

NewYork-Presbyterian Queens Community Service Plan 2018 Update

Executive Summary

NewYork-Presbyterian Queens (NYP Queens), located in Flushing, New York, is a 535-bed tertiary care, community teaching hospital affiliated with Weill Cornell Medicine that serves Queens and metro New York residents. NYP Queens' mission is to become the regional leader of excellence in compassionate, patient-centered care and the medical center of choice for patients, doctors, nurses and staff. As part of this mission, NYP Queens continually monitors the priority health needs of Queens' residents, through the feedback from community organizations, hospital community advisory council, and local health department reports. Based on this information, NYP Queens continues to provide preventive, diagnostic, treatment, and rehabilitation services to meet those needs.

The primary service area is located in the most ethnically and racially diverse county in the US. Racial and ethnic minority groups account for 64% of the total population of Queens. Approximately 48% of area residents are foreign-born, representing over 100 countries. NYP Queens' service area has a high concentration of Asian residents compared to other geographies; more than 40% of all Asians living in New York City reside in the NYP Queens catchment area.

The 2016 Three Year Action Plan builds on the accomplishments of the three preceding years and advances new goals and objectives. NYP Queens' 2013 Community Service Plan prioritized the prevention of chronic disease and the promotion of healthy women, infants, and children. Hospital initiatives focused on these two priorities laid the groundwork for long-term, sustainable results; each project has become self-sufficient and is no longer in need of targeted support from NYP Queens' workgroups. The success of these initiatives enables NYP Queens to focus on two issues that greatly affect a growing number of community residents.

The NYP Queens 2016-2018 Community Service Plan is based on data collected from the NYP Queens Delivery System Reform Incentive Payment (DSRIP) Program's Community Health Needs Assessment (CHNA), the NYC Department of Health and Mental Hygiene's (NYCDOHMH) Community Health Profiles, and the NYCDOHMH's Epiquery Database. An analysis of this data along with feedback from a wide range of community stakeholders, including Community Health Initiatives' and DSRIP's community partners, and the hospital Community Advisory Council, resulted in the selection of the following two new priority areas:

Priority #1: Increase access to high-quality chronic disease preventative care and management in both clinical and community settings, with a focus on increasing screening rates for hypertension and heart disease.

Priority #2: Prevent HIV and STDs, with a focus on increasing screening rates for Hepatitis C (HCV).

2018 Updates

Priority #1: Prevent Chronic Diseases by increasing blood pressure screening in the community as well as at primary care clinics

- In the community

Based on the Community Health Needs Assessment, heart disease is one of the two leading causes of death in Queens County. NewYork-Presbyterian Queens understands the importance the role of education plays in maintaining optimal health, and thus strives to provide community education through its Community Health Initiatives (CHI) department. CHI hosts or participates in more than 150 community events to provide health education and screening to community members in Queens. In order to address health disparities, many of the events are held in ethnic and culturally diverse communities.

In 2018, Internists and Internal Medicine residents of the Ambulatory Care clinics convened eight community events where they provided hypertension education and blood pressure screenings to 313 Queens's residents. All the screening participants receive on-site education about heart disease, understanding importance of diet, medication management, and appropriate recommendations for follow-up care. Combining these events with the residents is key in ensuring that the internists entering the work force are aware of community needs and health disparities.

Event Date	Partner Organization	Blood Pressure
2/3/2018	World Journal	130
4/26/2018	Korean American Association Queens Health Fair	16
5/16/2018	Queens Library - Kew Gardens	28
5/18/2018	NYC- Department of Environmental Protection	64
7/8/2018	The Hindu Temple Society of North America	29
8/16/2018	Kew Gardens Community Center	8
9/26/2018	Queens Library - Glen Oaks	30
11/8/2018	Kew Gardens Community Center	8
Total		313

- At primary care clinics-

Elevated blood pressure for an extended period of time, or undiagnosed hypertension increases the work to the circulatory system, while decreasing its efficiencies. As a result, high blood pressure puts patients at risk for the development of life changing and potentially life threatening conditions. In 2018, 5,165 adult patients who were seen at the NYP Queens primary care clinics (Fresh Meadows and Jackson Heights) received blood pressure screening at their visits, along with an agreed upon, individualized plan of care.

In collaboration with the NewYork-Presbyterian Queens PPS, the treatment protocol for hypertension management, and management of undiagnosed elevated blood pressure was implemented at the two primary care clinics and adopted by all NYPQ Performing Provider Systems (PPS) members. The protocol includes screening, medication management, self-management goals, and follow-up recommendations.

- Patients who are at risk of hypertension are identified according to the following criteria: Stage 1 ≥ 2 elevated BP readings (≥ 140 SBP or ≥ 90 DBP) at two separate medical visits, past 12 months
- A Stage 2 reading (≥ 160 SBP or ≥ 100 DBP) at any medical visit in the past 12 months

Category #1: Stage 1 141 patients had 2 readings in the past 12 months with SBP over 140 and DBP over 90

Category #2: Stage 2 --2590 patients had 1 reading in the past 12 months with SBP over 160 and DBP over 100

The care coordinator at the clinic calls the patients to schedule a follow-up appointment. 110 of the 141 patients and 14 out of the 25 patients completed their follow-up appointments

Priority #2: Prevent HIV, STDs, Vaccine Preventable Diseases, and Health-Care Associated Infections by increasing HCV testing at ED and primary care clinics

From April 2016 to Oct. 2017, a NYP Queens “viral testing task force” designed and implemented routinized workflow at the emergency department (ED) and two primary care centers to identify eligible patients to receive Hepatitis C virus (HCV) test.

Following the testing, the patient navigator conducted follow-up calls to patients with positive results, and assisted them with scheduling an appointment with NYP Queens specialists. Under this grant funded project, which was completed in Oct. 2017, nine patients with active HCV infection were connected to care at NYP Queens, community clinics, or community-based primary care physicians.

In 2018, CHI has been actively partnering with several organizations in the LGBTQ community to promote HepC screening, as this population is most at-risk for HIV/AIDS and Hepatitis C infection, but have less access to the health care system and can easily be lost due to lack of follow-up care. Co-occurrence of HIV/AIDS and Hepatitis increases the risk of death from liver and non-liver related diseases.

In 2018, CHI participated in 5 community events organized by Queens Community House, Queens Center for Gay Seniors, Queens Pride and Pride Lion Club to distribute hepatitis C

education materials to thousands of LGBTQ community members. At events, CHI staff encouraged event participants to receive HepC screening and offered assistances and resources if needed

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