NuHealth
Together through life.

CENTERS OF CARE
Nassau University Medical Center
A. Holly Patterson Extended Care Facility
Family Health Centers
Elmont • Westbury • Hempstead • Roosevelt

New Directions in American Healthcare

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NuHealth: A 21st-Century Model for Safety-Net Systems

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Health Care Equity Blueprint;
National Public Health & Hospital Institute, Institute for Healthcare Improvement, Office of Minority Health

- Create Engagement with the Community, Patients & Families
- Exercise Governance & Executive Leadership for Providing Quality and Equitable Care
- Provide Evidence-Based Care for All Patients in a Culturally & Linguistically Appropriate Manner
- Establish Measures for Equitable Care
- Communicate in Patient’s Language- Understand & Be Responsive to Cultural Needs
Triple Aim: IHI

- Improve population health
- Enhance patient experience
- Reduce per capita expenditures
Change the Paradigm

- Integrate a wellness model into the traditional sick or acute care model
Who are we?

What is the NuHealth Corporation (NHCC)?

- The safety net system for Nassau County, New York which is ranked in the top 10 nationally for median income but contains 33 designated medically underserved areas for a population of 1.3 million.

- Exemplary of a safety net facility which is located in and serves various disadvantaged communities.

- Corporation snapshot: 265,000 ambulatory visits, 23,000 inpatients/year, & 75,000 ED visits.
Health Factors (1)

New York

Source URL: http://www.countyhealthrankings.org/node/119/health-factors-map
New York

2010 Health Outcomes Map

Health Outcomes are the primary ranking used to rank the overall health of counties. The county ranked number 1 is considered the healthiest county in the state.
The Problem:

The medically underserved are hidden in Nassau’s Wealth

- 33 - undesignated medically underserved
- 26,300 - uninsured children in Nassau County ages 19 and under
- 120,900 - uninsured adults in Nassau County
Total PQI

Nassau Rate = 15.80  Mean = 14.81  Standard Deviation = 5.98

- **Total PQI**
- **Age-Sex Adj. Mean = 14.81**
  - Above 2 Std Dev
  - 1 - 2 Std Dev
  - Within + 1 Std Dev
  - Within - 1 Std Dev
  - Below 1 Std Dev

Map showing various locations and their respective PQI values with color coding for deviation from the mean.
Components

- Rebranding
- Institute for Healthcare Disparities
- Community Medicine
- NuCare
- Modernization Plan
- Senior Village
- Village for Healthy Living
Rebranding

- Nassau County Medical Center; DOH clinics
- Nassau Health Care Corporation/Nassau University Medical Center/Community Health Centers: Public Benefit Corporation, 1999
- NuHealth Corporation: 2009
The Institute for Healthcare Disparities
At Nassau University Medical Center
Vision

- To create an Institute for Healthcare Disparities housed in a Safety-Net Hospital that will embed a well care model in the system
- The Institute will have an action agenda to eliminate outcomes in healthcare disparities
Purposes for Institute

- To offer programs dedicated to the prevention, detection and management of diseases that have disproportionate impact on minority communities.

- To implement outreach and educational interventions.

- To promote improved access and culturally compatible “patient-provider matches.”
Purposes for Institute

• To conduct research on health care disparities.

• To seek grants and/or funding opportunities in the area of health care disparities.

• To develop financial approaches and resources within the evolving healthcare reimbursement system, and through other sources, to support these purposes.

• To serve as a local repository and clearinghouse for sharing of experiences, strategies, and best practices.
Scope of Programs for the Institute

Working with the stakeholders and the Advisory Board, the Institute will develop a range of programs designed to address Minority Health Disparities, including programs in following areas. A major focus will be Community Education.

- Prevention & Education
- Treatment & Aftercare
- Detection & Screening
- Health Insurance Eligibility
Models

- Chronic Disease Care Management
- Bridges to Health (CMS)
- Internet Access
- Collaborative website & clearinghouse
- Electronic Personal Health Records
- Cultural Competence
- Creative & Innovative Interventions
- Social Marketing
Community Medicine
Diversity in our Service Areas

In the NHCC PSA, the population racial mix has become more diverse with the white population declining from 45% to 39% and the Hispanic component moving from 24% to 31%.

<table>
<thead>
<tr>
<th>Year</th>
<th>Population</th>
<th>Non-Hispanic</th>
<th>Hispanic</th>
<th>African American</th>
<th>Asian</th>
<th>Other</th>
<th>Multi-Racial</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>N=222,698</td>
<td>169,909</td>
<td>52,789</td>
<td>81,975</td>
<td>6,941</td>
<td>9,235</td>
<td>4%</td>
</tr>
<tr>
<td>2006</td>
<td>N=223,394</td>
<td>161,191</td>
<td>52,789</td>
<td>82,833</td>
<td>9,094</td>
<td>10,360</td>
<td>5%</td>
</tr>
<tr>
<td>2011 (p)</td>
<td>N=223,817</td>
<td>154,495</td>
<td>52,789</td>
<td>83,358</td>
<td>10,838</td>
<td>11,168</td>
<td>5%</td>
</tr>
</tbody>
</table>

Source: North Shore-LIJ Health System Office of Strategic Planning and Program Development/daf
The “Advanced Medical Home” Model

- Implementation of “Advanced Medical Home” Model
  - Full-time 24/7 “patient-physician” partnerships in primary care sites
  - Designated “physician leaders”
  - Assigned leadership and accountability
  - Achieve NCQA certification
Ambulatory Care Network Goals

- Implementation of Medicaid Primary Care Standards
  - Physician and Practice Incentive Programs
- Expansion of Prevention and Screening Programs
  - Diabetes
  - Obesity
  - Cardiovascular Risk
  - Cancer (Breast, Cervical, Colon)
- Focus on Chronic Disease Management; Improving Health Outcomes
  - Clinical Guidelines/Evidence-Based Medicine
  - Physician Referral Systems
- Implementation of Ambulatory Performance Measures
Ambulatory Network: Scope of Services

- Pediatrics
- Internal Medicine
- Family Practice
- OB-GYN
- School Based Clinic

81 Specialty Subspecialty Services
Transforming the Ambulatory Care Network

- Building two new CHCs to replace existing structures and expand Medicine, Pediatrics, OB/GYN and sub-specialty (Podiatry, Optometry, PM&R, Cardiology, GI) in Freeport and Hempstead
- Establishing a free-standing imaging center in Hempstead
- Proposed capital expansion at NUMC to house and expand Primary Services
- CON approval for all NUMC services - May 2008
- Podiatric services in all CHCs - July 2008
- Planning for outpatient Behavioral Health Services in CHCs
- Expansion of Information Technology (IT) Systems
- Telephonic Call Center
Facilities Upgrades

Before ...

The New Hempstead CHC

Before ...

The New Freeport-Roosevelt CHC
NuCare: A Medical Home for the Uninsured
NuCare

NuCare Program
Providing a medical home for Nassau County's uninsured
The Models for NuCare

- **Healthy San Francisco** is a new program created by the City of San Francisco that makes health care services accessible and affordable for uninsured residents. The program offers a new way for San Francisco residents who do not have health insurance, to have basic and ongoing medical care. It is available to all San Francisco residents regardless of immigration status, employment status, or pre-existing medical conditions.

- **Richland Care** is a partnership of many groups in our community that want to make healthcare services accessible to those who do not have health insurance and cannot afford care. The game plan is to keep you in good health.
What is NuCare?

<table>
<thead>
<tr>
<th>Outreach</th>
<th>Access/Enroll</th>
<th>Primary Care</th>
<th>Disease Mgmt</th>
<th>Low Cost Drugs</th>
<th>Specialty Care</th>
<th>Patient Follow Up</th>
</tr>
</thead>
</table>

- **NuCare will be a program administered by the Nassau Health Care Corporation designed to lower barriers to accessing health care for the uninsured in Nassau County through:**
  - Affirmative outreach (through CBOs, Institute, and NHCC)
  - A “care first” model, but insurance enrollment when eligible
  - The provision of a medical home
  - Active primary care and disease management
  - Access to low cost pharmaceuticals
  - Access to specialty care (at NUMC or through NSLIJ) as needed
  - A relationship with NuCare staff to ensure care coordination, case management, and appropriate follow-up
From “sick care” to “well care” for the uninsured

- Personal physician
- NuCare membership card
- Transportable medical record
What the Future Holds

- Center for Healthy Aging
- New Community Health Centers
- Community Imaging Center
- No Child Uninsured

- Federally Qualified Health Centers
- 340 B Pharmaceutical Pricing
- Medicaid Assisted Living Facility

NuCare: A Medical Home for the Uninsured
### Completed Projects
- Burn Center
- Center for Hypertension, Diabetes, and Vascular Disease
- Breast Health Center
- Chemical Dependency Unit
- 8th Floor Upgrade
- Classrooms
- Interim Dialysis Center
- Hempstead Family Health Center (full buildout is still not completed)
- Freeport / Roosevelt Family Health Center

### Scheduled Projects
- Emergency Department
- Ambulatory Pavilion
- A. Holly Patterson
- Full EMR
- Amphitheatre
- Auditorium
- Veterans Clinic
- EMS Academy
- Eye Center
- PM&R Upgrade
- 9th and 11th Floor Upgrades
- 14th floor Suicide Abatement
- ASU Upgrade

### Uncertain Projects*
- Intensive Care Units
- Full LDRs
- Lobby Upgrade
- Replacement Cafeteria
- Cath Lab Upgrade
- Linear Accelerator Upgrade

*These projects are very important strategically for the System but we do not yet have full funding sources identified to ensure their completion.
The Senior Village at Patterson

PLAN SUMMARY

- Community Health Center: 28,000 sf
- New A. Holly Patterson Extended Care Facility: 320 Beds
- Assisted Living Facility: 160 Beds
- Senior Independent/Congregate Living: 505 Units
- Village Commercial Center: Retail and Office: 55,000 sf
- Community Center and Soccer Field Parcel: 4.3 Acres
- Open Space: 4.4 Acres

Source: Gansler & Schief, Inc. - Planning and Development Consultants
Conclusion

- NuHealth’s renewed sense of mission
- Building blocks leading to NuCare
- Embedding a well care model in a sick care system is feasible & possible
- Partnerships are an absolute necessity
- Actions should be viewed in a larger policy context