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Healthcare System
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New York Hospital Queens (NYHQ) Performing Provider System

Community Needs Assessment: Delivery System Reform Incentive Payment (DSRIP) Program

Executive Summary





Summary and Conclusions - Quantitative



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- ▶ The NYHQ service area is home to a large, incredibly diverse, population base that is growing rapidly.
- ▶ Poverty is an issue of concern for this population – particularly the disparity in poverty rates across the service area. Some portions of the service area see as much as $\frac{1}{4}$ of the population living in poverty.
- ▶ Approximately 1.6M persons in the service area are Medicaid beneficiaries. This is 43% of population.
- ▶ Despite the significant presence of poverty in the service area, mortality rates are relatively low. This may be attributable to several factors, including but not limited to, the following:
 - ▶ Health risk factor data shows that the service area population does not engage in risky behaviors to the extent that populations in comparative geographies engage in these behaviors.
 - ▶ A large percentage of the service area population is Asian (more than 500k Asian residents). Asians are much healthier, as defined by mortality rates, than any other racial/ethnic group.
 - ▶ There are some excellent health care and community resources available to the population base.
- ▶ Two causes of mortality do rank higher in the service area than in other geographies. These are cerebrovascular disease (stroke) and intentional self harm (suicide).
- ▶ The most significant areas of concern from a morbidity, or disease prevalence, perspective are cardiovascular disease and behavioral health. These two diseases result in almost 300k admissions and another 300k ED visits annually in Queens County.





Summary and Conclusions - Quantitative



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- ▶ The service area has a high rate of preventable readmissions, suggesting that there may be difficulty with coordination and transitions of care across providers, and from acute to post acute.
- ▶ Provider demand for the DSRIP population exceeds the supply of safety net providers in the area. Perhaps most concerning are the areas in the west and northwest of the service area that have little to no safety net providers, yet have a high concentration of Medicaid beneficiaries.
- ▶ Geographic disparity in the availability of resources (both health care resources and community resources) is significant. Roll out of new strategies should not be concentrated in the areas with current providers, but should focus on pockets of the service area that are underserved.
- ▶ Demand ratios indicate that the area is not over-bedded as it relates to acute care or SNF beds. Low bed rates and high occupancy may be appropriate as the focus shifts to outpatient and home care.
- ▶ There are not enough behavioral health resources to meet demand.
 - ▶ Fewer than 150 behavioral health beds in area hospitals, yet ~150k behavioral health admissions in the County. Hospitals are forced to admit behavioral health patients to med/surg beds.
 - ▶ More than 200k behavioral health ED visits suggest that outpatient resources are inadequate.
- ▶ Community resources are available, but perhaps not at a level to meet demand, particularly with housing and food. In addition, the area has not seized opportunities to create healthier places.





Summary and Conclusions - Qualitative



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- ▶ Patrons have a strong interest in community based services that address the needs of residents holistically in order to prevent hospitalization and promote good health.
- ▶ Recommendations were made to include community residents when making decisions.
- ▶ Physical health issues such as diabetes, hypertension, heart disease, cancer, and HIV are of the largest concern.
- ▶ The perception of services include general concerns that providers are more interested in profit than taking care of their health.
- ▶ There is a general avoidance of doctors unless something serious, a preference for food as medicine, and an interest in alternative medicine and healing.
- ▶ The need for affordable and quality dental care as well as primary care and specialty care doctors in immigrant communities is present (linguistically & culturally competent).
- ▶ Mental health is an urgent priority as well as the need to overcome the social stigma of mental illness, particularly in immigrant communities.
- ▶ Suicide is considered a major issue with the 2014 CDC report indicating suicidal ideation among Latina adolescents in Queens up from 11% to 20%, and attempts up from 9% to 15%.





Summary and Conclusions - Qualitative



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- ▶ There are concerns with tobacco and casino industries targeting Asian Americans.
- ▶ Stigmas and the lack of culturally and linguistically services are considered challenges in addressing mental health issues.
- ▶ An overwhelming concern is the reduction in the availability of community based mental health services.
- ▶ The community supports the concept of Community Health Workers, Care Coordinators / Case Managers, and Health Education.
- ▶ Community resources of concern are; access to healthy & affordable food, the need for physical activity with few recreational areas and lack of time, and the fear of public parks due to violence.
- ▶ Affordable housing is a concern and transportation is considered inadequate for the growth of the population.
- ▶ Special populations outlined in the community include; older adults with multiple chronic conditions, individuals who are hearing impaired, Long Term Care residents who have limited medical options, homeless who have a high utilization of healthcare resources, immigrants, LGBT individuals, and undocumented community members.





- ▶ The New York Hospital Queens PPS began the project selection process by arraying findings from the Community Needs Assessment with the project Domains presented by the state.
- ▶ This first step was high-level, in an attempt to identify the project buckets, or groups of projects, that were most closely aligned with the Community Needs Assessment findings.
- ▶ Next, criteria were applied to potential projects, according to Domain, to assist NYHQ in selecting which projects will be pursued. See criterion and descriptions on the right.
- ▶ Applying criteria to potential projects resulted in a ranking/scoring of the projects, as shown on the next slide.

Criteria

- ▶ **Magnitude** – size, as measured by the number of people impacted by the intervention
- ▶ **Alignment** – alignment with community needs and priorities
- ▶ **Ability to Impact** – degree to which the NYHQ PPS intervention may effect significant change
- ▶ **Value** – project points as assigned by the NY State Department of Health
- ▶ **Sustainability** – degree to which the intervention will continue beyond waiver period
- ▶ **Community resources** – depth and breadth of community resources aimed at addressing the issue





Domain 2 System Transformation



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	Domain 2: A & B	Magnitude	Alignment	Ability to Impact	Value	Sustainability	Existing Resources	Total
2.b.viii	Hospital-Home Care Collaboration Solutions	3	3	2	3	3	2	16
2.a.i	Increase Certification of PCPs with PCMH Certification	2	3	2	2	3	3	15
2.b.ii	Co-Located Primary Care in the ED	3	2	2	3	2	3	15
2.b.iv	Care Transitions to Reduce Chronic Care Readmissions	2	3	2	3	3	2	15
2.b.v	Care Transitions for SNF Residents	2	3	2	3	3	2	15
2.b.vii	Implementing the INTERACT Program for SNF	2	3	2	3	2	2	14
2.a.iii	Health Home At Risk Intervention Program	1	3	2	3	2	3	14
2.b.iii	ED Triage for At Risk Populations	2	3	2	3	2	2	14
2.b.i	Ambulatory Intensive Care Units	2	3	2	2	2	2	13
2.a.i	Create IDS Focused on Evidence Based Management	2	1	2	3	2	2	12
2.b.vi	Transitional Supportive Housing Services	1	2	1	3	2	2	11
2.b.ix	Observation Programs in Hospital	1	2	2	2	2	1	10
2.a.iv	Medical Village Using Hospital Infrastructure	2	1	1	3	1	2	10
2.a.v	Medical Village Using Existing Nursing Home	2	1	1	3	1	2	10

Scoring: 3 = High, 1 = Low, Except for Value (1 =<30 points, 2 =< 40 points, 3 =40+), and Existing Resources (Lack of Existing Resources = 3 and an Abundance of Existing Resources = 1).





Domains 3 & 4

Clinical Improvement and Population Health



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	Domain 3: A-E	Magnitude	Alignment	Ability to Impact	Value	Sustainability	Existing Resources	Total
3.a.i	Integration of Primary Care and Behavioral Health	3	3	3	2	3	3	17
3.b.ii	CV Evidence Based Strategies to Address Chronic Disease	3	3	2	1	3	2	14
3.a.v	Behavioral Interventions Paradigm in Nursing Homes	2	2	2	3	2	3	14
3.b.i	CV Disease Management in High Risk Populations	2	3	2	2	2	2	13
3.d.ii	Asthma Home-based Self Management Program	2	2	2	2	3	2	13
3.d.iii	Evidence Based Medicine Guidelines for Asthma Management	2	2	2	2	3	2	13
3.e.i	Decrease AIDS transmission to reduce Avoidable Hospitalizations	1	3	3	1	2	3	13
3.a.ii	Behavioral Health Crises Stabilization Services	2	2	2	2	2	2	12
3.a.iv	Withdrawal Management Capabilities	1	2	2	2	2	3	12
3.a.iii	BH Evidence-based Medication Adherence Program	2	2	1	1	3	2	11
3.c.i	Diabetes Evidence Based Strategies to Address Chronic Disease	3	1	2	1	3	1	11
3.d.i	Evidence-based Medication Adherence Program - Asthma	2	2	1	1	3	2	11
3.c.ii	Diabetes Disease Management in High Risk Populations	2	1	2	2	2	1	10

	Domain 4: A-C	Magnitude	Alignment	Ability to Impact	Value	Sustainability	Existing Resources	Total
4.a.i	Promote Mental Emotional and Behavioral Well Being	3	2	2	1	3	3	14
4.a.iii	Strengthen MH and SA Infrastructure Across Systems	2	3	3	1	2	3	14
4.c.ii	Increase Early Access to, and Retention in, HIV Care	1	3	3	1	3	3	14
4.b.ii	Increase Access to High Quality Chronic Disease Preventive Care	3	2	2	1	3	2	13
4.a.ii	Prevent Substance Abuse and Other MEB Disorders	2	2	1	1	3	3	12
4.c.i	Decrease HIV Morbidity	1	2	2	1	2	3	11
4.c.iii	Decrease STD Morbidity	1	2	2	1	2	3	11
4.b.i	Promote Tobacco Use Cessation	2	1	2	1	3	1	10

Note: Palliative care is a significant issue in the service area, although difficult to quantify and therefore not present in the CNA data. As such, NYHQ will also pursue a palliative care project(s) in addition to these projects.

Scoring: 3 = High, 1 = Low, Except for Value (1 =<30 points, 2 =< 40 points, 3 =40+), and Existing Resources (Lack of Existing Resources = 3 and an Abundance of Existing Resources = 1).

