unacknowledged—in the discharge planning process and in transfers from one care setting to another, a point of heightened risks for patients. This past year, a Fund tool on enhancing the role of family caregivers was invited by the acclaimed Project RED (Re-Engineered Discharge) initiative, which is used by more than 500

hospitals nationwide. Available on the Fund's website, the chapter marks the first formal, systematic inclusion of the family caregiver in any model for the hospital discharge process.

Translating the complexities of navigating the health care system into easily accessible language, the Fund's Next Step in Care website offers more than 30 guides and checklists on a broad range of caregiving issues. The latest additions include guides,

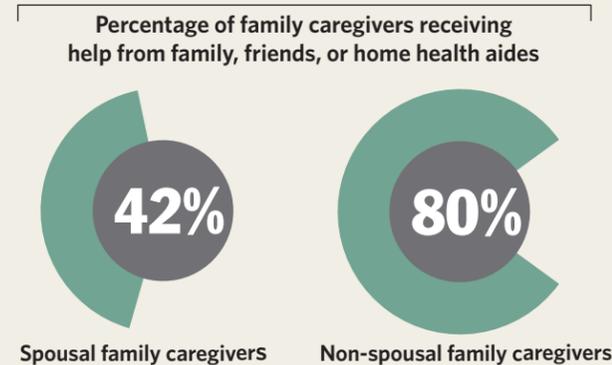
for both family caregivers and health care providers, on the roles of care coordinators, how they can improve care, and how they and families can best communicate and work together.

And, documenting what caregivers do and the impact of those tasks, three new analyses—expanding on *Home Alone*, the groundbreaking 2012 Fund/AARP Public Policy Institute report on caregiver responsibilities—are now shedding light on the caregiving issues and needs of specific groups of family caregivers, those who are employed, caring for spouses, or caring for people with behavioral issues related to mental illness or dementia.

The Fund also continues to help shape the national conversation on caregiving with commentaries and participation in leadership panels and work groups, including the National Quality Forum and New York State Partnership for Patients.

SPOUSES AS CAREGIVERS: MORE TASKS, LESS HELP

Family caregivers of spouses are significantly more likely to perform medical/nursing tasks like wound care or medication management than family caregivers, mostly adult children, who are not caring for their husband or wife—65 percent vs. 42 percent. Yet they receive far less additional help with those complicated tasks.



WHAT'S AHEAD

How are the roles of family caregivers—and providers—evolving as long-term care increasingly moves from the nursing home into the community?

What changes must health care settings continue to make to support providers' effective partnerships with family caregivers?

How can model, sponsored partnerships like Together on Diabetes-NYC be sustained and "owned" by the community?

How can this model be adapted for other settings and chronic illnesses?

Neighborhood Linkages Support Healthier Aging

For diabetic seniors, active participation in managing their disease is critical to reducing complications and hospitalizations. A web of health care, social service, and other local organizations—brought together, guided, and supported by the Fund—is helping more than 1,600 seniors improve their health despite their diabetes. It's a cutting-edge approach to forging effective partnerships and for managing other chronic illnesses, too.

It's been a year of milestones for Together on Diabetes-NYC, the Fund's community-based model for helping patients help themselves through education, coaching, nutrition and exercise programs, health screenings, and support, all backed with improved communication with local health care resources. The three-year effort exceeded its goal of enrolling 1,200 Washington Heights seniors and engaging them in activities aimed at reducing high rates of diabetes-related complications and hospitalizations.

Launched with a \$2.8 million grant to the Fund from the Bristol-Myers Squibb Foundation, Together on Diabetes-NYC links "anchor" Isabella Geriatric Center with

four senior centers, NewYork-Presbyterian Hospital, home care agencies, neighborhood physicians, other community organizations, the city's Department of Health and Mental Hygiene and Department for the Aging, and the Fund itself.

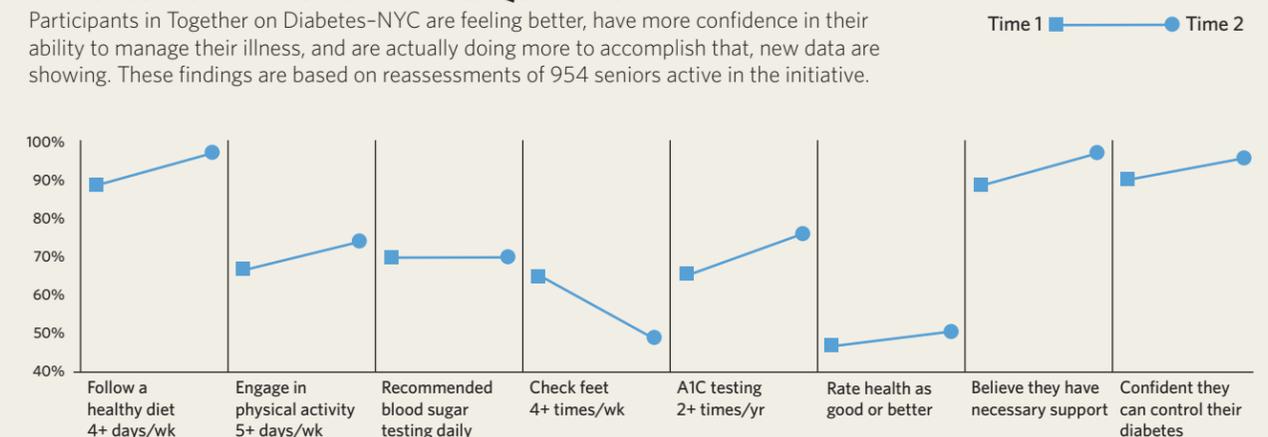
Building capacity and stronger partner relationships over the past year, the initiative is now able to contact 80 to 90 percent of interested seniors within 48 hours to invite them to join the program; new participants receive baseline assessments soon after. Based on those assessments, additional services, such as podiatric lectures and screening, have been added to the senior centers' targeted activities. And follow-up

phone calls have significantly increased participation rates. As seniors themselves expressed in a series of focus groups, the program has provided a valuable sense of community and mutual support, confidence, and the knowledge and encouragement to ask their doctors questions.

Determining long-term impact remains a priority, and an agreement with NewYork-Presbyterian enables analysis of how Together on Diabetes-NYC affects participants' inpatient, emergency room, and clinic utilization.

WEB OF SUPPORT IMPROVES DIABETICS' QUALITY OF LIFE

Participants in Together on Diabetes-NYC are feeling better, have more confidence in their ability to manage their illness, and are actually doing more to accomplish that, new data are showing. These findings are based on reassessments of 954 seniors active in the initiative.



Data current as of June 2014

GRANTMAKING

Supporting Innovation in Health Care Through Philanthropy

The United Hospital Fund’s strategic grantmaking is an important tool for shaping positive change in our health care system. Expanding on our own work, Fund grants—to not-for-profit and public hospitals, nursing homes, and health care, academic, and public-interest organizations—sponsor research to analyze systemic problems, support the development of model programs, and foster innovative solutions.

During the fiscal year ended February 28, 2014, the Fund awarded \$1,060,000 in grants. This philanthropy is made possible by our annual fundraising campaign.

EXPANDING HEALTH INSURANCE COVERAGE

Fund for Public Health in New York / New York City Department of Health and Mental Hygiene \$50,000

To measure the effectiveness of the launch of New York State of Health, the State’s health benefits exchange, or marketplace, in reaching uninsured New Yorkers and facilitating their connection to health care services. The project will assess the early successes and challenges of the exchange, as well as eligible persons’ motivation to seek health insurance, their previous barriers to enrollment, and access to care.

IMPROVING QUALITY OF CARE

Alzheimer’s Association, New York City Chapter \$75,000, over 18 months

To support completion of a pilot project—initiated with the aid of a 2012 Fund grant—to improve care for nursing home residents with advanced dementia by implementing and evaluating a model residential palliative care program.

Greater New York Hospital Association \$135,000

To enhance the quality improvement infrastructure collaboratively established by the Fund and GNYHA in 2005, by designing and implementing a collaborative to reduce avoidable transfers from nursing homes to hospitals; training additional physician and nurse quality improvement/patient safety “champions” through the Clinical Quality Fellowship Program; helping hospitals meet new State sepsis protocols; and addressing critical issues of advance care planning and care transitions across settings, through a palliative care collaborative.

Memorial Sloan Kettering Cancer Center \$70,000

To obtain a more comprehensive understanding of harm related to medical care for cancer patients—including adverse drug events, falls, infections, and complications of radiation oncology or surgery—and to develop a screening method for detecting potentially preventable adverse events.

PHI \$70,000

To pilot test and assess home care aides’ use of “telehealth” technology to improve patient care and enhance aides’ participation on the care team. Aides will use telehealth devices to transmit information on selected patients, with the goal of helping to identify and trigger needed interventions; an evaluator will assess the clinical and financial value of the technology and the ability of the aides to regularly observe and report data.

REDESIGNING HEALTH CARE SERVICES

Arthur Ashe Institute for Urban Health \$45,000

To lay the groundwork for a plan to use social media to increase health care access, reduce chronic disease risks, and enhance health knowledge among minority and immigrant communities in Brooklyn, and similar populations in the rest of the city and beyond.

Health Leads \$45,000

To improve access, for low-income families in four hospital-based adult and pediatric clinics, to housing, food, job training, and other essential resources, by making automatic patient screening and referrals to supportive services an integral part of clinical care.

Day of Transition Initiative, Year Two \$100,000

Metropolitan Hospital Center

Mount Sinai Medical Center

To improve the transition process from hospital to home care for patients and family caregivers by addressing their needs for information, education, and support. Metropolitan and its home care partner, HHC Health & Home Care, are testing ways to improve the exchange of information, including the post-discharge medication regimen, and identification and assessment of family caregivers. Mount Sinai and its partner, Visiting Nurse Service of New York, are working to improve medication reconciliation and education, and to have social workers follow patients more closely.

The Institute for Family Health \$70,000

To improve health outcomes and reduce costs by developing, pilot testing, assessing, adjusting, and further rolling out a single model of care coordination, in part to ensure that patients who do not fit the criteria for currently targeted groups can still benefit from such coordination.

The New York City AIDS Fund in the New York Community Trust \$50,000

To help a group of HIV/AIDS service organizations adjust to significant federally and State-mandated changes in how services are delivered and paid for, through a learning collaborative providing intensive education and technical assistance and helping build new skills and infrastructure.

United Hospital Fund’s Together on Diabetes–NYC Initiative **ARC XVI Fort Washington, Inc.** \$15,000

Isabella Geriatric Center \$15,000

Riverstone Senior Life Services, Inc. \$15,000

YM & YWHA of Washington Heights & Inwood, Inc. \$15,000

To build organizational capacity to help seniors better control their diabetes by making identification, engagement, and monitoring of clients with diabetes a part of regular operations, and by further enhancing diabetes-related activities and programming.

City Harvest \$10,000

To improve nutrition among both English- and Spanish-speaking low-income seniors participating in the Fund’s Together on Diabetes–NYC initiative by providing classes on cooking, food safety, and maximizing nutrition within a limited budget.

Isabella Geriatric Center \$125,000

To support Isabella’s continuing role as Together on Diabetes–NYC program anchor, fielding a diabetes educator and community outreach/development coordinator, to help seniors better manage their disease and reduce inpatient and emergency department use.

NewYork-Presbyterian Hospital \$15,000

To aid in program evaluation by providing health care utilization data on Together on Diabetes–NYC participants’ use of NewYork-Presbyterian or Allen Hospital for inpatient stays, emergency department encounters, or clinic visits.

PROMOTING HEALTH CARE VOLUNTARISM

The Brookdale University Hospital and Medical Center \$35,000

To provide additional support to pediatric patients and their families as an adjunct to the award-winning Live Light–Live Right childhood obesity program, by using volunteers to welcome new participants to the program, and to provide health literacy education on portion size, better food options, and how to read food labels.

Lincoln Medical and Mental Health Center \$35,000

To support family caregivers of individuals with serious mental illness, through recruitment of 15 volunteers for a new Caregiver Support Network, a component of Lincoln’s Integrated Collaborative Care and Wellness Program.

Montefiore Medical Center \$35,000

To replicate, on a second campus, a successful volunteer program—created in 2010 with the aid of a Fund grant—that provides family caregiver coaching and support, focusing on caregivers of cancer patients and parents of neonatal ICU patients, and using training materials that include those developed by the Fund for its Next Step in Care website.

St. Mary’s Healthcare System for Children \$35,000

To enhance a volunteer-led patient navigation program to help families overcome barriers to health care and related services for children with medically complex conditions, by using experienced volunteers to assist parents with obtaining needed social services and developing self-advocacy skills and a mutual support system.

BENEFICIARY HOSPITALS

Bronx-Lebanon Hospital Center
The Brookdale University Hospital and Medical Center
The Brooklyn Hospital Center
Calvary Hospital
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 Health System
 Mount Sinai Beth Israel
 Mount Sinai Beth Israel Brooklyn
 Mount Sinai Hospital
 Mount Sinai Queens
 Mount Sinai Roosevelt
 Mount Sinai St. Luke's
 New York Eye and Ear Infirmary of Mount Sinai
New York Community Hospital
New York Hospital Queens
New York Methodist Hospital
NewYork-Presbyterian Hospital
NewYork-Presbyterian/Lower Manhattan Hospital
North Shore-LIJ Health System
North Shore-LIJ Lenox Hill Hospital
North Shore-LIJ Staten Island University Hospital
NYU Langone Medical Center
Richmond University Medical Center
St. John's Episcopal Hospital
St. Mary's Healthcare System for Children
SBH Health System
Wyckoff Heights Medical Center

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FINANCIAL REPORT

The Fund had another productive year in fiscal year 2014, with programmatic efforts a recognized source of high-quality work and meaningful results. Assets, at \$115.9 million at the end of FY 14, grew by \$1.9 million from the \$114.0 million reported in the previous fiscal year. Investments, at close to \$105 million, remain the largest asset, earning 11.4 percent in FY 14. Cash balances, at \$3.0 million, in addition to grants and other receivables of close to \$400,000, declined by \$1.6 million, as new grant awards from foundations to the Fund slowed.

Following the Fund's 2012 closing of its pension plan, the Fund liquidated the plan's assets in FY 14, removing the nearly \$1.9 million liability outstanding in FY 13. Net assets had a net gain of \$4 million, improving to \$110.2 million at the end of FY 14 from \$106.2 million reported at the end of FY 13—primarily a result of gains in the Fund's investments and the paring of liabilities (pension), which further stabilized the Fund's financial position.

The Fund recognized just under \$700,000 from foundation support in FY 14, compared to \$1.4 million in the prior year, as multi-year funding on several program initiatives ended and was not replaced. Government and exchange contracts held steady at \$1.1 million in FY 14, compared to \$1.0 million in FY 13. The Fund continues to maximize its return from special events and its direct mail campaign, raising just under \$2.5 million in FY 14, against the nearly \$2.4 million recognized in FY 13. FY 14's endowment draw of \$5.5 million was slightly higher than that recognized in FY 13, due to the higher base on which the 5.5 percent spending rate was applied. Final gifts, totaling \$28,000, to the Hurricane Sandy Healthcare Employee Relief Fund—a one-time effort initiated at the end of FY 13—were received at the beginning of FY 14.

Fund expenses declined in FY 14, compared to FY 13. Grantmaking activities, at just under \$1 million in FY 14, were slightly lower than the \$1.1 million spent in FY 13. A remaining \$28,000 in Hurricane Sandy Relief Fund gifts were distributed at the beginning of FY 14, compared with just over \$600,000 distributed in FY 13. Other FY 14

program activity remained strong, at \$5.6 million, just above the \$5.4 million spent in the previous fiscal year. The Fund's work on Medicaid, insurance, innovation strategies, quality improvement, family caregiving, and "aging in place" all contributed to a robust array of program activity. Fund publications and information services continued to support dissemination of the results of that work, expending \$1.3 million in FY 14 compared to \$1.2 million in FY 13. Together, these program-related activities represented nearly \$7.9 million, or 69 percent of total expenses, in FY14, contrasted with \$8.3 million, or 70 percent of total spending, in FY 13. Administrative and fundraising costs of \$3.6 million, relatively constant from year to year, made up the remaining 31 percent of total expenses in FY 14. The net results of operating activity produced a loss of \$1.5 million in FY 14, compared with a \$2.6 million loss in FY 13. FY 14's loss is directly related to the decline in foundation grant awards noted above at \$700,000, while \$2.3 million was spent on grant-supported program efforts over the same time period. The larger FY 13 loss was due to the \$1.6 million curtailment charge for the now-liquidated defined benefit pension plan.

Offsetting the losses from operations noted above, non-operating activities largely consisted of gains from investments in FY 14—\$5.2 million versus FY 13's just under \$1 million. FY 13 had also benefitted from actuarial gains for pension estimates of nearly \$600,000. Together, FY 14 activity produced a total gain of \$5.6 million, compared to the more modest \$1.7 million gain recognized in FY 13. In total, the Fund recorded a \$4 million increase in net assets in FY 14, compared with a decline in net assets of just under \$900,000 in FY 13.

With both progress and challenge in the health care arena a certainty as we move to FY 15, the Fund stays financially viable. Securing new grant revenue continues to remain a major focus. Addressing both long-standing and emerging issues, the Fund continues to seek new opportunities, maintaining and expanding on its rich, interconnected array of activities that are shaping positive change in health care.

FINANCIAL SUMMARY

Statement of Financial Position

Year ended February 28, 2014

ASSETS

Cash and cash equivalents	\$	3,017,564
Grants and other receivables, net		387,706
Other assets		913,278
Investments		104,534,050
Property and equipment, net		2,943,171
Beneficial interest in perpetual trusts		4,109,189
Total assets	\$	115,904,958

LIABILITIES AND NET ASSETS

Liabilities:

Accounts payable and other liabilities	\$	925,714
Indebtedness		166,667
Deferred rent obligation		2,774,752
Grant commitments		1,010,000
Accrued post-retirement benefits		787,126
Total liabilities	\$	5,664,259

Net assets:

Unrestricted	\$	84,307,584
Temporarily restricted		20,566,486
Permanently restricted		5,366,629
Total net assets	\$	110,240,699
Total liabilities and net assets	\$	115,904,958

Statement of Activities

Year ended February 28, 2014

OPERATING REVENUES AND SUPPORT

Public support:

Foundation grants	\$	694,627
Government and exchange contracts		1,078,589
Legacies		331
Contributions		359,378
Sandy Relief contributions		28,442
Special events		2,477,200
(Less direct expenses)		(371,499)

Total public support	4,267,068
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Other revenues:

Conferences and other	91,257
Investment return designated for current operations	5,470,000
Other investment income	73,969

Total other revenues	5,635,226
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Total operating revenues and support	9,902,294
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OPERATING EXPENSES

Program services:

Grants	936,576
Sandy Relief grants	28,442
Health services research, policy analysis, and education	5,641,814
Publications and information services	1,268,843

Total program services	7,875,675
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Supporting services:

Administrative and general	2,700,362
Fundraising	876,118

Total supporting services	3,576,480
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Total operating expenses	11,452,155
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Change in net assets from operations	(1,549,861)
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NON-OPERATING ACTIVITIES AND SUPPORT

Investment return more than amounts designated for current operations	5,239,993
Post-retirement-related changes other than net periodic post-retirement cost	(59,862)
Change in value of beneficial interest in perpetual trusts	387,979
Tax expense from unrelated business income	(1,014)

Change in net assets from non-operating activities and support	5,567,096
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Change in total net assets	4,017,235
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Net assets at beginning of year	106,223,464
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Net assets at end of year	\$ 110,240,699
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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.

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ENDOWMENT FUNDS

The total of legacies and memorial and other endowment fund gifts received prior to March 1, 2014, was \$17,764,951. 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 2014)

Frances I. Cheyne

Legacy Society Members

(new)

J. Barclay Collins II

Mary H. Schachne

2013-14 CONTRIBUTORS

Support received March 1, 2013 –

February 28, 2014

\$100,000 and Over

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GNYHA Foundation

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\$50,000 to \$99,999

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Special Acknowledgments

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Health care is facing big challenges—and making big changes. With the support of our generous donors, United Hospital Fund is helping to make those changes work for all of us, with a special focus on the most vulnerable.

Improving health care is about fresh thinking and doing things differently. The Fund is working to reduce the number of uninsured, make health care safer and more effective, and reorganize services in ways that better meet the needs of patients and families.

We analyze what's working and what's not, bring leaders and decision-makers together to solve common problems, and support the spread of new ideas and approaches that have proved successful.

For 135 years, United Hospital Fund has been an independent force shaping positive change in New York's health care, thanks to generations of contributors—both large and small. With the help of our committed supporters, we will continue our work to improve health and health care in New York.

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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.

You can also contribute to our Campaign for a Healthier New York. This annual fundraising effort provides essential support for our current work to ensure accessible, affordable, high-quality health care for all.

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.

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