Mount Sinai PPS

Community Needs Assessment
December 2014

Mount Sinai

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Executive Summary

The goal of the Delivery System Reform Incentive Payment Program (DSRIP) is to completely transform health care delivery for Medicaid and uninsured populations across the state. The program aims to incentivize health care systems to provide Medicaid and uninsured patients with integrated, coordinated, and preventive health care and social supports, as opposed to high-cost, avoidable emergency department and inpatient care. In short, DSRIP is a mechanism to provide a more efficient health care delivery system that reduces health care costs, while improving care quality, access to services, and ultimately result in improved health outcomes for Medicaid recipients and the uninsured population.

DSRIP offers $6.4 billion in federal funds for Performing Providers Systems (PPSs), which are regional health systems. For PPSs to receive DSRIP payments, they must implement specific projects and meet each project's corresponding benchmarks. PPSs will have to move the needle on defined outcomes for the Medicaid populations assigned to them, which is no small task.

In order to advance the aims of DSRIP and the goals of the DSRIP projects, emerging PPSs are required to conduct a comprehensive Community Needs Assessment (CNA). This process includes a description of the population to be served, an assessment of its health status and clinical care needs, and an assessment of the health care and community wide systems available to address those needs. Each component of the needs assessment is essential to a well-developed application for DSRIP funding. The ultimate goal is the selection of DSRIP projects that are based on a solid understanding of the health needs of the Medicaid and uninsured populations and the resources available to address them that will help achieve the "Triple Aim" – improved health, lower costs, and improved quality of care.

The CNA addresses data in the anticipated service area of the Mount Sinai PPS, which encompasses the five boroughs of New York City and Westchester County. It focuses on gathering information on the Medicaid population in the identified service area, while pulling out specific information on the Medicaid/uninsured populations for comparison. In addition, numbers on state totals are presented for comparison purposes.

Overall summary of findings

The Mount Sinai PPS service area is composed of a very dense and diverse set of six counties in the New York City area. About one third of New York City residents are white and two thirds are another race or ethnicity. Many speak a language other than English. Poverty is high in areas such as the Bronx and Brooklyn, but income levels vary across the service area.

In total, there are 3.5 million Medicaid members in the New York City area. Most are in the Brooklyn, Queens, and the Bronx. There are many hospitals, physicians, and other providers in the service area, although Queens tends to have the fewest number of any provider. There are also many Health Home agencies, which manage care for high-risk patients.

Finding physicians who accept Medicaid is another major challenge – only 40% of providers in Manhattan will accept Medicaid patients. Most of the health professional shortage areas for primary care and mental health physicians are in the Bronx or Brooklyn. Coordinating between providers is also a challenge – just one third of providers are participating in an HIE, according to our provider survey.

One benefit of being a dense city is also having many community-based resources. Though there is always room for improvement, there are many employment, counseling, criminal justice, legal, and other social services available to the Medicaid population.

As a whole, the Mount Sinai PPS service area has a lower rate of mortality than the rest of the state, but more disparities in terms of premature death between ethnicities. Generally, the major chronic conditions of Medicaid members in the Mount Sinai PPS service area are hypertension, asthma, coronary atherosclerosis, chronic stress, and HIV.

HIV/AIDS is a major health challenge. Manhattan and the Bronx have the highest rates of new HIV diagnoses, almost two to three times that of the state rate. However, data show slight improvements in engaging patients in HIV care.

There are still significant barriers to care for Medicaid patients. Mount Sinai PPS providers surveyed indicated that it was "difficult" or "very difficult" for their clients to access primary, specialty, behavioral health, substance abuse, and other basic care needs.

The following major health needs have been identified through the community needs assessment process:

Summary of Community Needs			
Community need identification number	**CNA title**	**Brief description**	**Primary data source**
CN 1	Lack of access to social services	There is a scarcity of food pantries in three of the six boroughs compared to the low income and homeless populations living in those areas.	Health Information Tool for Empowerment SITE, 2014
CN 2	Increase access to specialty care services	61% of survey respondents report Medicaid beneficiaries have a difficult time accessing specialty care services.	Mount Sinai PPS Community Needs Assessment Survey #1, 2014

Summary of Community Needs			
Community need identification number	**CNA title**	**Brief description**	**Primary data source**
CN 3	Shortage of mental health services	Mental health has HPSA designations all six service areas with 59 designations combined. 68% of survey respondents indicated Medicaid beneficiaries have a "Difficult" or "Very Difficult" time accessing mental health services.	Health Professional Shortage Areas, Mount Sinai PPS Community Needs Assessment Survey #1, 2014
CN 4	Shortage of primary care services	Primary medical care has the largest number of HPSA designations in the six service areas combined with 69 designations.	Health Professional Shortage Areas
CN 5	Shortage of dental care services	Dental care has HPSA designations all six service areas with 54 designations combined.	Health Professional Shortage Areas
CN 6	Lack of community health centers	Queens and Staten Island are underserved for health care centers, which are a key access point for low-income residents for primary and preventive care.	HRSA Site Directory, Kaiser Family Foundation, 2011

Summary of Community Needs			
Community need identification number	**CNA title**	**Brief description**	**Primary data source**
CN 7	Need for more care coordination.	Barriers to care coordination as identified by providers include: lack of physician training, current delivery system operating in "silos," and lack of IT infrastructure to promote effective communication and coordination.	Mount Sinai PPS Community Needs Assessment Survey #1, 2014
CN 8	Need to increase behavioral health services for children and adolescents	There is a significant lack of facilities that serve adolescents and children. There are only 141 behavioral health facilities that serve children and adolescents versus almost 1000 dedicated to adults.	Adult Medicaid Utilization and Expenditures for Region of Provider for Local Fiscal Year 2013, OMH
CN 9	Need to increase disability resources	Westchester County and Queens are vastly underrepresented in the percentage of services given their population.	
CN 10	Need for more education about the underlying causes of diabetes	Public health survey data suggests the underlying causes of type 2 diabetes (including obesity, physical inactivity, and poor diet) are not being addressed effectively.	New York City, EpiQuery Survey Data, 2012

Summary of Community Needs			
Community need identification number	**CNA title**	**Brief description**	**Primary data source**
CN 11	Need for better diabetes management	New York City has higher diabetes mortality rates than New York state. It is also the leading cause of premature deaths in the city. One in ten Medicaid enrollees in New York City have some form of diabetes. There is a significant need to address diabetes complications in New York City.	New York State Department of Health Number of Diabetes Mellitus, 2012 data, NY Prevention Agenda Dashboard, 2012
CN 12	Improve infant and maternal health	Maternal mortality rates among Medicaid women in New York City are higher than the state average. The percentage of children ages 0-15 months who have had the recommended number of well child visits is lower in New York City than the state.	New York State Department of Health HEDIS Measures, 2012
CN 13	Need for more education, resources and promotion of healthy lifestyles	One in four adults are obese in New York City. One in five New Yorkers are smokers. Staten Island has the highest proportion of adults who smoke (20%) compared to the state average (17%).	2008-2009 NYS Expanded Behavioral Risk Factor Surveillance System Data as of 2010, Percentage of Adults that are Obese (BMI 30 or Higher), 2008-2009 NYS Expanded Behavioral Risk Factor Surveillance System Data as of

Summary of Community Needs			
Community need identification number	**CNA title**	**Brief description**	**Primary data source**
			2010, Age-adjusted Percentage of Adults who Smoke Cigarettes
CN 14	Necessity of patient navigation, including patient engagement and education.	The leading cause behind challenges to accessing care among all provider types was reported as patient difficulty navigating the system and a lack of awareness of available resources for patients.	Mount Sinai PPS Community Needs Assessment Survey #1, 2014
CN 15	Lack of patient follow up after hospital discharge	New York City performs the worst in the state for ensuring that there is an ambulatory follow-up with seven days of discharge.	Office of Performance Measurement and Evaluation, BHO Databook, CY2012
CN 16	Need to improve quality of nursing homes in the Mount Sinai PPS service area	Half of the nursing homes in three of the six service areas are performing below the state average in terms of proper levels of care and monitoring for depressive symptoms and pain management.	NYDOH Nursing Home Profiles, 2014
CN 17	Need to increase number of providers who participate in a Health Information Exchange (HIE)	Only one third of survey respondents reported participating in a HIE.	Mount Sinai PPS IT Readiness Assessment Survey, 2014 data
CN 18	Need to increase number of providers who accept Medicaid coverage	Manhattan has the largest number of physicians as well as the lowest percentage of physicians who	New York State Doctor Profile, 2014

Summary of Community Needs			
Community need identification number	**CNA title**	**Brief description**	**Primary data source**
		accept Medicaid with only 40% of physicians accepting Medicaid patients.	
CN 19	Higher mortality rates for AIDs, pneumonia, diabetes, and homicide	There are higher mortality rates in the Mount Sinai PPS service area for AIDS, pneumonia, diabetes, and homicide when compared to New York State.	NY Vital Statistics, 2012
CN 20	Higher prevalence of cardiovascular conditions	30% of the 3.5 million Medicaid enrollees in New York City have a cardiovascular disease or disorder.	New York State Department of Health, Number of Medicaid Beneficiaries with Disease and Disorders of the Cardiovascular System, 2012, Number of Medicaid Enrollees (including duals), 2012
CN 21	Higher preventable hospital admissions due to cardiovascular conditions	New York City has a higher rate of preventable hospital admissions for cardiovascular conditions than New York State based on the measures for PQI #7 and PQI #13.	New York State Department of Health, Adult Hypertension (PQI #7) Admissions per 100,000 Recipients, 2011-12 data, Adult Angina without Procedure (PQI #13) Admissions per 100,000 Recipients, 2011-12
CN 22	Higher prevalence of asthma	64% of reported asthma diagnoses among Medicaid beneficiaries in New	New York State Department of Health, Medicaid Chronic

Summary of Community Needs			
Community need identification number	**CNA title**	**Brief description**	**Primary data source**
		York State live in the New York City region. New York City has a higher rate of preventable hospital admissions due to asthma compared to New York State.	Conditions, Inpatient Admissions and Emergency Room Visits by Zip Code: Beginning 2012, 2012 Data, New York State Department of Health, Statewide Planning and Research Cooperative System (SPARCS), 2012
CN 23	Higher HIV prevalence and incidence	Of the 53,901 Medicaid beneficiaries living with HIV in New York State, 49,984, or 93%, live in New York City. New York City HIV incidence rate per 100,000 is almost double the New York State rate.	New York State Department of Vital Statistics, 2012 data, New York State HIV/AIDS Surveillance Annual Report, 2012, New York State Department of Health, 2012 data, New York Prevention Agenda Dashboard, 2012
CN 24	Higher case rates of gonorrhea and syphilis	The case rate of gonorrhea for males in New York City is almost double the case rate of New York State. Case rates of gonorrhea for women in New York City are higher than the state rate. Syphilis rates in New York City are almost eight times as high as the state for late and early syphilis.	NYS rate per 100,000 Population by Disease and County: Strep Group B Invasive - Vibrio Non-Cholera, 2011

Methodology

A key philosophy of the CNA is recognizing that both quantitative data and qualitative data are crucial to a comprehensive assessment of community need in the Mount Sinai PPS proposed service area. This area includes five boroughs in NYC (Brooklyn, Bronx, Manhattan, Queens, and Staten Island), as well as Westchester County. The population examined in the CNA is primarily Medicaid, however, where applicable and when it was sometimes the only data available, there is also data on all-payer populations, which includes Medicaid beneficiaries.

Initially, we used quantitative measures available in the state's data books and other identified data sources that align with the DSRIP metrics for measuring the success of each project. We also used data that PPS stakeholders designated as critical for successful project planning and execution. In addition, existing CNAs conducted by Mount Sinai PPS hospital partners were examined for this analysis.

Data for about 500 indicators was collected from a wide range of data sources, including the Census, SPARCS, Epiquery, Salient Dashboards, and other publicly available data sources. These indicators fall under the following categories: Demographics, Mortality, Hospitalizations, Barriers to Accessing Health Care, Health Care Resources, and Community Resources. The extensive quantitative data collected provides a wealth of comprehensive information on the health status and community needs in the PPS service area.

For this assessment, PPS providers and community members in the Mount Sinai PPS service area were surveyed to confirm and validate quantitative feedback identified through the data analysis. The provider surveys also address any resource gaps, such as a lack of adequate behavioral health providers to meet the needs identified in the CNA, present among our providers. Partners and stakeholders were surveyed from October through November 2014 through Survey Monkey, an online survey tool.

Once data was gathered from the various data sources and the accompanied survey, we conducted a thorough analysis of the current state of the community, summary of provider organizations, and review of the population's health care needs. The CNA focused on the health needs in the service area and includes analyses by population for the Medicaid, duals, uninsured and all-payer populations. By comparing the indicators of these payer groups, we can examine the health disparities between those with access to coverage and those without.

Quantitative data were selected based on their alignment with the DSRIP metrics and milestones for each domain and project category. To the extent possible, data sources with statewide, citywide, borough, and county-level data were selected. Details on the data, including the definition of the indicator, data source, year(s), geography, location, and data type, were compiled in a standardized template. Data were then collected and verified as being accurate and reproducible to their source.

Qualitative data were derived from Mount Sinai PPS provider partner survey results, which collected on-the-ground insights from providers on key community health needs and barriers to accessing care. Respondents answered 62 questions divided into six components: Organizational Information, Access to Health Care Services, Care Coordination, Population Health, Health Care Barriers, and Patient Centered Medical Homes. Of the approximately 200 parent organizations and unique standalone organizations in our PPS, 190 completed and submitted a survey. In addition, the PPS asked providers to complete a comprehensive survey which captured data on provider readiness and gaps in care.

Assumptions/limitations

The purpose of the CNA is to examine the community health needs and health care and community resources of the defined service area of the Mount Sinai PPS to support the Mount Sinai PPS DSRIP Project Plan Application submission. This analysis is not provider-specific. For example, the health care resources analysis does not take into account whether the providers are in the PPS or not. From state guidelines:

> *"Each PPS should do a complete assessment of the health care resources that are available within its service area, whether they are part of the PPS or not."*

This broader analysis of the health care resources in the service area compared against the current providers in the PPS will inform the identification of resource gaps for the Mount Sinai PPS as it considers partners, resources, approaches, and DSRIP projects that address community needs.

Limitations in data collection included the fact that the majority of data sources that are publicly available are in the aggregate. This type of secondary data can introduce some inconsistencies, though those were reconciled as best as possible. Near the end of the CNA process the PPS did gain access to some Medicaid claims data through Salient, which was incorporated where appropriate.

Stakeholder Engagement

Throughout the CNA process, we engaged partners and the public in meaningful dialogue to better understand community needs, challenges and barriers to accessing care, and disparities in service provision and health outcomes. To ensure full transparency, we provided multiple opportunities for feedback and input through document review, survey instruments, webinar, and local meetings.

The Mount Sinai PPS Clinical Committee and subgroups were intimately involved in selecting health care indicators, vetting gathered data, and evaluating the analysis. An analysis of topline results from the data was shared with our partners at the Mount Sinai PPS October 16th Town Hall to gather insights. Provider feedback from this event was distributed to planning committees the following week to be more closely vetted and incorporated into project planning. To engage our provider partners in the development of the CNA, we had providers form breakout groups in the following categories: Post-Acute Care Transitions, Disease Management, Care Coordination and Patient Engagement, and Behavioral Health and Primary Care Integration. These small groups were then instructed to brainstorm data points they felt the CNA should include based on those key strategies. Providers suggested a wide range of data needs, including measures showing patients' access to stable housing, service coordination with the criminal justice system, and the impact of trauma on patients. These suggestions were compiled, posted on the PPS website, and incorporated into the CNA survey.

Qualitative data were derived from Mount Sinai PPS provider partner survey results, which collected on-the-ground insights from providers on key community health needs and barriers to accessing care. Respondents answered 62 questions divided into six components: Organizational Information, Access to Health Care Services, Care Coordination, Population Health, Health Care Barriers, and Patient Centered Medical Homes. Of the approximately 200 parent organizations and unique standalone organizations in our PPS, 190 completed and submitted a survey (see Appendix A). In addition, the PPS asked providers to complete a comprehensive survey which captured data on provider readiness and gaps in care.

Input and dialogue was encouraged through PPS committee meetings and local community boards. A critical aspect of these local meetings was to review and discuss findings from the qualitative data analysis. The feedback received was incorporated into the qualitative analysis and included in the CNA.

Furthermore, the general public, including community leaders, were invited to comment on topline CNA results posted on the PPS webpage, distributed through PPS listserv, and noted in the PPS weekly newsletter.

Section 1. Demographics

Population Overview

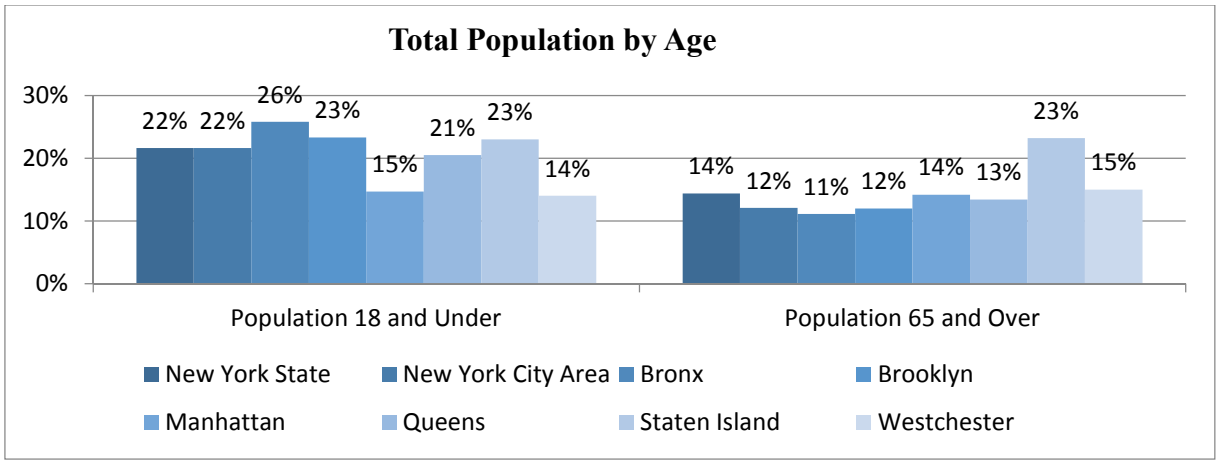
New York State is the third most populated state in the United States and New York City alone is larger than 39 other states' populations. New York City residents represent 43% of the state population, with more than 8.4 million residents.[1]

Total Population	
New York State	19,651,127
New York City	8,405,837
Manhattan	1,626,159
Bronx	1,418,733
Brooklyn	2,592,149
Queens	2,296,175
Staten Island	472,621
Westchester County	950,227

Age

Overall, New York City has a younger population than the state, but the same proportion of children under the age of 18. Staten Island has the highest percentage of senior citizens of the boroughs (23%) and an equally high percentage of children (23%). Manhattan and Westchester County have the smallest populations of children, reflecting a primarily working age demographic with 70% of their populations between the ages of 18 and 65. The Bronx has the lowest percentage of seniors (11%) and the highest percentage of children and teens (26%).[2]

[1] United States Census Bureau, State and County Quick Facts, 2010 Estimates.
[2] United States Census Bureau, State and County Quick Facts, 2010 Estimates.

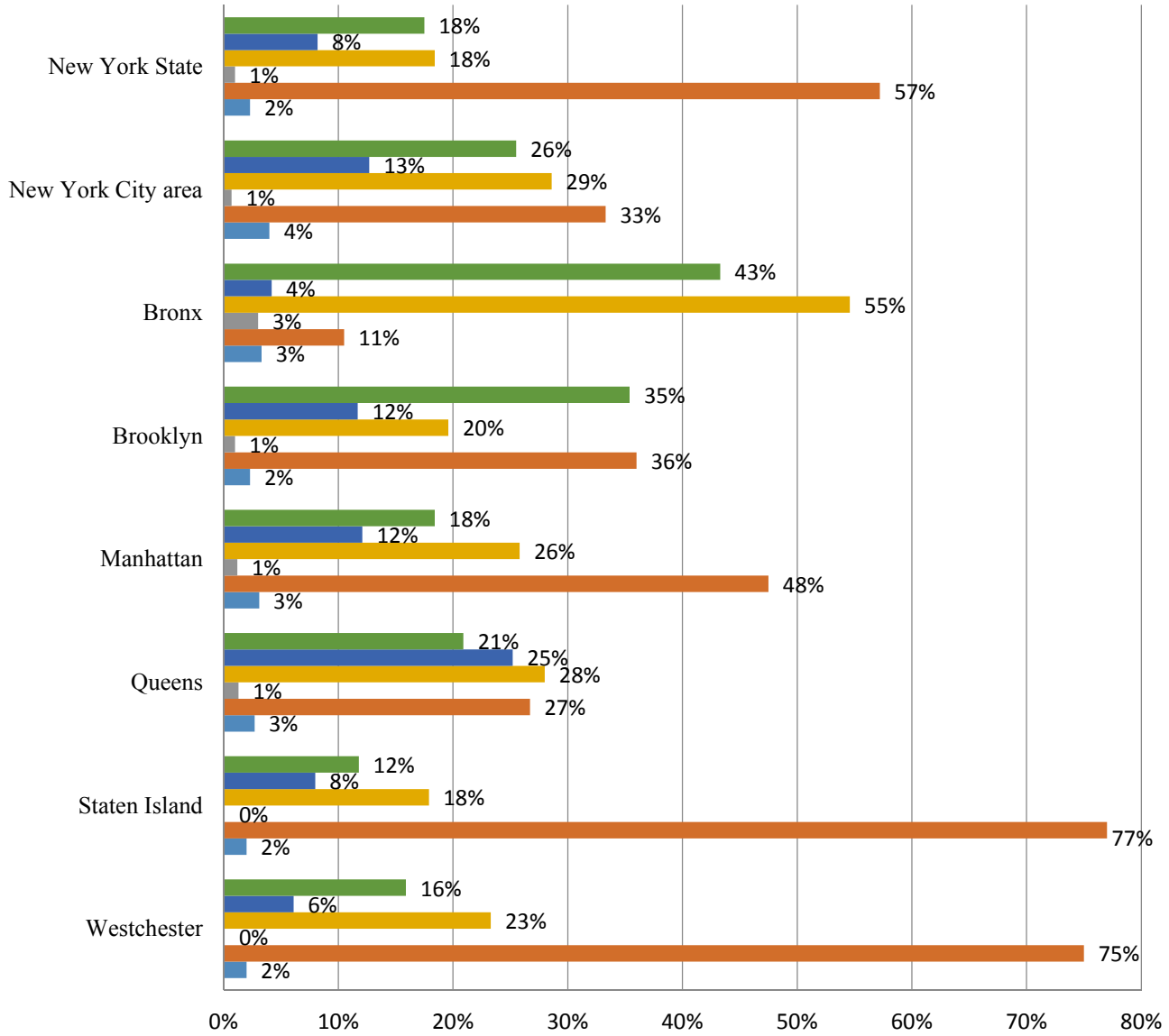


Race/Ethnicity

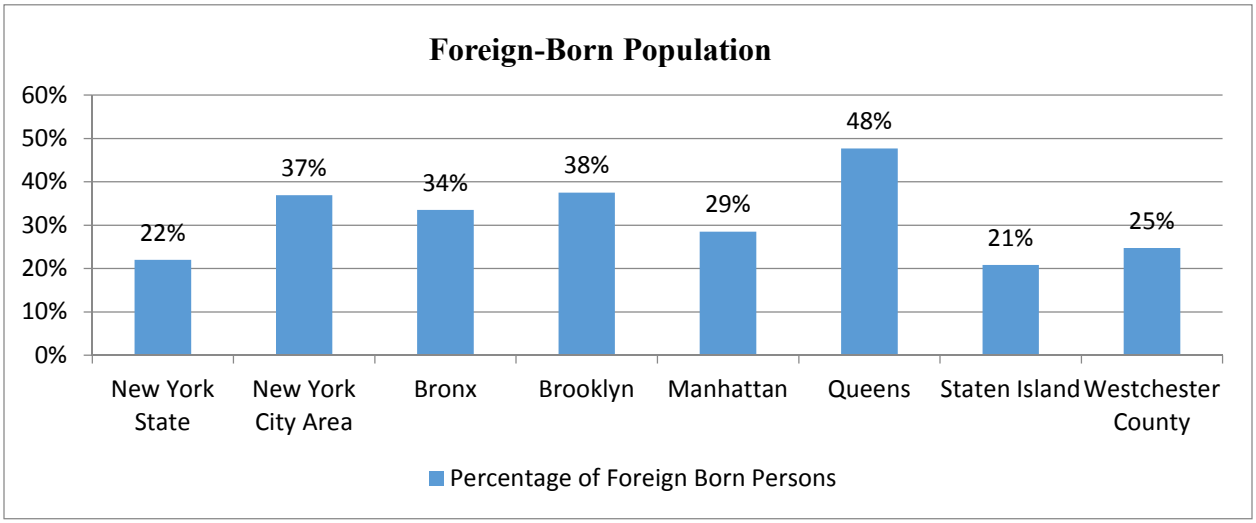
The population in New York City is more diverse than New York State. New York City has a greater proportion of African Americans, Asians, Hispanic/Latinos, and multi-racial residents than the state. [3]

[3] United States Census Bureau, State and County Quick Facts, 2010 Estimates.

Population by Race/Ethnicity



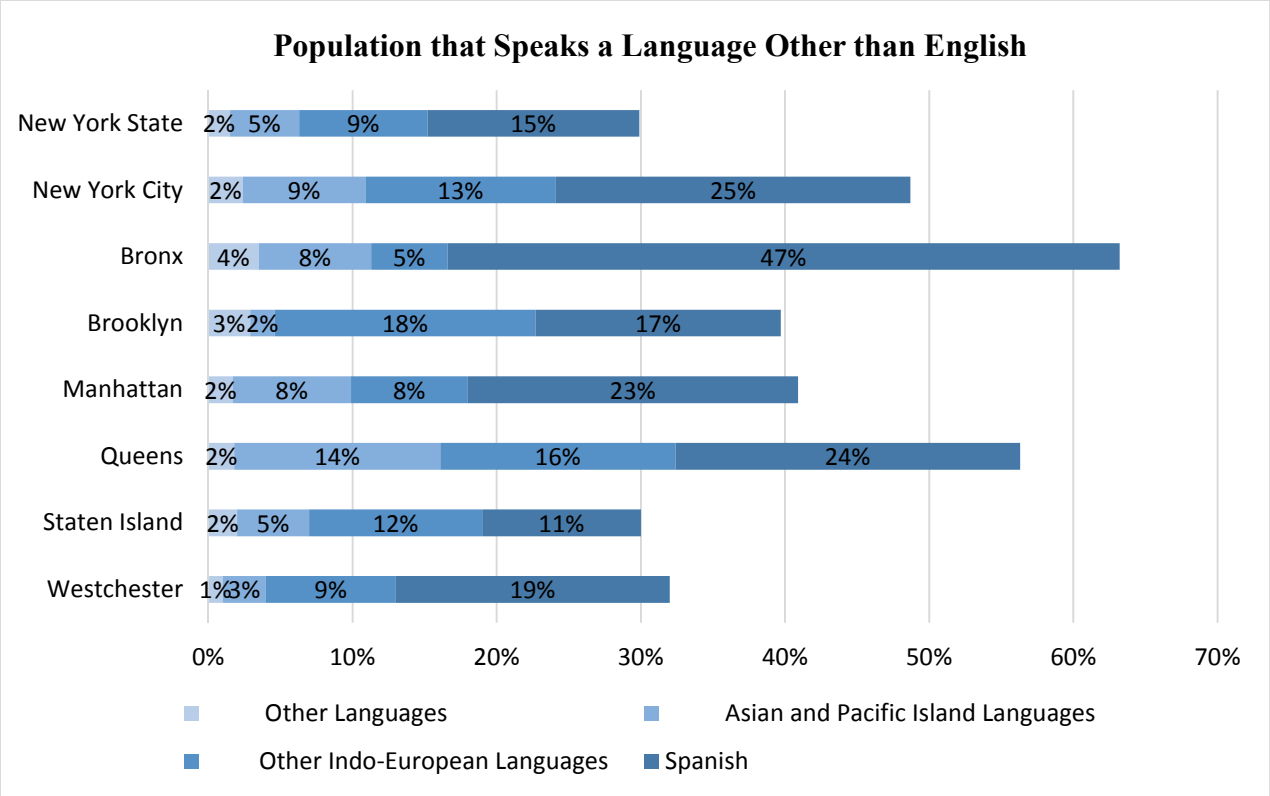
	Westchester	Staten Island	Queens	Manhattan	Brooklyn	Bronx	New York City area	New York State
African American	16%	12%	21%	18%	35%	43%	26%	18%
Asian	6%	8%	25%	12%	12%	4%	13%	8%
Hispanic/Latino	23%	18%	28%	26%	20%	55%	29%	18%
Native American/Alaska Native	0%	0%	1%	1%	1%	3%	1%	1%
White (non-Hispanic/Latino)	75%	77%	27%	48%	36%	11%	33%	57%
Two or More Races	2%	2%	3%	3%	2%	3%	4%	2%



Language

New Yorker City residents are more linguistically diverse than the state, with 49% of the population speaking a language other than English, compared to 30% statewide. Spanish is the most common language other than English in New York City.[4] A higher proportion of foreign-born individuals reside in New York City than the state (37% compared to 22%). Nearly half (48%) of all Queens residents were born in another country.[5]

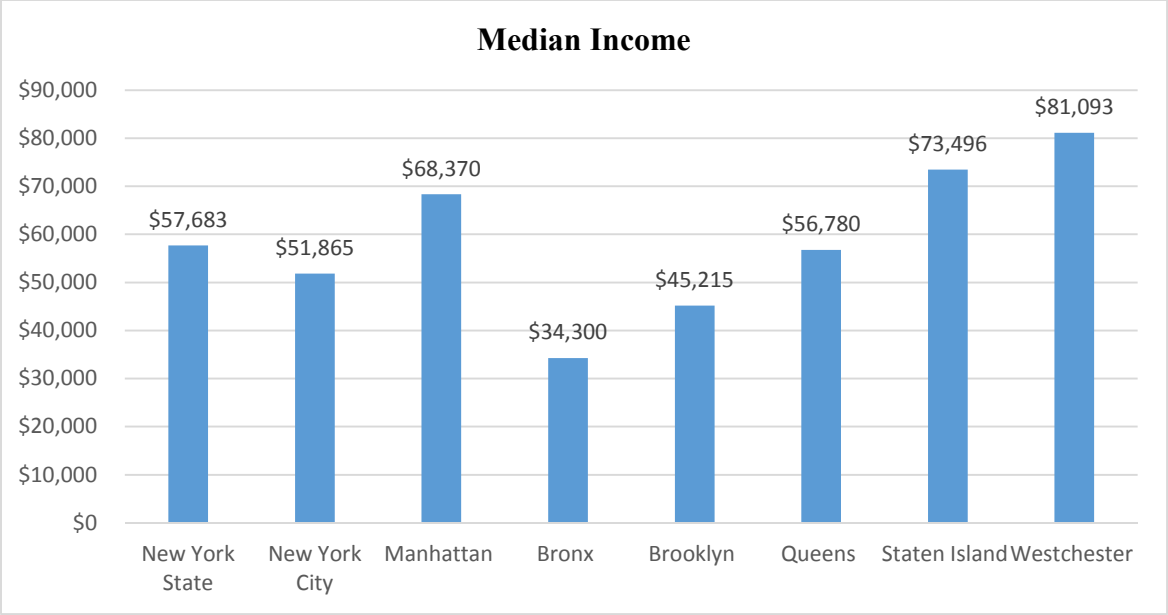
[4] United States Census Bureau, 2012.
[5] United States Census Bureau, State and County Quick Facts, 2010 Estimates.



Income

The median household income in New York City ($51,865) is significantly lower than median household income in New York State ($57,683).[6] Residents in Manhattan have the highest median income in the Mount Sinai PPS service area and residents in the Bronx have the lowest.

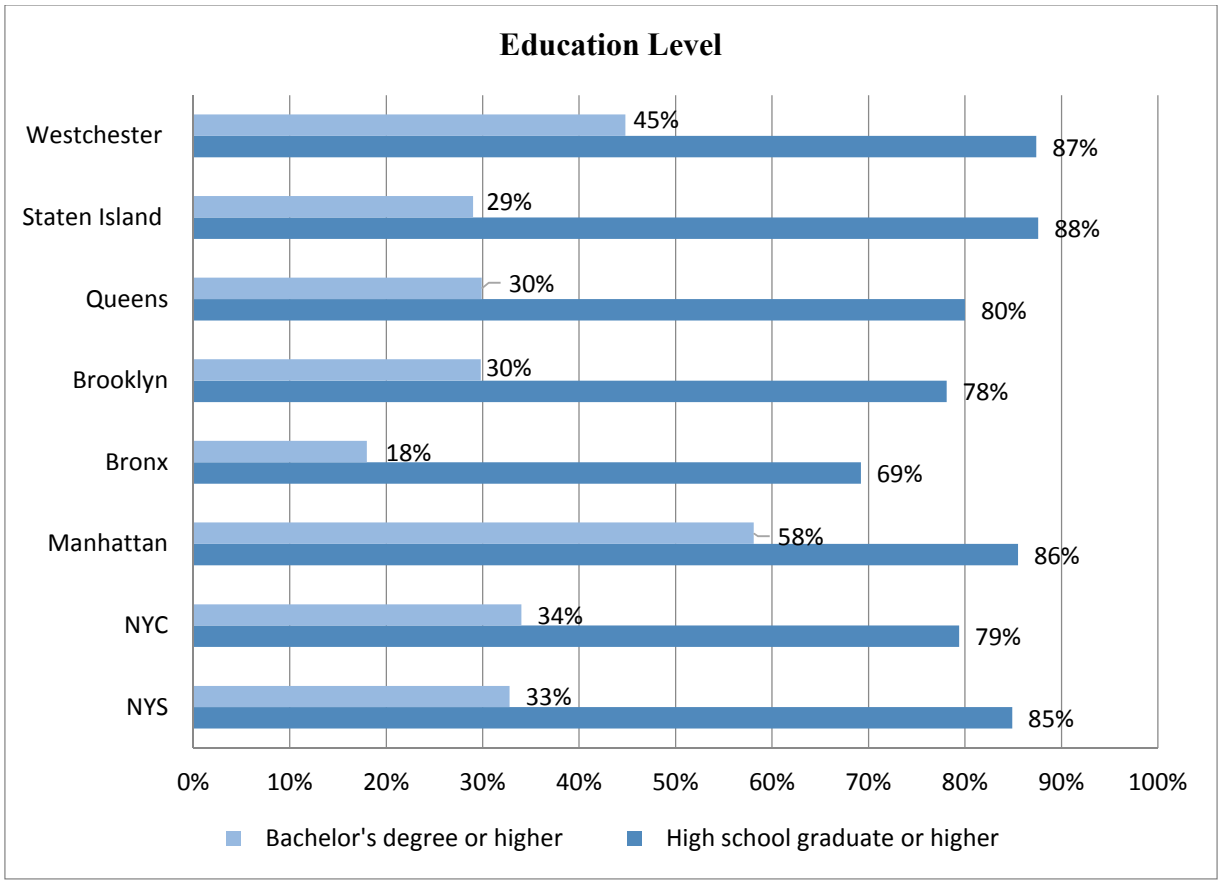
[6] United States Census Bureau, State and County Quick Facts, 2010 Estimates.



Education

Manhattan has the highest levels of high school and college graduates. However, all boroughs have above a 69% high school graduation rate.[7] Only 18% of Bronx residents have graduated from college, the lowest among all of the boroughs.

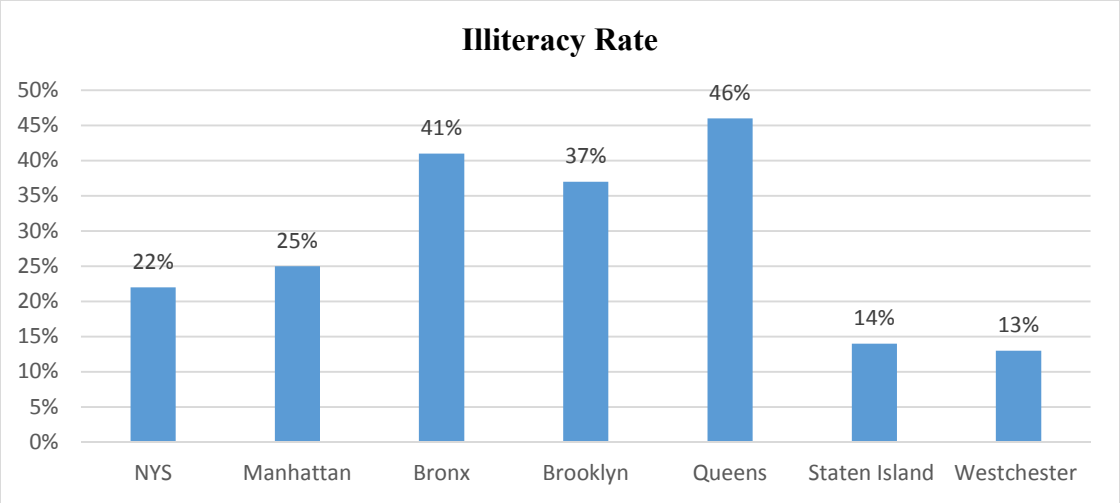
[7] United States Census Bureau, State and County Quick Facts, 2010 Estimates.



Literacy

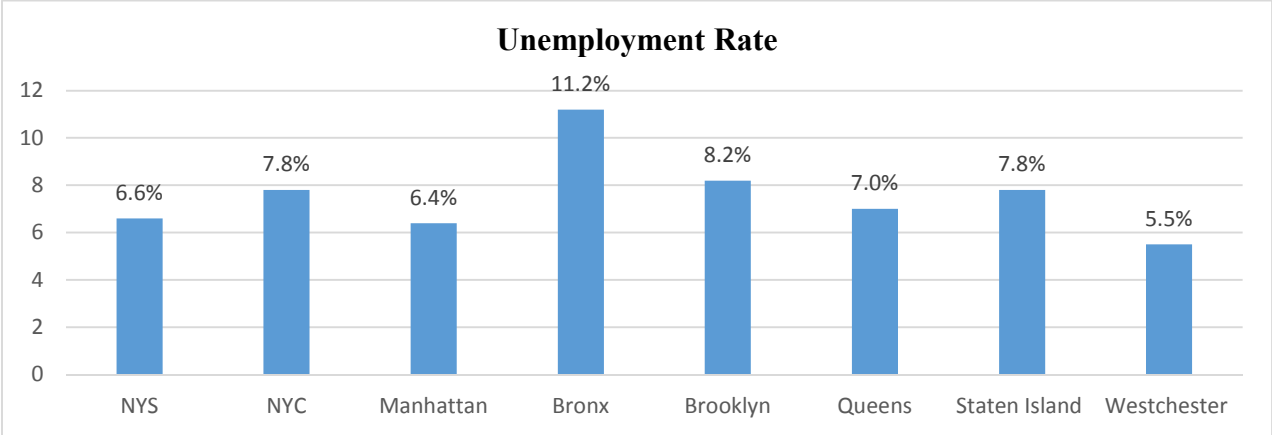
Following the trends of education rate, illiteracy (lack of basic prose literacy skills) is highest in the Bronx and Queens.[8]

[8] National Center for Education Statistics, National Assessment of Adult Literacy, 2003



Employment

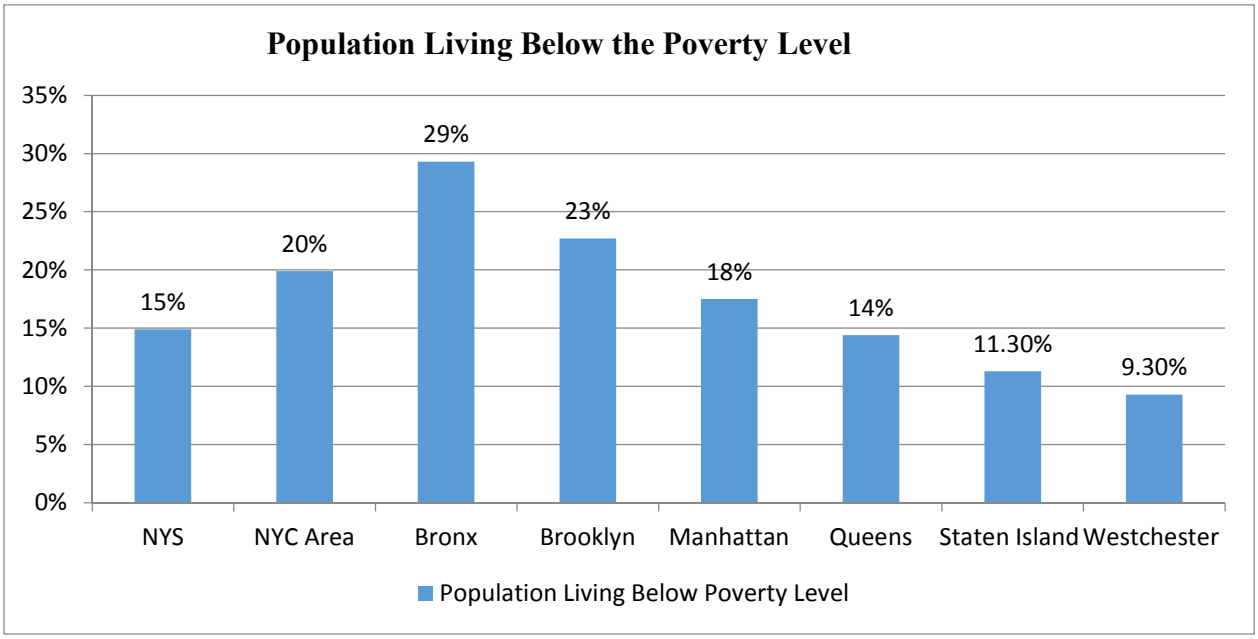
As of March 2016, the Bronx had the highest unemployment rate (11.2%) in the Mount Sinai PPS service area.[9] The national unemployment rate was far below that at 6.7.%[10] For unemployment data, rate is a percentage of the labor force currently unemployed but actively seeking employment and willing to work.



[9] New York Department of Labor, March 2014
[10] Bureau of Labor Statistics, March 2014

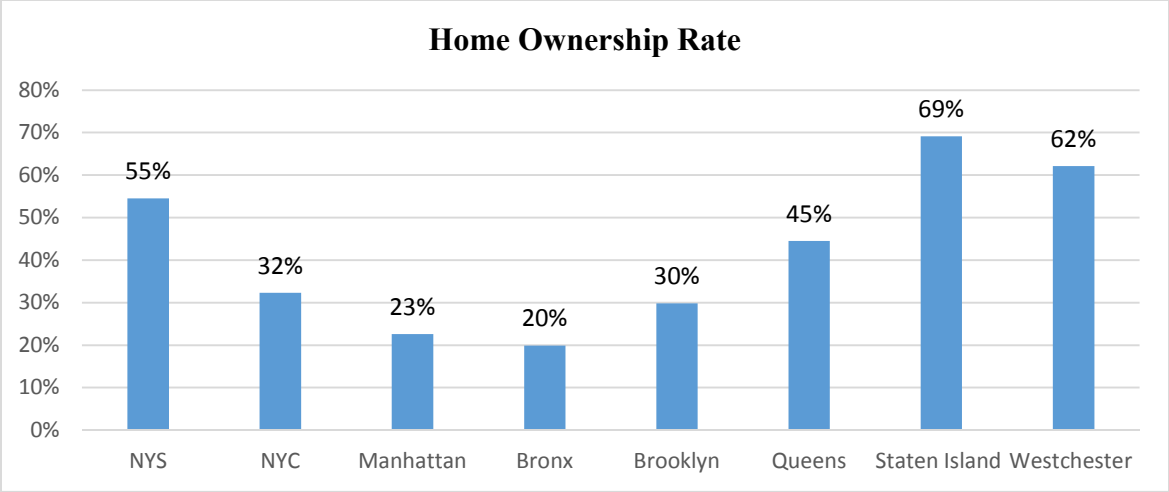
Poverty

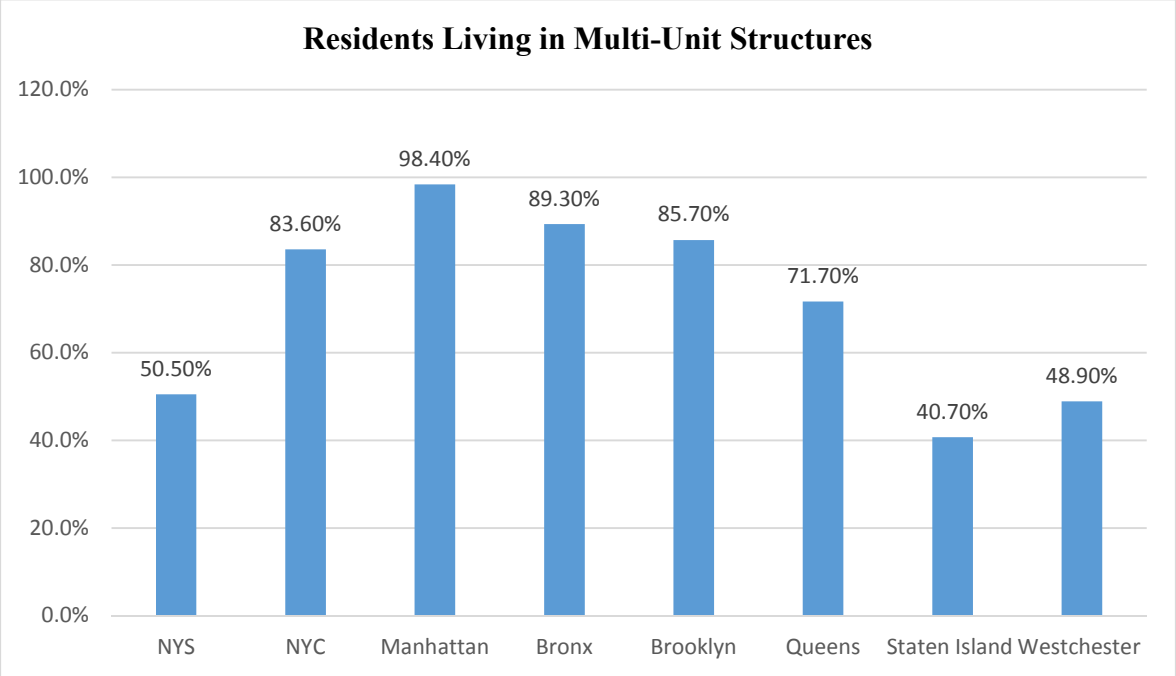
Poverty is more prevalent in New York City than the state, with one in five residents living below the federal poverty level.[11] Homelessness and housing issues are also prevalent. Of renter households in New York City, 30% are severely rent-burdened and 4.2% are severely crowded.[12] On average, nearly 57,000 New York City residents sleep in homeless shelters every night.[13] Housing instability and poor health outcomes are closely linked and research has shown that supportive housing can reduce Medicaid costs.[14]



Housing is a particular challenge in New York City given the limited space for real estate and housing developments. Though less common in New York City, home ownership is an indicator of accumulating wealth and upward mobility. New York State has almost twice as many homeowners than New York City, though Queens does have significantly more residents living in homes they own.

[11] United States Census Bureau, State and County Quick Facts, 2010 Estimates.
[12] New York University Furman Center, State of New York City's Housing and Neighborhoods in 2013, Part 3.
[13] Coalition for the Homeless, www.coalitionforthehomeless.org/the-catastrophe-of-homelessness/facts-about-homelessness.
[14] Corporation for Supportive Housing, Supportive Housing Reducing Medicaid Costs and Improving Health Outcomes: A Review and Update of the Evidence, 2011.

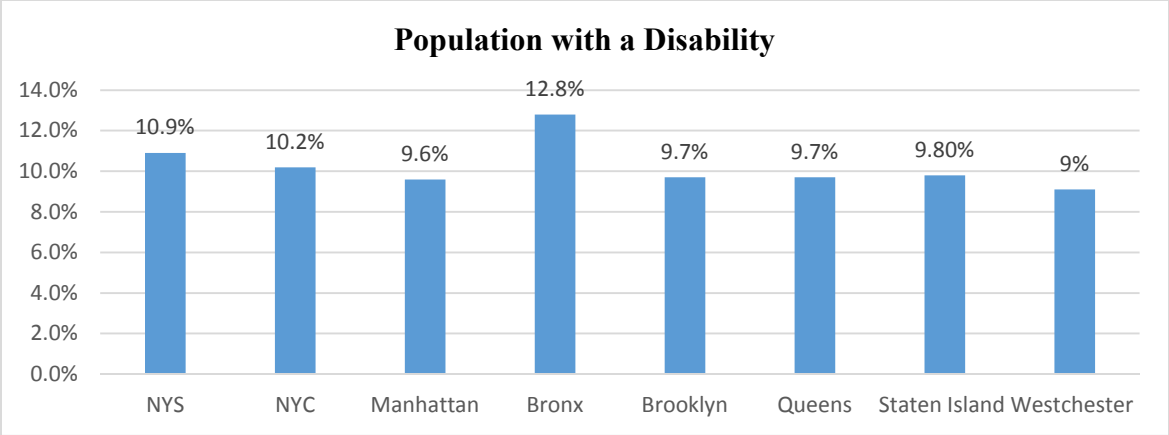




Disabilities

With the disability rate under 10% for most of the Mount Sinai PPS service area, New York City has a much lower percentage of disabilities than the national rate of 18.7%.[15]

[15] U.S. Census, 2010

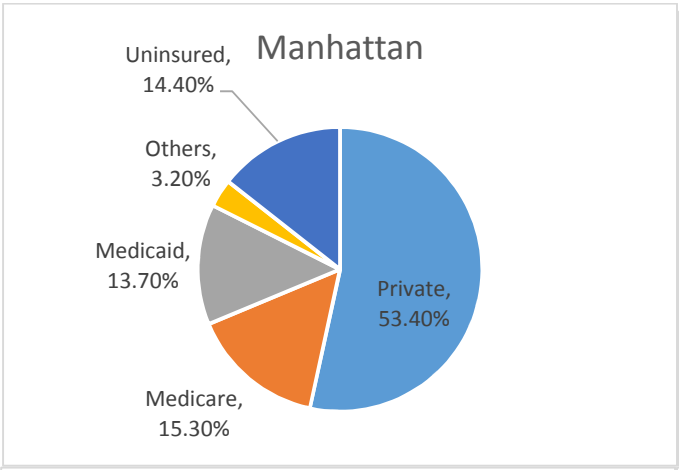


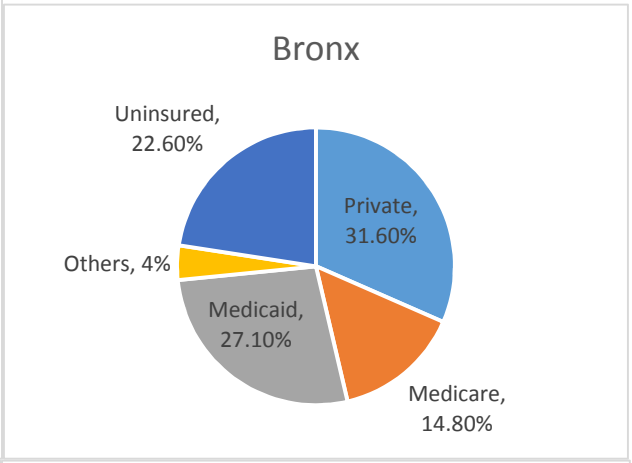
Among those 65 and over, 36.8% have a disability. Ten percent have a disability with hearing, 7.7% have a disability with difficulty seeing, 11.1% with cognitive difficulty, 27.4% with ambulatory difficulty, 11.9% with self-care difficulty. and 19.6% with independent living difficulty.[16]

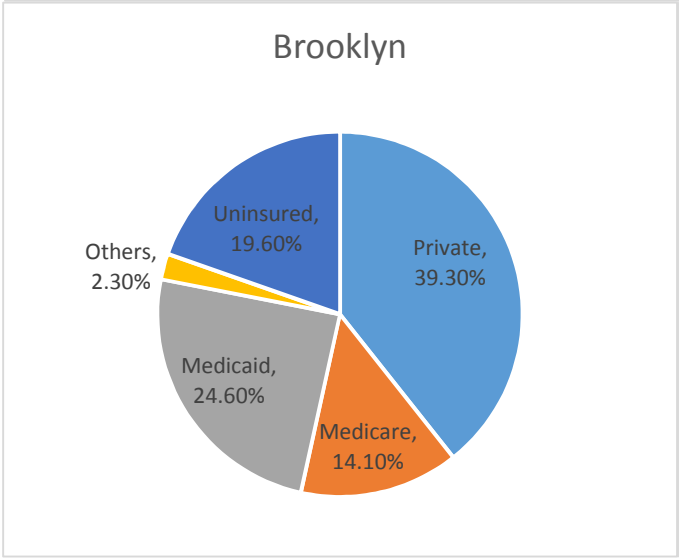
Health insurance coverage

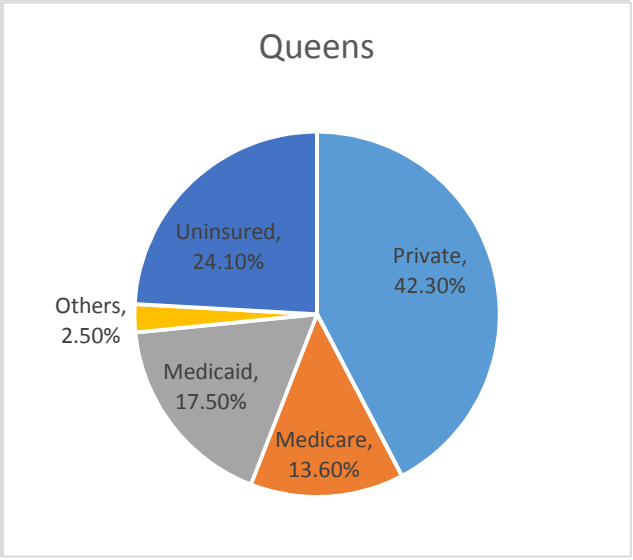
The coverage landscape in New York State has changed significantly in the past four years since the passage of the Affordable Care Act. New York State opted to expand Medicaid coverage, which, with the federal subsidies, helps close the gap between those who are on state assistance and those who can afford commercial insurance.

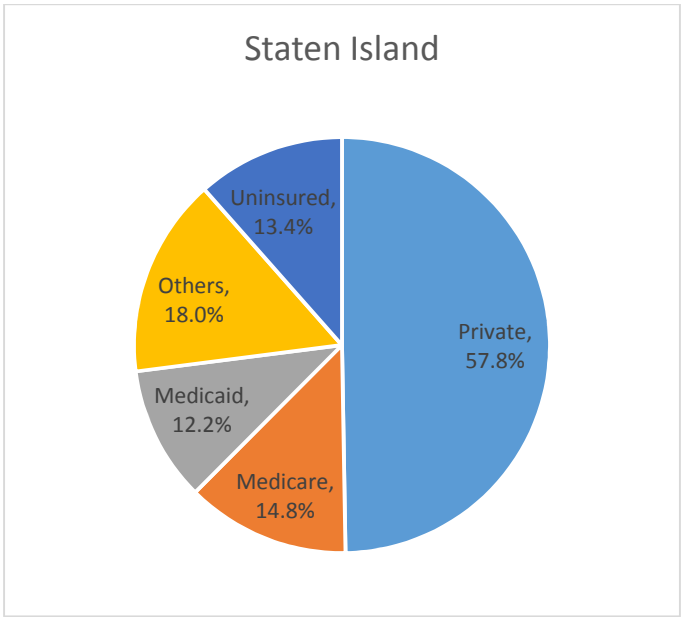
[16] U.S. Census, 2010


Manhattan
Uninsured, 14.40%
Others, 3.20%
Medicaid, 13.70%
Private, 53.40%
Medicare, 15.30%


Bronx
Uninsured, 22.60%
Private, 31.60%
Others, 4%
Medicaid, 27.10%
Medicare, 14.80%


Brooklyn
Uninsured, 19.60%
Private, 39.30%
Others, 2.30%
Medicaid, 24.60%
Medicare, 14.10%

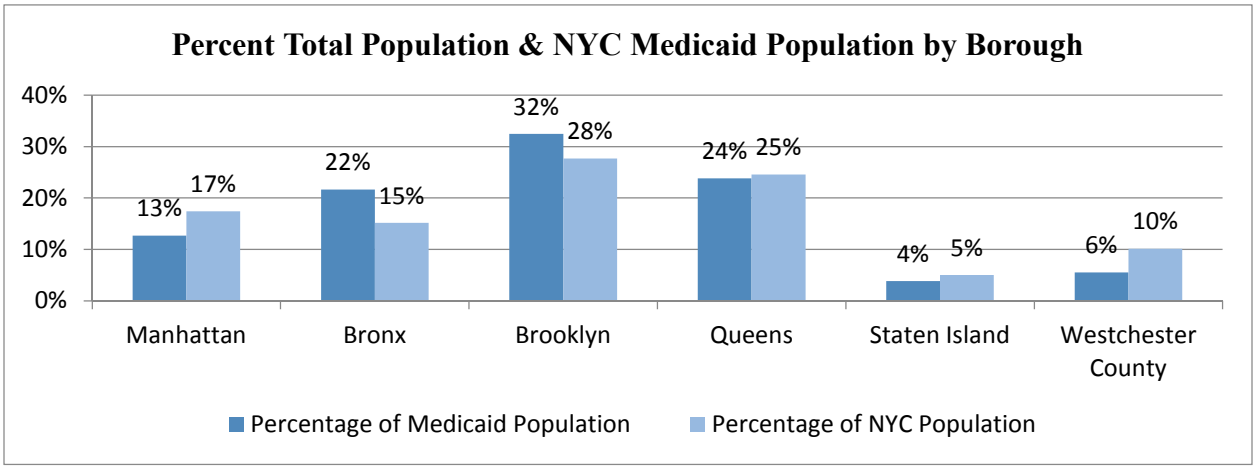

Queens
Uninsured, 24.10%
Private, 42.30%
Others, 2.50%
Medicaid, 17.50%
Medicare, 13.60%


Staten Island
Uninsured, 13.4%
Others, 18.0%
Private, 57.8%
Medicaid, 12.2%
Medicare, 14.8%

Medicaid population

Total Number of Medicaid Enrollees[17]		
	Total Medicaid population, including duals	Duals subset
New York City Area	3,565,959	463,063
Manhattan	480,026	90,931
Bronx	821,337	93,324
Brooklyn	1,232,464	153,240
Queens	904,619	107,681
Staten Island	144,852	19,994
Westchester County	209,949	31,144

Brooklyn has both the highest the population of all boroughs with 2.6 million residents, comprising 31% of the New York City's population, as well as the highest number of Medicaid enrollees. More than 1.2 million Brooklyn residents are enrolled in Medicaid, comprising more than a third (32%) of the total citywide Medicaid population. While the Bronx has the lowest number of residents in the core boroughs, with a population of 822,337 people or 17% of total city population, the Bronx represents 23% of New York City's Medicaid enrollees.[18]

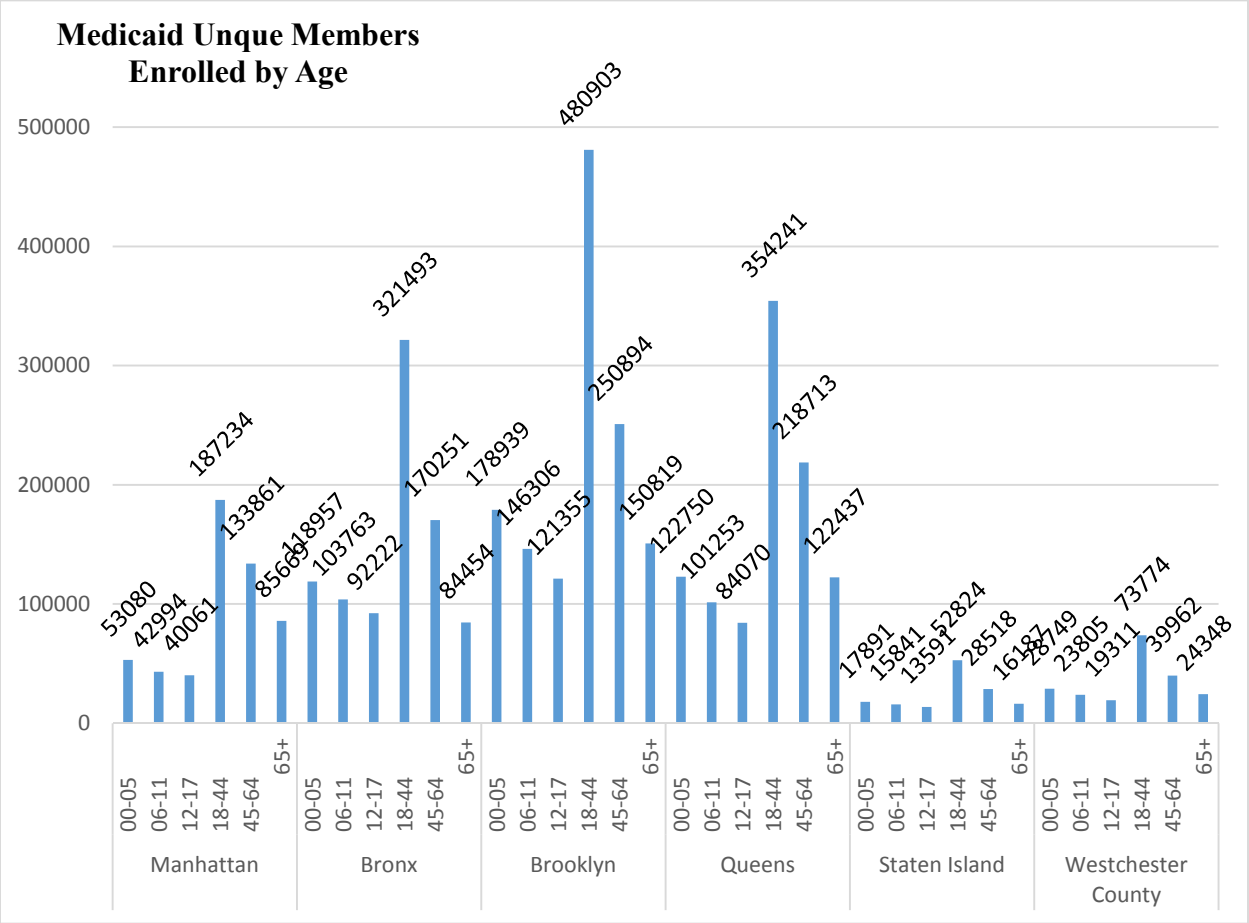


Brooklyn and the Bronx have significantly more adults 18-44 enrolled in Medicaid, suggesting a higher rate of poverty among that age group. Queens has the most senior residents enrolled in

[17] NYDOH, 2014

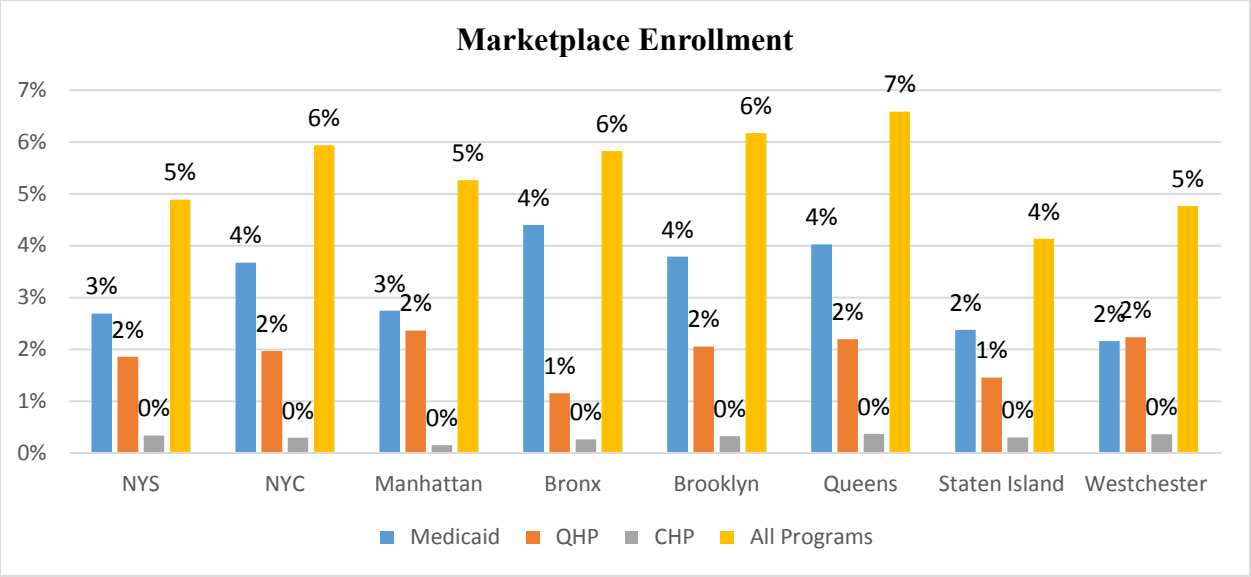
[18] United States Census; New York Department of Health.

Medicaid, who are usually also on Medicare, suggesting an increased financial need among that population.[19]



The ACA allowed a significant number of New York City residents to access health care at a more affordable cost. Queens saw the highest percentage of its population enrolling in Marketplace plans. While many residents signed up for qualified health plans (QHP), many more were either newly eligible for Medicare or newly signed up.[20] The Marketplace Enrollment chart shows the percentage of the borough's population who signed up for marketplace enrollment.

[19] Salient DSRIP Dashboards, 2013
[20] NY State of Health, 2014



Managed Care

Managed care penetration for Medicaid enrollee in New York is on par with the national average (71.64%). As of 2010, the managed care enrollment rate among Medicaid members was 69.03%.[21] Still, this is higher than the other two large DSRIP states of comparable sizes, Texas (66.10%) and California (55.69%).

Managed Care Enrollees (all insurance types)[22]						
	Manhattan	Bronx	Brooklyn	Queens	Staten Island	Westchester
Commercial HMO/POS	321,803	19,013	97,421	49,101	6,952	48,573
Direct Pay	5,574	473	1,780	1,818	366	2,212
Healthy New York	13,304	1,675	12,656	10,800	1,578	7,446
Medicare Advantage	61,455	64,103	88,254	92,216	23,084	17,754
Child Health Plus	9,005	16,908	42,797	45,105	7,016	17,022
Medicaid Managed Care	265,900	517,874	775,056	550,242	74,687	87,083
Family Health Plus	27,585	44,950	94,934	97,091	10,294	11,848
HIV/SNP	3,047	6,836	5,241	1,634	314	0
Total	707,673	671,760	1,118,139	848,007	124,291	191,938

[21] CMS, *Penetration Rates as of December 31, 2010*

[22] http://www.health.ny.gov/health_care/managed_care/report/2013/docs/complete_plan_enrollment.pdf

Section 2. Health Care Infrastructure

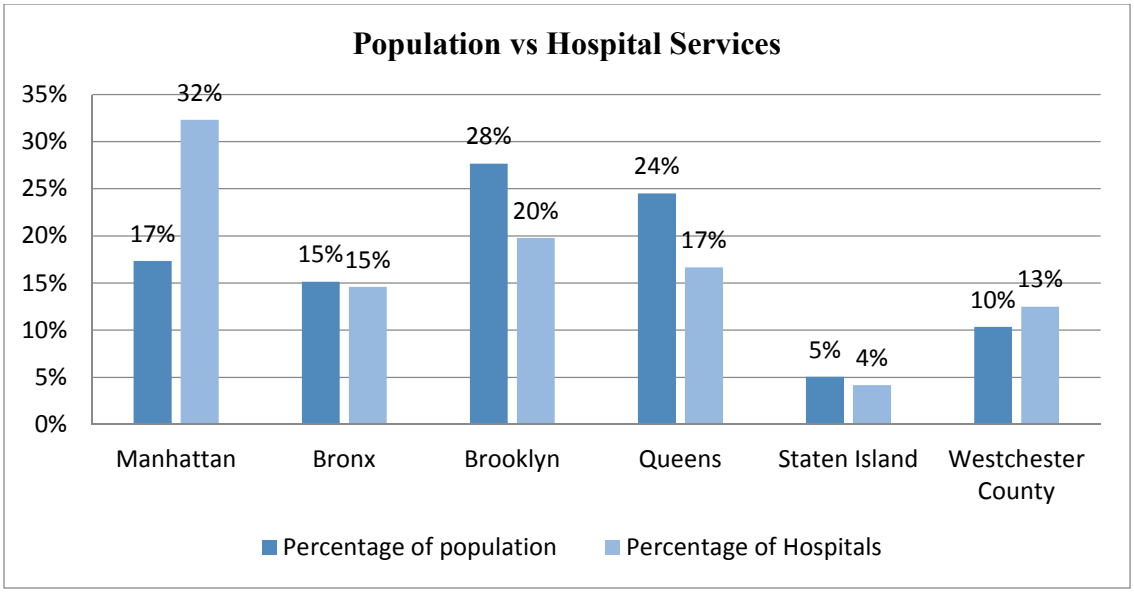
Hospitals

There are 80 hospitals in the Mount Sinai PPS service area. The larger ones include Montefiore Medical Center in the Bronx; Maimonides Medical Center in Brooklyn; Presbyterian Hospital City of New York in Manhattan; Bronx Lebanon Hospital Center in the Bronx; Beth Israel Medical Center in Manhattan, and Mount Sinai Hospital in Manhattan.

Hospital	Claims Counts[23]
Montefiore Medical Center	75330
Maimonides Medical Center	45938
Presbyterian Hospital City Of New York	41360
Bronx Lebanon Hospital Center	36917
Beth Israel Medical Center	31978
Mount Sinai Hospital	30030

The Bronx has 14 hospitals, Brooklyn has 19, Manhattan has 31, Queens has 16 hospitals, Staten Island has four, and Westchester County has 12.[24] The chart below shows the percentage of the population compared with the percentage of total hospitals that are in the New York City area. According to the graph, Manhattan is over served while the Bronx is significantly underserved. However, we know that patients often travel between boroughs for care.[25]

[23] NYDOH Salient Data Dashboards, Medicaid Services by County, 2013
[24] NYDOH Hospital Profiles, 2013
[25] United States Census Bureau, State and County Quick Facts, 2010 Estimates.



Of the 96 hospitals in our service area, 28 are AIDS centers (statewide there are only 40 AIDS centers, so most are in the Mount Sinai PPS service area). Three of the hospitals are burn centers, 41 are stroke centers, 2 are regional pediatric trauma centers, and one is a regional poison control center.[26]

Montefiore Medical Center in the Bronx, the top hospital by volume of claims and patients, has 767 beds. The wait time for the emergency department is 114 minutes, compared to the national average of 26 minutes, suggesting the hospital has emergency department demand in excess of its capacity. The hospital's patient satisfaction sits at 63.0%, while it has a 30-day readmission rate of 23.19%.[27] The hospital acquired infections ratio for surgical sites is 1.28, above the state average of 1.00.

Maimonides Medical Center in Brooklyn has 711 certified beds, including 448 medical/surgical beds and 40 intensive care beds. In 2013, the wait time in the emergency room was only 33 minutes, which is comparable to the national average of 26 minutes. Patient satisfaction was low at 54.0% and 30-day readmission rate was 21.45%.

New York-Presbyterian Hospital has 2,478 beds across its 7 facilities in Manhattan.

The Bronx Lebanon Fulton Division has 164 beds and its Concourse Division has 415 beds. At the Concourse Division, the wait time for the ED is 47 minutes. The 30-day readmission rate is 23.44%, and its hospital acquired infections ratio is high at 1.45.

The Mount Sinai Beth Israel Medical Center – Petrie Campus has 856 beds. The ED wait time is 70 minutes and its patient satisfaction is on par with the other similarly sized hospitals at

[26] NYDOH Hospital Profiles, 2013
[27] NYDOH Hospital Profiles, 2013

23.45%. Notably, the ER's rating on the measures of timely and effective care rated by CMS is 98.57% and it is a top performer.

The Mount Sinai Hospital in Manhattan is large, with 1171 certified beds, including 72 ICU beds. Patient satisfaction is higher than the other large systems at 66.0%, and 30-day readmissions are at 22.11%.

Ambulatory Surgical Centers

As of October 1, 2014, there are 122 ambulatory surgical centers (ASCs) in New York State, 37 of those are in the Mount Sinai PPS service area.[28] ASCs are focused on providing same-day surgical care, such as diagnostics and treatments. The majority of the ambulatory surgical centers in the Mount Sinai PPS service area are in Manhattan or Brooklyn.

Urgent Care Centers

Urgent care centers provide a viable alternative to emergency care for non-emergent patients, provided they are nearby and open to residents. There is no national database or statewide database on urgent care centers, as they are defined vaguely and usually run by individual practitioners or groups of practitioners.

According to the Greater New York Hospital Association Health Information Tool for Empowerment, there are 39 urgent care centers in New York City who serve Medicaid/uninsured patients. Nine are in the Bronx, 14 are in Manhattan, and six are in Brooklyn. Many of the programs are part of a larger hospital system, suggesting that hospital providers are beginning to understand how to utilize urgent care as a way to reduce ED use for non-emergent conditions.

Health Homes

Health homes are a model of Medicaid care management implemented in New York. According to the Department of Health:

"A Health Home is a care management service model whereby all of an individual's caregivers communicate with one another so that all of a patient's needs are addressed in a comprehensive manner. This is done primarily through a "care manager" who oversees and provides access to all of the services an individual needs to assure that they receive everything necessary to stay healthy, out of the emergency room and out of the hospital. Health records are shared among providers so that services are not duplicated or neglected. Health Home services are provided through a network of organizations – providers, health plans and community-based organizations. When all the services are considered collectively they become a virtual '"Health Home.'"

Responsibilities include:

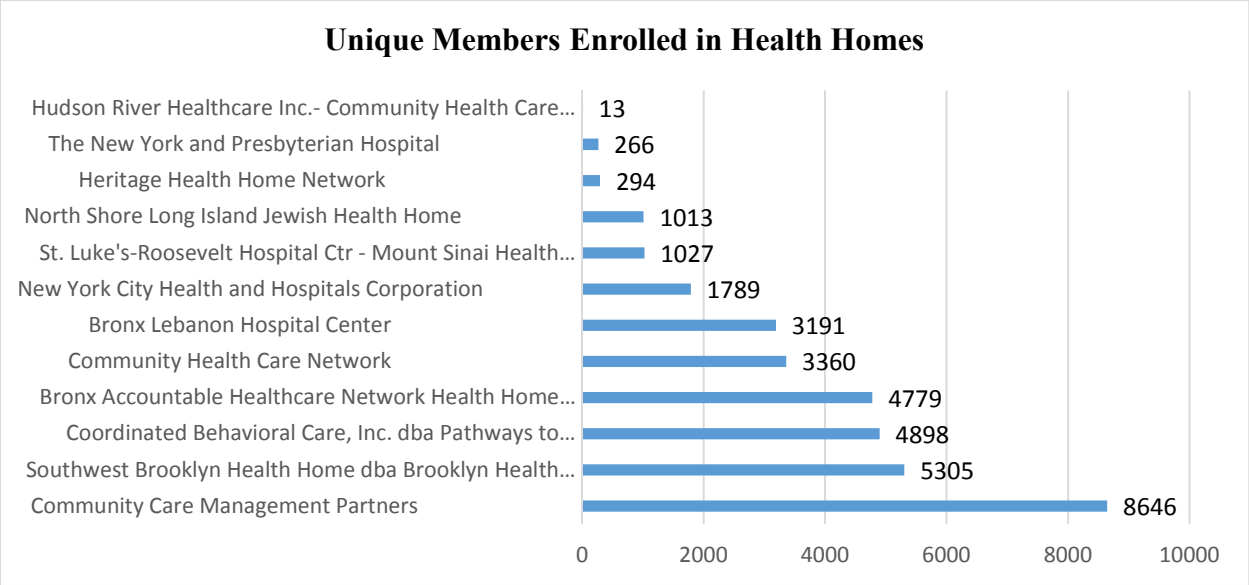
- Comprehensive care management

[28] New York State Health Care Reform Act (HCRA), 2014

- Care coordination and health promotion
- Comprehensive transitional care from inpatient to other settings
- Individual and family support, which includes authorized representatives
- Referral to community and social support services
- Use of HIT to link services

Health homes are beginning to emerge as a strong model for managing Medicaid patients with many needs, who would normally have to navigate the system themselves. The Mount Sinai PPS service area has a significant number of health homes in the state compared to the 1-2 that are in the rest of the counties.

Borough	Health Homes
Manhattan	1. Visiting Nurse Service of New York Home Care dba Community Care Management Partners 2. St. Luke's – Roosevelt Hospital Center dba Mount Sinai Health Home 3. Heritage Health and Housing Home Network 4. Coordinated Behavioral Care, Inc. dba Pathways to Wellness 5. New York City Health and Hospitals Corporation 6. The New York and Presbyterian Hospital
Bronx	1. Bronx Lebanon Hospital Center 2. Bronx Accountable Healthcare Network Health Home 3. Visiting Nurse Service of New York Home Care dba Community Care Management Partners 4. New York City Health and Hospitals Corporation
Brooklyn	1. Community Health Care Network 2. Coordinated Behavioral Care, Inc. dba Pathways to Wellness 3. New York City Health and Hospitals Corporation 4. Southwest Brooklyn Health Home dba Brooklyn Health Home
Queens	1. North Shore Long Island Jewish Health Home 2. Queens Coordinated Care Partners 3. New York City Health and Hospitals Corporation
Staten Island	1. Coordinated Behavioral Care, Inc. dba Pathways to Wellness
Westchester County	1. Hudson River Healthcare dba CommunityHealth Care Collaborative (CCC) 2. Open Door Family Medical Centers dba Hudson Valley Care Coalition



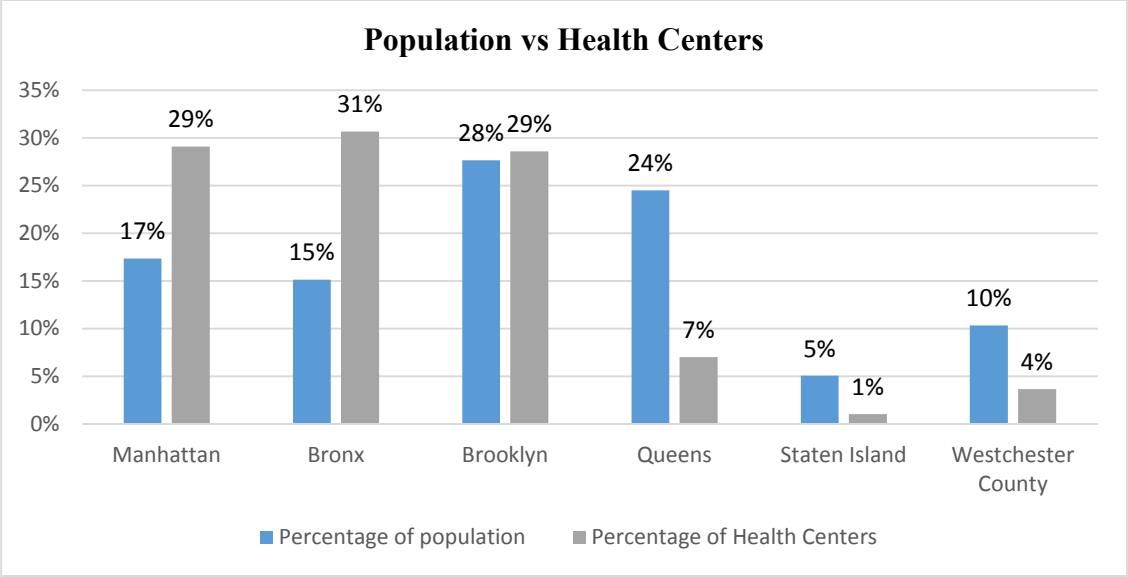
Community Health Centers

According to the Health Resources and Services Administration (HRSA), where are 641 health centers in the state of New York.[29] Of those, 52 are federally-funded, federally qualified health centers.[30]

The Bronx has 118 health centers, including Access Community Health Center, Archcare, Bronxcare, HELP/PSI, and others. There are 110 health centers in Brooklyn, 112 in Manhattan, 27 in Queens, four in Staten Island and 14 in Westchester County.

Based on the population distribution, Queens and Staten Island are underserved for health care centers, which are a key access point for low-income residents for primary and preventive care.

[29] HRSA Site Directory. file:///C:/Users/nchau/Downloads/FAHC_Site_List.pdf
[30] Kaiser Family Foundation, 2011



Nursing Homes

There are 46 nursing homes in the Bronx, 42 in Brooklyn, 19 in Manhattan and 59 in Queens. Nursing homes in New York State are evaluated on several quality measures, including residents who are given the proper levels of care and long-stay residents who are monitored for depressive symptoms and other pain management.

In Manhattan, most of the nursing home facilities are practicing above the state average in quality for patients reporting depressive symptoms. About half the nursing homes in the Bronx, Queens and Brooklyn are performing below than the state average in this indicator. This indicates a need to improve quality in nursing homes in the Mount Sinai PPS service area.[31]

When it comes to major falls with injury, a key quality indicator for nursing homes, about 90% of the facilities in our service area are performing at above state average.

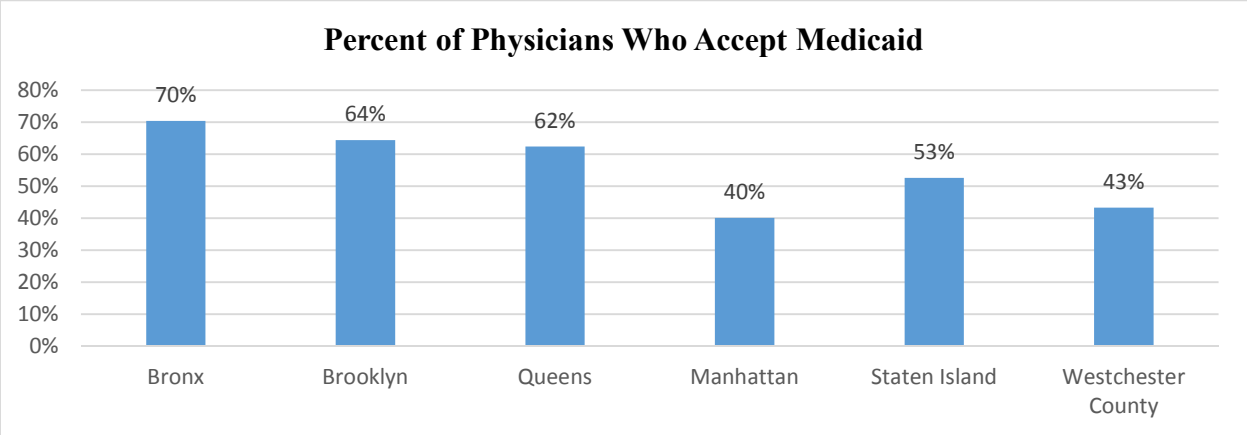
[31] NYDOH Nursing Home Profiles, 2014

Physicians

A search of physicians on the New York State Doctor Profile shows there are thousands of physicians in the Mount Sinai PPS service area.[32]

Borough	Physicians
Bronx	1464
Brooklyn	3024
Queens	2618
Manhattan	6189
Staten Island	663
Westchester County	1994

However, not all physicians accept Medicaid patients; one reason may be the reimbursement for Medicaid services is lower than Medicare and commercial payments.



This is especially problematic in Manhattan, where only 40% of physicians accept Medicaid patients. In the Bronx, where we do see a high Medicaid need, 70% accept Medicaid patients.

Health Professional Shortage Areas

Health Professional Shortage Areas are designations by the Health Resources and Services Administration for primary, dental or mental health providers.

Of the six service areas (Bronx, Brooklyn, Manhattan, Queens, Staten Island and Westchester County), Manhattan has the largest number of HPSA designations collectively for the specialties of primary medical care, dental care, and mental health with a total of 67 designations. Brooklyn follows with 42 designations, Bronx with 38 designations, Queens with 13 designations,

[32] New York State Doctor Profile, 2014

Westchester County with 12 designations and Staten Island has the least among the six service areas with nine designations.

Among the three specialties, primary medical care has the largest number of HPSA designations in the six service areas combined with 69 designations. Mental health follows with 59 designations, and dental care with 54 designations.

The total number of HPSA designations in the six service areas for the specialties of primary care, dental care, and mental health is 182 designations.

Health Professional Shortage Areas	Primary Medical Care		Mental Health		Dental		Total
Bronx	15	39%	13	34%	10	26%	38
Brooklyn	17	40%	14	33%	11	26%	42
Queens	7	54%	4	31%	2	15%	13
Manhattan	23	34%	22	32%	23	34%	68
Staten Island	4	44%	2	22%	3	33%	9
Westchester County	3	25%	4	33%	5	42%	12
Totals:	69	38%	59	32%	54	30%	182

Bronx

Designation Types

Of the 38 total HSPA designations in the Bronx borough, primary medical care is the most abundant specialty with 15 (39%) designations. Amongst the 15 primary medical care designations, seven are Population Groups, five are Comprehensive Health Centers, and two are Federally Qualified Health Center Lookalikes. Dental care accounts for 10 (26%) of the HPSA designations in Bronx. Five of these designations are Comprehensive Health Centers, three are Population Groups, and two are Federally Qualified Health Center Lookalikes. Mental health accounts for 13 (34%) of the HPSA designations in Bronx. Six of these designations are Population Groups, five are Comprehensive Health Centers, and two are Federally Qualified Health Center Lookalikes.

Scores

HPSA Scores are developed for use by the National Health Service Corps in determining priorities for assignment of clinicians. Scores range from 1 to 25 for primary medical care and mental health, 1 to 26 for dental. The higher the score, the greater the priority. All Federally Qualified Health Centers and those Rural Health Clinics that provide access to care regardless of ability to pay receive automatic facility HPSA designation. These facilities may have a HPSA score of 0. For the primary medical care specialty, five designations scored between 0 and 15 and 10 designations scored between 16 and 21. For the dental care specialty, two designations scored

0, and eight designations scored between 10 and 19. For the mental health specialty, six designations scored between 0 and 15, and seven designations scored between 16 and 20. It should be noted that all Federally Qualified Health Center Lookalike designations scored 0 in every specialty.

Brooklyn

Designation Types

Of the 42 total HSPA designations in the Brooklyn borough, primary medical care is the most abundant specialty with 17 (40%) designations. Amongst the 17 primary medical care designations, eight are Comprehensive Health Center, seven are Population Groups, one is a Correctional Facility, and one is a Geographic Area. Dental care accounts for 11 (26%) of the HPSA designations in Brooklyn. Eight of these designations are Comprehensive Health Centers, two are Population Groups, and one is a Correctional Facility. Mental health accounts for 14 (33%) of the HPSA designations in Brooklyn. Eight of these designations are Comprehensive Health Centers, two are Population Groups, two are State Mental Hospitals, one is a Correctional Facility, and one is a Geographic Area.

Scores

For the primary medical care specialty, five designations scored between 1 and 10 and 12 designations scored between 10 and 20. For the dental care specialty, 1 designation scored 0, seven designations scored between 7 and 11, and six designations scored between 12 and 22. For the mental health specialty, one designation scored 0, 5 designations between 1 and 11, and 6 designations scored between 12 and 19.

Manhattan

Designation Types

Of the 68 total HSPA designations in the Manhattan borough, primary medical care and dental care are the most abundant specialties each having 23 (33%) designations. Amongst the 23 primary medical care designations, 14 are Comprehensive Health Centers, four are Population Groups, two are listed as other facilities, one is a Correctional Facility, one is a Federally Qualified Health Center Lookalike, and one is a Native American Tribal Population. Amongst the 23 dental care designations, 15 are Comprehensive Health Centers, five are Population Groups, one is a Correctional Facility, one is a Federally Qualified Health Center Lookalike, and one is a Native American Tribal Population. Mental health accounts for 22 (32%) of the HPSA designations in Manhattan. 14 of these designations are Comprehensive Health Centers, four are Population Groups, one is a State Mental Hospital, one is a Correctional Facility, one is a Native American Tribal Population, and one is a Federally Qualified Health Center Lookalike.

Scores

For the primary medical care specialty, 12 designations scored between 3 and 10 and 11 designations scored between 10 and 19. For the dental care specialty, one designation scored 0, seven designations scored between 5 and 11, and six designations scored between 12 and 22. For the mental health specialty, one designation scored 0, ten designations between 1 and 11, and 12 designations scored between 12 and 19.

Queens

Designation Types

Of the 13 total HSPA designations in the Queens borough, primary medical care is the most abundant specialty with seven (56%) designations. Amongst the seven primary medical care designations, three are Comprehensive Health Centers, and four are Population Groups. Dental care accounts for two (15%) of the HPSA designations in Queens. Both are Comprehensive Health Centers. Mental health accounts for four (30%) of the HPSA designations in Queens. Three of these designations are Comprehensive Health Centers and one is a Population Group.

Scores

For the primary medical care specialty, three designations scored between 5 and 8 and four designations scored between 14 and 17. For the dental care specialty, both designations had the score of 10. For the mental health specialty, four designations scored between 9 and 14.

Staten Island

Designation Types

Of the nine total HPSA designations on Staten Island, primary medical care is the most abundant specialty with 4 (44%) designations. Amongst the four primary medical care designations, three are Comprehensive Health Centers and one is a Population Group. Dental care accounts for three (33%) of the HPSA designations in Staten Island. Two are Comprehensive Health Centers and I is a population group. Mental health accounts for two (22%) of the HPSA designations. Both designations are Comprehensive Health Centers.

Scores

For the primary medical care specialty, two designations scored between 15 and 16 and two designations scored between 0 and 6. For the dental care specialty, two designations had scores between 15 and 18, one having a score of zero. The mental health facilities scored 0 and 11.

Westchester County

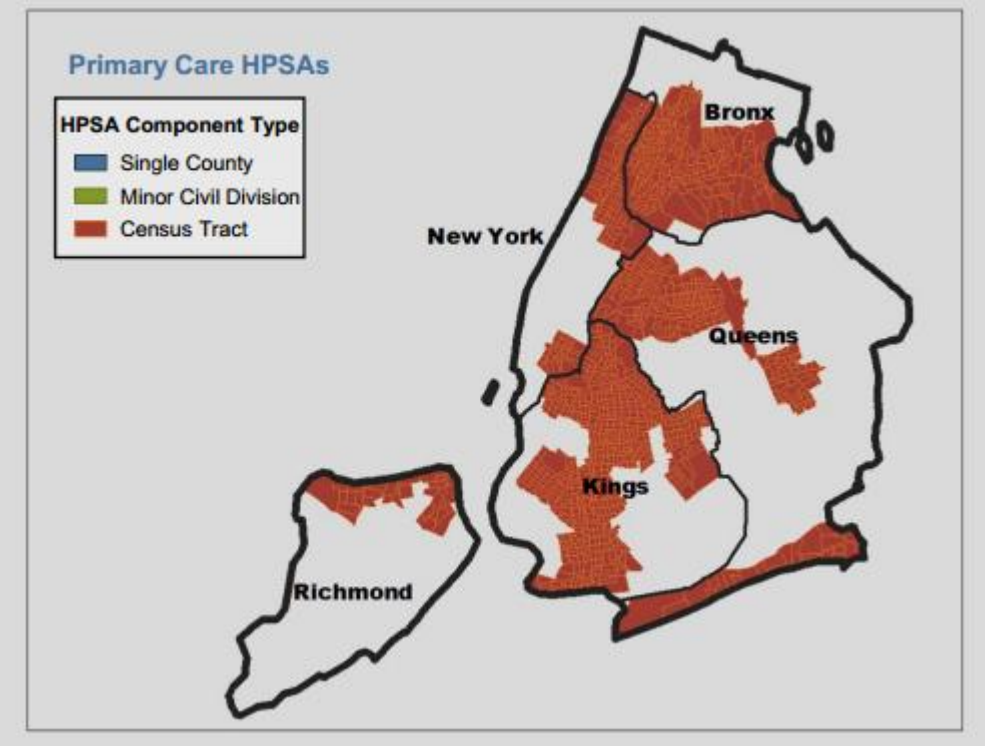
Designation Types

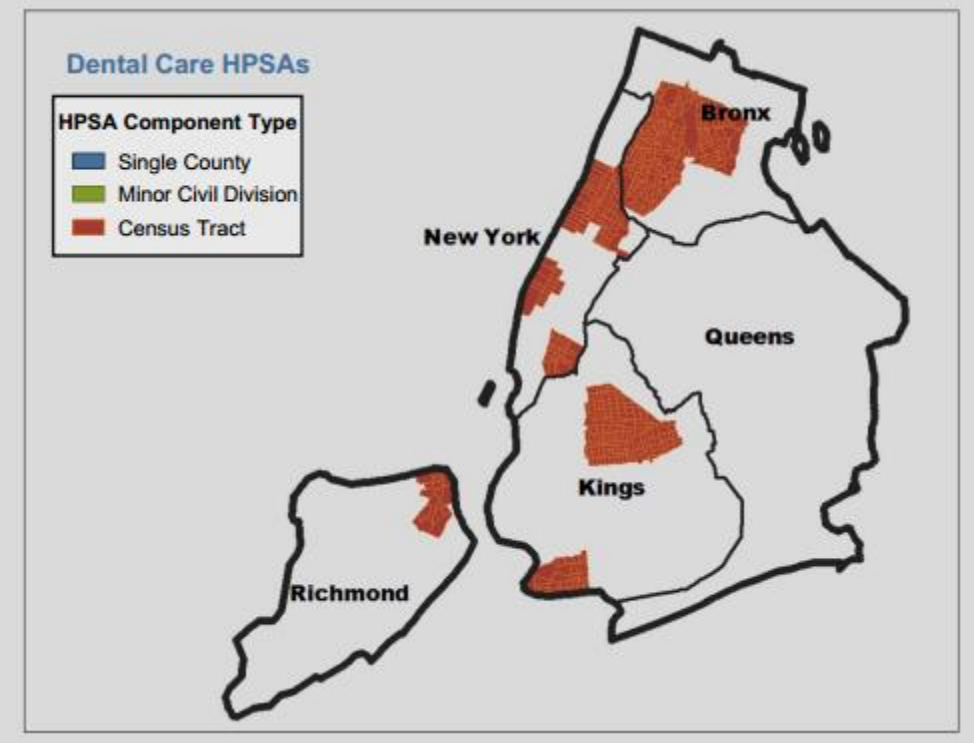
Of the 12 total HPSA designations in Westchester County, primary medical care is the least abundant specialty with three (25%) designations, all in Comprehensive Health Centers. Dental care accounts for 42% of the HPSA designations in Staten Island, three of which are Comprehensive Health Centers and two are correctional facilities. Mental health accounts for 33% of the HPSA designations. Three Comprehensive Health Centers and one population group make up this group.

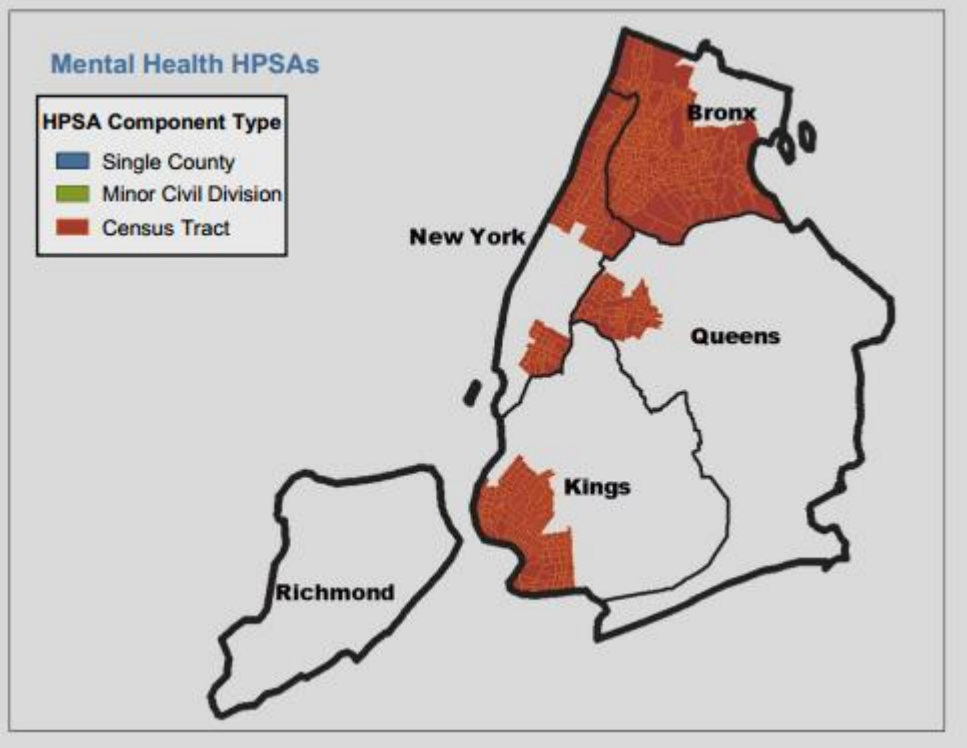
Scores

For the primary medical care specialty all three designations scored between 4 and 5. For the dental care specialty, two designations had scores between 10 and 11 and three had scores at 3-4. The mental health facilities scored 10, 6, 9, and 15.

Maps of the primary care, dental, and mental health HPSAs are below.




Dental Care HPSAs
HPSA Component Type
Single County
Minor Civil Division
Census Tract
Bronx
New York
Queens
Kings
Richmond


Mental Health HPSAs
HPSA Component Type
Single County
Minor Civil Division
Census Tract
Bronx
New York
Queens
Kings
Richmond

Palliative Care

The National Palliative Care Research Center defines palliative care as "specialized medical care for people with serious illnesses...focused on providing patients with relief from symptoms, pain, and stress of a serious illness—whatever the diagnosis." Palliative care should be administered through a multi-disciplinary approach where providers and professionals across the continuum of care work together to identify and address the needs of seriously ill patients and their families. [33] Research shows that although palliative care has numerous health benefits, - from alleviating patient pain and suffering to increasing care coordination and continuity of care – this type of care is underutilized by providers.[34]

County and provider-level data on the extent to which palliative care is provided in hospitals and the quality of that care are limited. However, the National Palliative Care Research Center's 2011 Report Card measures how New York State is faring compared to the nation, in terms of access to palliative care services in hospitals and patient access to certified palliative care physicians, nurses, and other professionals. With a "B" grade of 75%, New York State, along with half the nation, were "on their way," with 61% to 80% of hospitals having palliative care.[35]

Percent of Hospitals Reporting a Palliative Care Program

	Grade	50 + Beds	For-Profit	Public	SCP*	300 + Beds	< 50 Beds
NYS	B	75%	N/A	89%	53%	89%	33%
Nation	B	63%	26%	54%	37%	85%	22%

* Sole Community Provider

Report Card data on the presence of palliative care in hospitals were derived from the American Hospital Association's Annual Survey of Hospitals Database. Of New York City hospitals that submitted surveys, 26 reported having palliative care. More than a third of New York City hospitals with palliative care are located in Manhattan. Only three hospitals in Queens and four hospitals in the Bronx reported having such care.

[33] National Palliative Care Research Center, www.nprc.org.

[34] National Palliative Care Research Center, www.nprc.org. National Quality Forum, Endorsement Summary: Palliative Care and End-of-Life Care Measures, February 2012.

[35] Center to Advance Palliative Care and National Palliative Care Research Center, America's Care of Serious Illness: A State-by-State Report Care on Access to Palliative Care in our Nation's Hospitals, May 2011.

Hospitals in New York City with Palliative Care by Borough[36]							
	NYC Area	Bronx	Manhattan	Brooklyn	Queens	Staten Island	Westchester County
Number	33	4	10	8	3	1	7
Percentage		12%	30%	24%	9%	3%	21%

Hospice care

Hospice care serves patients dealing with serious/advanced illnesses and focuses on comfort rather than unnecessarily extending care. They are important facilities to improve the appropriate use of care for many patients. There are four hospice programs in Manhattan, six in the Bronx, seven in Brooklyn, eight in Queens, two in Staten Island and five in Westchester County[37].

Bronx:

1. Calvary Hospital Hospice
2. Compassionate Care Hospice
3. Hospice of New York
4. Jansen Hospice & Palliative Care
5. MJHS Hospice & Palliative Care
6. VNSNY Hospice & Palliative Care, Inc.

Brooklyn:

1. Calvary Hospital Hospice
2. Caring Hospice Services of New York, LLC
3. Compassionate Care Hospice
4. Hospice of New York
5. MJHS Hospice & Palliative Care
6. University Hospice
7. VNSNY Hospice & Palliative Care, Inc.

Manhattan:

1. Calvary Home Health Agency and Hospice Care
2. Hospice of New York
3. MJHS Hospice and Palliative Care, Inc.
4. VNS of New York Hospice Care

Queens:

[36] Center to Advance Palliative Care and National Palliative Care Research Center, www.capc.org/reportcard/home/NY/RC/New%20York/2029.

[37] Hospice and Palative Care Association of New York State http://www.hpcanys.org/find_program.asp

1. Calvary Home Health Agency and Hospice Care
2. Caring Hospice Services of New York, LLC
3. Comprehensive Community Hospice of Parker Jewish Institute
4. Hospice Care of Long Island, Queens South Shore
5. Hospice of New York
6. MJHS Hospice and Palliative Care, Inc.
7. Staten Island University Hospital University Hospice
8. VNS of New York Hospice Care

Staten Island:

1. University Hospice
2. VNSNY Hospice & Palliative Care, Inc.

Westchester County:

1. Calvary Hospital Hospice
2. Hospice & Palliative Care of Westchester
3. Hospice Care in Westchester & Putnam, Inc.
4. Jansen Hospice & Palliative Care
5. Phelps Hospice

Dental providers

According to the NY Department of Health website, there are 32 providers in the New York City area who will accept Medicaid patients. That is about one dental physician per every 111,435 Medicaid patients who live in New York. Of those, 12 are in Brooklyn, eight are in Queens, seven are in the Bronx and only six are in Manhattan. There are no dentists that accept Medicaid in Staten Island or Westchester County[38].

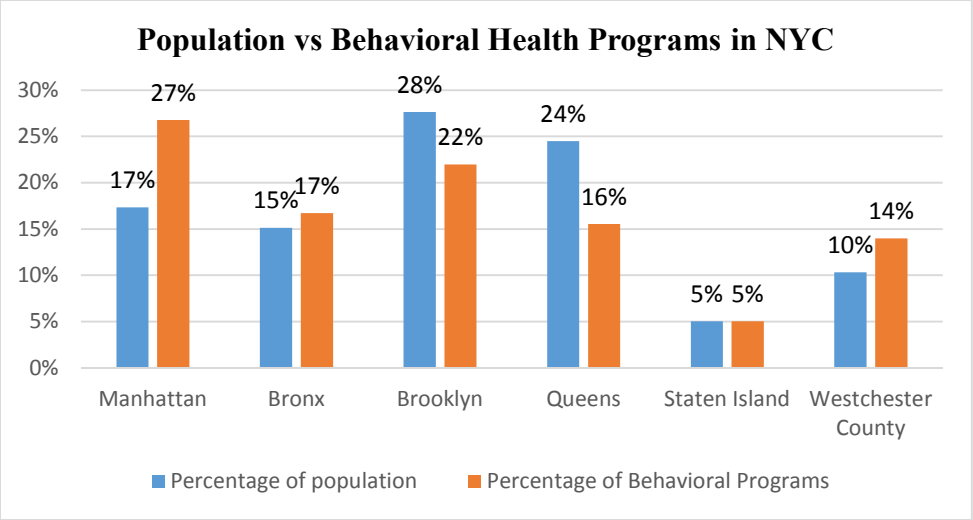
Rehabilitation services

According to the Health Information Tool for Empowerment, there are 200 facilities that provide rehabilitation services to the Medicaid population.[39]

Behavioral health

The New York State Office of Mental Health[40] provides a directory of mental health services in the state. According to the search tool, there is a plethora of programs that serve New York City.

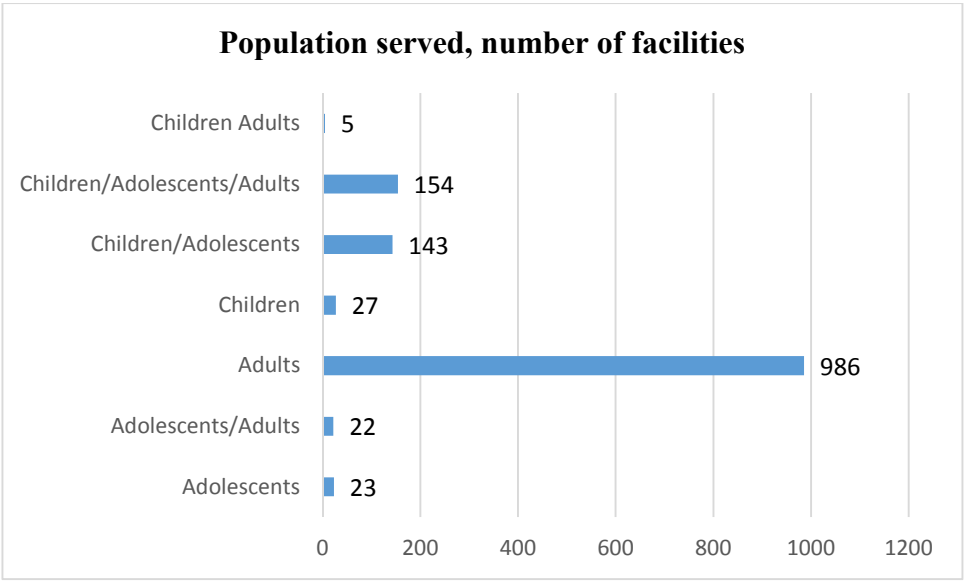
[38] www.health.ny.gov/diseases/aids/general/resources/dental_resource_directory/medicaid_medicare.htm#nyc
[39] HITE SITE, 2014
[40] http://bi.omh.ny.gov/bridges/index



There are 286 programs that service the Bronx, 376 in Brooklyn, 458 in Manhattan, 266 in Queens, 86 programs in Staten Island and 239 programs in Westchester County. Manhattan has a disproportionate ratio of programs to population while Brooklyn and Queens are clearly underserved.

Behavioral health: Populations served

There is a significant lack of facilities that service adolescents and children, as the vast majority only serves adults.



The most common type of program is supportive housing services and clinic treatment. There are a number of single room occupancy services.

Type of program	Count of facilities
Supported Housing Community Services	279
Clinic Treatment	231
Supported/Single Room Occupancy (SRO)	124
Congregate/Treatment	86
Advocacy/Support Services	52
ACT	42
Apartment/Treatment	41
SRO Community Residence	41
Inpatient Psychiatric Unit of a General Hospital	35
Non-Medicaid Care Coordination	32
Health Home Care Management	29
Comprehensive PROS with Clinical Treatment	24
Health Home Non-Medicaid Care Management	24
Psychosocial Club	23
Assisted Competitive Employment	22
Crisis Intervention	22
Day Treatment	20
Outreach	20
Continuing Day Treatment	17
Family Support Services - Children & Family	16
On-Site Rehabilitation	16
School-Based Mental Health	15
Children & Youth Community Residence	14
Blended Case Management	13
CPEP Crisis Intervention	13
Home-Based Crisis Intervention	13
Partial Hospitalization	10
Adult Home Supportive Case Management	9
Ongoing Integrated Supported Employment Services	9
Intensive Case Management	8
Self-Help Programs	8
State Psychiatric Center Inpatient	8
Vocational Services - Children & Family (C & F)	8
Early Recognition Coordination and Screening Services	6
Home and Community-Based Services (HCBS) Waiver	6
Geriatric Demo Physical Health - Mental Health Integration	5
Transition Management Services	5

Type of program	Count of facilities
Residential Treatment Facility - Children & Youth	4
Affirmative Business/Industry	3
Drop-In Centers	3
Intensive Psychiatric Rehabilitation Treatment	3
Prison-based Forensic Mental Health Units	3
Residential Treatment Facility Transition Coordinator – Community	3
Crisis/Respite Beds	2
Homeless Placement Services	2
Nursing Home Support	2
Supportive Case Management (SCM)	2
Transitional Employment	2
Work Program	2
Congregate/Support	1
Crisis Residence	1
Home-Based Family Treatment	1
Hospital for Mentally Ill	1
Multi-Cultural Initiative	1
Recovery Center	1
Respite Services	1
Supported Education	1
Transportation	1

Most of the services available to children and adolescents are clinic treatment or day treatment.

Services for children/adolescents	Count of facilities
Clinic Treatment	34
Day Treatment	20
Advocacy/Support Services	17
Family Support Services - Children & Family	15
School-Based Mental Health	15
Children & Youth Community Residence	14
Blended Case Management	13
Home-Based Crisis Intervention	13

Home Care

Certified home health agencies in New York provide part-time care to individuals who need intermediate and skilled care. They can also provide long-term nursing and home health aid services in the home setting for patients in need.[41]

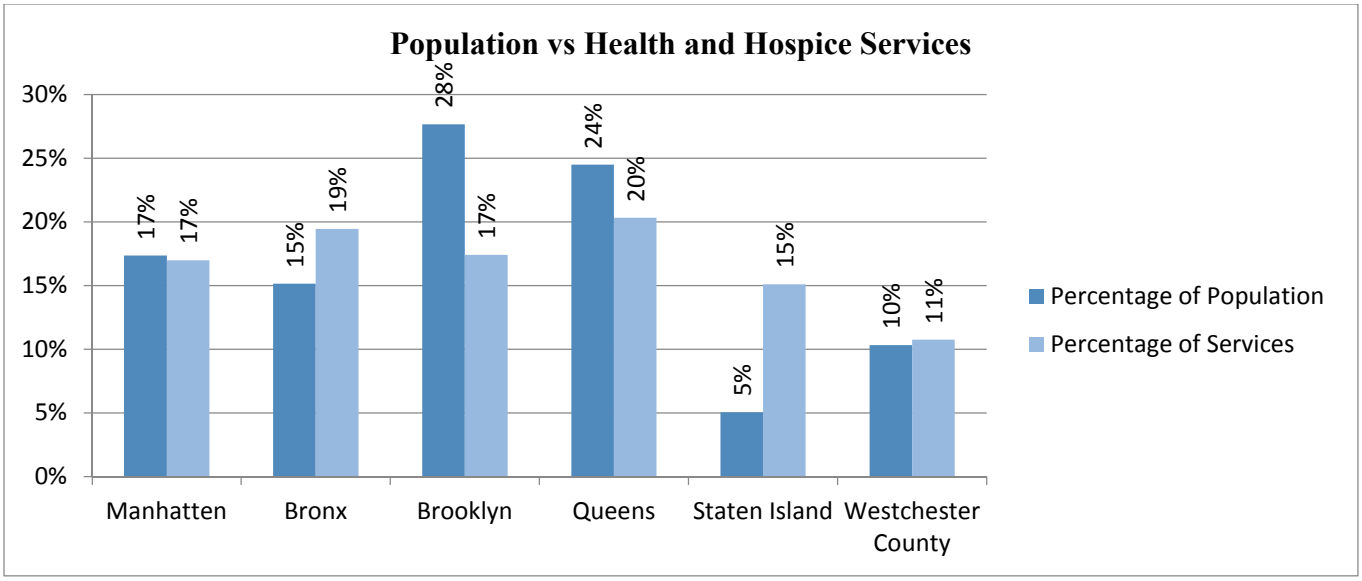
Certified home health agencies are reimbursed by Medicare, Medicaid, private payment and other health insurers.

The long-term home health care program is available to individuals who could be placed in a nursing home but choose to receive services at home instead. These individuals are continually reassessed for the services provided, but generally the costs are less than those in a nursing home.

Licensed home care service agencies are usually available to those who pay privately or have other insurance than Medicaid or Medicare.

	Manhattan	Bronx	Brooklyn	Queens	Staten Island	Westchester County
Total Home health and hospice agencies	539	617	552	645	479	341
Certified Home Health Agencies	32	33	31	36	20	31
Long-Term Home Health Care Programs	11	15	10	12	1	8
Hospice Programs	4	6	7	8	1	5
Licensed Home Care Service Agencies	492	563	504	589	457	297

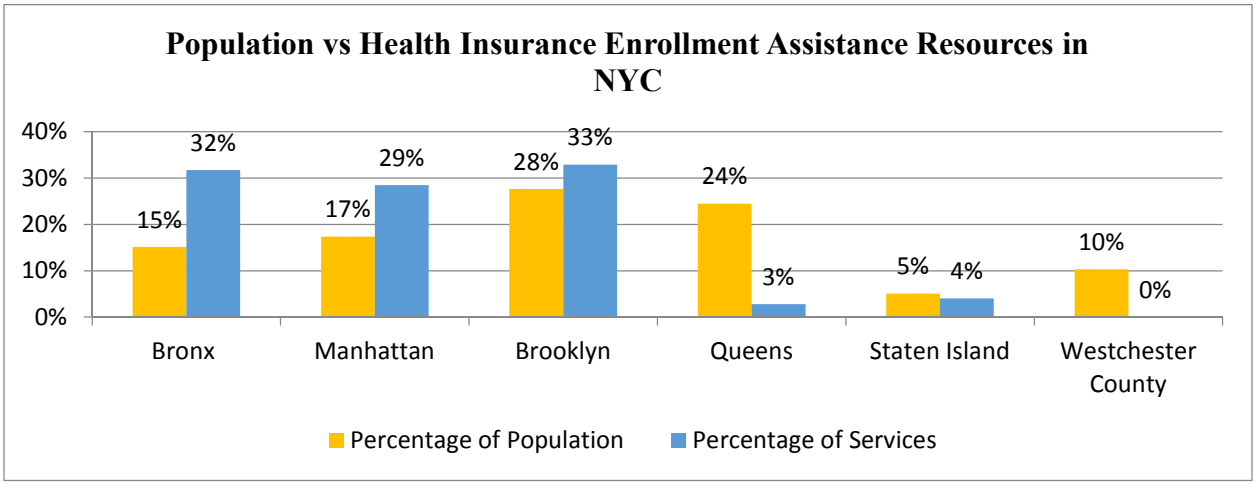
[41] NYDOH Home Health and Hospice Profiles, 2014



Community-Based Resources

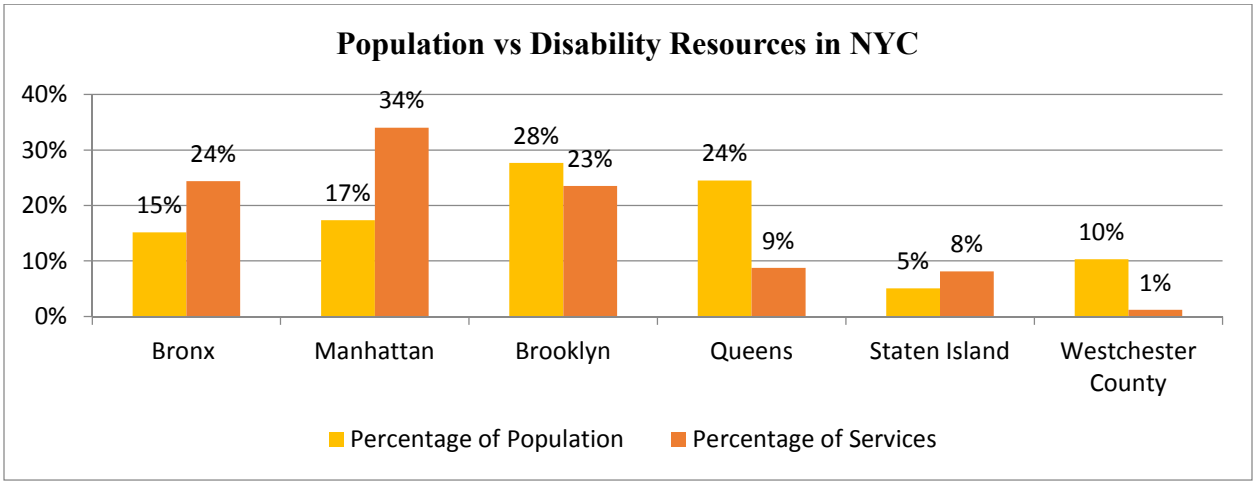
	Bronx	Manhattan	Brooklyn	Queens	Staten Island	Westchester
Health Insurance Enrollment	79	71	82	7	10	0
Disability	81	113	78	29	27	4
Eye Care Resources	15	19	27	2	3	0

Health Insurance Enrollment



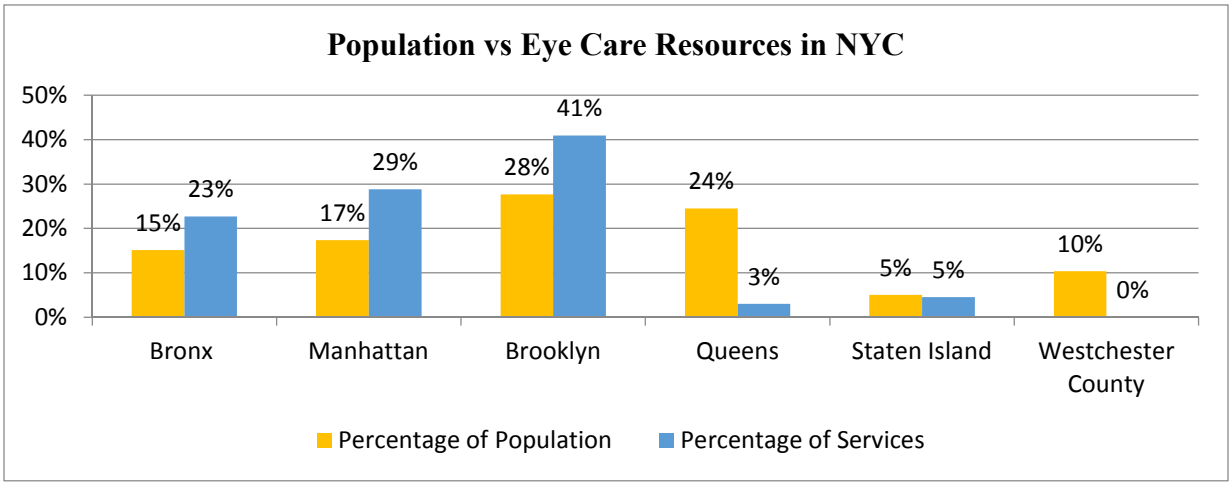
Disability Resources

Westchester County and Queens are vastly underrepresented in the percentage of services given their population.



Vision/DME

Eye Care services are underrepresented in Queens and Westchester County.



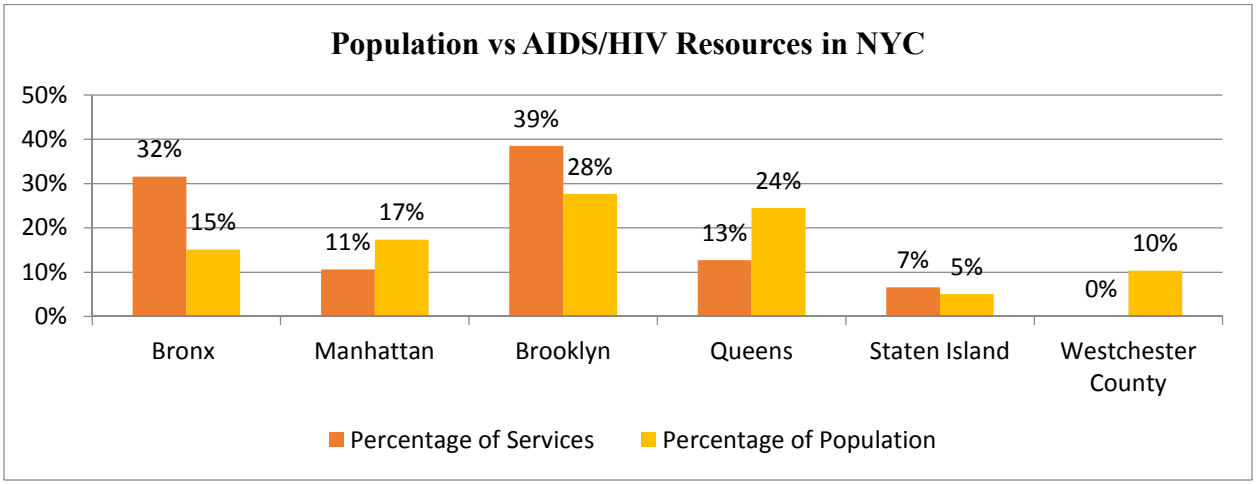
Pharmacies

Drug prices can vary widely from pharmacy to pharmacy. The New York Department of Health collects retail price information on 150 of the most frequently prescribed drugs from pharmacies that participate in the Medicaid program and publishes them online[42] so consumers can find the lowest available price.

[42] https://apps.health.ny.gov/pdpw/SearchDrugs/Home.action

HIV/AIDS

The Ryan White HIV/AIDS treatment program funds primary care and support services for those living with HIV who are low-income. In New York, it is estimated that Ryan White funds served 75,001 clients in 2012.[43]



MCOs

There are 11 mainstream Medicaid managed care plans in New York City.[44]

Plan	Total enrolled
Affinity Health Plan	165,635
Amerigroup	381,634
Amida Care SN	6,064
HealthFirst PHSP	745,358
HIP of Greater New York	168,783
MetroPlus Health Plan SN	5,061
MetroPlus Health Plan	395,841
NYS Catholic Health Plan	376,867
United Healthcare Plan of NY	257,250
VNS Choice SN	4,589
Wellcare of New York	81,143
NYC Total	*2,588,225*

[43] HRSA Ryan White State Profiles, 2012
[44] Medicaid Managed Care Enrollment Reports, October 2014

Local Health Department

The state of New York has a health department that is tasked with managing the general health of New Yorkers. In addition, there is a New York City Department of Health and Mental Hygiene that is active in providing the public with important health news and data. The commissioner of the NYCDHMH is Mary Travis Bassett.

The NYCDHMH launched an initiative called Take Care New York, which is a strategic health agenda to help New Yorkers live healthier and longer lives. Renewed in 2012, it is a five-year initiative that focuses on:

1. Promote quality health care for all
2. Be tobacco free
3. Promote physical activity and healthy eating
4. Be heart healthy
5. Stop the spread of HIV and STDs
6. Recognize and treat depression
7. Reduce risky alcohol and drug use
8. Prevent and detect cancer
9. Raise healthy children
10. Make all neighborhoods healthy places.

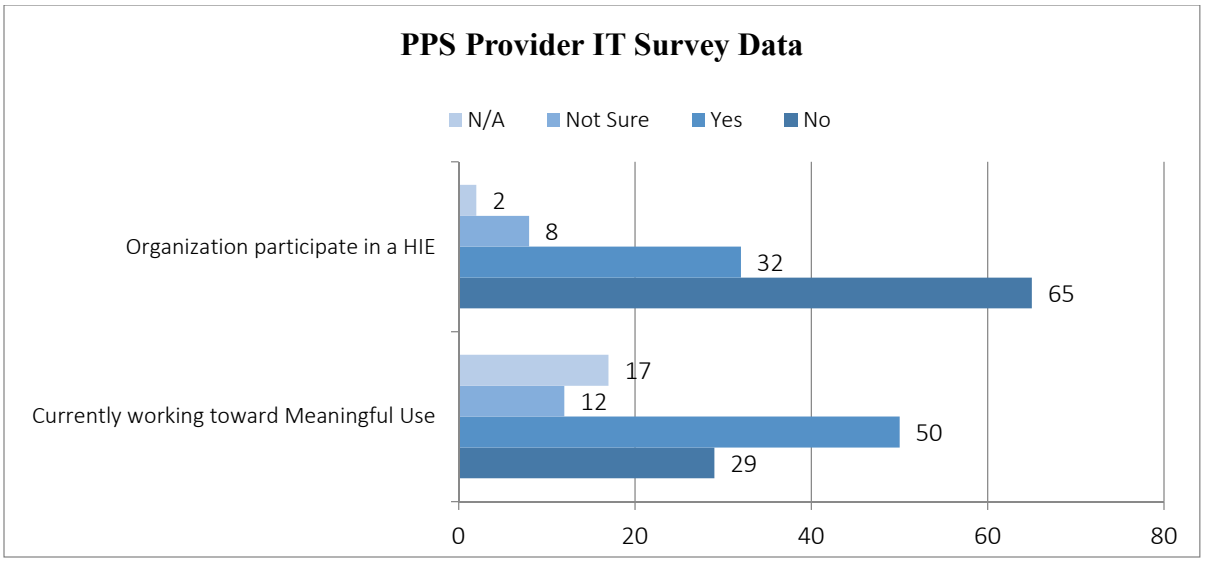
Policy initiatives to this goal include smoke-free air policies and sugar-sweetened beverage media campaigns.

IT and HIE Infrastructure

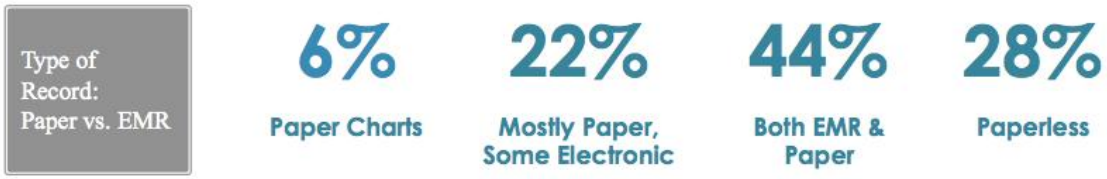
Limited Information Technology (IT) infrastructure and interoperability is another huge challenge to moving towards effective care coordination. The Mount Sinai PPS surveyed 139 providers to assess their IT infrastructure and needs and had a response rate of 77%. Survey results showed that only one third of the respondents participate in a Health Information Exchange (HIE).[45] However, when asked if they planned to participate in an HIE within a year, 37% of respondents said they were planning to begin participation. Among those who are already using HIE, the most commonly used systems are HEALTHIX, Bronx RHIO, and Interboro.

A greater number of respondents, 47%, are working toward Meaningful Use. Of those, 17% are in Meaningful Use Stage 1 and 8% are working on Stage 2, with 6% of respondents already in Stage 2.

[45] Mount Sinai PPS IT Readiness Assessment Survey, 2014 data.



The survey also assessed respondents for their status on EMR adoption/usage. 18% already had EMR at the time of the survey, while 71% are planning to implement in 2015.



Excess Beds: Nursing Homes

On average there are approximately 6 to 8% of the total nursing home beds available at any given time, most of those being Adult Day Health Care Program beds. There are some key shortages to note, such as there currently being no available dialysis slots in both Manhattan and Staten Island. Staten Island also houses all of the behavioral intervention beds, with no available slots. Of the pediatric beds located in Manhattan, Brooklyn, Queens and Westchester County only Brooklyn has any availability, resulting in an overall excess of only 2% in the entire Mount Sinai PPS service area. COMA recovery and traumatic brain injury beds are also sparse with only 1-2% excess in the service area.

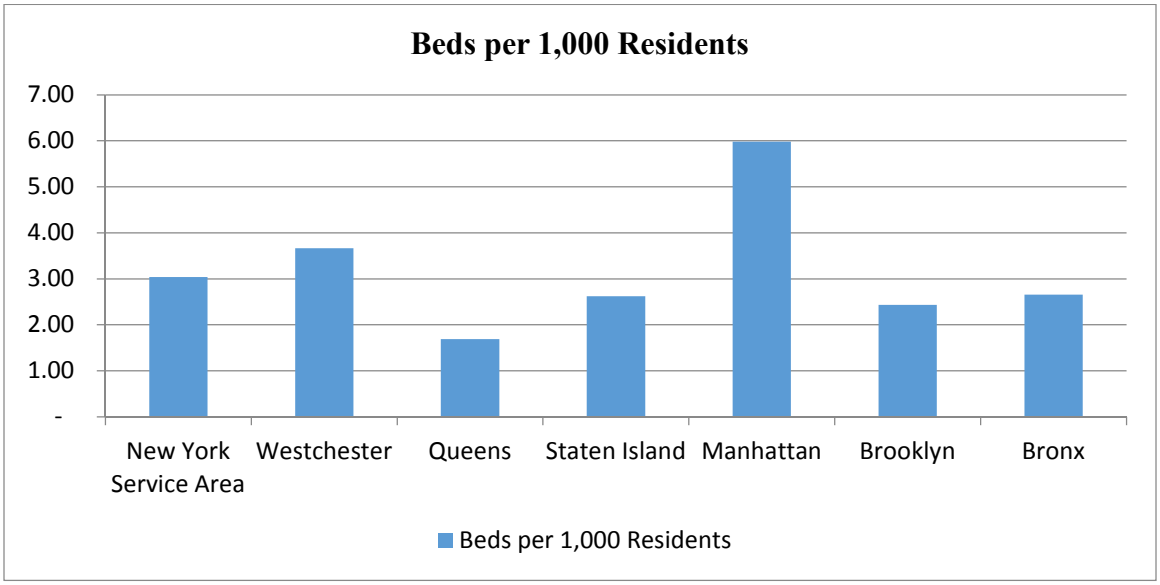
	New York Service Area			**Manhattan**	**Brooklyn**	**Queens**	**Bronx**	**Staten Island**	**Westchester**
Bed Type	Total Beds	Available Beds	% Available	% Available	% Available	% Available	% Available	% Available	% Available
All beds	56900	4044	7%	6%	8%	8%	6%	6%	8%
ADHC Program	4679	1196	26%	26%	26%	25%	24%	28%	31%
Behavioral Intervention Beds	72	0	0%					0%	
COMA Recovery Bed	95	1	1%			1%			
Dialysis Slots	536	57	11%	0%	11%	6%	14%	0%	17%
Pediatric Beds	339	7	2%	0%	19%	1%			0%
Pediatric Ventilator Beds	16	0	0%						0%
Residential Beds	49933	2657	5%	5%	5%	6%	4%	5%	8%
Scatter Beds	273	74	27%		24%	62%	15%	18%	3%
Traumatic Brain Injury Beds	266	4	2%			1%		10%	0%
Ventilator Beds	691	48	7%		4%	10%	3%	16%	0%

Excess Beds: Hospitals

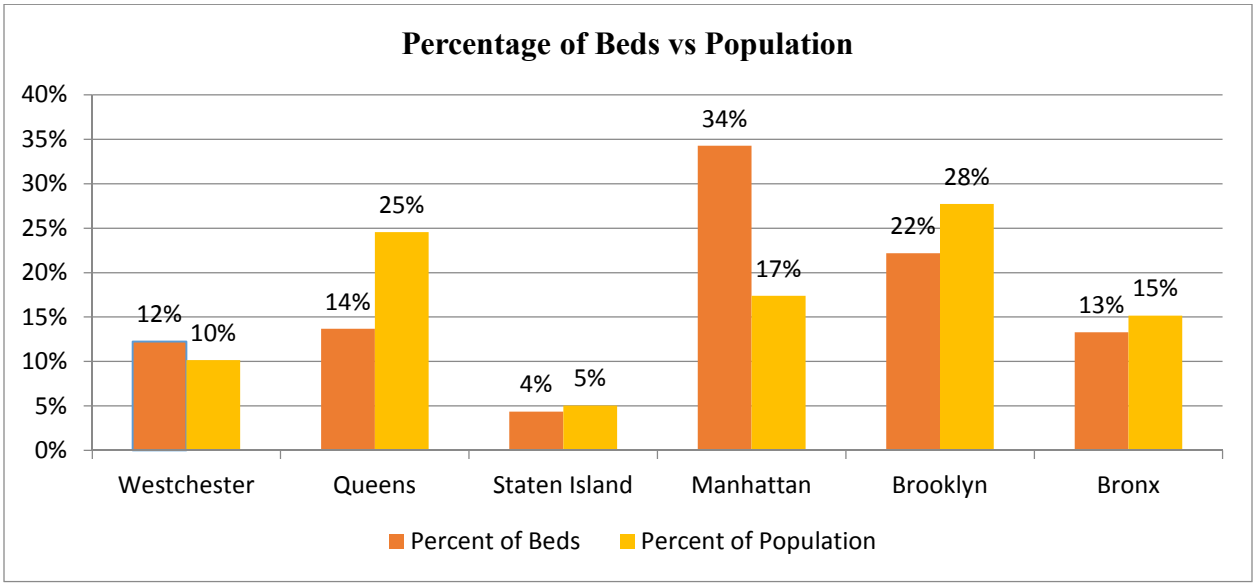
Hospital	County	Beds	Patient Days	Bed Utilization
Bronx Lebanon Hospital Center	Bronx	579	157443	74%
Montefiore Medical Center	Bronx (3 main campuses)	1512	487766	88%
Mount Sinai Beth Israel Brooklyn	Brooklyn	212	68876	89%
The Brooklyn Hospital Center	Brooklyn	464	96729	57%
Maimonides Medical Center	Brooklyn	711	224640	87%
Kings County Hospital Center	Brooklyn	639	188062	81%
Presbyterian Hospital City Of New York	Manhattan	2238	636929	78%
Mount Sinai St. Luke's	Manhattan	478	112016	64%
Mount Sinai St. Luke's Roosevelt	Manhattan	514	136677	73%
Mount Sinai Hospital	Manhattan	1171	330100	77%
Mount Sinai Beth Israel	Manhattan	856	241708	77%
Mount Sinai Hospital Queens	Queens	235	56148	65%
Long Island Jewish Medical Center	Queens	1025	303421	81%
New York Hospital Medical Center of Queens	Queens	535	183355	94%
Staten Island University Hospital (North and South)	Staten Island	765	301556	78%
Westchester Medical Center	Westchester	652	184488	78%

Hospitals in the New York City area generally have lower utilization rates, on average with 19% of beds available at any given time in the entire Mount Sinai PPS service area. However, Queens and Bronx are hard hit with many hospitals having less than 10% of beds available at any given time. Some hospitals in the Queens borough have utilization rates as high as 94%, which means they regularly turn away critical care patients for lack of emergency and intensive care beds. Utilization rates only show a subset of the issue, critical care mostly requires emergency and intensive care beds. Manhattan and Brooklyn have the largest number of ICU beds, but they only account for just over 5% of their available beds. Manhattan has a disproportionately high number of beds (5.98 beds per 100,000 residents) for its population while Queens only has 1.69 beds per 100,000 residents- 14% of available beds, despite having 25% of the Mount Sinai area population. The numbers suggest that Queens and the Bronx could benefit from a boost in available emergency and intensive care beds.

Beds by County							
	New York Service Area	Westchester	Queens	Staten Island	Manhattan	Brooklyn	Bronx
Total Beds	28,403	3,477	3,886	1,238	9,731	6,301	3,770
Percent of Beds	1%	12%	14%	4%	34%	22%	13%
Total Patient Days for 2012	7,566,340	871,784	1,159,013	301,556	2,430,623	1,670,063	1,133,301
Available Bed Days		1,269,105	1,418,390	451,870	3,551,815	2,299,865	1,376,050
Percent Utilization		69%	82%	67%	68%	73%	82%
Population	9,354,950	949,113	2,296,175	472,621	1,626,159	2,592,149	1,418,733
Percent of Population	1	10%	25%	5%	17%	28%	15%
Beds per 1,000 Residents	3.04	3.66	1.69	2.62	5.98	2.43	2.66
Intensive Care Beds	1385	142	191	50	496	312	194
Percent ICU Beds	1	10%	14%	4%	36%	23%	14%



Manhattan has a disproportionately high ratio of beds to residents, while Queens, the Bronx and Brooklyn are sadly lacking. This is supported by the high utilization and low excess bed numbers for Queens, the Bronx, and Brooklyn while Manhattan suffers from lower utilization rates. While having a lower number of beds per resident number, utilization rates in Staten Island and Westchester County reflect a lower overall use.

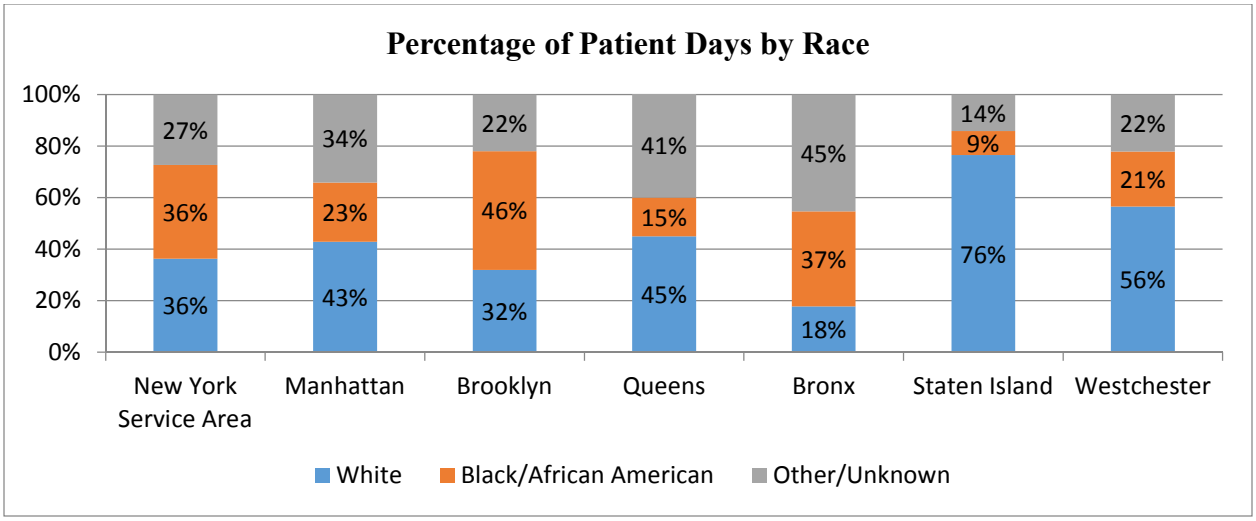


The Bronx and Queens have a disproportionately low number of beds given their populations. While there are a significant number of people who travel from borough to borough for care, critical care requires immediately care and is not subject to this travel, which is reflected in the 82% utilization rates for these areas. These utilization rates leave small margins for critical emergent care and is reflected in a 2000 study that found these hospitals often redirected critical care patients for upwards of 5 hours a day.

"In a 1999-2000 study of ambulance diversions and death from heart attacks in New York City, my colleagues and I found that, on average, three hospitals a day diverted ambulances to other hospitals for periods of approximately five hours each. On days when more than 20 percent of a borough's total emergency room hours were spent on diversion, fatalities from heart attacks increased 47 percent borough wide." [46]

The reduced excess bed numbers were based on a federal estimate of 85% utilization rates that neglected to estimate for critical care.

[46] http://www.nytimes.com/2006/12/10/opinion/nyregionopinions/10LI-Green.html



While the percentage of patient days by race for New York City overall is relatively evenly distributed, which coincides nicely with the census reports of one third of New York City being white and two-thirds another race or ethnicity, the distribution of patient treatment by race is widely affected by borough. Staten Island has a disproportionately high rate of white patients, while Brooklyn and the Bronx have the majority of African American patients. Seventy-five percent of the "other" patients in the Bronx identify as Hispanic, a total of 34% for the region.

Section 3. Community-Based Resources

Below is a summary table of community-based resources in the Mount Sinai PPS service area.

Community Based Resources	Bronx	Manhattan	Brooklyn	Queens	Staten Island	Westchester County
Counseling/Support services	106	67	165	73	39	2
Criminal Justice	13	6	19	5	7	0
Disability	106	67	157	38	54	0
Employment	66	43	100	43	13	0
Food pantry	41	12	43	12	10	0
HIV/AIDS	77	26	94	31	16	0
Housing	92	41	83	24	14	0
Legal	28	27	44	18	8	1
Veterans	27	18	29	12	9	1
LGBT	8	14	14	4	0	0
Transportation	8	12	14	11	4	0
Harm reduction	76	21	76	26	22	0

The above table of community-based resources was gathered using the Greater New York Hospital Association's Health Information Tool for Empowerment, which collects data on health and social services that serve the Medicaid and uninsured populations.

Counseling and Support Services

There are 452 counseling/support services in our service area.[47] Counseling services provide residents with individual or group therapy to deal with emotional and physical issues. The services in this category include counseling, support groups, family support, parenting services, and family counseling, among others. The Bronx and Brooklyn have the most counseling and support services available. There are fewer services for counseling available in Manhattan and Queens, and significantly fewer resources in Staten Island and Westchester County.

Criminal Justice

There are 50 criminal justice services in the Mount Sinai PPS service area. Criminal justice services are often dedicated to reducing incarceration and recidivism rates by addressing immediate and/or larger socioeconomic needs. Similar to the numbers of counseling and support

[47] Health Information Tool for Empowerment SITE, 2014

services, the Bronx and Brooklyn have the highest number of criminal justice resources, whereas available resources in Manhattan, Queens, Staten Island, and Westchester County are significantly less.

Disability Services

Disability services are an important player in maintaining/improving quality of life for persons with disabilities. They often act as advocates for disability rights and can connect clients with assistive services such as jobs and transportation. There are 422 disability resources in our PPS service area. Brooklyn and the Bronx offer the highest number of disability services.

Employment

Employment services provide residents with access to jobs and job training. It is known that health is impacted heavily by socioeconomic status, so it is important that the Mount Sinai PPS is aware of the employment services that are available in the service area as an important community resource. There are 43 employment service providers in both Manhattan and Queens, with the most in Brooklyn at 100 services. The Bronx has 66 employment service providers. Both Staten Island and Westchester County have a dearth of employment services.

Food Pantries

Food pantries are an important source of nutrition and are critical resources for low-income and homeless patients. For vulnerable populations, their health is not a priority when food is scarce, leading to mismanagement of chronic diseases and other complications. There are only 12 food pantries in Manhattan, 12 in Queens, and only ten in Staten Island, which is insignificant compared to the populations living in those boroughs. There are 41 food pantries in the Bronx and 43 in Brooklyn. Westchester County has no listed food pantries in HIT resources.

HIV/AIDS

HIV/AIDS services provide low-income residents with access to crucial, life-saving treatments. Most of the HIV/AIDS services are in Brooklyn and the Bronx with 94 and 77 facilities respectively. There are only 26 resources in Manhattan, although Manhattan is one of the boroughs with the highest rates of HIV/AIDS infections in the state.

Housing and Legal Services

Housing services provide clients with what is often considered the most important health priority – safe shelter. This is especially important in New York City and the surrounding areas, where affordable housing is limited. Again, most of the housing services are in the Bronx and the Brooklyn with 92 and 83 housing service providers respectively.

Legal services provide clients with advocacy and support for their rights in legal situations. Brooklyn has the most legal support services for low-income clients with 44 sites, almost double

the amount of sites compared to the other boroughs, and significantly more than Westchester County.

Veterans

Services for veterans are sparse in New York – only 29 in Brooklyn, 27 in the Bronx, 18 in Manhattan, 12 in Queens, 9 in Staten Island, and none in Westchester County.

LGBT

LGBT centers and resources provide a number of supportive services such as medical, social, and emotional care. There are only 40 LGBT services in the Mount Sinai PPS service area. The greatest amount of resources is in Manhattan and Brooklyn with 14 resources each. The Bronx has 8 resources, Queens has 4 resources, and Staten Island and Westchester County have zero resources.

Prisoner Care Transition

While there are approximately 10 groups in the New York Service area to help prisoners transitioning back into society, few have the resources to help with ongoing health care. Most are focused on housing, family and career readiness. The Women's Prison Association, with locations in Brooklyn and Manhattan, does have HIV Services to ensure access to HIV testing, health care and educational services on protecting themselves and partners. The Bowery Residents Committee is focused on helping mentally ill adults with reentry support and referrals, with locations in the Bronx, Brooklyn and Queens.

Transportation

Transportation is often cited as the biggest barrier to care in many cities where public transportation is scarce. In New York City there is the subway, but fare can be an obstacle for low-income residents. There are a good number of transportation services in Brooklyn and Manhattan with 14 and 12 resources respectively, but few in the Bronx, Staten Island, and Westchester County.

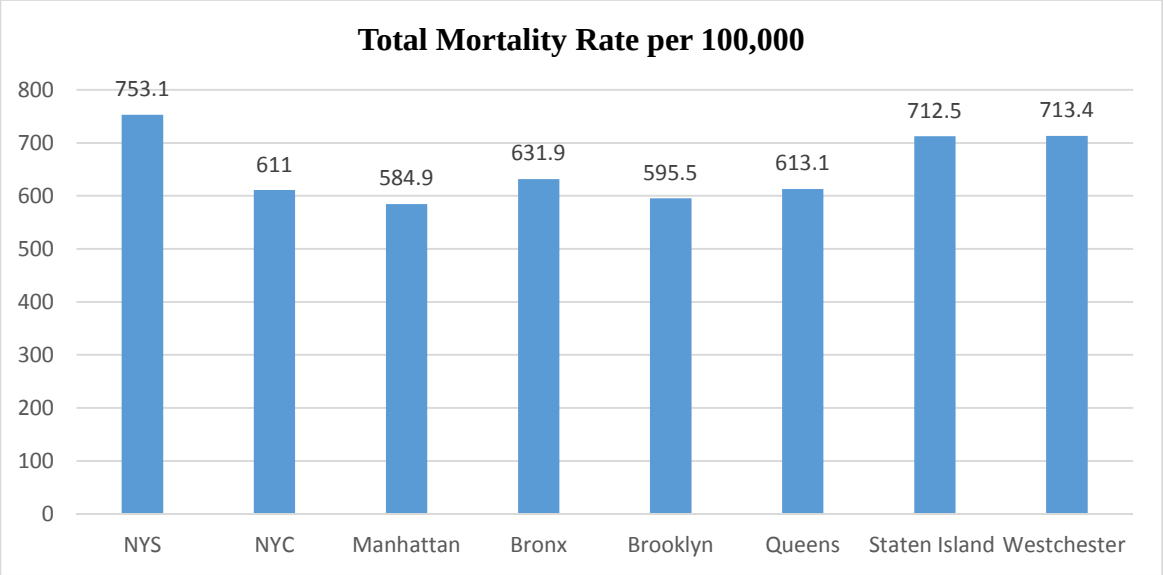
Harm Reduction

Harm reduction services are aimed at reducing and mediating the negative risks associated with drug/substance use among high-risk individuals. Brooklyn and the Bronx have a great deal of harm reduction services with 76 resources in each borough. Queens, Staten Island, and Manhattan have significantly fewer resources with 26, 22, and 21 respectively. Westchester County has zero listed resources.

Section 4. Population Health Measures

Overall Mortality

Overall, the mortality rate per 100,000 residents is lower in New York City than New York State by a significant amount, nearly 140 fewer deaths per 100,000. Overall life expectancies are also higher in New York City – both males and females in the six Mount Sinai boroughs are expected to live longer than the state average. Mortality rates are highest in Manhattan, where males are expected to live 74.4 years and females 79.7 years.[48]



[49]

The leading causes of death are consistent across the boroughs, with heart disease, cancer, pneumonia, and influenza leading. See table 1 for an overview of the leading causes of death by borough. Table 3 provides detail for death rates by cause in New York City.

[48] Worldlifeexpectancy.com, 2009
[49] NY Vital Statistics, 2012

Leading Causes of Death[50]

Leading causes of death	#1 Cause of Death	#2 Cause of Death	#3 Cause of Death	#4 Cause of Death	#5 Cause of Death
New York State	Heart Disease	Cancer	Chronic Lower Respiratory Diseases	Stroke	Unintentional Injury
New York City Area	Heart Disease	Cancer	Pneumonia and Influenza	Diabetes	Chronic Lower Respiratory Diseases
Bronx Borough	Heart Disease	Cancer	Pneumonia and Influenza	Diabetes	Chronic Lower Respiratory Diseases
Brooklyn Borough	Heart Disease	Cancer	Pneumonia and Influenza	Diabetes	Unintentional Injury
Manhattan Borough	Heart Disease	Cancer	Pneumonia and Influenza	Chronic Lower Respiratory Diseases	Stroke
Queens Borough	Heart Disease	Cancer	Pneumonia and Influenza	Stroke	Chronic Lower Respiratory Diseases
Staten Island	Heart Disease	Cancer	Unintentional Injury	Chronic Lower Respiratory Diseases	Pneumonia and Influenza
Westchester County	Heart Disease	Cancer	Stroke	Chronic Lower Respiratory Diseases	Unintentional Injury

[50] NY Vital Statistics, 2012

Death Rates by Cause for New York City Area Total[51]

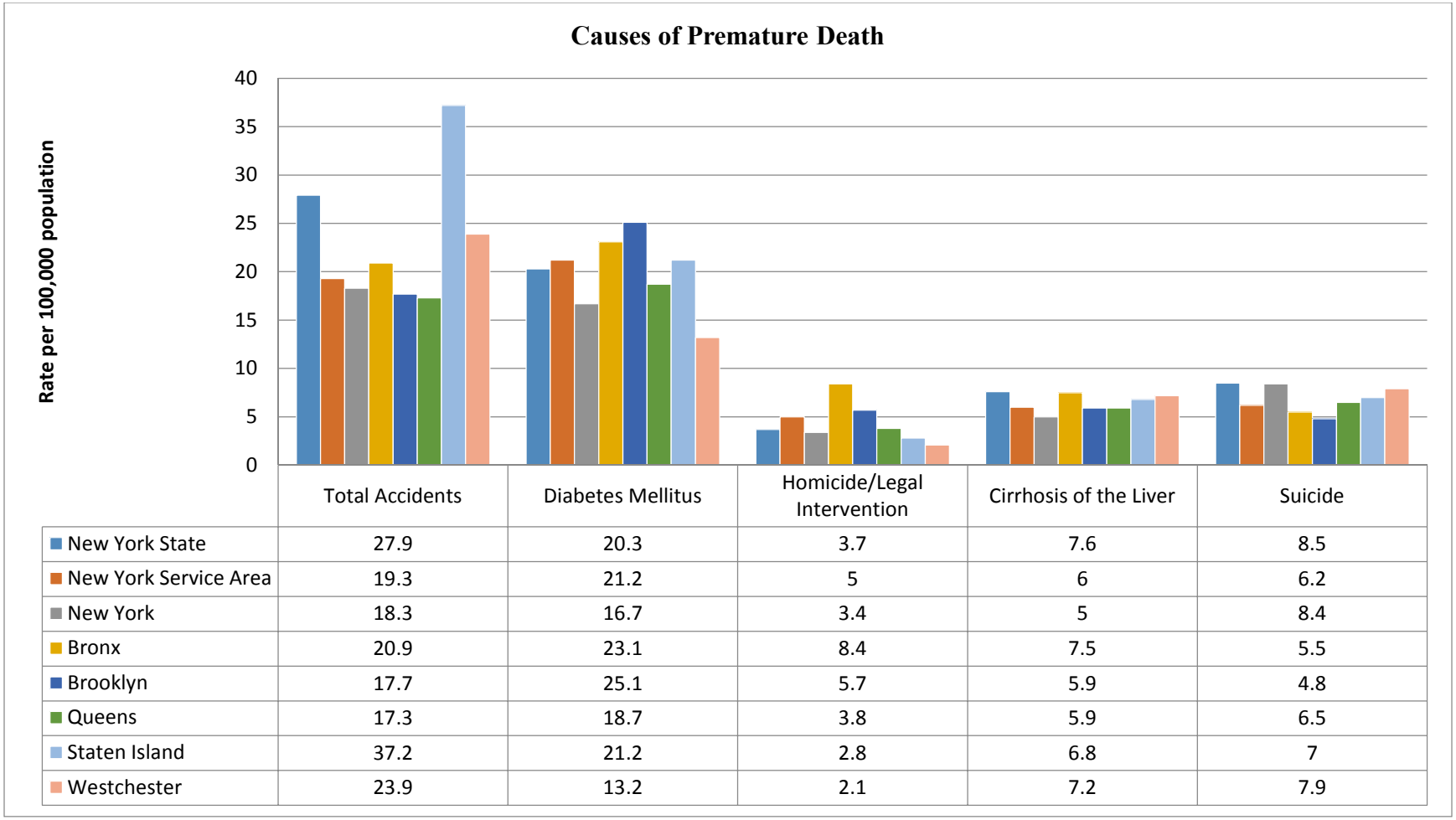
	Adjusted Death Rate per 100,000
Total	611
Tuberculosis	0.2
Septicemia	5.9
Acquired Immune Deficiency Syndrome (AIDS)	7
Malignant Neoplasms	151.1
Buccal Cavity and Pharynx	2.3
Digestive Organs and Peritoneum	45.1
Respiratory System	34.7
Trachea, Bronchus and Lung	33.1
Skin	2.3
Breast	12.9
Genital Organs	18.3
Urinary Organs	6.5
Other and Unspecified Sites	15.1
Lymphatic and Hematopoietic Tissues	14
Diabetes Mellitus	21.2
Alzheimer's Disease	8.3
Diseases of the Circulatory System	236.3
Diseases of the Heart	198.2
Acute Rheumatic Fever	0
Chronic Rheumatic Fever	0.4
Hypertension with Heart Disease	23.1
Acute Myocardial Infarction	26.4
Other Ischemic Heart Diseases	130.9
Diseases of Pulmonary Circulation	2.2
Other Diseases of the Heart	15.3
Hypertension with or without Renal Disease	11.5
Cerebrovascular Disease	19.9

[51] NY Vital Statistics, 2012

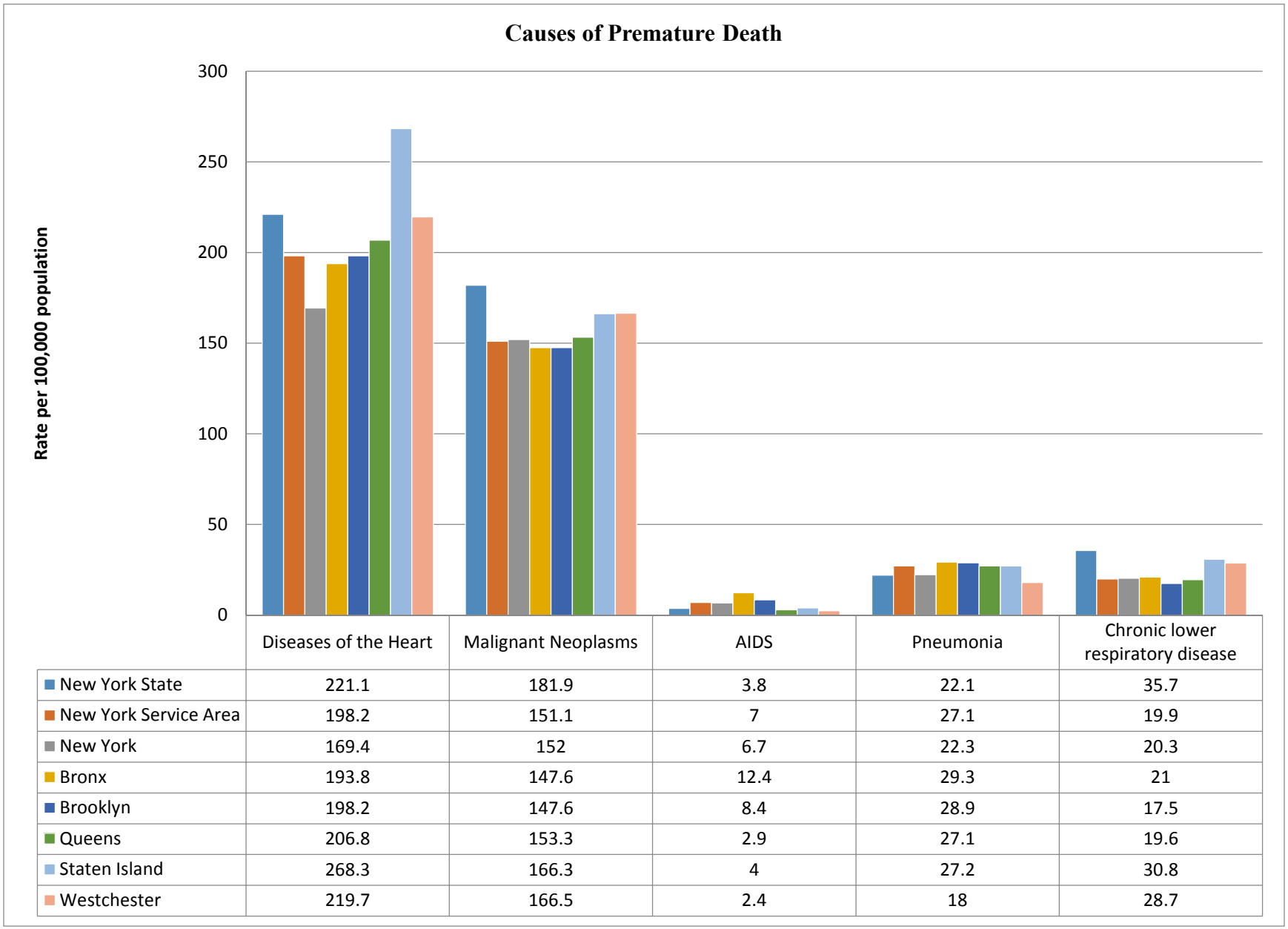
	Adjusted Death Rate per 100,000
Arteriosclerosis	2.1
Other Diseases of the Circulatory System	4.7
Pneumonia	27.1
Influenza	0
Chronic Lower Respiratory Disease (CLRD)	19.9
Gastritis, Enteritis, Colitis, Diverticulitis	1.1
Cirrhosis of Liver	6
Nephritis, Nephrotic Syndrome, Nephrosis	5.6
Complications of Pregnancy, Childbirth, and Puerperium	0.4
Maternal Causes	0.3
Congenital Anomalies	2.5
Certain Conditions Originating in the Perinatal Period	3.6
Sudden Infant Death Syndrome	0
Accidents (Total)	19.3
Motor Vehicle	3.6
Drownings	0.2
Falls	4.5
Poisonings	8.1
Suicide	6.2
Homicide and Legal Intervention	5.1
All Other Causes	84.1

Comparing causes of death between the boroughs and New York State, the Mount Sinai PPS service area is performing better than the state in total accidents, COPD, cancer and heart disease. Manhattan is faring worse than the state in AIDS, pneumonia, diabetes, and homicide-related deaths. The Bronx leads the Mount Sinai PPS in AIDS and homicide deaths, while Manhattan has significantly more suicide. Brooklyn has the highest rate of deaths due to diabetes.[52]

[52] NY Vital Statistics, 2012.



	Total Accidents	Diabetes Mellitus	Homicide/Legal Intervention	Cirrhosis of the Liver	Suicide
New York State	27.9	20.3	3.7	7.6	8.5
New York Service Area	19.3	21.2	5	6	6.2
New York	18.3	16.7	3.4	5	8.4
Bronx	20.9	23.1	8.4	7.5	5.5
Brooklyn	17.7	25.1	5.7	5.9	4.8
Queens	17.3	18.7	3.8	5.9	6.5
Staten Island	37.2	21.2	2.8	6.8	7
Westchester	23.9	13.2	2.1	7.2	7.9



	Diseases of the Heart	Malignant Neoplasms	AIDS	Pneumonia	Chronic lower respiratory disease
New York State	221.1	181.9	3.8	22.1	35.7
New York Service Area	198.2	151.1	7	27.1	19.9
New York	169.4	152	6.7	22.3	20.3
Bronx	193.8	147.6	12.4	29.3	21
Brooklyn	198.2	147.6	8.4	28.9	17.5
Queens	206.8	153.3	2.9	27.1	19.6
Staten Island	268.3	166.3	4	27.2	30.8
Westchester	219.7	166.5	2.4	18	28.7

Premature Death

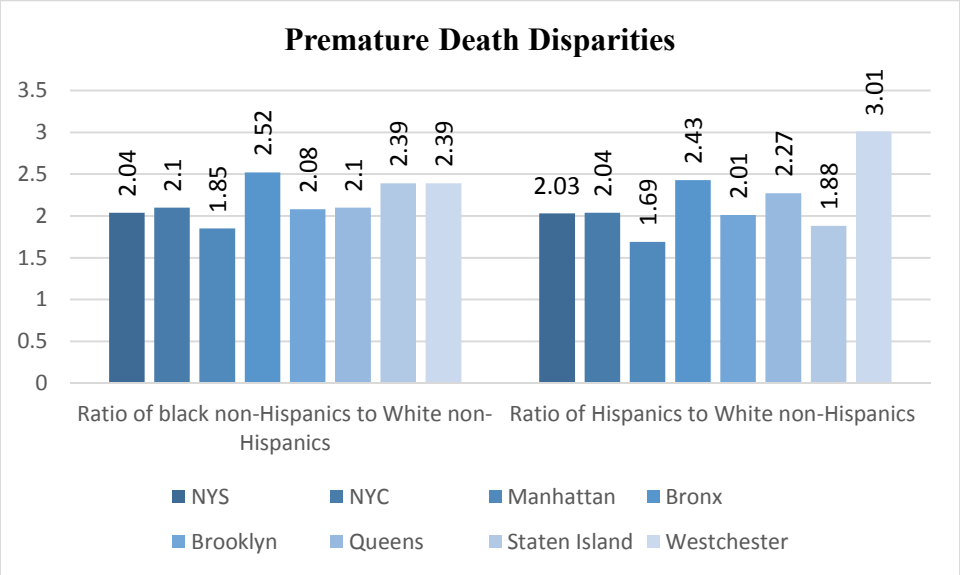
Premature death is defined as a death that occurs before a person reaches age 75. In New York, the leading causes of premature death are cancer, heart disease and unintentional injury. Diabetes, COPD and AIDS are also in the leading causes. Generally, we consider heart disease and diabetes deaths as preventable, which indicates that more can be done to address these causes of premature death.

Leading Causes of Premature Death[53]

Top Causes of Premature Death (before 75)	#1 Cause of Death	#2 Cause of Death	#3 Cause of Death	#4 Cause of Death	#5 Cause of Death
New York State	Cancer	Heart Disease	Unintentional Injury	Chronic Lower Respiratory Diseases	Diabetes
New York City	Cancer	Heart Disease	Unintentional Injury	Chronic Lower Respiratory Diseases	AIDS
Bronx Borough	Cancer	Heart Disease	Unintentional Injury	AIDS	Diabetes
Brooklyn Borough	Cancer	Heart Disease	Unintentional Injury	Diabetes	AIDS
Manhattan Borough	Cancer	Heart Disease	Unintentional Injury	AIDS	Diabetes
Queens Borough	Cancer	Heart Disease	Unintentional Injury	Diabetes	Stroke
Staten Island	Cancer	Heart Disease	Unintentional Injury	Chronic Lower Respiratory Diseases	Diabetes
Westchester County	Cancer	Heart Disease	Unintentional Injury	Chronic Lower Respiratory Diseases	Stoke

[53] NY Vital Statistics, 2012

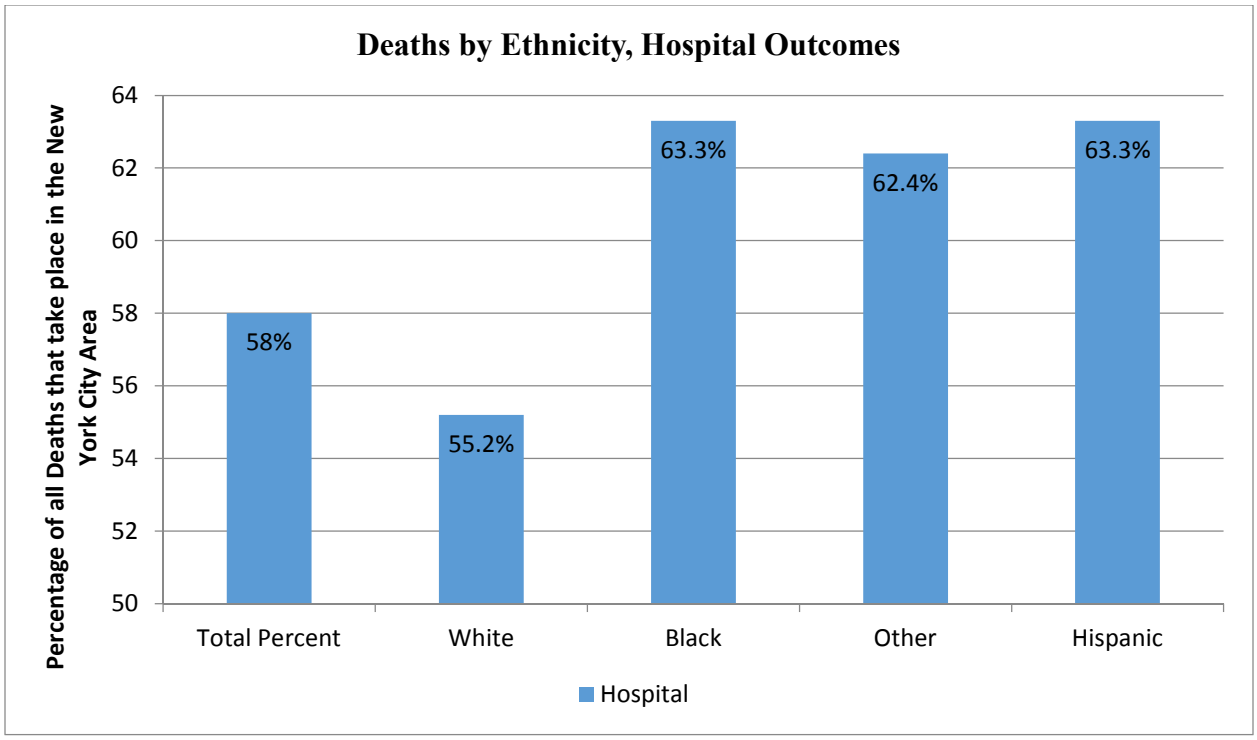
The ratios in disparities for premature deaths among black non-Hispanics/white non-Hispanics and Hispanics/white non-Hispanics are comparable across the state and the boroughs. Notably, the disparities are the greatest in the Bronx and smallest in Manhattan for premature death.[54] We still see that black and Hispanic populations have about twice the rate of premature deaths as compared with white non-Hispanic populations in all boroughs.



Health Disparities

Hospital outcomes are significantly better for white patients than any other ethnicity, with an 8% reduction in deaths in hospitals. Likewise, life expectancy for white patients is also higher, with 37.6% of the population making it to 85 years or older. Only 22% of black and Hispanic residents make it to their 85th birthday.

[54] NY Prevention Agenda, 2012



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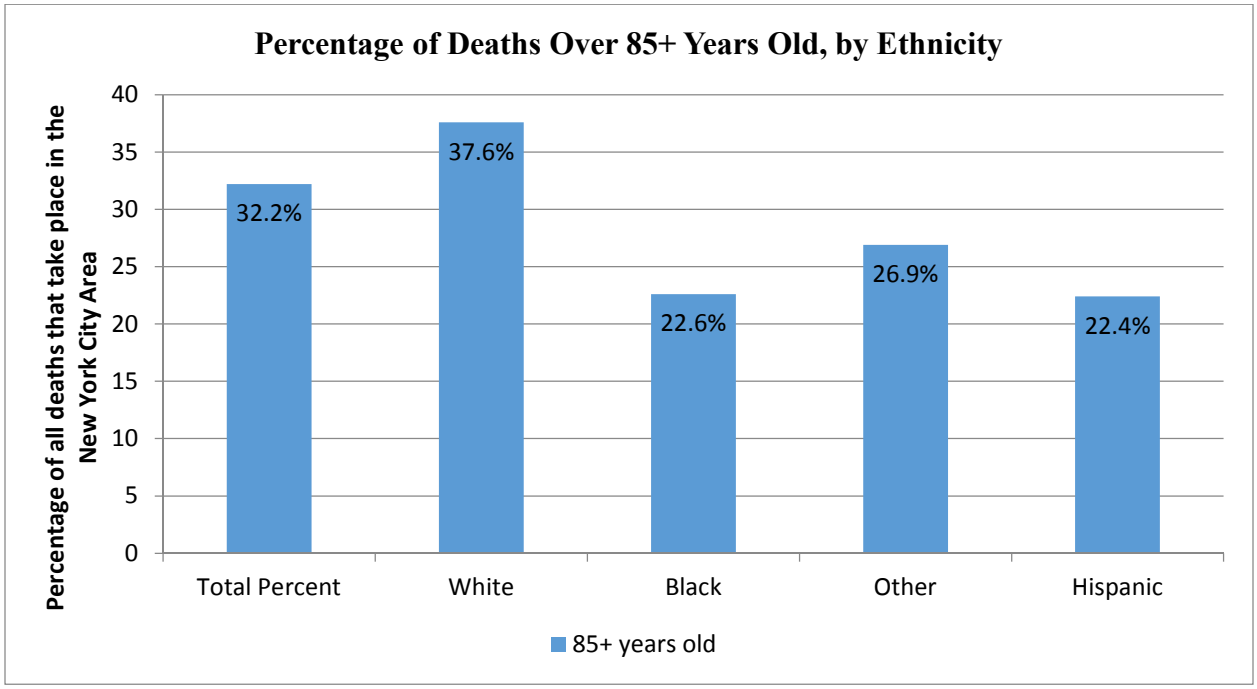
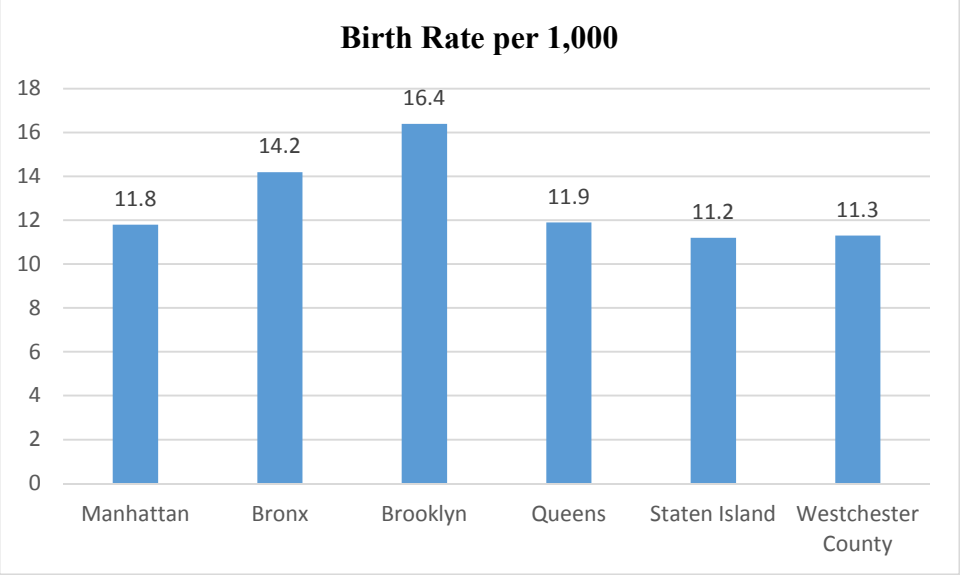


[55] https://www.health.ny.gov/statistics/vital_statistics/2012/table31c.htm

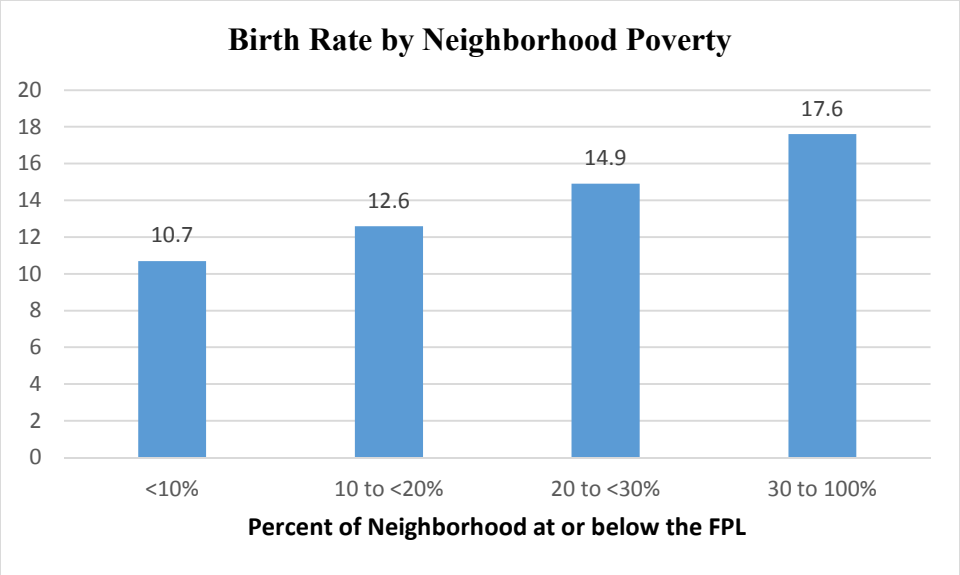
Natality

In 2012, there were 123,231 live births in New York City with a rate of 14.8 births per 1,000. More of the births were to foreign-born women (56.1%) than U.S. natives. Fifty-nine percent of the births were to women who were on Medicaid at the time, which covers pregnant women in New York under a certain income regardless of immigration status for prenatal and other care. Babies are covered for one year after birth. [56]

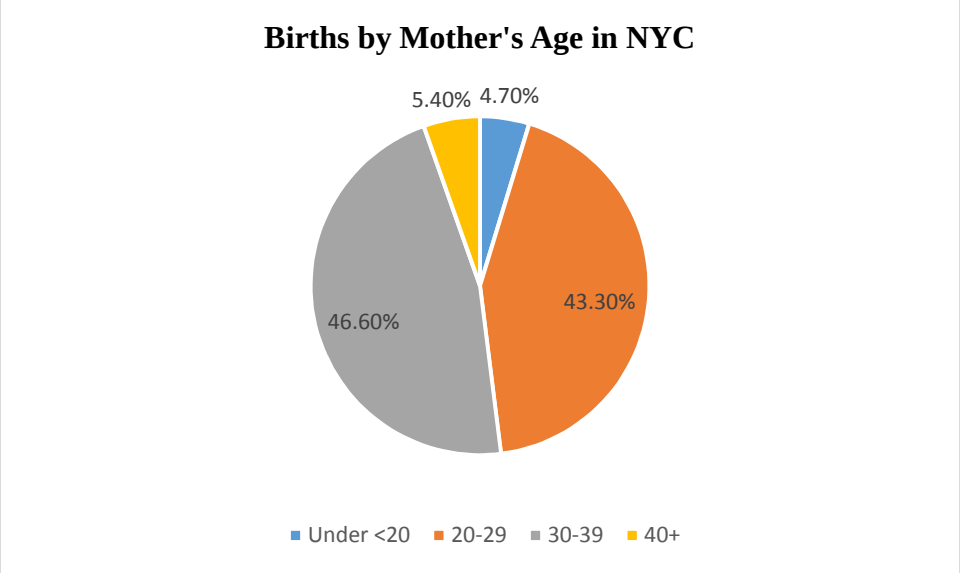


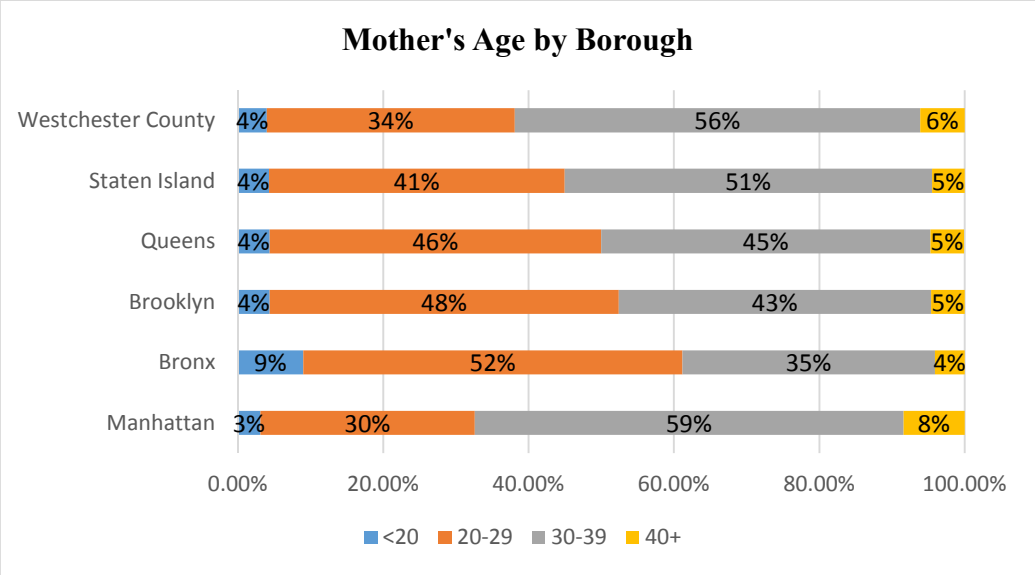
Stratifying the birth rates against neighborhood poverty shows an upward trend in births the more poverty there is in the neighborhood.

[56] NYC Epiquery, Vital Statistics Query2012



Most births were to women 20-39 years old. The Bronx has more women who are under 20 giving birth, while Manhattan has more women at the later stage of their fertile years (30-39) giving birth.





Of the children born in 2012, 8.4% were considered low birth weight (less than 2,500 grams) and 9% were pre-term births. Only 31.7% of the women said they were exclusively breastfeeding, which is the recommendation of the World Health Organization for the first six months of life.[57]

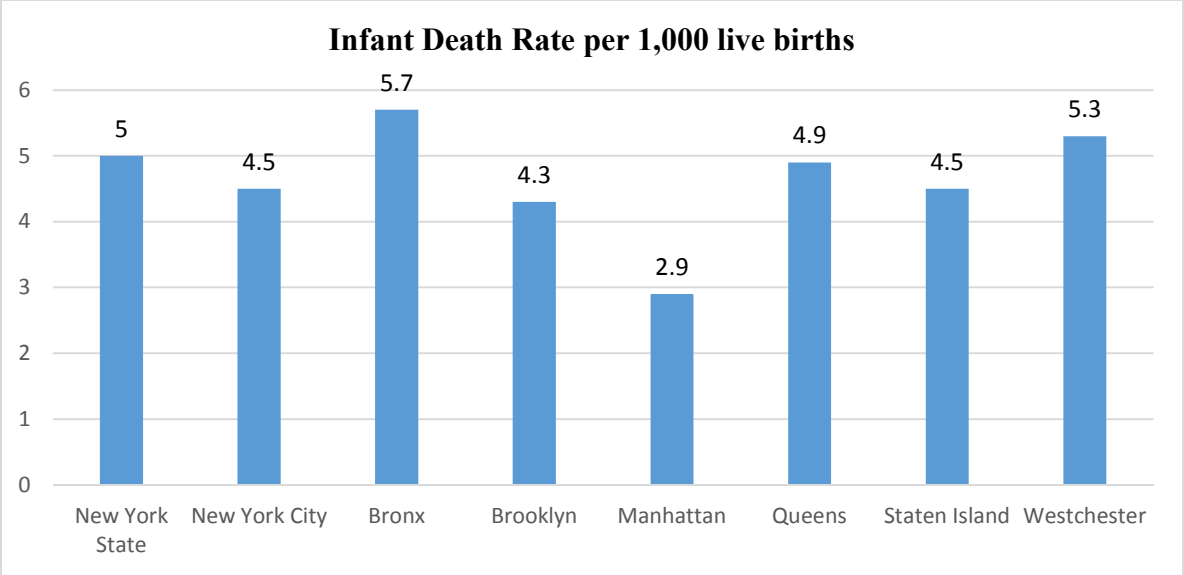
Infant Mortality

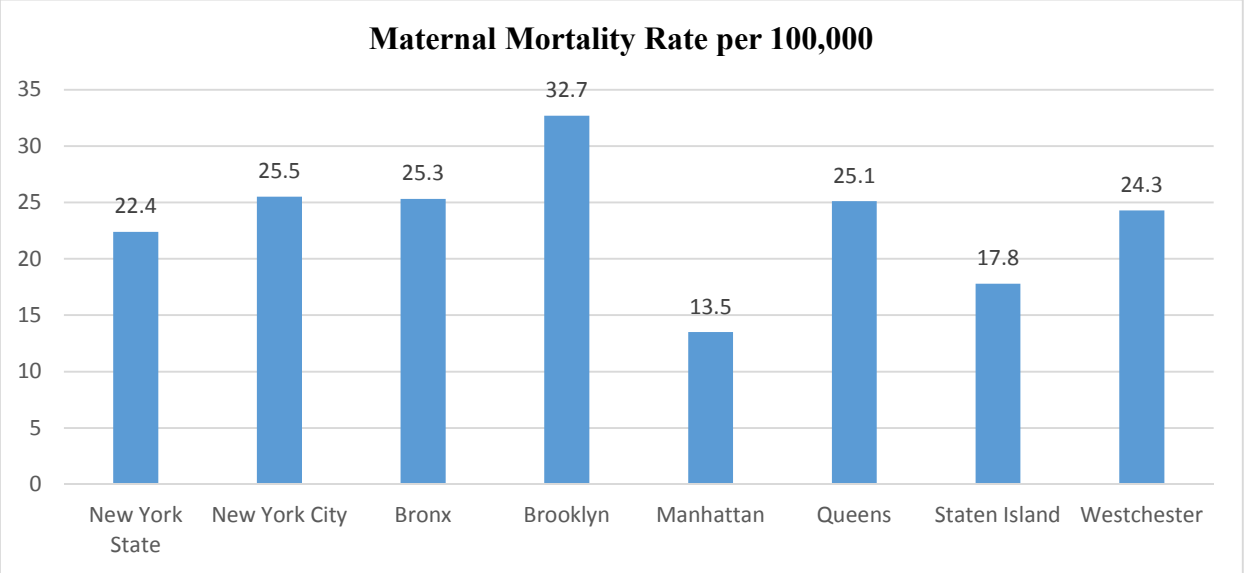
	New York State	New York City	Bronx	Brooklyn	New York	Queens	Staten Island	Westchester
Infant Death Rate	5	4.5	5.7	4.3	2.9	4.9	5.0	5.3
Neonatal Death Rate	3.3	3	3.9	2.6	1.8	3.6	3.4	9.1
Perinatal Death Rate	9.8	11.9	13.9	12.1	8.8	11.5	11.3	12.2

New York City is doing significantly worse than the state in perinatal death rates (death before birth), which may indicate some gaps in prenatal care. However, the city has a lower rate than

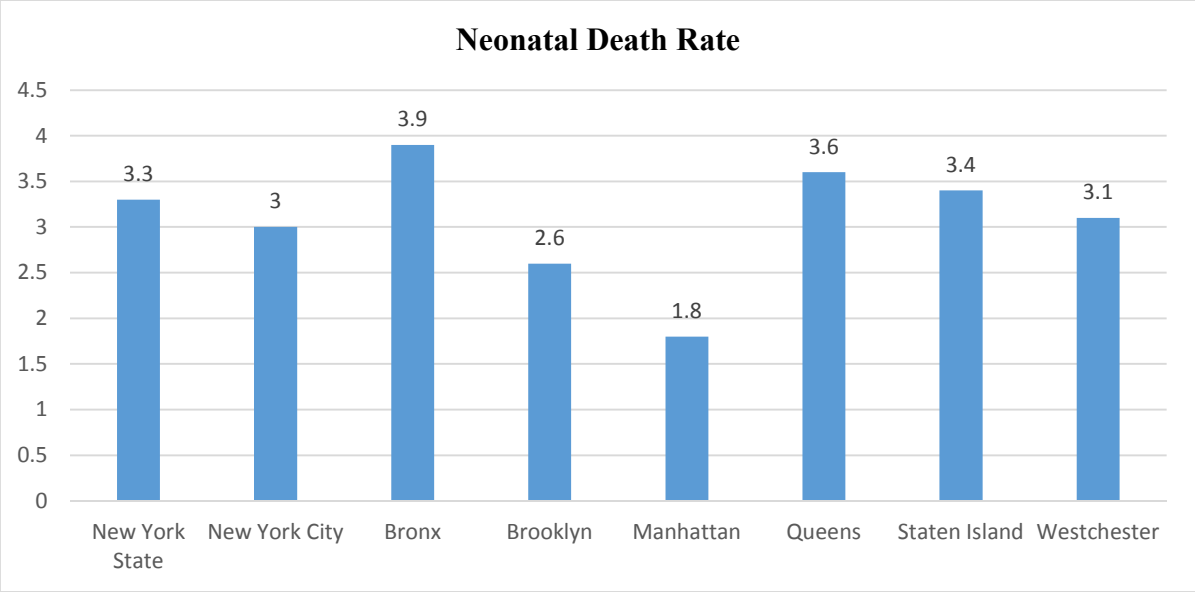
[57] http://www.who.int/mediacentre/factsheets/fs342/en/

the state in neonatal death rate (before 28 days of age) and infant death rate (before 1 year old). The exceptions to this are the Bronx, Queens, Staten Island, and Westchester County.[58]





[58] New York City Department of Health and Mental Hygiene. Epiquery: NYC Interactive Health Data System - [Community Health Survey 2012]. [11/24/2014]. http://nyc.gov/health/epiquery

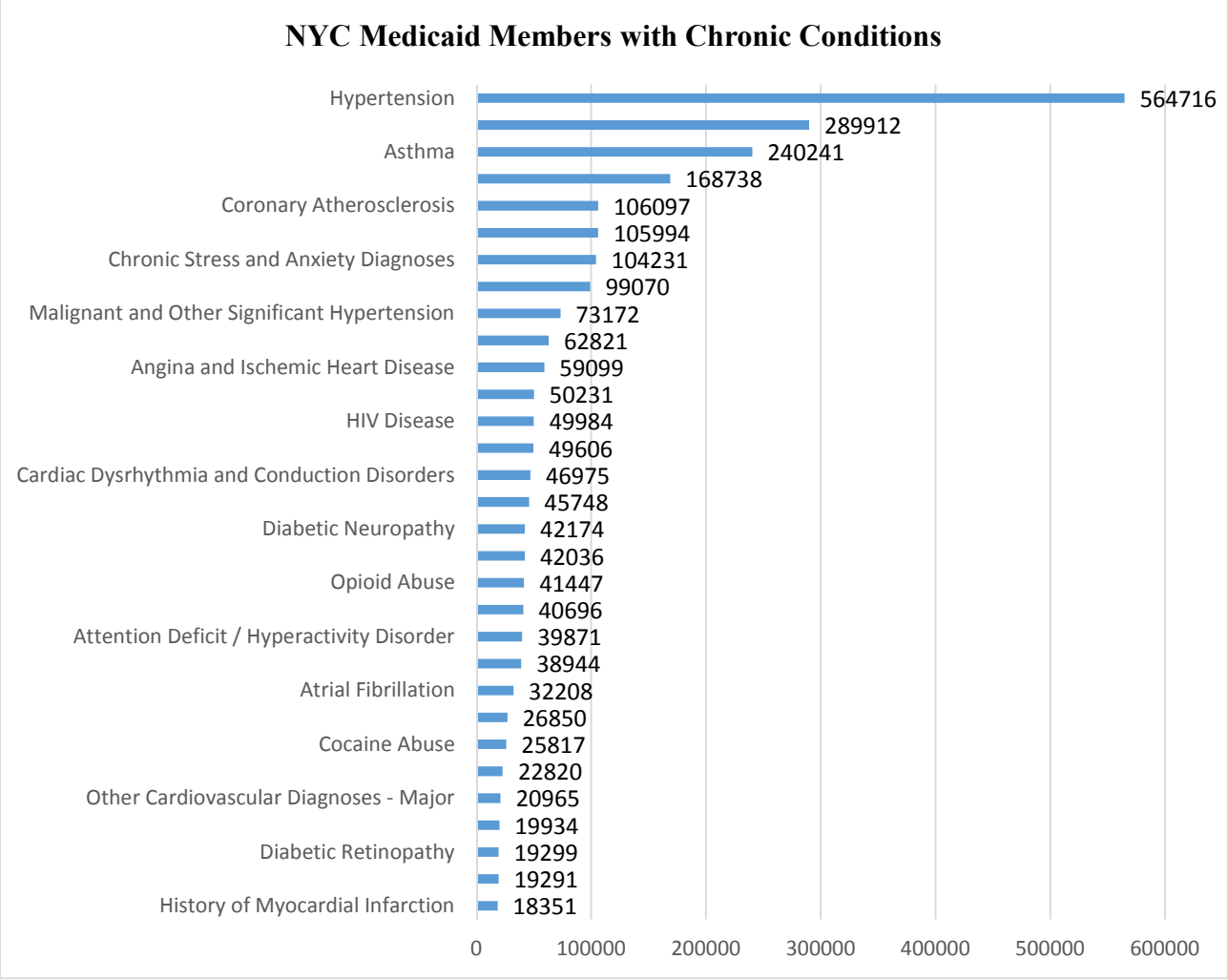

Neonatal Death Rate
4.5
4
3.5
3
2.5
2
1.5
1
0.5
0
3.3
3
3.9
2.6
1.8
3.6
3.4
3.1
New York State
New York City
Bronx
Brooklyn
Manhattan
Queens
Staten Island
Westchester

Overall snapshot of Medicaid member health (chronic conditions)

The state provides data on the number of beneficiaries with specific chronic conditions, which allows the PPS to examine what conditions are affecting its Medicaid members in its service area.

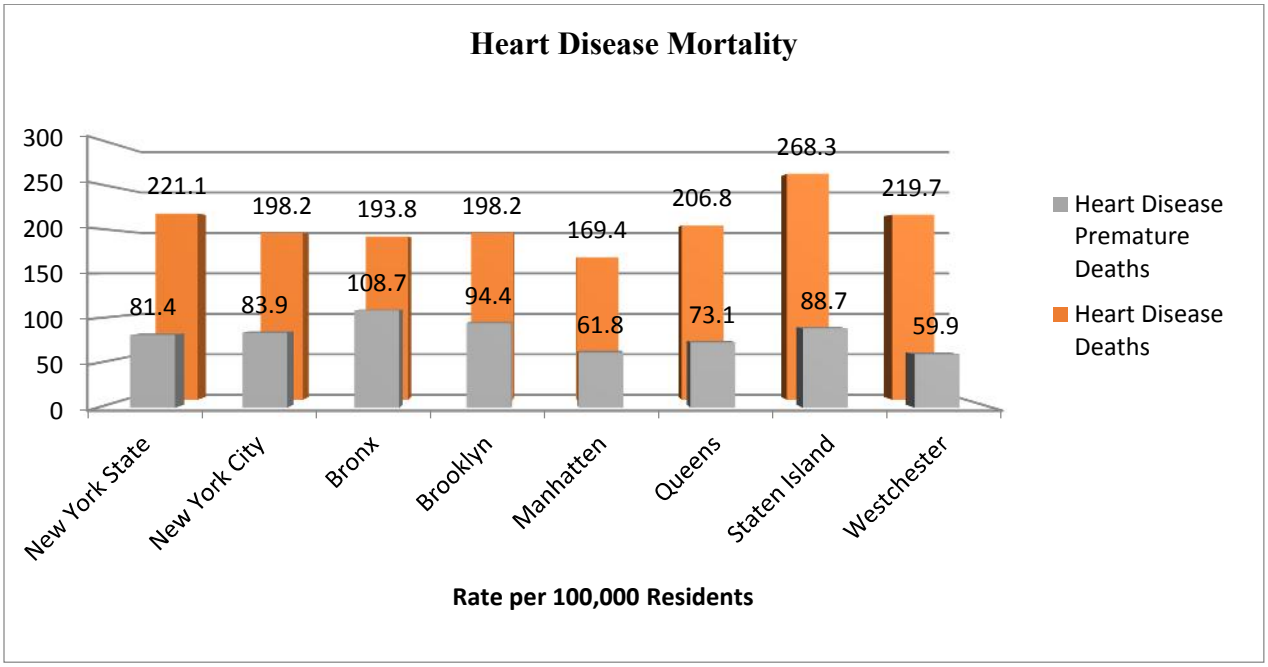
Statewide, the top conditions affecting Medicaid beneficiaries are hypertension, diabetes and asthma. These are all chronic conditions that can lead to a high utilization of care if not managed properly. Following those is depression, chronic stress/anxiety and schizophrenia, which indicates there is a high number of behavioral health conditions in this population.

The picture of health for New York City Medicaid residents does not look much different, although coronary atherosclerosis is the fifth most common condition. Hypertension is the most common chronic condition in New York City.



Cardiovascular Conditions

Heart disease is the leading cause of death in all boroughs of New York City and the state. In 2012, 16,730 New York City residents died of heart disease at the rate of 188 deaths for every 100,000 residents. [59] New York City has a slightly higher rate than the state, with Staten Island having the highest prevalence of heart disease related deaths of the six boroughs included in this analysis, at 268 deaths per 100,000 residents.[60] In addition, heart disease is also the second leading cause of premature death in the state and all New York City boroughs, although the citywide rate is lower than the state as a whole.[61] The Bronx and Brooklyn have a disproportionately high percentage of premature deaths, most likely resulting from the increased poverty in these boroughs.



	Heart Disease Deaths*	Heart Disease Premature Deaths*	Percentage of Deaths that are premature
New York State	221.1	81.4	37%
New York City	198.2	83.9	42%
Bronx	193.8	108.7	56%

[59] New York City Vital Statistics, Deaths EpiQuery, Top Ten Leading Causes of Death, 2012 data.
[60] New York State Minority Health Surveillance Report 2010, Heart Disease Death Rate per 100,000 Residents, 2006-2008 data; Heart Disease Premature Death Rate per 100,000 Residents, 2006-2008 data.
[61] New York State Community Health Indicator Reports – Cardiovascular Disease Indicators. http://www.health.ny.gov/statistics/chac/mortality/d5.htm

	Heart Disease Deaths*	Heart Disease Premature Deaths*	Percentage of Deaths that are premature
Brooklyn	198.2	94.4	48%
Manhattan	169.4	61.8	36%
Queens	206.8	73.1	35%
Staten Island	268.3	88.7	33%
Westchester County	219.7	59.9	27%

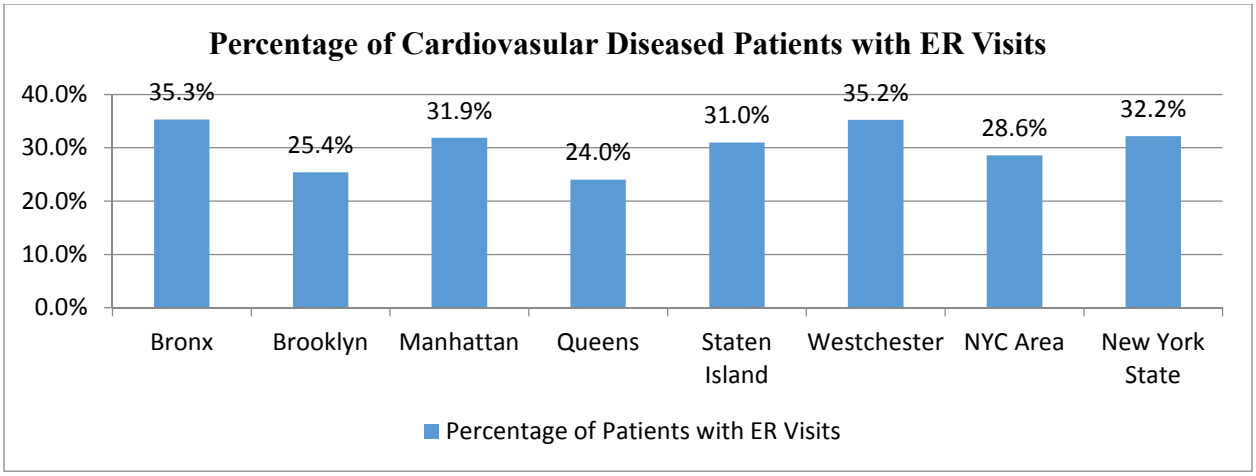
**Deaths per 100,000 residents*

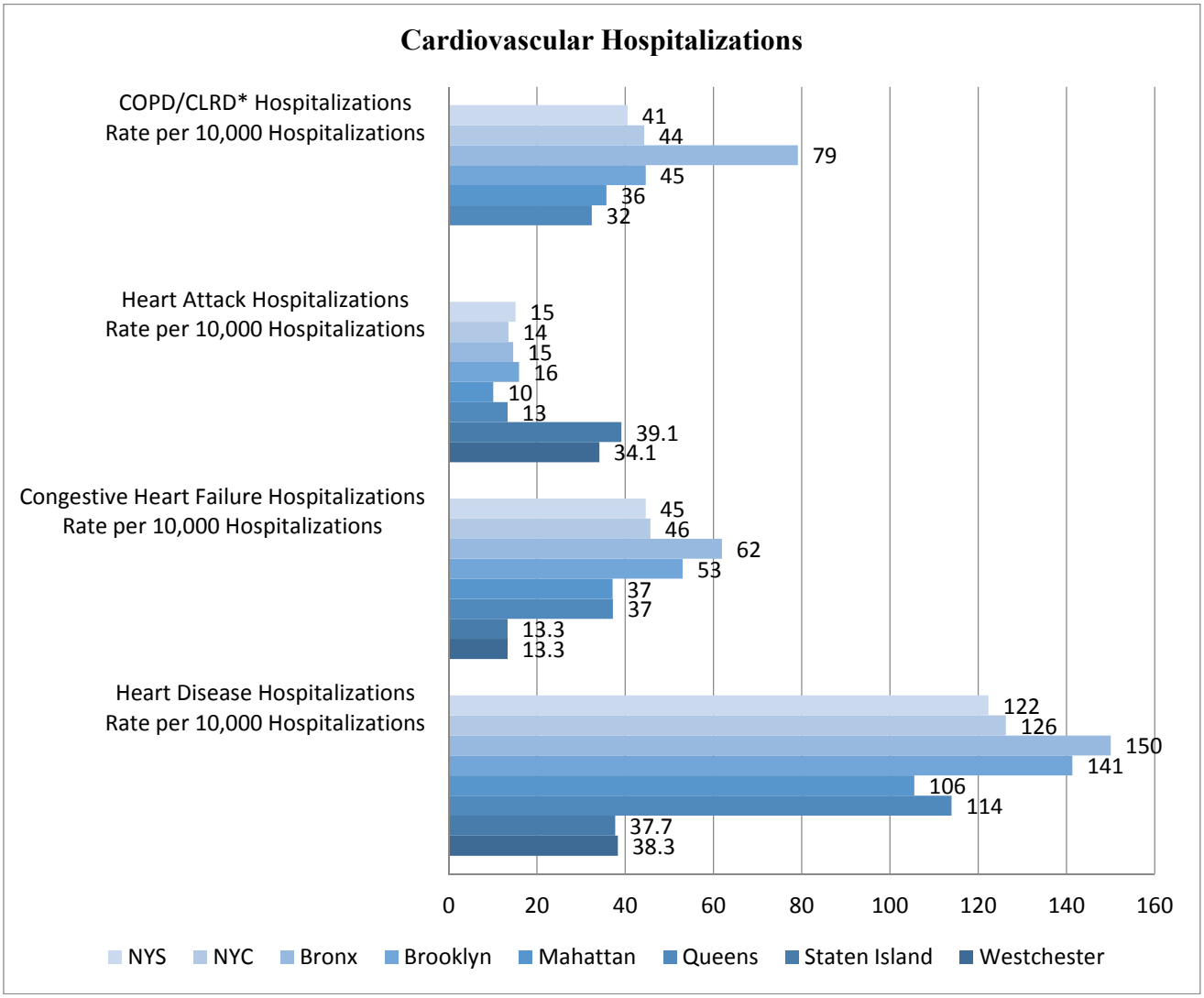
Of the more than 3.5 million Medicaid enrollees in New York City, more than a million, or 30%, have a cardiovascular disease or disorder. This represents 68% of the Medicaid patients in the state that have cardiovascular disease of disorders. Medicaid patients in Brooklyn represent more than a third of New York City Area beneficiaries with cardiovascular conditions, followed by patients in Queens, the Bronx and Manhattan.[62]

Medicaid Patients with Cardiovascular Disease and Disorders								
Medicaid Patients	**New York State**	**New York City Area**	**Bronx**	**Brooklyn**	**Manhattan**	**Queens**	**Staten Island**	**Westchester County**
Number	1,705,944	1,159,880	223,322	397,513	170,110	281,421	37,825	49,689
Percentage by Borough		68%	19%	34%	15%	24%	3%	4%

Medicaid patients in the Bronx have the highest rate of ER visits compared to all other boroughs. Despite having the highest percentage of patients, Brooklyn Medicaid patients have a much lower rate of ER visits than the state average.

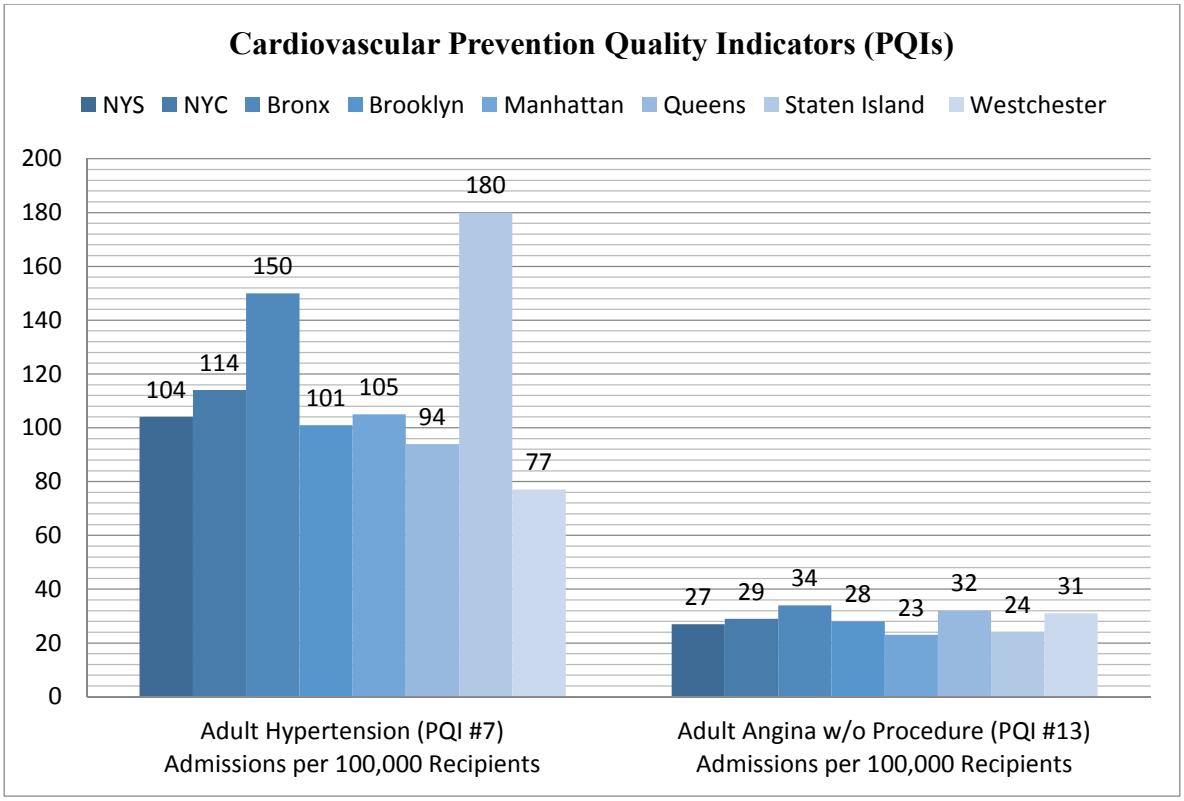
[62] New York State Department of Health, Number of Medicaid Beneficiaries with Disease and Disorders of the Cardiovascular System, 2012; Number of Medicaid Enrollees (including duals), 2012 data.





** Chronic Obstructive Pulmonary Disease/Chronic Lower Respiratory Disease*

In addition, adults in the Bronx have a much higher rate of preventable hospital admissions for cardiovascular conditions than both the state and the other boroughs. PQI #7 measures the rate of preventable hospitalizations for adults with hypertension, while PQI #13 measures potentially preventable admissions for adults with angina (chest pain) without procedure. Both PQIs are Domain 3B metrics. Westchester has the lowest rate of preventable adult hypertension hospitalization of the boroughs and fares better than the state as a whole. Staten Island fares the worst for this measure, with a rate that is 60% higher than the rate in Westchester County.[63]

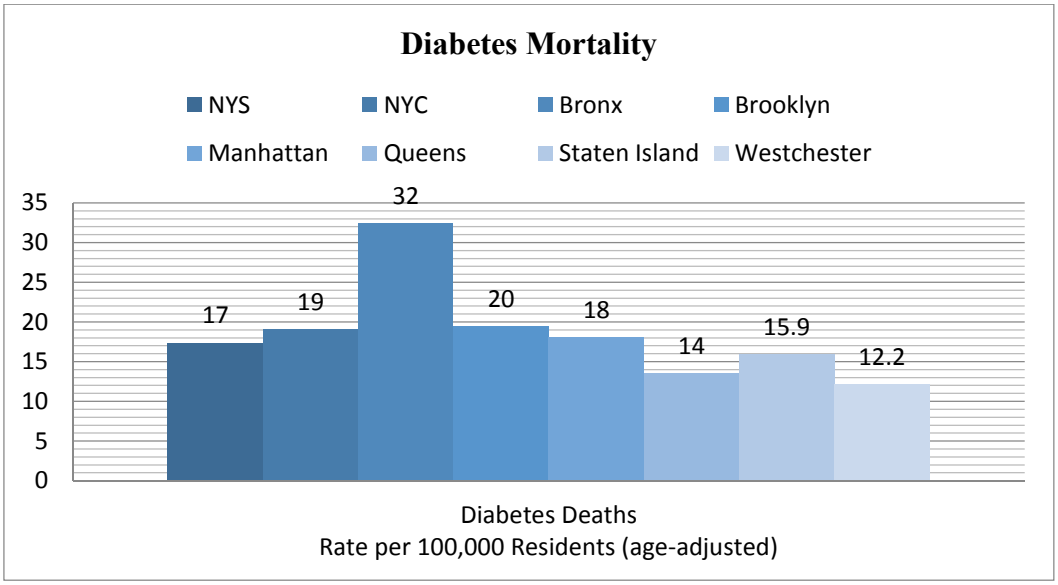


Diabetes and Renal Care

Diabetes is a serious, yet preventable, disease that claims the lives of more than a thousand New York City residents every year. Of the city's top five leading causes of death in 2012, diabetes was ranked fourth, killing 1,813 New Yorkers at a rate of 21 deaths for every 100,000 residents.[64] New York City has a higher diabetes death rate than the state, with the Bronx having the highest rate of the four boroughs included in this analysis, at 32 deaths per 100,000 residents, more than twice the diabetes death rate in Queens.[65] Diabetes is also a leading cause of

[63] New York State Department of Health, Adult Hypertension (PQI #7) Admissions per 100,000 Recipients, 2011-12 data; Adult Angina without Procedure (PQI #13) Admissions per 100,000 Recipients, 2011-12 data.
[64] New York City Vital Statistics, Deaths EpiQuery, Top Ten Leading Causes of Death, 2012 data.
[65] New York State Minority Health Surveillance Report 2010, Diabetes Death Rate per 100,000 Residents, 2006-2008 data.

premature death in the boroughs. In 2012, it was the fourth leading cause of premature death in Brooklyn and Queens and the fifth leading cause of premature death in Manhattan and the Bronx.[66]

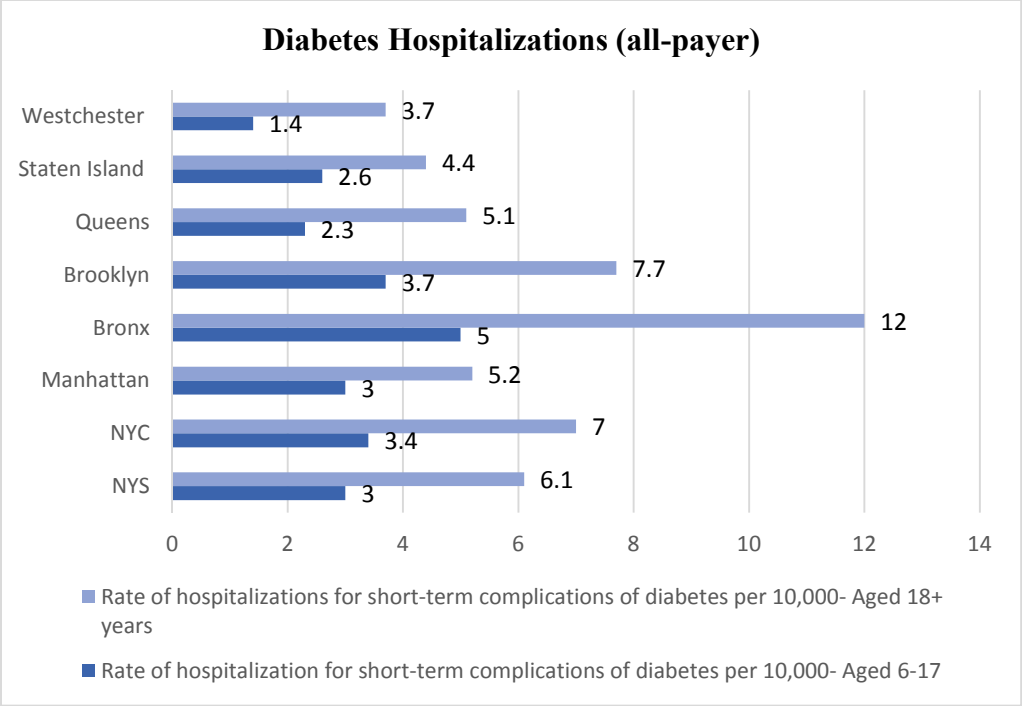


Of the more than 3.5 million Medicaid enrollees in New York City, about one in ten (11%) have some form of diabetes. Brooklyn residents represent more than a third of New York City Medicaid patients with diabetes, followed by residents in Queens, Bronx, and Manhattan.[67]

Medicaid Patients with Diabetes Mellitus							
Medicaid Patients	NYC Area	Bronx	Brooklyn	Manhattan	Queens	Staten Island	Westchester County
Number w/ Diabetes	427,907	91,442	139,781	60,619	105,074	13,167	17,824
Percentage by Borough	100%	21%	33%	14%	25%	3%	4%

Residents with diabetes are being hospitalized for complications with diabetes when they do not properly manage their condition with a PCP. The rate of hospitalization for short-term complications of diabetes in adults in the Bronx (12 per 10,000) is twice that of the state (6.1 per 10,000). The rate for children aged 6-17 is less varied among the boroughs and closer to the state rate. However, this demonstrates a significant need to address diabetes complications in New York City.[68]

[66] New York State Department of Vital Statistics, Diabetes Premature Death Rate per 100,000 Residents, 2012 data.
[67] New York State Department of Health, Number of Diabetes Mellitus, 2012 data.
[68] NY Prevention Agenda Dashboard, 2012

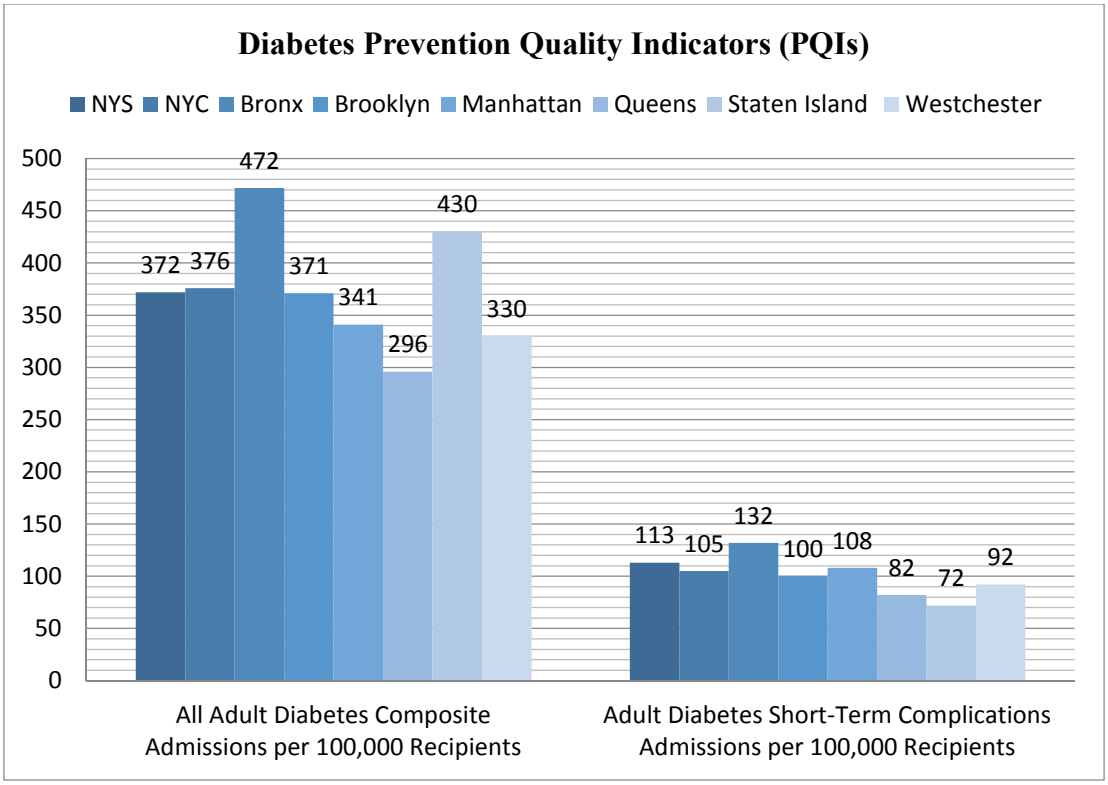


In 2012, 28.8% of beneficiaries with diabetes had at least one inpatient admission for diabetes. Each of those patients had an average of 1.7 admissions each. However, for the beneficiaries with diabetes who had an ED visit for diabetes, their average visit rate per member is 2.3 visits. This utilization suggests that more can be done to manage diabetes with the PCP rather than in the hospital and ED.[69]

While diabetes is less prevalent among Medicaid patients in the Bronx compared to Queens and Brooklyn, adults in the Bronx have a significantly higher rate of preventable hospital admissions for diabetes conditions than both the state and the other boroughs. Prevention Quality Indicator (PQI) #1, #3 and #16 measures the rate of preventable hospitalizations for a composite of adult diabetes hospitalization types, while PQI #1 measures adult short-term diabetes complications admissions (and is also a Domain 3C performance measure). Overall, New York City has a higher rate of all preventable diabetes hospitalizations than the state (PQI #1, PQI #3, PQI #16), with residents in the Bronx being much more likely to be hospitalized, followed by adults in Staten Island, Brooklyn, and Queens. For all diabetes PQI indicators, the Bronx fares the worst of the six boroughs, with Queens having the lowest rates of preventable hospital admissions. [70]

[69] NYDOH Medicaid Chronic Conditions, Inpatient Admissions and Emergency Room Visits by County: Beginning 2012

[70] New York State Department of Health, Adult Diabetes Composite (PQI #1, PQI #3, PQI #16) Admissions per 100,000 Recipients, 2011-12 Data, Adult Diabetes Short-Term Complications (PQI #1) Admissions per 100,000 Recipients, 2011-12 data.

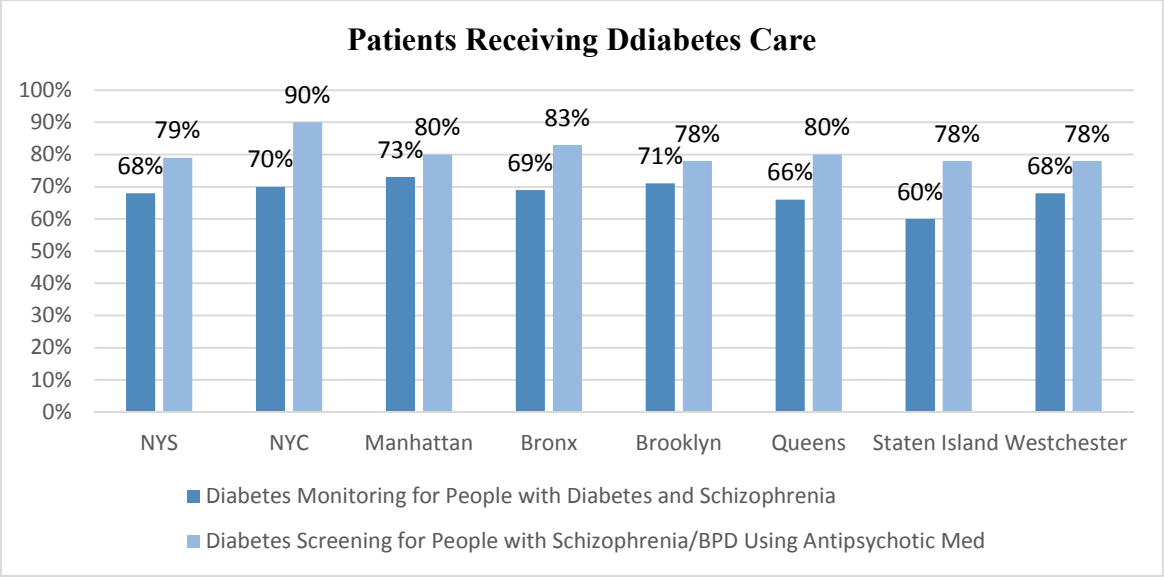


PDI #15 measures preventable admissions for short-term complications for pediatric patients. In this, New York City (34 per 100,000) is comparable to the state (33 per 100,000), though Manhattan and the Bronx are doing worse (40 and 41 per 100,000, respectively).[71]

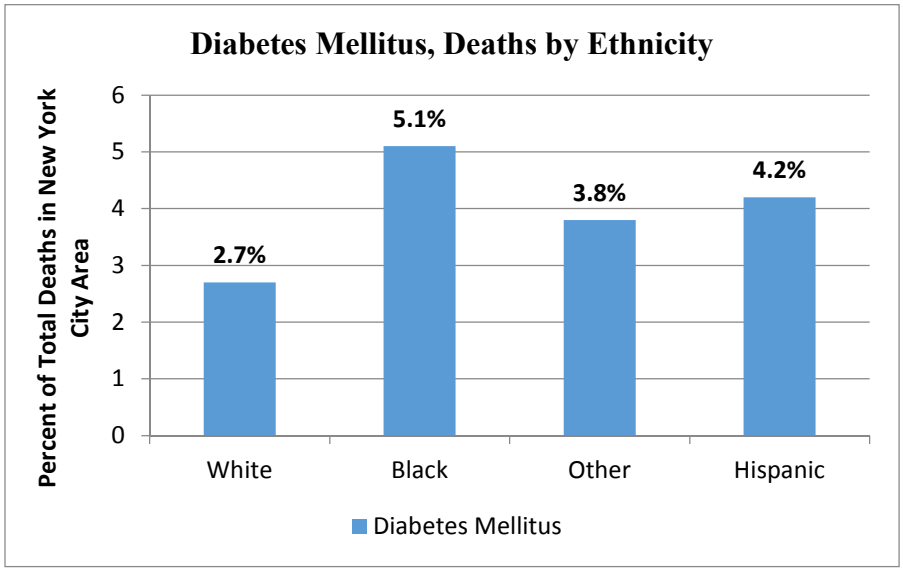
With diabetes, it is crucial that providers give the proper quality and type of care to help patients manage their condition. In general, New York City and its boroughs are doing a better job of providing diabetes care than the state average in quality measures. In 2012, 82% of New York City adults with diabetes (type 1 and type 2) received a hemoglobin A1c (HbA1c) test or what is more commonly known as a blood sugar test. This is 2 points better than the state average. This measure provides indication that individuals with diabetes are being diagnosed and treated for their condition.[72]

Quality of diabetes care is especially an issue for patients with dual-diagnoses, who need assistance with both their mental health conditions and their medical condition. In all boroughs, diabetes screening for individuals with schizophrenia is between 79% and 90%.[73]

[71] [71] New York State Department of Health, PDI #15 Pediatric Diabetes Short-term Complications 2011-12 data.
[72] New York State Department of Health, HEDIS Measures, Comprehensive Diabetes Care: HbA1c, 2012 data.
[73] New York State Department of Health, HEDIS Measures, 2012 data.



While citywide and borough-level data on end-stage renal disease (ESRD), a condition closely linked to diabetes - are not publicly available, statewide data provide some indication of the proportion of New York City individuals with ESRD that are likely receiving renal care, including dialysis services. In 2011, 7,027 New York State residents had ESRD and 2,865 of those patients – or two of every five patients - were diabetic. The rate of non-diabetic patients in New York State with ESRD was 122 individuals per one million residents, while the rate of diabetic patients with ESRD was significantly higher, at 183 individuals per one million residents.[74]



[74] U.S. Renal Data System, USRDS 2013 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, 2011 data.

The New York State vital statistics data for the New York City area shows that blacks are the most likely to die from diabetes, with 5.1% of overall deaths resulting.[75] Whites have the lowest percentage of total deaths from diabetes, with only 2.7%.

Despite indications that diabetes patients are receiving medical treatment, public health survey data suggest the underlying causes of type 2 diabetes are not being addressed effectively.[76]

Obesity, Physical Inactivity, and Poor Eating Habits
Percent of Population Self-Reporting

	NYC	Bronx	Brooklyn	Manhattan	Queens	Staten Island
Diabetes (Physician Diagnosed)	11%	15%	12%	7%	11%	9.8%
Obesity	24%	32%	27%	15%	22%	32.0%
Physical Inactivity	22%	25%	24%	17%	24%	15.7%
Poor/Fair Diet	28%	33%	30%	22%	28%	

Asthma

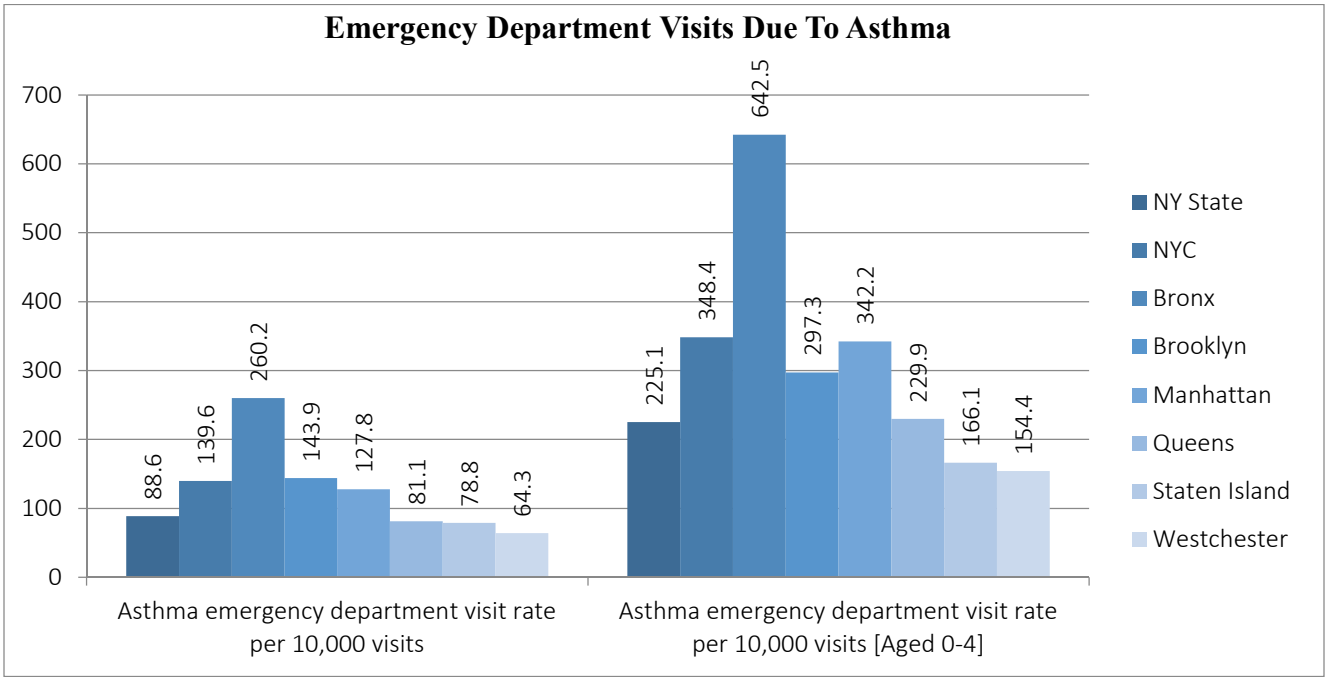
Of the 375,170 reported asthma diagnoses among Medicaid beneficiaries living in New York State, 240,241, or 64% are living in the New York City region, with the Bronx and Brooklyn having the highest volume of beneficiaries living with asthma.[77] In 2012, asthma was the third leading cause of hospitalization for African Americans living in the Bronx, resulting in 3,129 hospitalizations that year. In that same year, asthma was the fourth leading cause of hospitalization for non-whites and non-African Americans in Brooklyn, resulting in 3,493 hospitalizations that year.[78]

Medicaid Beneficiaries with Asthma

	NYS	NYC Area	Bronx	Brooklyn	Manhattan	Queens	Staten Island	Westchester County
Total Asthma Diagnoses	375,170	250,734	73,135	74,590	36,699	47,526	8,301	10,483
% by borough			29%	30%	15%	19%	3%	4%

[75] https://www.health.ny.gov/statistics/vital_statistics/2012/table31c.htm
[76] New York City, EpiQuery Survey Data, 2012 data.
[77] New York State Department of Health, Medicaid Chronic Conditions, Inpatient Admissions and Emergency Room Visits by Zip Code: Beginning 2012, 2012 Data.
[78] New York State Department of Health, Statewide Planning and Research Cooperative System (SPARCS), 2012 data.

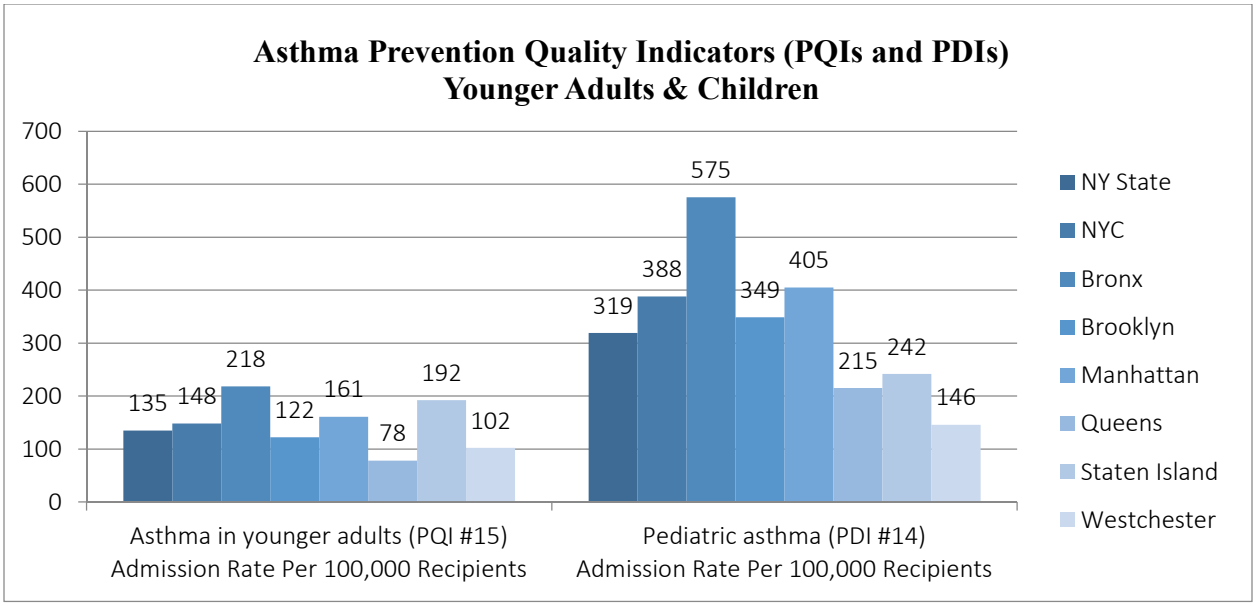
Asthma is a driver for emergency department (ED) visits, especially among children who are between the ages of 0-4 years old. From 2011 to 2012, New York City had a significantly higher rate of ED visits due to asthma compared to the rest of New York State. The Bronx had a significantly higher rate of ED visits due to asthma compared to other boroughs, especially for the population who fall between the ages of 0-4 years old.[79]

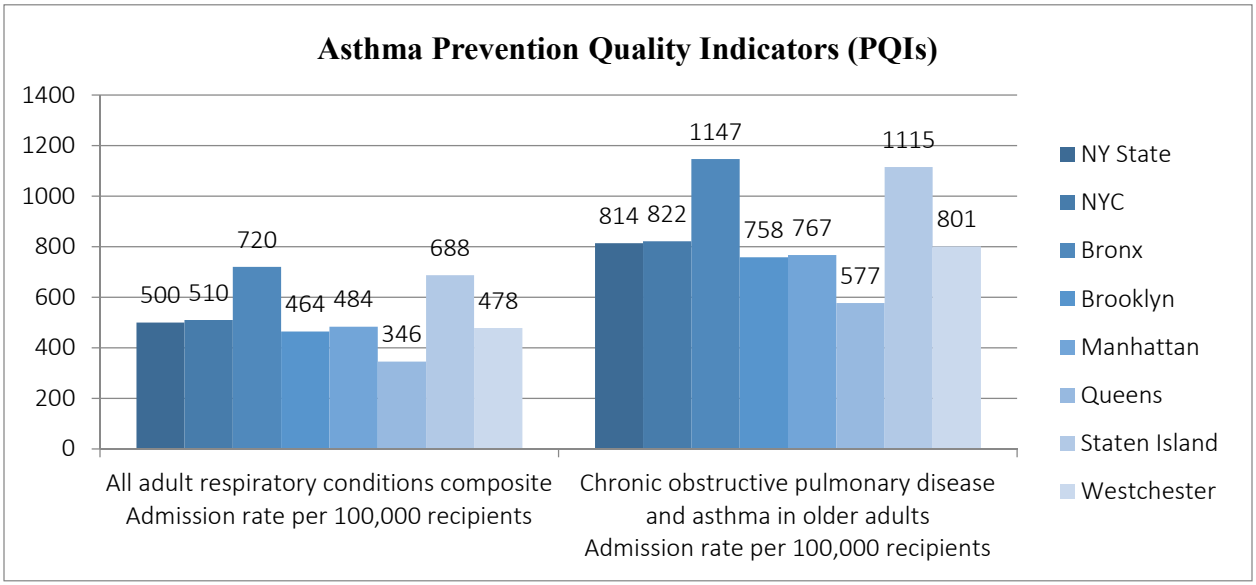


Overall, New York City has a slightly higher rate for all PQIs linked to asthma, meaning that New York City has a slightly higher rate of preventable asthma hospitalizations compared with the rest of the state, with residents of the Bronx being much more likely to be hospitalized due to asthma. While asthma is slightly less prevalent among Medicaid beneficiaries in the Bronx compared to Brooklyn, Medicaid beneficiaries living in the Bronx have a significantly higher rate of preventable hospital admissions for asthma when compared to the state and other boroughs with similar rates of asthma.[80]

[79] New York State Department of Health, Prevention Agenda, 2012 data.

[80] New York State Department of Health PQIs, Asthma in younger adults (PQI #15) admissions per 100,000 recipients, Pediatric asthma (PQI #14) admissions per 100,000 recipients, All adult respiratory conditions composite (PQI #5, PQI #15) admissions per 100,000 recipients, Chronic obstructive pulmonary disease and asthma in older adults (PQI #5) admissions per 100,000, 2011-12 data.


Asthma Prevention Quality Indicators (PQIs and PDIs)
Younger Adults & Children
700
600
500
400
300
200
100
0
135
148
218
122
161
78
192
102
319
388
575
349
405
215
242
146
Asthma in younger adults (PQI #15)
Admission Rate Per 100,000 Recipients
Pediatric asthma (PDI #14)
Admission Rate Per 100,000 Recipients
NY State
NYC
Bronx
Brooklyn
Manhattan
Queens
Staten Island
Westchester


Asthma Prevention Quality Indicators (PQIs)
1400
1200
1000
800
600
400
200
0
500
510
720
464
484
346
688
478
814
822
1147
758
767
577
1115
801
All adult respiratory conditions composite
Admission rate per 100,000 recipients
Chronic obstructive pulmonary disease
and asthma in older adults
Admission rate per 100,000 recipients
NY State
NYC
Bronx
Brooklyn
Manhattan
Queens
Staten Island
Westchester

COPD and Tuberculosis

Between 2011 and 2012, tuberculosis (TB) morbidity decreased in New York State. The 2012 total of 866 cases (651 cases in New York City, 215 cases in the remainder of New York State) represents a 4.8 percent decrease from the 910 cases reported in 2011. The decline in morbidity was less in New York State than in the nation (4.8% and 5.4%, respectively).

New York State was sixth nationally with an incidence rate of 4.4 per 100,000 people in 2012. This rate is influenced by New York City, which had a TB case rate of 8.0/100,000. In contrast, New York State (exclusive of New York City) reported an incidence rate of 1.9/100,000. The national average for 2012 was 3.2/100,000. Asians, Hispanics, and blacks had higher rates of TB compared to whites, both in New York City and the rest of the state. Among individuals with drug susceptibilities reported in 2012, the number of multidrug-resistant (MDR TB) cases in New York City was 16.[81]

HIV/AIDS and STDs

Summary of incidence for sexually transmitted diseases (excluding tuberculosis):

Disease	Number of newly reported cases	Average NYC rate*	Highest zip code rate*
HIV/AIDS	3,481	43	268
Hepatitis B	10,536	129	1,326
Hepatitis C	10,021	123	1,343
Chlamydia	63,544	777	2,402
Gonorrhea	12,354	151	587
Syphilis	955	12	126
Tuberculosis	711	9	47

* per 100,000 New Yorkers

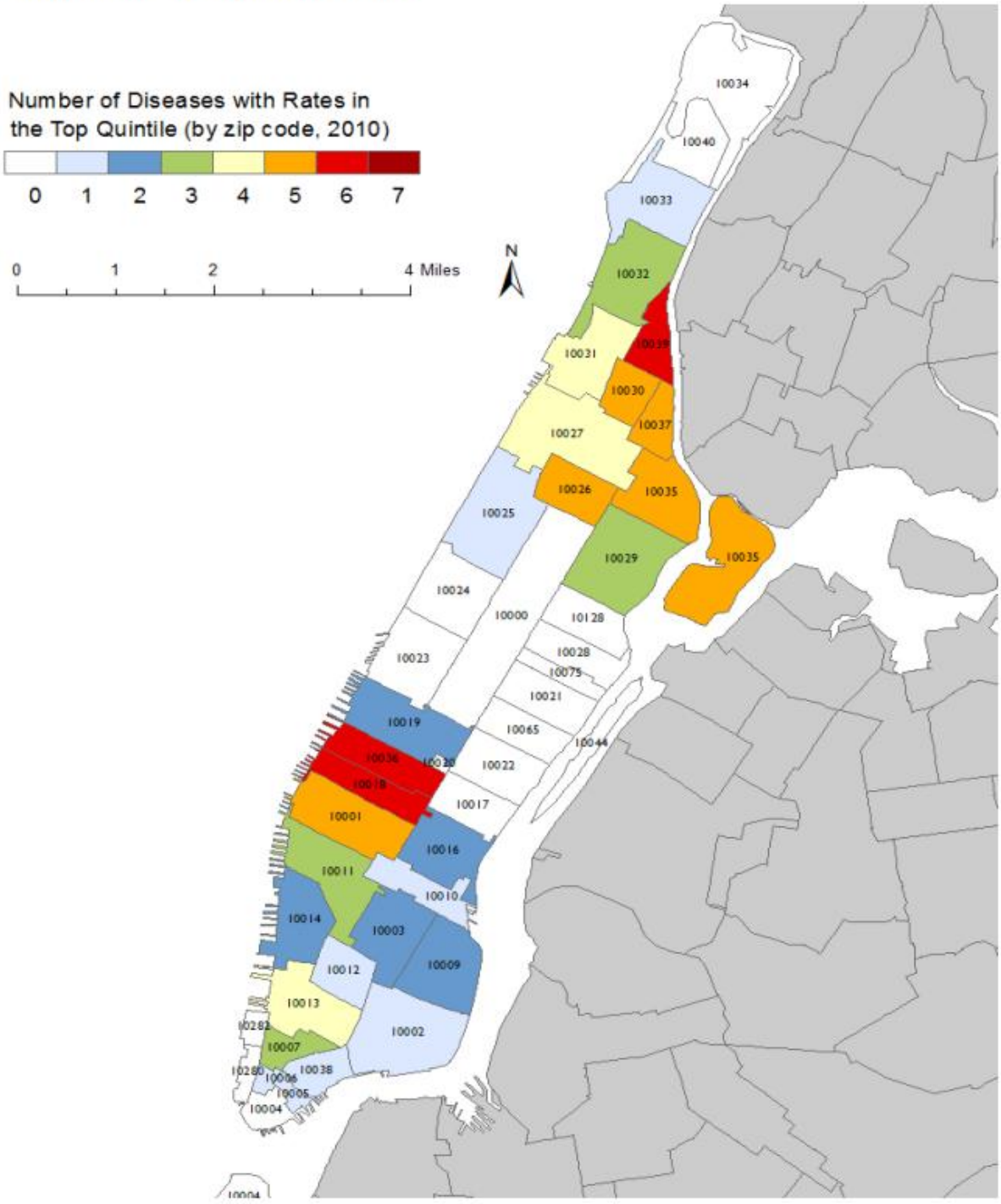
The following maps, taking from the NYC DOHMH 2010 surveillance data, show the neighborhoods in Manhattan and the Bronx with the highest incidences of HIV/AIDS, hepatitis B/C, chlamydia, gonorrhea, syphilis and tuberculosis.

[81] Bureau of Tuberculosis Control, *Tuberculosis in New York State 2012 Annual Statistical Report.* New York State Department of Health. 2012.

Map 6. Manhattan zip codes with rates of disease in the top quintile of all NYC zip codes

Diseases analyzed: HIV/AIDS, hepatitis B, hepatitis C, chlamydia, gonorrhea, syphilis, tuberculosis (TB)

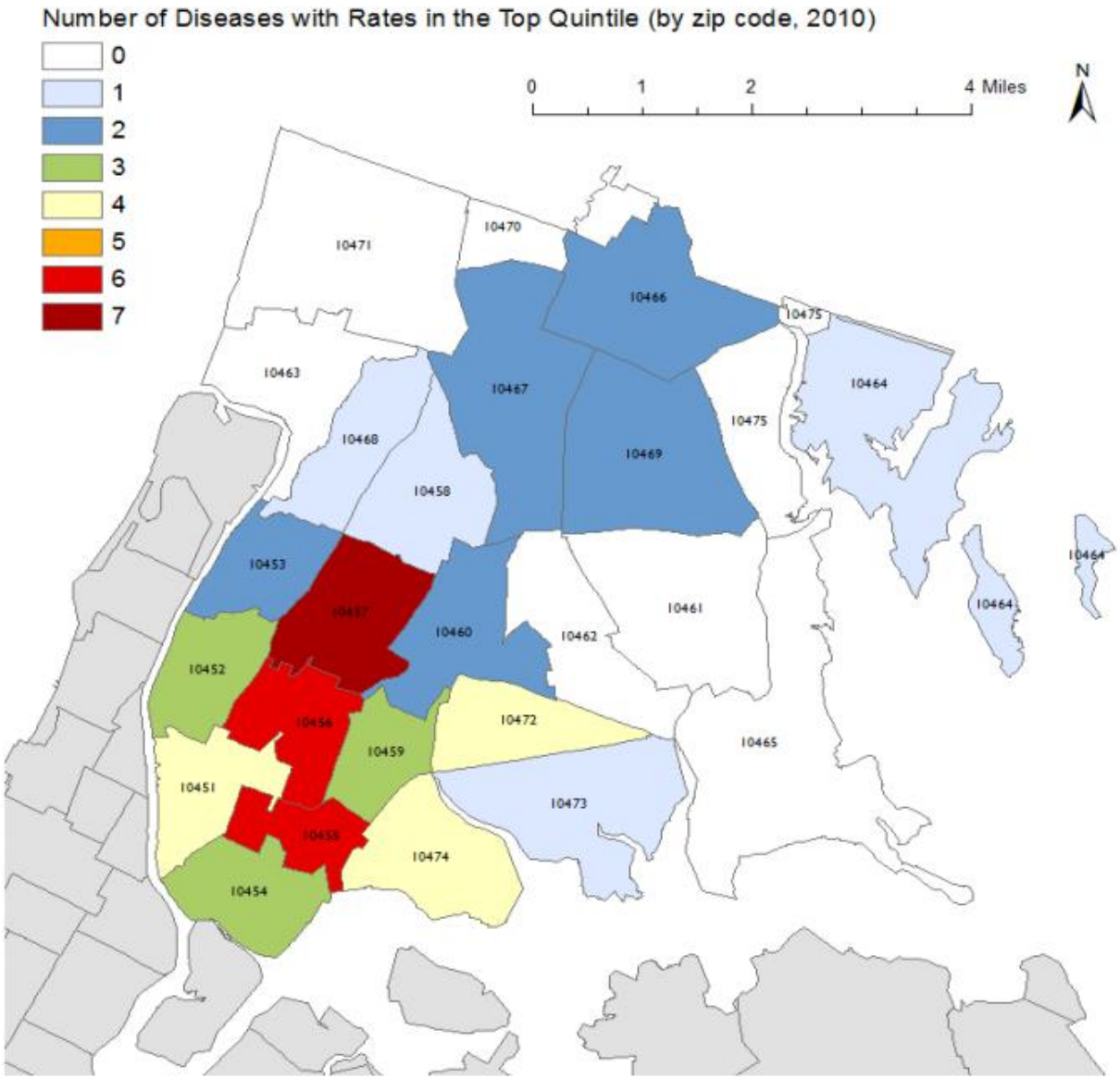
Sources: NYC DOHMH 2010 surveillance data - Bureau of HIV/AIDS Prevention and Control; Bureau of Communicable Disease; Bureau of STD Prevention and Control; Bureau of Tuberculosis Control



Map 8. Bronx zip codes with rates of disease in the top quintile of all NYC zip codes

Diseases analyzed: HIV/AIDS, hepatitis B, hepatitis C, chlamydia, gonorrhea, syphilis, tuberculosis (TB)

Sources: NYC DOHMH 2010 surveillance data - Bureau of HIV/AIDS Prevention and Control; Bureau of Communicable Disease; Bureau of STD Prevention and Control; Bureau of Tuberculosis Control



HIV/AIDS

With access to proper treatment, HIV does not always progress to AIDS. Yet AIDS is still the fourth leading cause of death in both Manhattan and the Bronx resulting in 38 and 55 deaths in 2012, respectively. AIDS is also the fifth leading cause of death in Brooklyn, resulting in 38 deaths in 2012. Overall, AIDS is the fifth leading cause of premature death in New York City.[82] AIDS is the fourth leading cause of premature death in the Bronx and Manhattan. Since 2008 20% of those diagnosed with HIV were concurrently diagnosed with AIDS.

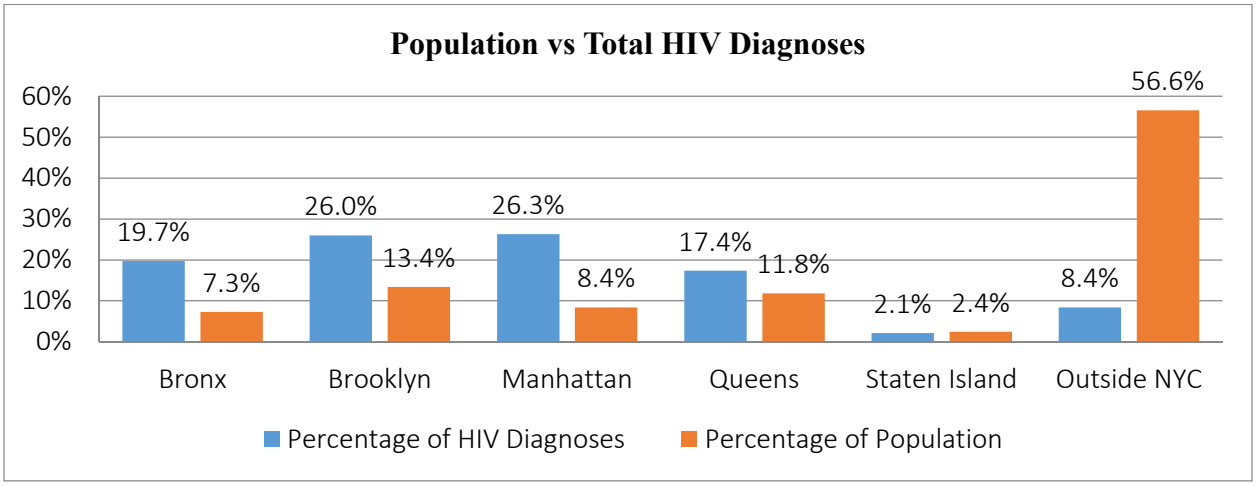
Persons Living with HIV/AIDS by Borough in 2011				
Borough	**Persons living with HIV/AIDS**	**Persons living with HIV/AIDS per 100,000 population**	**Deaths among persons with HIV/AIDS**	**Deaths among persons with HIV/AIDS per 1,000 PWHA**
	113319	1370.3	1690	14.7
Bronx	23748	1701.2	442	18.3
Brooklyn	27788	1093.9	493	17.4
Manhattan	33755	2101.7	446	13
Queens	16245	719.9	199	12.1
Staten Island	1929	409.6	41	20.8
Outside NYC	9247	NA	62	NA
Unknown	607	NA	7	NA

In 2012, out of the 53,901 Medicaid beneficiaries living with HIV in New York State, 94% lived in the Mount Sinai PPS service area, with 63% of HIV positive individuals split between Brooklyn and the Bronx.[83]

Medicaid Beneficiaries With HIV								
	NYS	**NYC Area**	**Bronx**	**Brooklyn**	**Manhattan**	**Queens**	**Staten Island**	**Westchester**
Total HIV Diagnoses	53,901	50,532	15,674	16,263	10,018	6,984	1,045	548
% by county			31%	32%	20%	14%	2%	1%

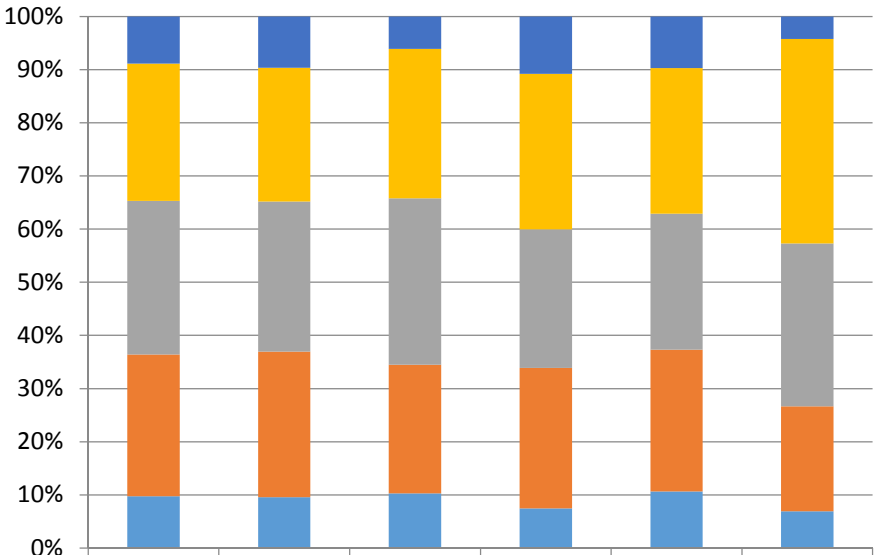
[82] New York State Department of Vital Statistics, 2012.
[83] New York State Department of Health, 2012.

New York City's newly diagnosed HIV case rate per 100,000 is almost double the New York State rate, with the highest case rate in Manhattan followed by the Bronx.[84]



[84] New York Prevention Agenda Dashboard, 2012.

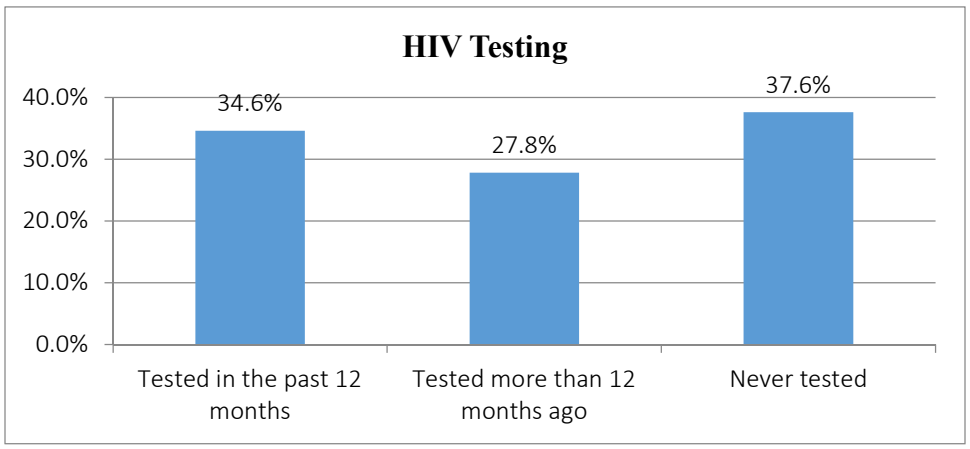
Distribution of HIV/AIDS Diagnoses by Area-based Poverty



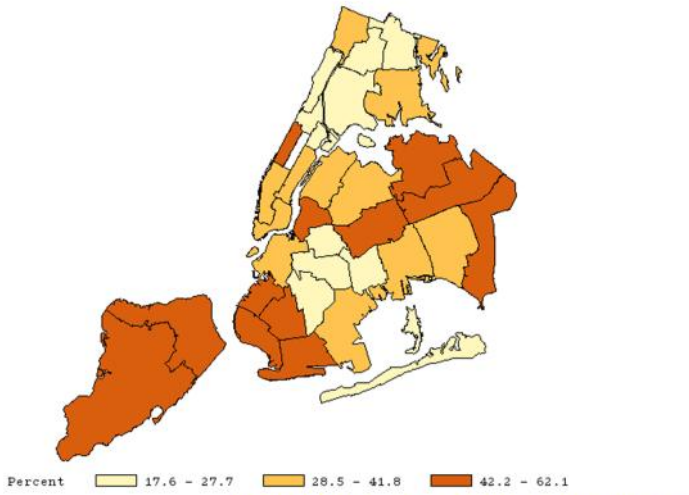
	% Total Diagnoses	% HIV only	% HIV/AIDS	AIDS Diagnoses	% PLWHA as of 6/30/2013	% Deaths
Area-based poverty level not available	8.9%	9.7%	6.1%	10.8%	9.7%	4.2%
Very high poverty (>=30% below FPL)	25.8%	25.2%	28.1%	29.2%	27.4%	38.5%
High poverty (20 to <30% below FPL)	28.9%	28.3%	31.3%	26.0%	25.5%	30.6%
Medium poverty (10 to <20% below FPL)	26.7%	27.4%	24.2%	26.5%	26.7%	19.7%
Low poverty (<10% below FPL)	9.7%	9.6%	10.3%	7.4%	10.6%	6.9%

Despite only having 8.4 % of the population of New York State, Manhattan had 26.3% of the new HIV diagnoses in 2013. The HIV Epidemiology and Field Services Program surveillance report found that 81.2% of newly diagnosed HIV cases were in males. The risk of being diagnosed with HIV escalates quickly as poverty increases, with over 50% of cases occurring in those with high to very high poverty. Even with these staggeringly high diagnoses rates, 37.6% of adults in the New York City service area report having never been tested for HIV. To note, this is better than the state average, where 46% report never having a HIV test.[85]

[85] Kaiser Family Foundation State Data



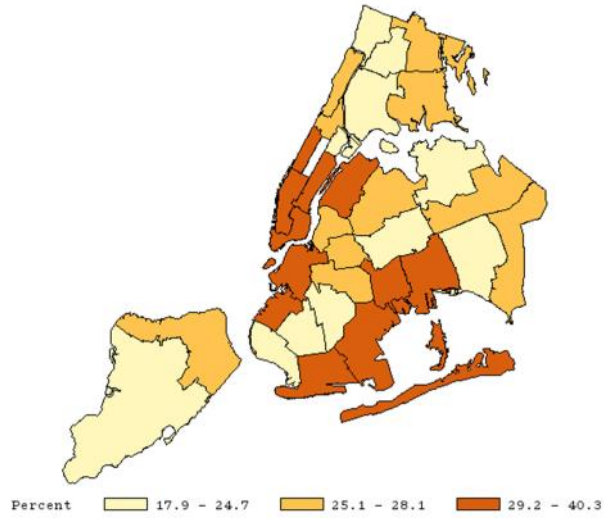
NYC Community Health Survey 2012
Percentage who have never had an HIV test by neighborhood



Bureau of Epidemiology Services, NYC DOHMH

NYC Community Health Survey 2012

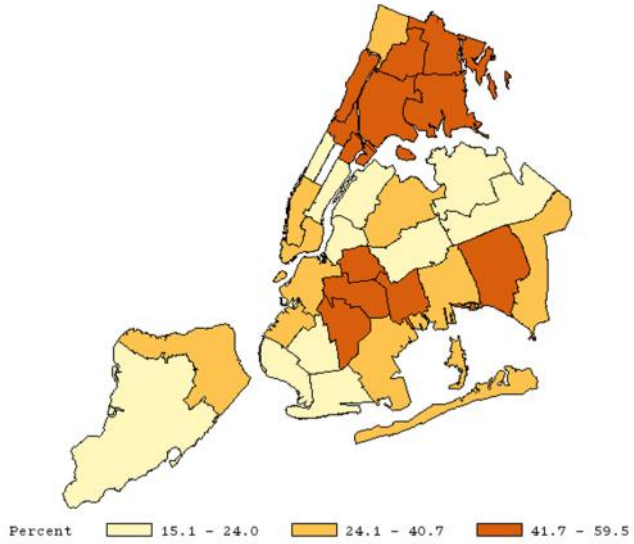
Percentage who have more then a year ago had an HIV test by neighborhood



Bureau of Epidemiology Services, NYC DOHMH

NYC Community Health Survey 2012

Percentage who have in the last year had an HIV test by neighborhood



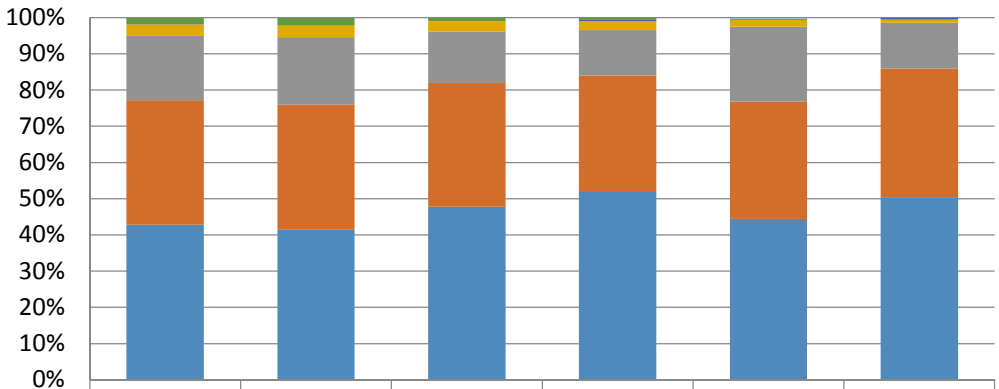
Bureau of Epidemiology Services, NYC DOHMH

Throughout New York City, there are very prominent disparities amongst different racial groups in the rates of new HIV diagnoses. Across all boroughs, African Americans have much higher prevalence rates of new HIV diagnoses compared to whites. Also across all boroughs, Hispanics have much higher prevalence rates of new HIV diagnoses compared to whites. These statistics indicate these high-risk populations may benefit from enhanced educational and prevention focused interventions.

According to the Mount Sinai Institute for Advanced Medicine, areas in New York City with the highest HIV incidence are Center/East Harlem and Chelsea.[86]

There has been progress in improving the incidence of HIV/AIDS. In 2000, there were 4,581 newly diagnosed cases of HIV and 2,538 AIDS deaths in New York City. The rate of new diagnoses has decreased steadily to 2,585 in 2012. The AIDS death total in New York City was 1,294 in 2012, an almost 50% decrease.[87]

Ethnicity Distribution of HIV/AIDS Diagnoses

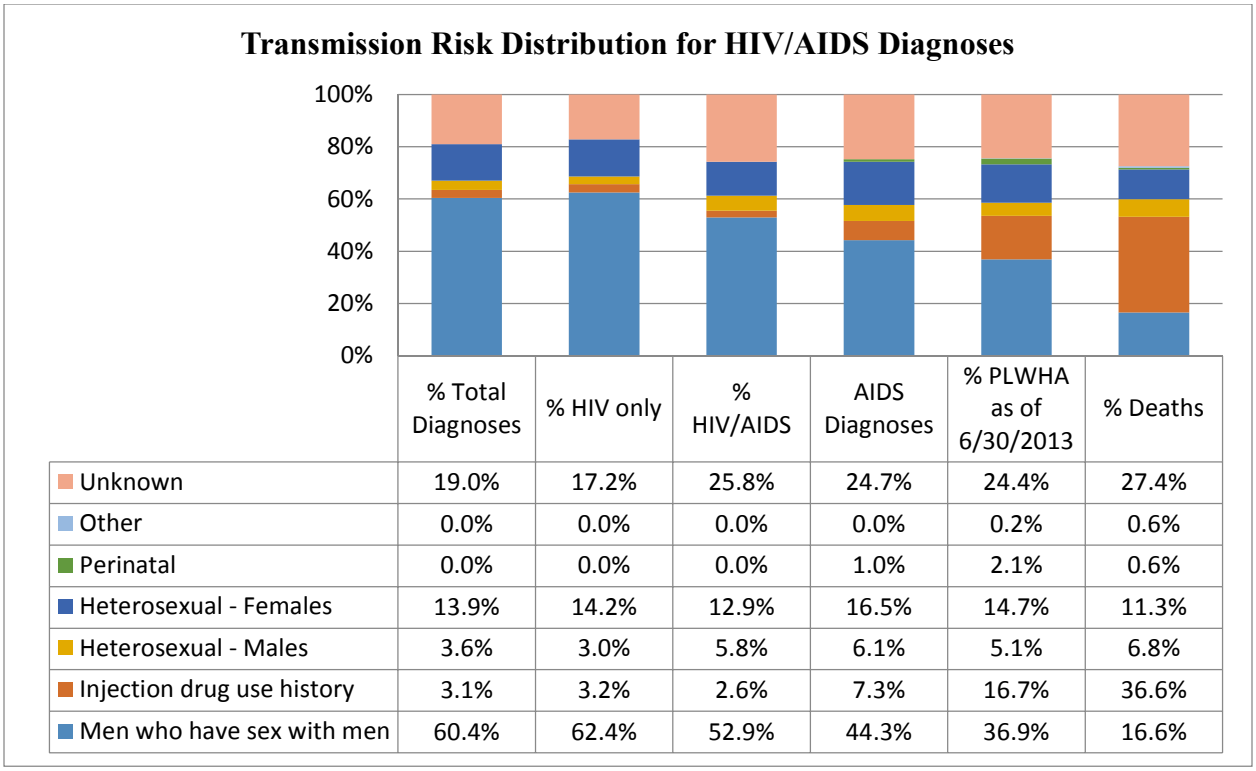


	% Total Diagnoses	% HIV only	% HIV/AIDS	AIDS Diagnoses	% PLWHA as of 6/30/2013	% Deaths
Unknown	0.0%	0.0%	0.0%	0.0%	0.3%	0.0%
Multiracial	1.8%	2.0%	1.0%	0.7%	0.1%	0.1%
Native American	0.1%	0.1%	0.0%	0.3%	0.2%	0.4%
Asian/Pacific Islander	3.2%	3.3%	2.9%	2.5%	1.8%	0.9%
White	17.7%	18.7%	14.2%	12.5%	20.7%	12.6%
Hispanic	34.4%	34.5%	34.2%	31.9%	32.4%	35.5%
Black	42.8%	41.5%	47.7%	52.1%	44.4%	50.5%

Black and Hispanic residents account for over 77% of the new diagnoses in the New York City Area, and 85% of the concurrent HIV/AIDS infections. Despite whites accounting for the 20.7% of the people living with HIV/AIDS, they are only 12.6% of the deaths, leaving the burden on the black and Hispanic community. These numbers are supported by the borough assessment, where the Bronx and Brooklyn with their higher levels of poverty account for 48% of the PLWHA of New York City and yet 58.7% of the deaths.

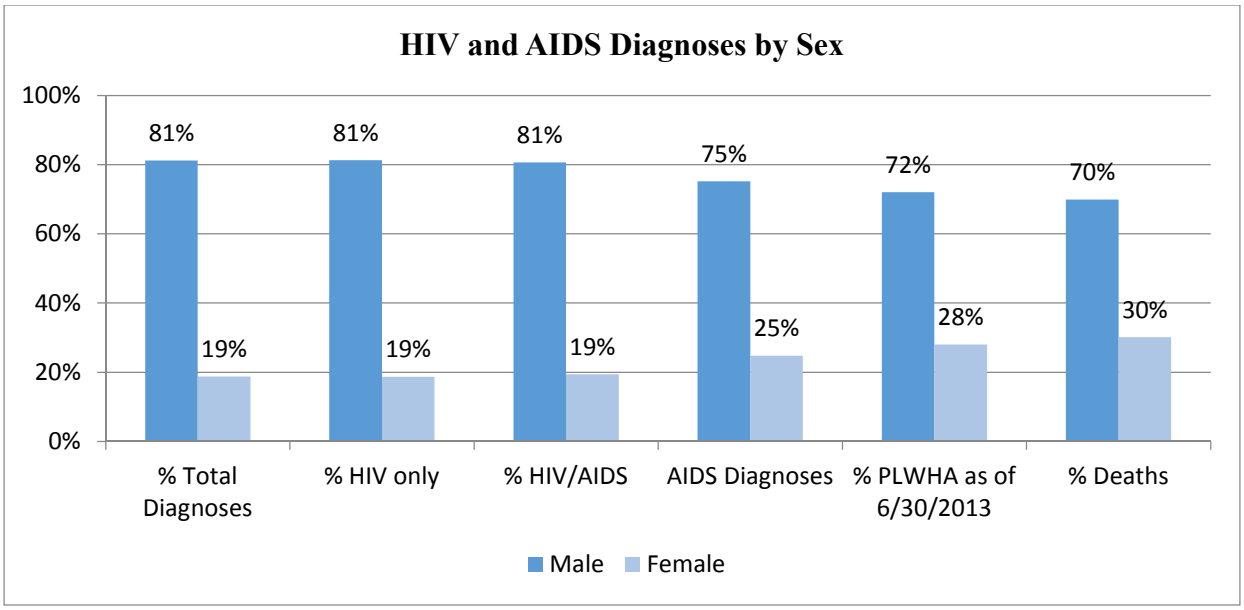
[86] Ibid.

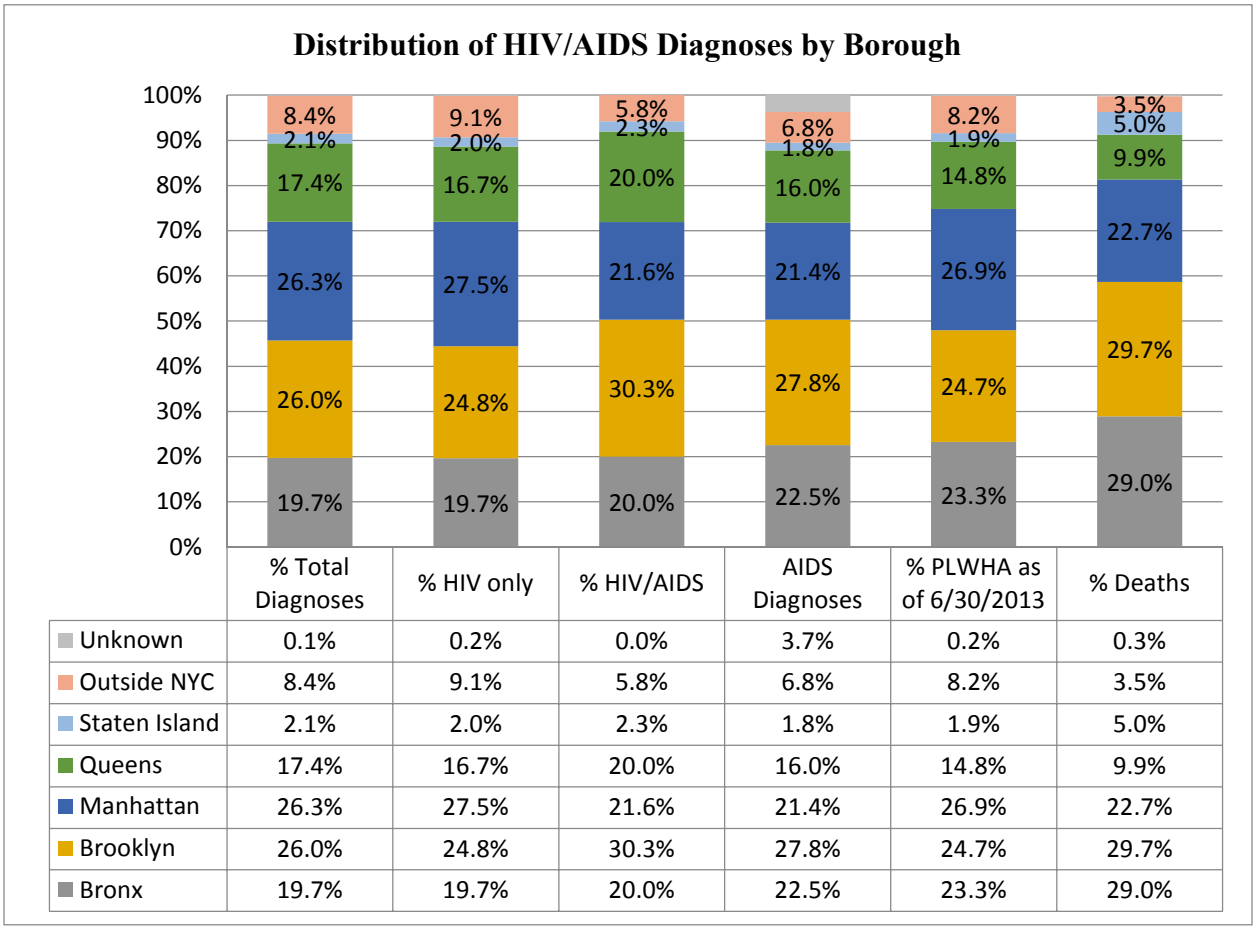
[87] New York State HIV/AIDS Surveillance Annual Report, 2012.



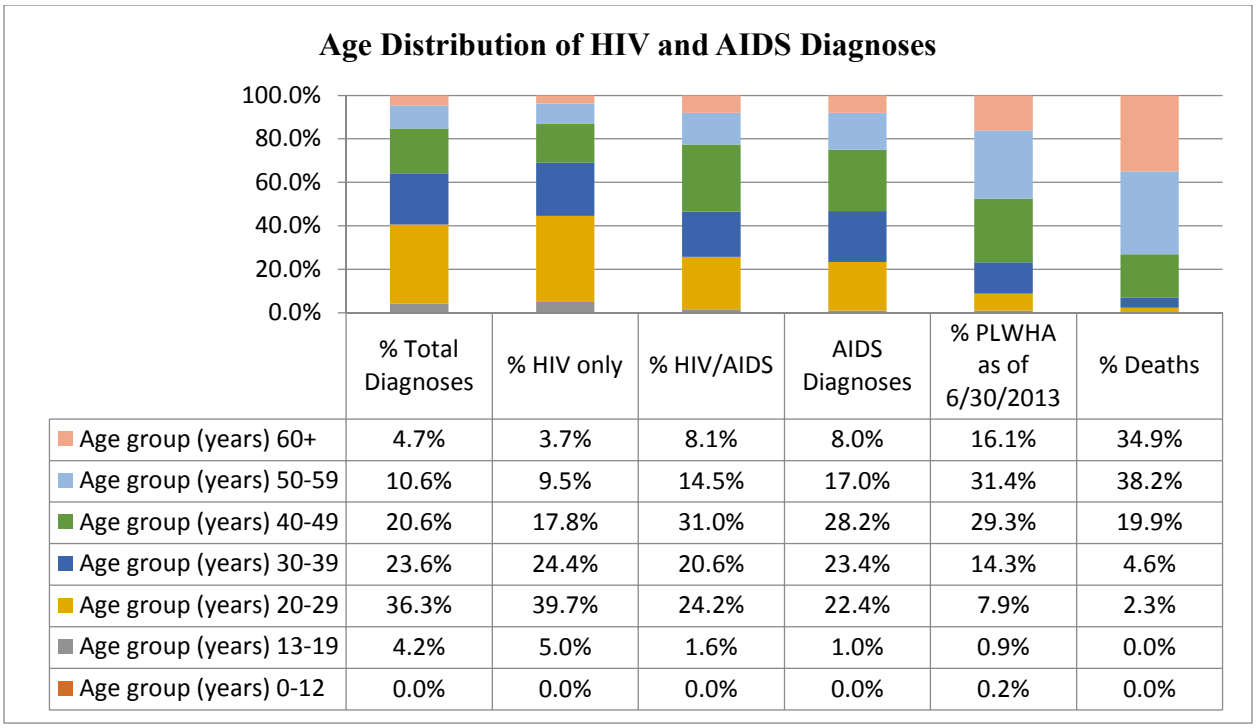
	% Total Diagnoses	% HIV only	% HIV/AIDS	AIDS Diagnoses	% PLWHA as of 6/30/2013	% Deaths
Unknown	19.0%	17.2%	25.8%	24.7%	24.4%	27.4%
Other	0.0%	0.0%	0.0%	0.0%	0.2%	0.6%
Perinatal	0.0%	0.0%	0.0%	1.0%	2.1%	0.6%
Heterosexual - Females	13.9%	14.2%	12.9%	16.5%	14.7%	11.3%
Heterosexual - Males	3.6%	3.0%	5.8%	6.1%	5.1%	6.8%
Injection drug use history	3.1%	3.2%	2.6%	7.3%	16.7%	36.6%
Men who have sex with men	60.4%	62.4%	52.9%	44.3%	36.9%	16.6%

The most common source of transmission is men who have sex with me, with over 60% of newly diagnosed HIV cases. Purely among women, heterosexual sex accounts for 73.8% of transmission, which overall accounts for 13.9% of transmission. Interestingly, there is a solid shift between transmission source of new cases versus the numbers of people living with HIV/AIDS and the number of deaths. While men who have sex with men (MSM) account for over half of all new cases, they only account for 16.6% of deaths. Despite having such a low transmission rate currently, only 3.1%, a history of injection drug use accounts for the largest number of deaths at 36.6%.



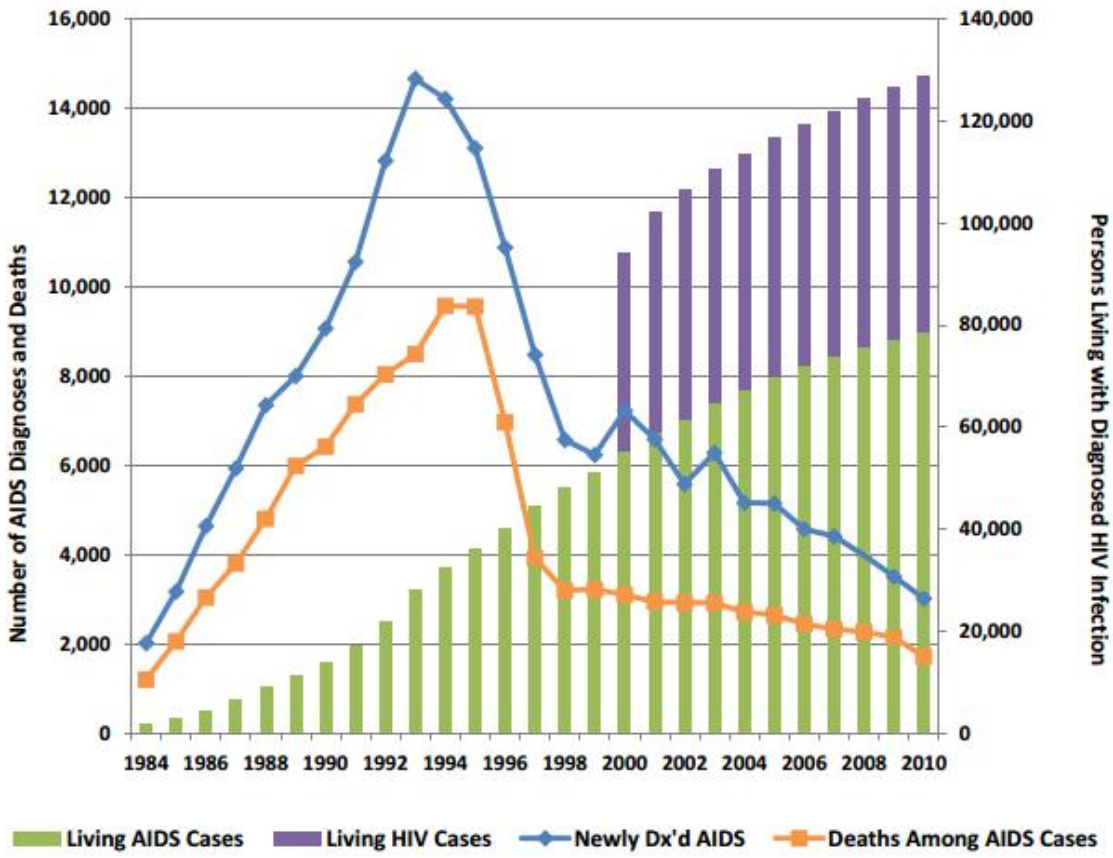


	% Total Diagnoses	% HIV only	% HIV/AIDS	AIDS Diagnoses	% PLWHA as of 6/30/2013	% Deaths
Unknown	0.1%	0.2%	0.0%	3.7%	0.2%	0.3%
Outside NYC	8.4%	9.1%	5.8%	6.8%	8.2%	3.5%
Staten Island	2.1%	2.0%	2.3%	1.8%	1.9%	5.0%
Queens	17.4%	16.7%	20.0%	16.0%	14.8%	9.9%
Manhattan	26.3%	27.5%	21.6%	21.4%	26.9%	22.7%
Brooklyn	26.0%	24.8%	30.3%	27.8%	24.7%	29.7%
Bronx	19.7%	19.7%	20.0%	22.5%	23.3%	29.0%



	% Total Diagnoses	% HIV only	% HIV/AIDS	AIDS Diagnoses	% PLWHA as of 6/30/2013	% Deaths
Age group (years) 60+	4.7%	3.7%	8.1%	8.0%	16.1%	34.9%
Age group (years) 50-59	10.6%	9.5%	14.5%	17.0%	31.4%	38.2%
Age group (years) 40-49	20.6%	17.8%	31.0%	28.2%	29.3%	19.9%
Age group (years) 30-39	23.6%	24.4%	20.6%	23.4%	14.3%	4.6%
Age group (years) 20-29	36.3%	39.7%	24.2%	22.4%	7.9%	2.3%
Age group (years) 13-19	4.2%	5.0%	1.6%	1.0%	0.9%	0.0%
Age group (years) 0-12	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%

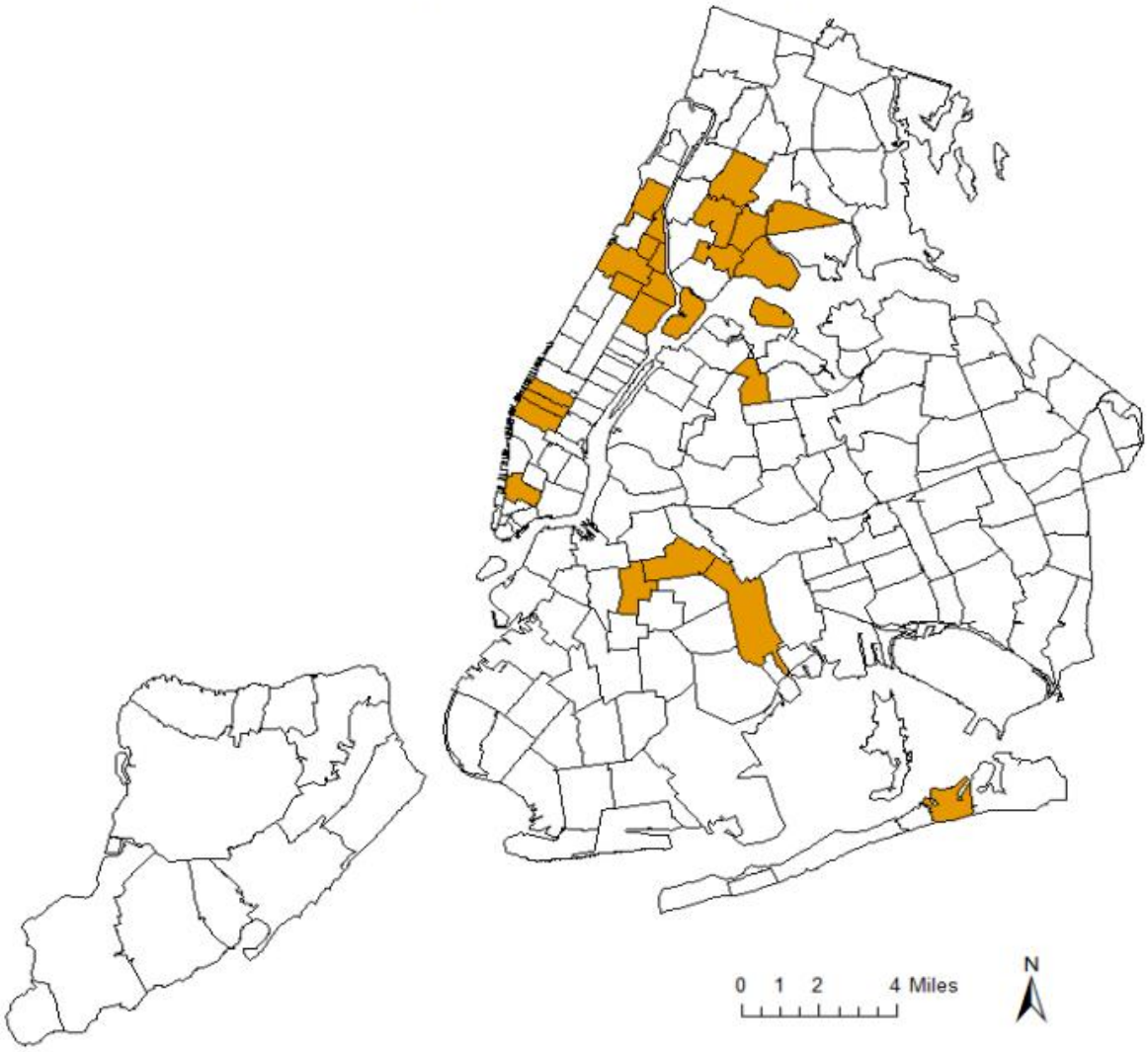
Trends in HIV and AIDS cases, New York City, 1984-2010[88]



[88] http://www.health.ny.gov/diseases/aids/general/statistics/epi/docs/2012_epidemiologic_profile.pdf

Map 2. New York City zip codes with rates of hepatitis C and HIV/AIDS in the top quintile of all zip codes

Sources: NYC DOHMH 2010 surveillance data - Bureau of Communicable Disease 2010; Bureau of HIV/AIDS Prevention and Control

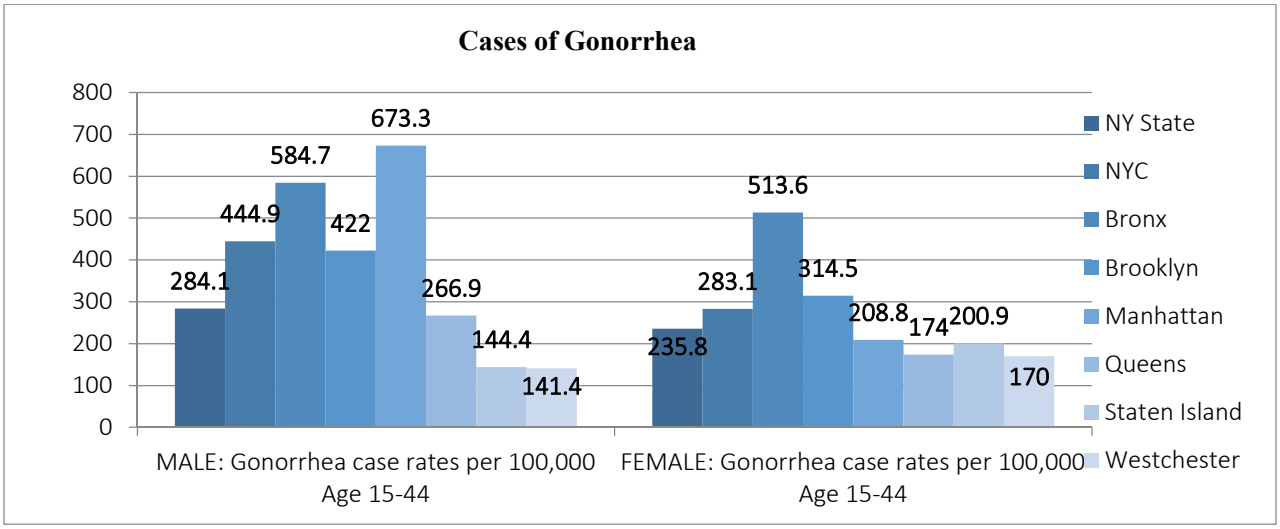


The map above shows the neighborhoods where rates of hepatitis C and HIV/AIDS are in the top quintile of all zip codes for incidence.

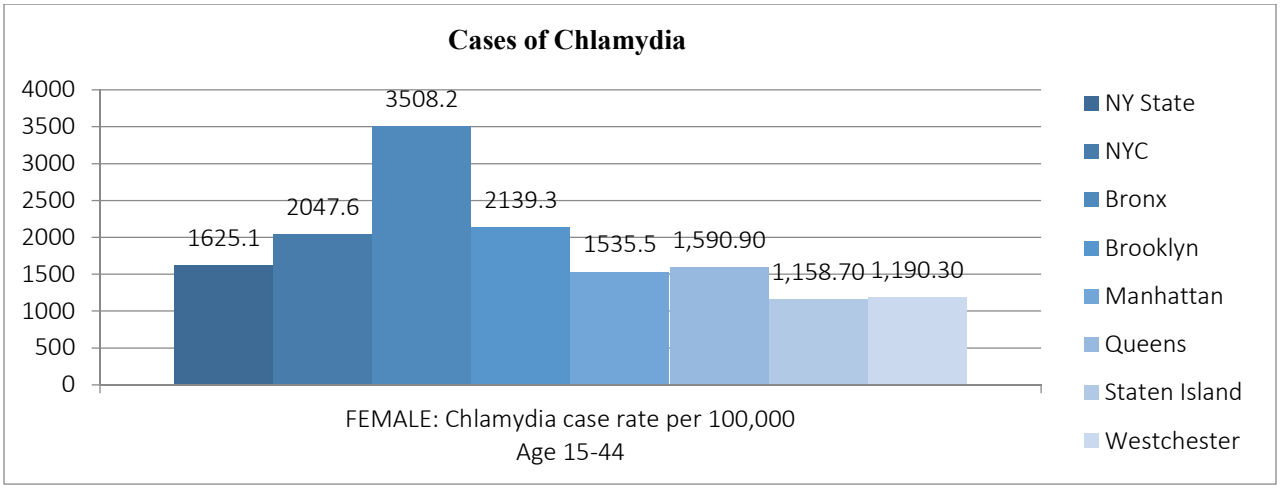
Chlamydia, Gonorrhea, and Syphilis

In addition to having a large number of Medicaid beneficiaries living with HIV/AIDS, New York City has considerably higher case rates of sexually transmitted diseases (STDs) when compared to New York State, particularly among males between the age of 15 and 44. The case

rate of gonorrhea for males living in New York City is about double the case rate of New York State, with especially high rates in Manhattan and the Bronx. Case rates of gonorrhea for women living in the Bronx are exceedingly higher than the state rate and compared to other boroughs.



Similarly, case rates of chlamydia for women living in the Bronx are considerably higher than the state rate, and compared to other boroughs. [89]

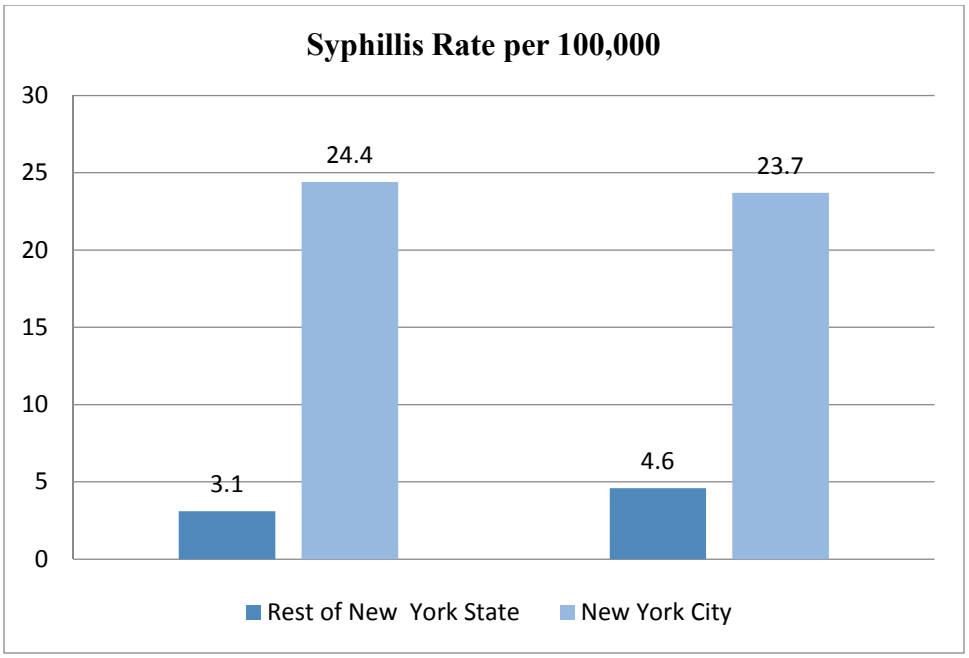


Data indicates that syphilis rates in New York City are almost eight times as high as the rest of the state for late and early syphilis.[90] Nationally, New York ranks as tenth highest state with primary and secondary syphilis cases.[91]

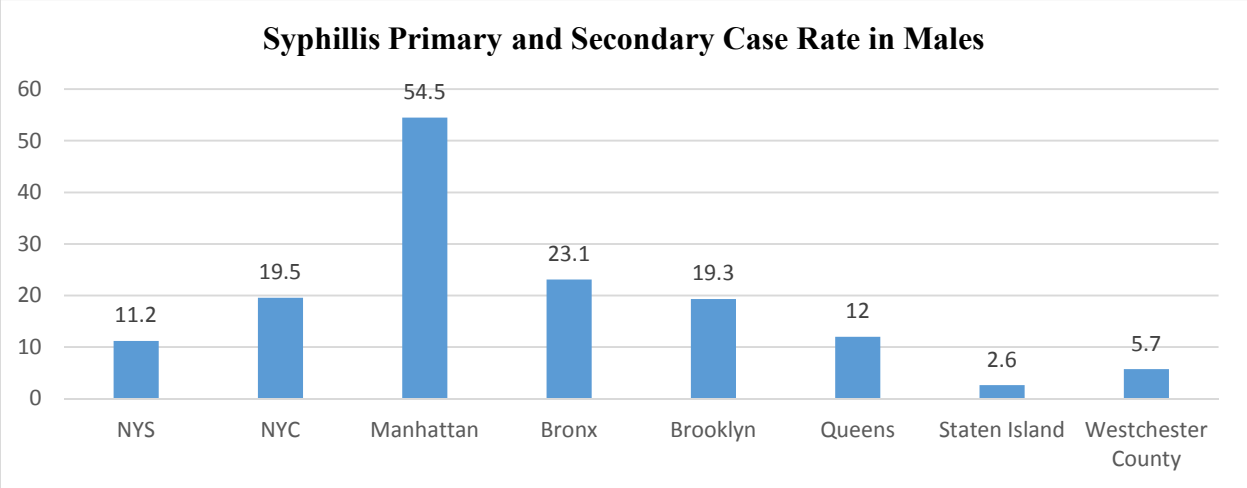
[89] [Ibid]

[90] NY State Rate per 100,000 Population by Disease and County: Strep Group B Invasive - Vibrio Non-Cholera, 2011

[91] CDC Syphilis Profiles, 2010

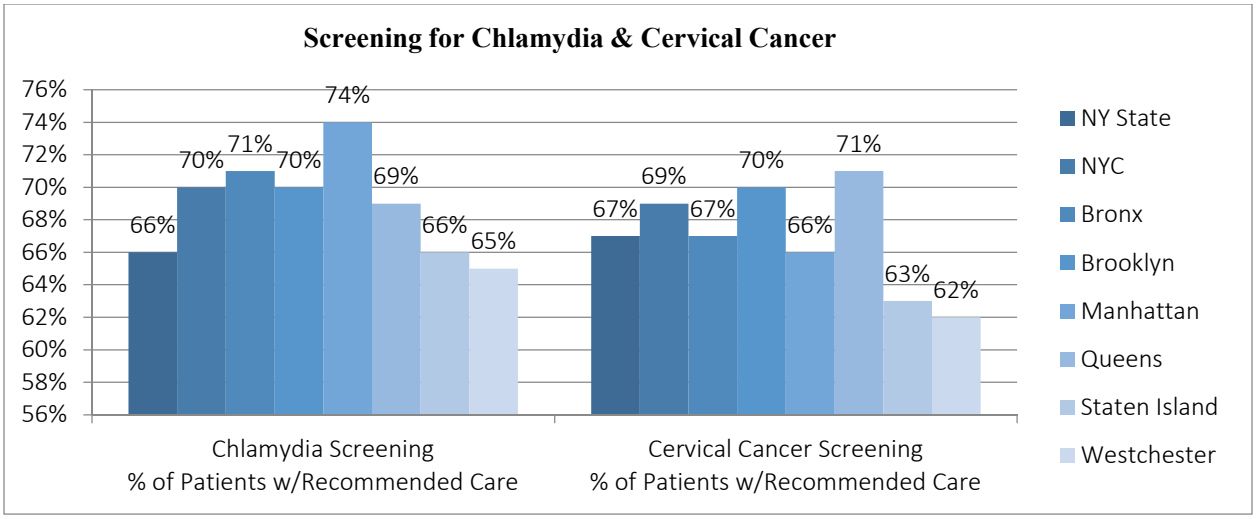


For syphilis primary and secondary case rates in males, Manhattan rates are significantly higher than the other boroughs.[92]



HEDIS measures indicate that screening rates for STDs can be improved upon. Although the New York City screening rates are higher than the state average, there is still plenty of room for improvement across the state and across all boroughs. [93]

[92] NYSDOH STD Statistical Abstract, 2009
[93] New York State Department of Health HEDIS Measures, 2012 data.



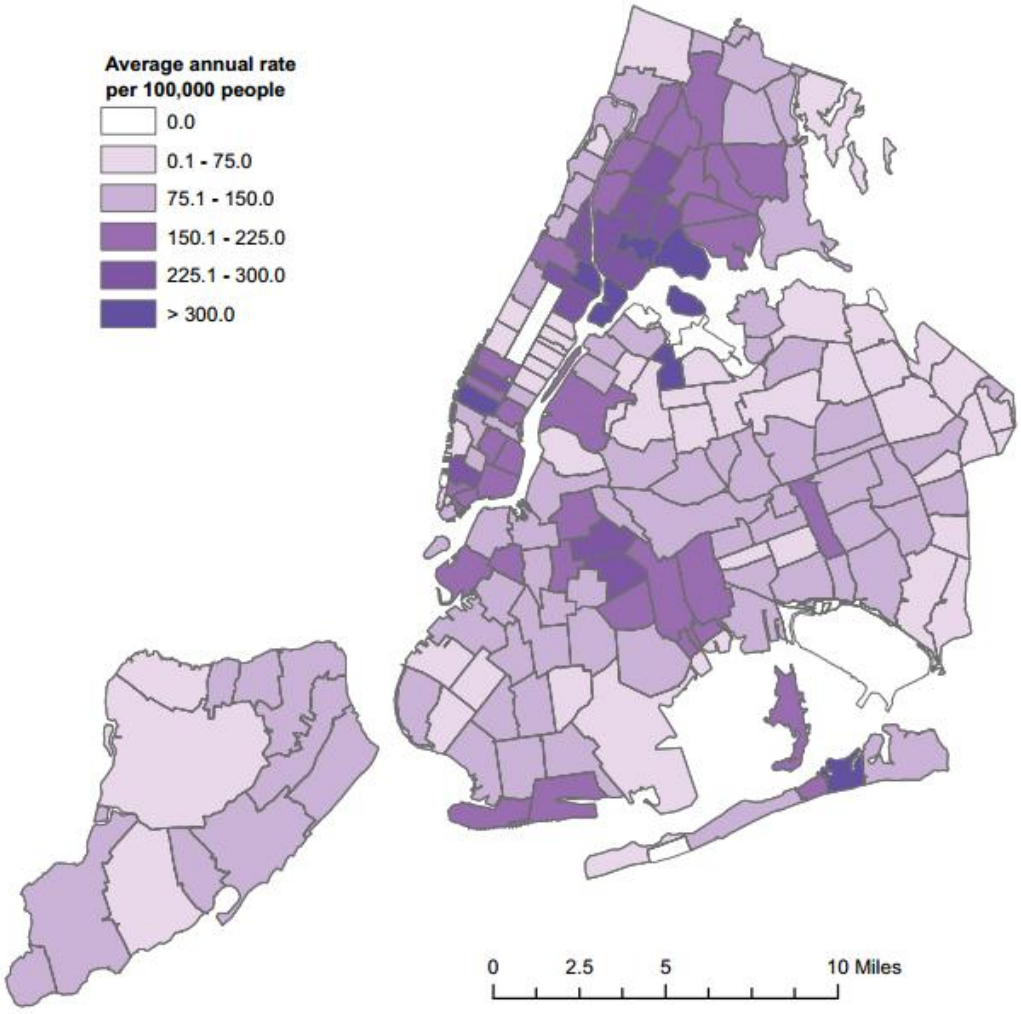
Hepatitis

According to the New York City Department of Health and Mental Hygiene, "Hepatitis A infection usually only lasts a few weeks, but the hepatitis B and hepatitis C viruses can cause life-long infection. Without diagnosis or treatment, hepatitis B and C can lead to severe liver disease, cirrhosis, liver cancer and death." Both hepatitis B and hepatitis C are spread through risky behaviors such as unsafe sex and intravenous drug use.

In 2009, the rate of Hepatitis C new diagnosis was 129.7 per 100,000 people. Men were diagnosed at a higher rate than females, and most were patients 50-59 years old. The borough with the highest rate of diagnosis is the Bronx.[94]

[94] NYC Hepatitis A/B/C Surveillance Report, 2009.

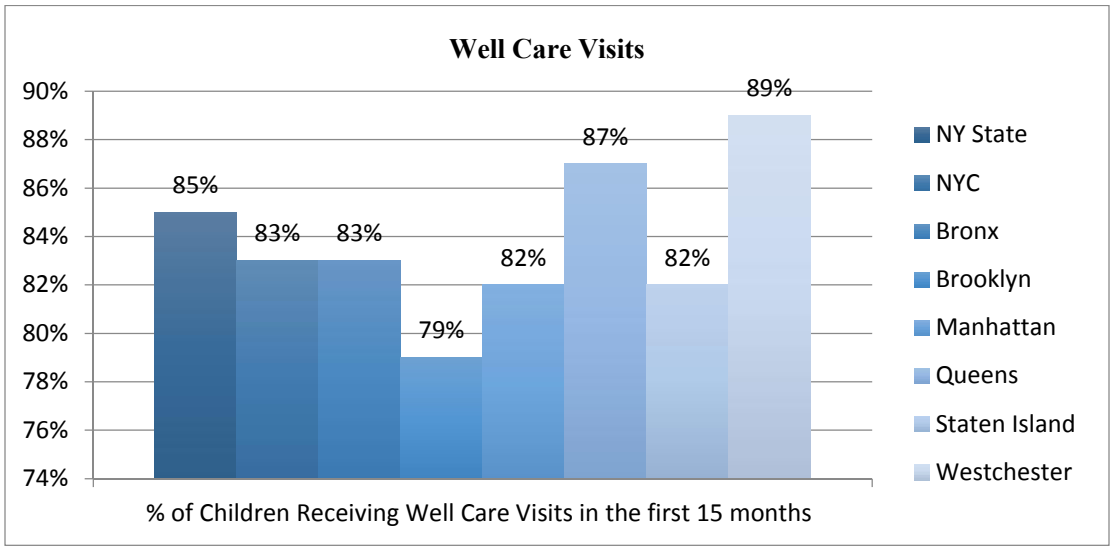
Map 4. People Newly Reported with Chronic Hepatitis C in New York City, by ZIP Code, 2008 and 2009.



Perinatal care and healthy women, infants, and children

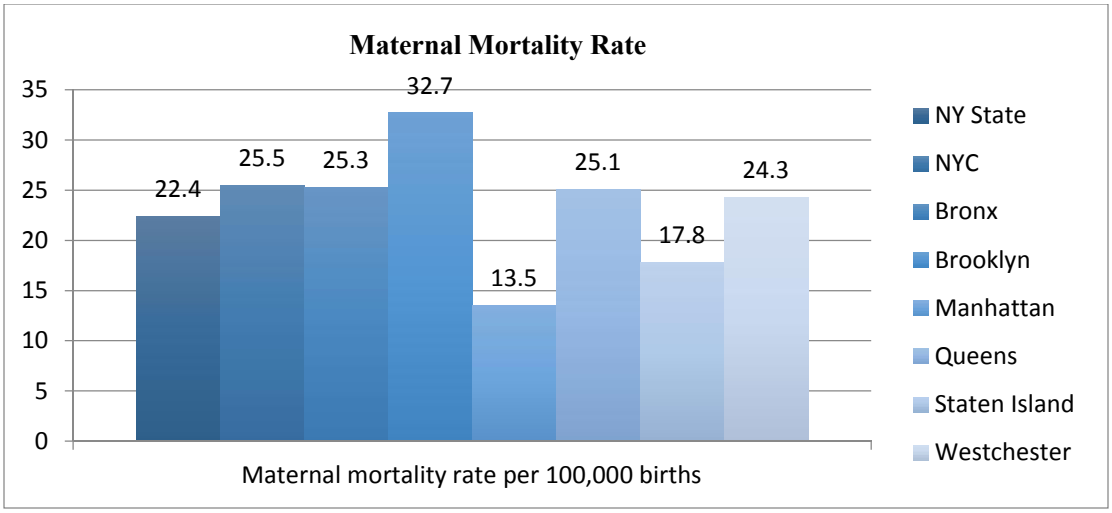
The perinatal care period is typically defined as the period between the 22nd week of gestation through the 7th day after delivery. Perinatal care is closely related to maternal health and is an important support system for pregnant women.[95]

HEDIS measures show that the percentage of children receiving Well Care Visits in the first 15 months of life throughout the New York City region is similar to the state average. However, there is still room for improvement, particularly in Brooklyn where the percentage is the lowest compared to other boroughs.[96]

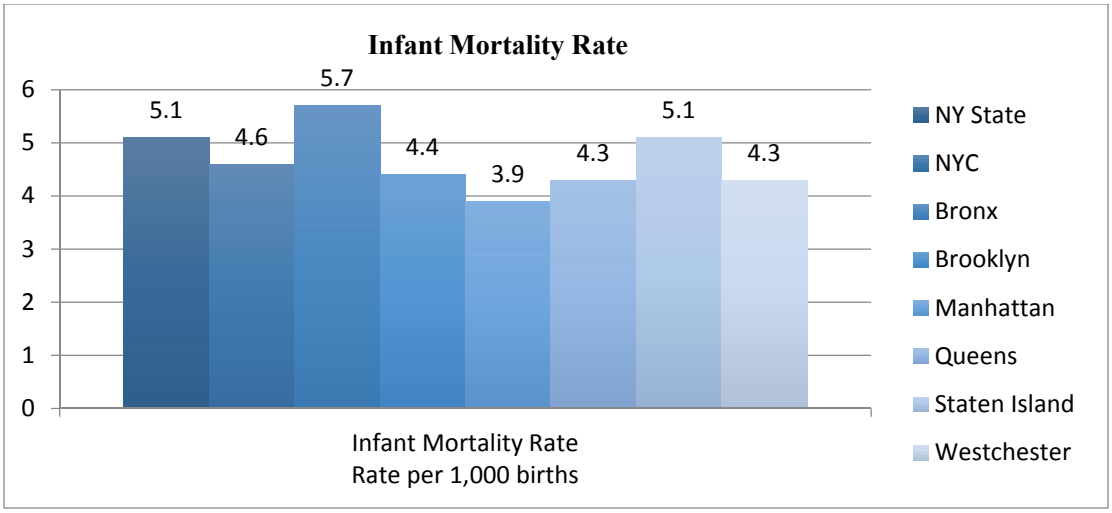


Maternal mortality rates among Medicaid women in New York City were higher than the state average, with the highest maternal mortality rate in Brooklyn, followed by the Bronx, Queens, and Westchester County.[97] Brooklyn has the highest rate of maternal mortality.[98]

[95] World Health Organization, Maternal and Perinatal Health. Web. Oct 17, 2014.
[96] New York State Department of Health HEDIS Measures, 2012 data.
[97] Note that maternal mortality for Manhattan are statistically insignificant.
[98] New York State Department of Vital Statistics, , 2012 data.



Infant mortality rates in New York City are lower than the New York State average, with the Bronx having the highest infant mortality rate across all boroughs and slightly higher than the state average.[99]

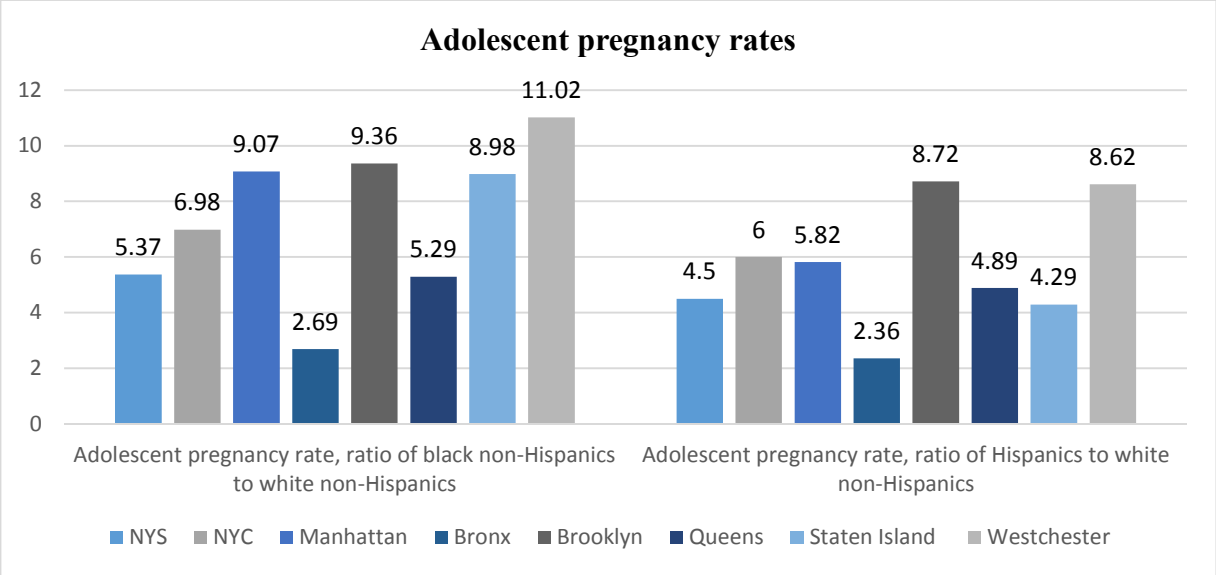


While the percentage of preterm births in New York City is identical to New York State (both at 10.8%), there are some disparities amongst different racial groups. Across all boroughs, African Americans have higher rates of preterm births compared to whites, with the greatest disparity in Brooklyn. Similarly, Hispanics have a higher rate of preterm births compared to whites, with the greatest disparity in Brooklyn.[100]

[99] New York State Kids' Well-Being Indicators Clearinghouse, 2009-2011.
[100] New York Prevention Agenda Dashboard, 2012.

Ratio of Preterm Births Amongst Different Races (ratio of percentages)								
	NYS	NYC	Bronx	Brooklyn	Manhattan	Queens	Staten Island	Westchester
Ratio of Black non-Hispanics to White non-Hispanics	1.62	1.80	1.41	2.12	1.65	1.71	1.72	1.47
Ratio of Hispanics to White non-Hispanics	1.25	1.39	1.21	1.60	1.27	1.37	1.18	1.13

With adolescent pregnancy rates, there are significant disparities between black non-Hispanics and white non-Hispanics, as well as between Hispanics and white non-Hispanics. The greatest disparities are in Westchester County, Brooklyn and Manhattan, suggesting that there are some differences in sexual health education or social norms between ethnicities in those boroughs more than others.[101]



[101] NY Prevention Agenda, 2012

Healthy/unhealthy behaviors

Chronic diseases – including heart disease, stroke, diabetes, obesity, cancer, and arthritis – account for approximately 75% of the nation's health care costs.[102] These conditions are not only prevalent in New York City (as seen in the topline cardiovascular, diabetes, and asthma data highlighted above), they are also aligned with the New York Prevention Agenda "Prevent Chronic Disease Plan," which prioritizes reducing obesity in adults and children, reducing illness and death related to tobacco use, and increasing access to high quality chronic disease preventive care in clinical and community settings.[103]

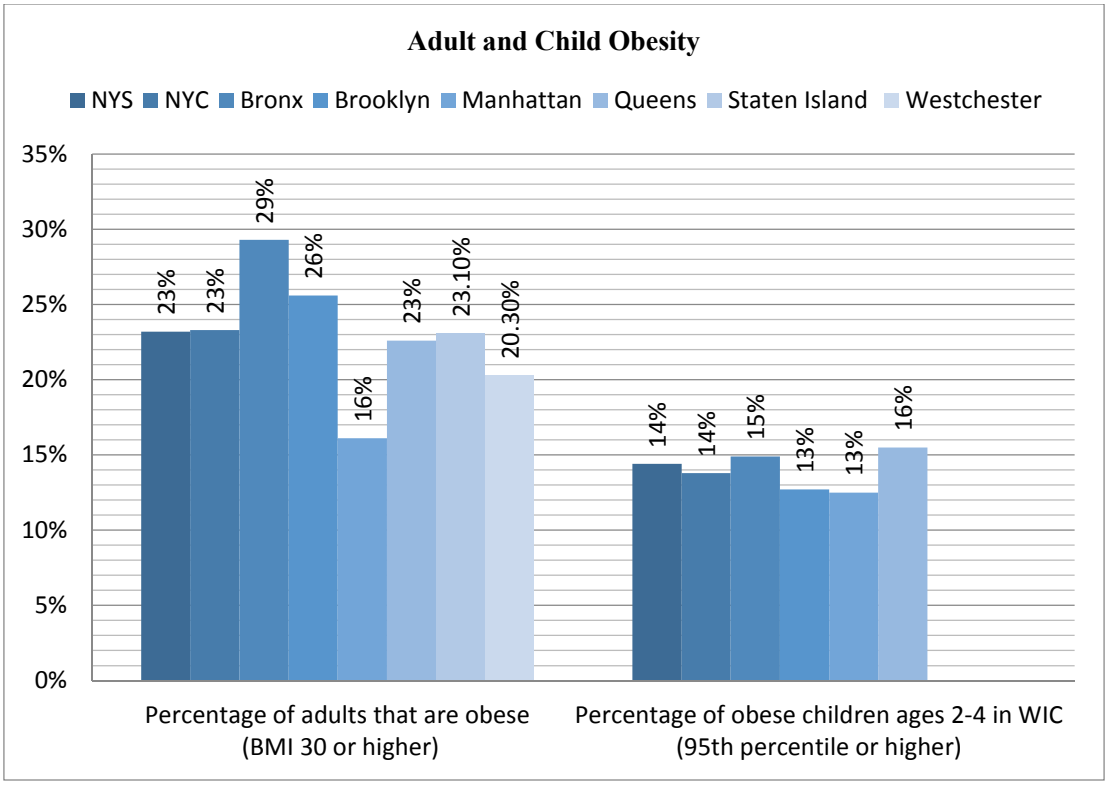
Nearly one in four adults are obese in New York City, with the Bronx having nearly double the percentage of obese adults (29%) compared to Manhattan (16%).[104] The percentage of young children participating in the Women, Infants, and Children (WIC) program that are obese is the same both statewide and in New York City at 14%, with Queens having the greatest proportion of obese children.[105]

[102] Centers for Disease Control and Prevention, Chronic Disease Prevention and Health Promotion, www.cdc.gov/chronicdisease/overview/index.htm.

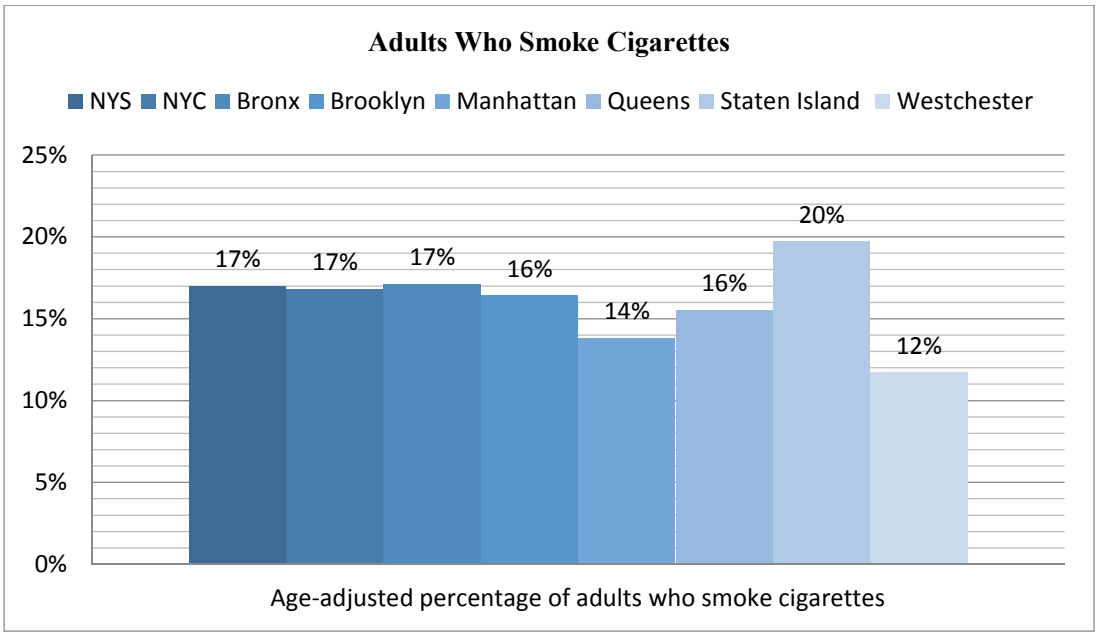
[103] New York State Department of Health, Prevention Agenda 2013-2017: New York State's Health Improvement Plan for 2013-2017, Preventing Chronic Disease Action Plan.

[104] 2008-2009 NYS Expanded Behavioral Risk Factor Surveillance System Data as of 2010, Percentage of Adults that are Obese (BMI 30 or Higher).

[105] 2008-2009 NYS Expanded Behavioral Risk Factor Surveillance System Data as of 2010, Percentage Obese (95th Percentile or Higher) Children in WIC (ages 2-4 years), 2008-09 data.

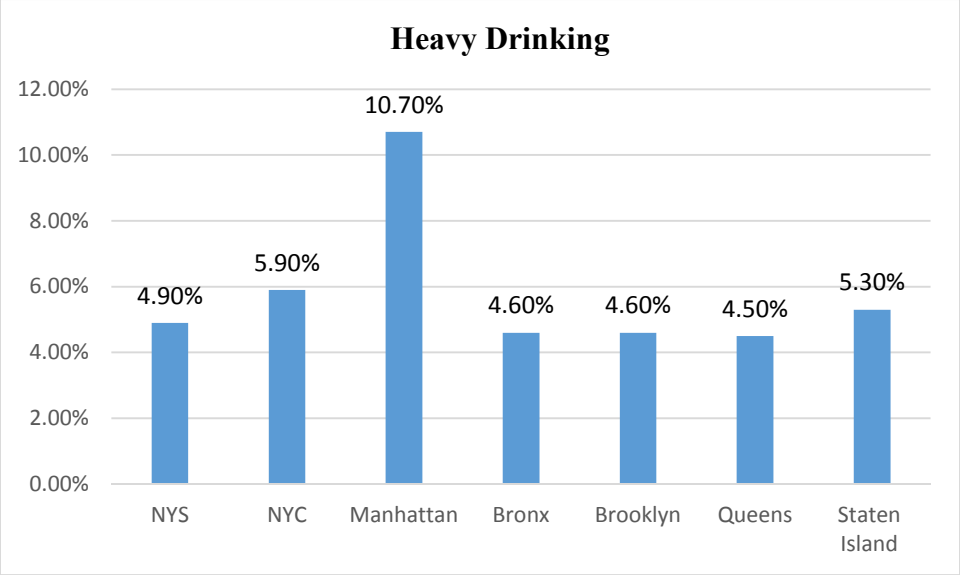


Nearly one in five New York City residents are smokers – Staten Island has the highest proportion of adults who smoke, while Westchester has the lowest.[106]



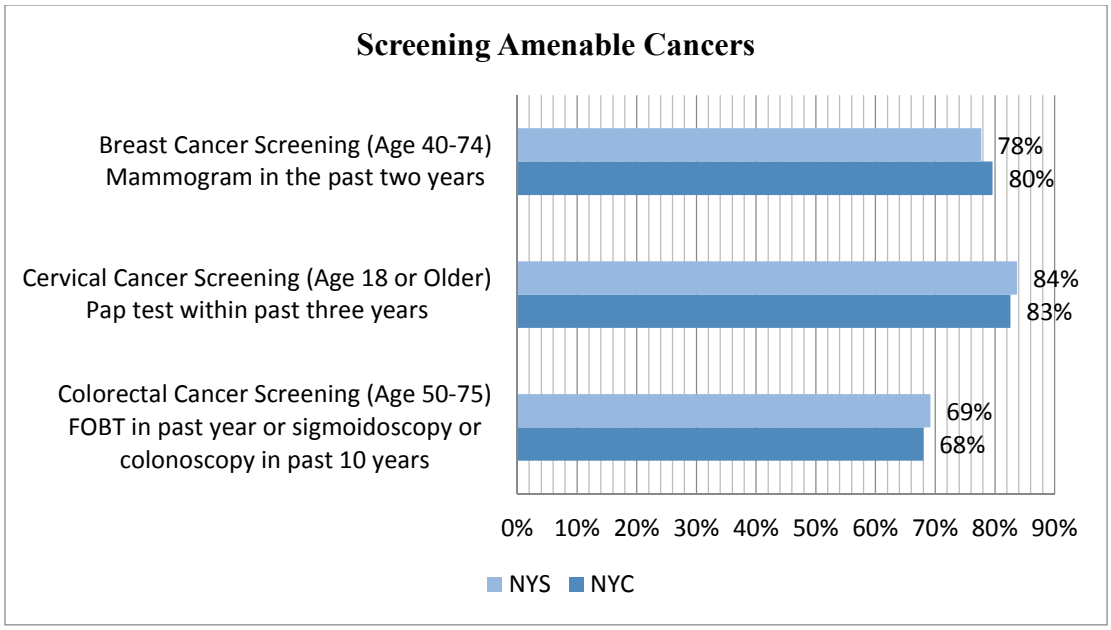
[106] 2008-2009 NYS Expanded Behavioral Risk Factor Surveillance System Data as of 2010, Age-adjusted Percentage of Adults who Smoke Cigarettes.

At least 56.7% of New York City residents have had an alcoholic drink in the past 30 days, with Manhattan topping all the boroughs at 69.3% having had a drink in the last 30 days. When it comes to heavy drinking, defined as more than 2 drinks a day for men and one drink a day for women, Manhattan again is the leading borough in heavy drinking. The remaining boroughs remain pretty equivalent at a little about 4%.[107]

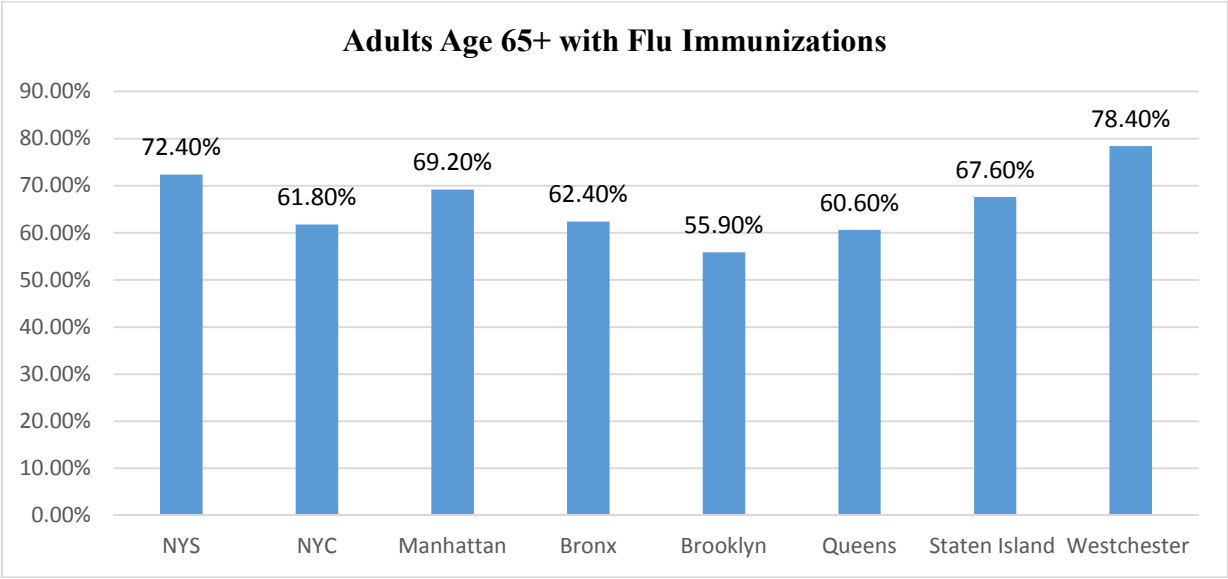


New York City residents are slightly less likely to be screened for two key amenable cancers – cervical and colorectal - than the state as a whole. However, the percentage of New York City residents screened for breast cancer is two percentage points higher than the state. For these three cancers, screening is proven to be beneficial in reducing cancer-related deaths.[108]

[107] NYS Expanded Behavioral Risk Factor Surveillance System Final Report, 2009
[108] New York State Department of Health, Screening Amendable Cancers in New York State, 2014 data.



Compared to the rest of the state, the six counties within the Mount Sinai PPS service area do a poor job at immunizing older residents against the flu. Brooklyn, Manhattan, the Bronx, and Queens are all more than 10 points below the state average rate of vaccination.[109] Older people and children are the most at-risk for flu fatalities and hospitalization due to the flu. The vaccine helps prevent people from contracting the flu in the first place.



[109] NY Prevention Agenda, 2008-2009

Behavioral Health

Out of the 1,328,558 Medicaid beneficiaries diagnosed with a mental health (MH) condition throughout the state of New York, 702,585, or 53%, live in New York City, with Brooklyn and the Bronx having the highest number of beneficiaries living with an MH condition. Similarly, out of the 370,898 Medicaid beneficiaries diagnosed with a substance use disorder (SUD) throughout the state of New York, 222,198, or 60%, live in the New York City region, with Brooklyn and the Bronx having the highest number of beneficiaries living with a SUD. In our service network of MH/SUD beneficiaries, 46% and 60%, respectively, visited the ED at least once, and 31% and 61%, respectively, were hospitalized in 2012. Of the total number of hospitalizations in 2012, 24% had MH conditions and 14% had SUD and of the total number of ED visits, 34% had MH conditions and 13% had SUD.[110]

Depression, chronic stress and anxiety, and schizophrenia are the three most common MH diagnoses in New York City. Chronic alcohol abuse, cannabis utilization, opioid abuse, and cocaine abuse are the most common SUDs citywide. Brooklyn and the Bronx see the highest rates of behavioral health (BH) conditions. [111]

Medicaid Beneficiaries With A Mental Health Diagnosis

	NYC	Bronx	Brooklyn	Manhattan	Queens	Staten Island	Westchester
Total MH Diagnoses	702,585	188,467	219,397	130,069	133,250	32,538	46,151
% by borough		27%	31%	19%	19%	4%	
Chronic Stress/Anxiety	104,231	24,353	33,987	18,406	21,351	6,136	6,352
% by borough		23%	33%	18%	21%	5%	
Depression	168,738	45,274	50,624	31,403	33,765	7,765	9,985
% by borough		27%	30.0%	19%	20%	4%	
Schizophrenia	99,070	27,332	28,975	18,691	LNE	4,722	6,578
% by borough		28%	30%	19%	LNE	5%	

[110] New York State Department of Health, Medicaid Chronic Conditions, Inpatient Admissions and Emergency Room Visits by Zip Code: Beginning 2012.

[111] New York State Department of Health, Statewide Planning and Research Cooperative System (SPARCS), 2012.

Medicaid Beneficiaries With A Substance Use Disorder							
	NYC Area	Bronx	Brooklyn	Manhattan	Queens	Staten Island	Westchester
Total SUD Diagnoses	236,471	68,140	63,171	54,266	26,264	11,205	13,425
% by borough		29%	27%	23%	11%	5%	6%
Chronic Alcohol Abuse	53,524	13,803	14,587	12,012	7,816	2,066	3,240
% by borough		26%	27%	22%	15%	4%	6%
Drug Abuse – Cannabis	45,173	13,835	12,241	9,320	4,916	1,815	3,046
% by borough		31%	27%	21%	11%	4%	7%
Drug Abuse – Opioids	43,632	14,274	11,155	9,528	4,169	2,421	2,085
% by borough		33%	26%	22%	10%	6%	5%
Drug Abuse - Cocaine	29,163	8,507	6,850	7,110	2,580	876	3,240
% by borough		29%	23%	24%	9%	3%	11%

In 2012, schizophrenia was the third leading cause of hospitalization for African Americans living in Brooklyn, resulting in 6,062 hospitalizations that year. In that same year, schizophrenia was the fourth leading cause of hospitalization for African Americans living in Queens, resulting in 1,524 hospitalizations that year.[112]

Medicaid beneficiaries with a BH condition face many barriers to receiving appropriate and adequate care for their complex needs. Many challenges stem from the fact that access to necessary services is poor and coordination between primary care physicians (PCPs) and BH providers is not very effective. In a survey that was distributed to potential PPS partners, we received the following feedback: [113]

- About 68% of respondents indicated at Medicaid beneficiaries have a "Difficult" or "Very Difficult" time accessing MH services
- About 39% of respondents indicated that Medicaid beneficiaries have a "Difficult" or "Very Difficult" time accessing SUD services, and 35% indicated that they were "Not Sure" about the accessibility of such services, potentially due to the burden of stigma
- About 60% of respondents indicated that PCPs and BH providers are "Ineffective" at co-managing Medicaid beneficiaries with a BH co-morbidity

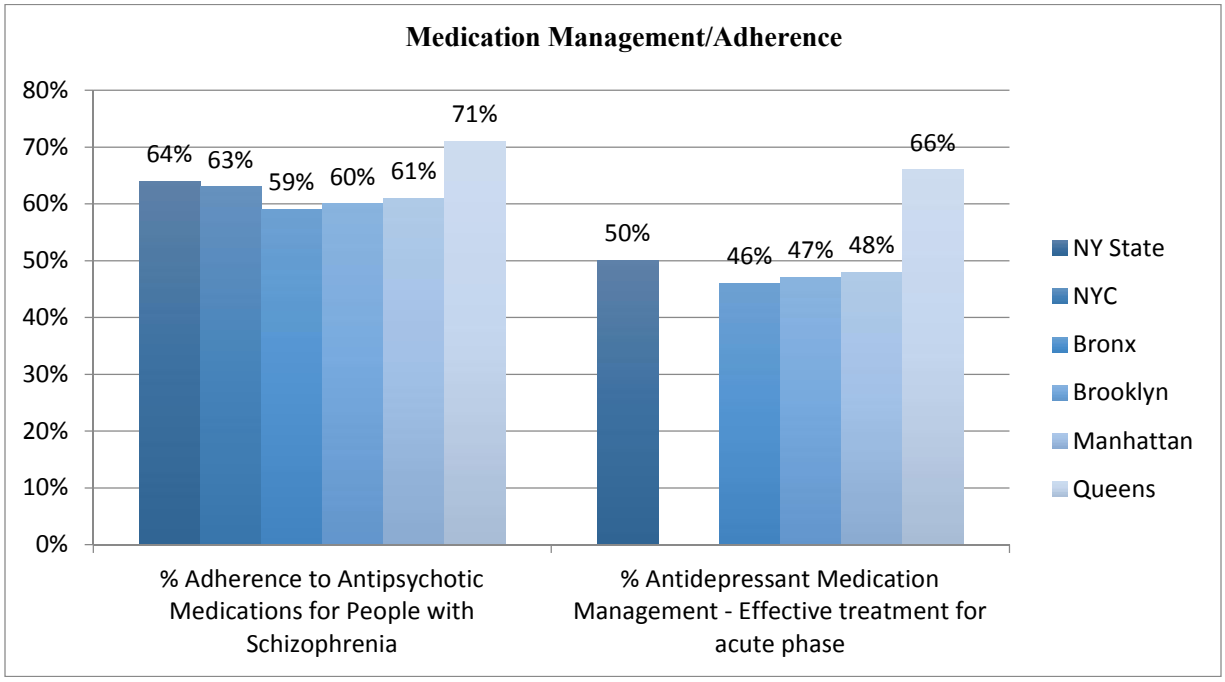
[112] New York State Department of Health, Statewide Planning and Research Cooperative System (SPARCS), 2012.
[113] Mount Sinai PPS Community Needs Assessment Survey #1, 2014.

When asked to elaborate on the barriers to effective co-management and care coordination between PCPs and BH providers, respondents provided the following insight:

- PCPs are not trained on how to work with patients who also have a BH diagnosis
- The current delivery system operates in "silos," so PCPs and BH providers are not used to communicating with one another
- There is a lack of IT infrastructure to promote effective communication and coordination

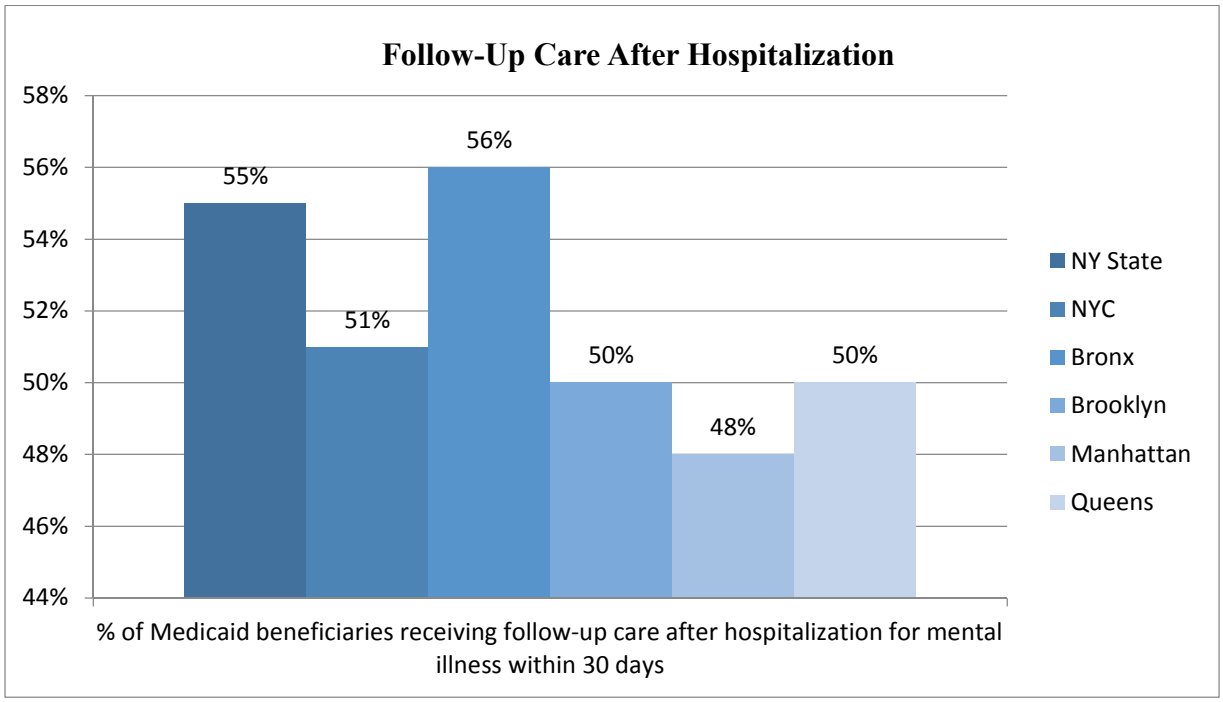
National data from the CDC demonstrates that children aged 3-17 have Attention Deficit Disorder (6.8%), anxiety (3.0%), depression (2.1%), Autism spectrum disorders (1.1%), and those aged 12-17 had illicit drug use disorder (4.7%), alcohol use disorder (4.8%), and cigarette dependence (2.8%). Also, 11 % of non-pregnant women of reproductive age report depression in the last previous year. Of non-pregnant women aged 18-44, 9-18 % experienced postpartum depression and 8% of pregnant women had major depression in the past year.

HEDIS measures also indicate that there are a number of ways that the care that is delivered to Medicaid beneficiaries diagnosed with a BH condition can be improved, particularly in the realm of medication management and adherence. All boroughs, except Queens, fall slightly below the state average for adherence to antipsychotic medications and medication management for people on antidepressants.[114]



[114] New York State Department of Health HEDIS Measures, 2012.

Follow-up care 30 days after hospitalization for a mental illness is another area where care for this vulnerable population can be improved.[115]



Cancer

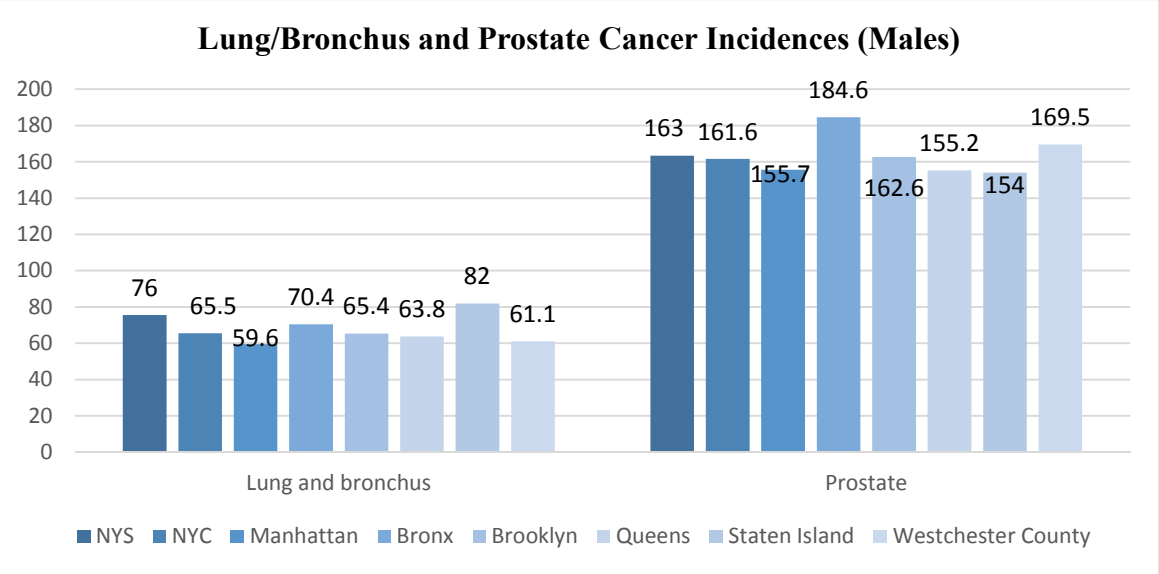
Generally, females in New York have less cancer incidence than men (581 per 100,000 versus 451 per 100,000).

Among men in New York City, prostate cancer is the leading cause of cancer with 161.6 per 100,000 affected. A distant second is lung and bronchus cancer at 66.5 per 100,000 and third is colorectal cancer (53.5 per 100,000).[116]

[115] New York State Cancer Registry, 2007-2011.
[116] New York State Cancer Registry, 2007-2011.

Cancer	NYS	NYC	Manhattan	Bronx	Brooklyn	Queens	Staten Island	Westchester
All Invasive Malignant Tumors	581	546.4	549.9	569.4	541.9	524.7	603.5	571.4
Prostate	163	161.6	155.7	184.6	162.6	155.2	154	169.5
Lung and bronchus	76	65.5	59.6	70.4	65.4	63.8	82	61.1
Colorectal	52	53.5	44.6	54.6	58.1	54	57.4	47.8
Urinary bladder (incl. in situ)	42	32.3	32.1	25.3	30.5	34.2	46.8	39.7
Colon excluding rectum	36	37.7	31.8	39.1	40.6	37.7	40.6	34.5
Non-Hodgkin lymphomas	26	24.6	29.3	24.5	23.6	21.9	25.7	28.5
Kidney and renal pelvis	23	20.3	18.2	20.6	20.3	20.2	25.9	22.2
Melanoma of the skin	22	13.8	24.8	5.9	11.8	10.5	19.1	25.6
Leukemia	19	16.4	18	15.6	15.7	15.8	20.7	22.6
Oral cavity and pharynx	16	15	18.4	17.2	14	13	12.1	14.9
Rectum & rectosigmoid	16	15.9	12.7	15.5	17.6	16.3	16.8	13.3
Pancreas	16	15.8	16	14.4	16.1	15.6	16.7	16.3
Liver / intrahepatic bile duct	13	17.8	19.2	26.6	16	14.7	15.2	11.5
Stomach	12	15.5	13	14.9	16.4	17.4	12.2	10.6
Myeloma	9	10.2	10	12.8	9.2	10	10.9	10.2
Thyroid	9	8.4	9.9	5.7	8.3	7.3	15.3	10.8
Esophagus	9	6.7	7.3	8.3	6.4	5.7	6.9	7
Brain and other nervous system	8	6.8	6.8	6.1	6.9	7.1	7.1	7
Larynx	7	6.6	6.2	8.7	6.1	5.9	8.5	5.3
Testis	6	4.7	6.4	3.9	4.4	3.9	7.1	6.3
Hodgkin lymphoma	4	3.7	4.3	3.5	3.7	3.3	3.9	3.2

Between the boroughs, there is little difference in cancer incidences for males in the top two leading causes for males, lung/bronchus and prostate. However, men in the Bronx are more likely to have prostate cancer than the other boroughs and the state.

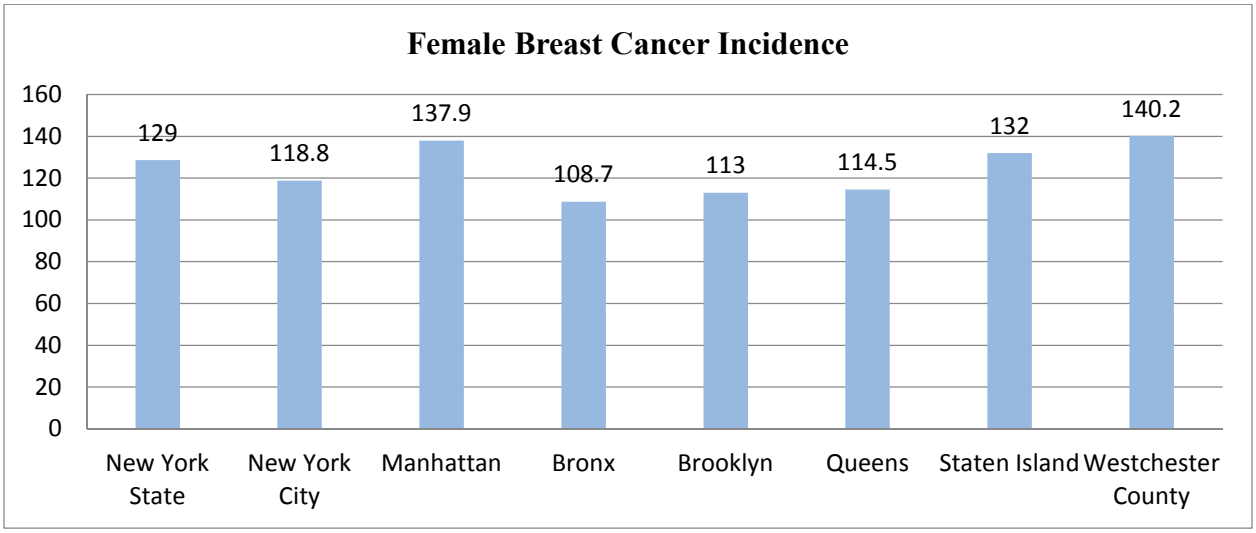


Among females in New York City, the leading cause of cancer is breast cancer (118.8 per 100,000). Similarly to males, lung/bronchus and colorectal cancer are the second and third causes (43.2 per 100,000 and 39.5 per 100,000, respectively). However, both rates are lower than the incidence in men.

	NYS	NYC	Manhattan	Bronx	Brooklyn	Queens
All Invasive Malignant Tumors	451	417.1	439.5	400.6	413.6	399.5
Female breast	129	118.8	137.9	108.7	113	114.5
Lung and bronchus	56	43.2	47	43.4	39.1	41.1
Colorectal	40	39.5	33.7	40.7	42.1	39.9
Corpus uterus and NOS	30	29.7	28	29.8	31.4	28.4
Colon excluding rectum	30	29	24.6	29.5	31.7	28.8
Thyroid	25	25.2	26.9	16.9	26.9	23.4
Non-Hodgkin lymphomas	18	16.8	17.9	16.6	16.5	15.7
Ovary	13	12.6	13.8	11	12.1	12.7
Pancreas	12	11.9	11.8	12.9	12.2	10.7
Rectum & rectosigmoid	10	10.5	9	11.2	10.4	11.1
Leukemia	12	10.3	10.8	10.2	10.2	9.2
Cervix uteri	8	9.7	7.2	10.5	10.7	10.3
Kidney and renal pelvis	11	9.2	7.9	10.2	9.5	8.8
Melanoma of the skin	14	9	16	3.6	7.3	7.9

	NYS	NYC	Manhattan	Bronx	Brooklyn	Queens
Stomach	6	8.2	6.4	9.4	9.3	8.2
Urinary bladder (incl. in situ)	11	8	8	6.1	8	8.2
Myeloma	6	6.6	6.1	8.5	7	5.5
Oral cavity and pharynx	6	5.9	6.6	5.8	5.7	5.9
Liver / intrahepatic bile duct	4	5.4	5.8	7.5	4.8	4.9
Brain and other nervous system	6	5	5.7	4.1	4.9	5
Hodgkin lymphoma	3	2.9	3	3.1	2.7	2.6
Esophagus	2	2	2.4	2.4	2	1.5
Larynx	2	1.5	1.4	1.9	1.4	1.2

Manhattan and Westchester County have the highest rate of breast cancer incidence. The World Health Organization suggests that rates of breast cancer are higher in more affluent areas because of more detection and screening.[117]



Cancer mortality is affected by many factors, including access to proper treatment and early screening to prevent late-stage, fatal cancer.

[117] World Health Organization, http://www.who.int/bulletin/volumes/91/9/13-020913/en/

Section 5. New York State Prevention Agenda

The New York Prevention Agenda comprises five of the priority action areas for the state to improve the health of low-income residents. The agenda was launched in 2013 and is a five-year plan. The overarching goals are:

1. Improve health status in five priority areas and reduce health disparities for racial, ethnic, disability, socioeconomic and other groups who experience them.

2. Promote attention to the health implications of policies and actions that occur outside of the health sector, such as in transportation, community and economic development, education and public safety.

3. Create and strengthen public-private partnerships to achieve sustainable health improvement at state and local levels.

4. Increase investment in prevention and public health to improve health, control health care costs and increase economic productivity.

5. Strengthen governmental and non-governmental public health agencies and resources at state and local levels.

Section 6. Health Care Utilization

Population health measures such as morbidity and mortality show the picture of the general population's status on key health indicators. Ensuring proper health outcomes is a challenge in today's health care industry. However, controlling utilization of health care is another obstacle to fully implementing the goals of DSRIP.

Ideally, patients would receive the appropriate level of care at the right time. This means that patients would be directed to the proper level of care depending on whether their needs are primary, urgent, emergent, etc. By properly leveling the use of care, services that are in demand will be more readily available if they are used appropriately. The most common example of this is the emergency department. The ED is the most expensive type of care, and yet many patients indicate they use the ED for non-emergent conditions because they do not have access to other types of non-emergent care. Oftentimes emergent conditions could be treated in a primary care office at a much lower cost to the system, but primary care services are not available.

The section will look at health care utilization in the Mount Sinai PPS service area, examining where patients are receiving care, how frequently are they using services, and the extent to which utilization is avoidable and/or preventable.

Inpatient utilization

This report uses All Patient Refined Diagnosis Related Groups (APR-DRG) as the basis for the reason for hospitalization. This works well in the vast majority of cases to categorize the patient into an MDC and APR-DRG that most aptly describes the reason for the hospitalization. The New York Department chose the APRs as the best tool to better represent the needs of the Medicaid population for more accurate and up to date payments to hospitals.

Inpatient utilization data is from the Statewide Planning and Research Cooperative System 2012 data, which only breaks down racial/ethnic groups into white, black and other.

In the Mount Sinai PPS service area, the top causes for hospitalization are:

Leading Causes of Hospitalization
1. Neonate Birthwt >2499G, Normal Newborn or Neonate w Other Problem
2. Vaginal Delivery
3. Cesarean Delivery
4. Septicemia & Disseminated Infections
5. Heart Failure
6. Schizophrenia

Leading Causes of Hospitalization
7. Other Pneumonia
8. Chest Pain
9. Cellulitis & Other Bacterial Skin Infections
10. Chronic Obstructive Pulmonary Disease
11. Asthma
12. Percutaneous Cardiovascular Procedures w/o AMI
13. Seizure
14. Cardiac Arrhythmia & Conduction Disorders
15. Kidney & Urinary Tract Infections

The top three are neonatal related. Sepsis, the fourth cause, is usually a hospital acquired infection that can be prevented with the proper procedures. Heart failure is a chronic condition that is discussed in Section 4 of this CNA. Schizophrenia's place in the sixth spot suggests that there are not enough resources to deal with mental health disorders outside of the emergency department to keep these patients stable.

However, when the top causes of hospitalization are filtered only for self-pay patients, alcohol-abuse and dependence rises to the top. This suggests that substance abuse is not a covered benefit under any of the public or private health plans, which is a gap in coverage.

Leading Causes of Hospitalization in Self-Pay Patients
1. Alcohol Abuse & Dependence
2. Neonate Birthwt >2499G, Normal Newborn or Neonate w Other Problem
3. Chest Pain
4. Cellulitis & Other Bacterial Skin Infections
5. Opioid Abuse & Dependence
6. Drug & Alcohol Abuse or Dependence, Left Against Medical Advice
7. Major Depressive Disorders & Other/Unspecified Psychoses
8. Bipolar Disorders
9. Asthma
10. Vaginal Delivery
11. Appendectomy
12. Schizophrenia

Leading Causes of Hospitalization in Self-Pay Patients
13. Diabetes
14. Angina Pectoris & Coronary Atherosclerosis
15. Other Pneumonia

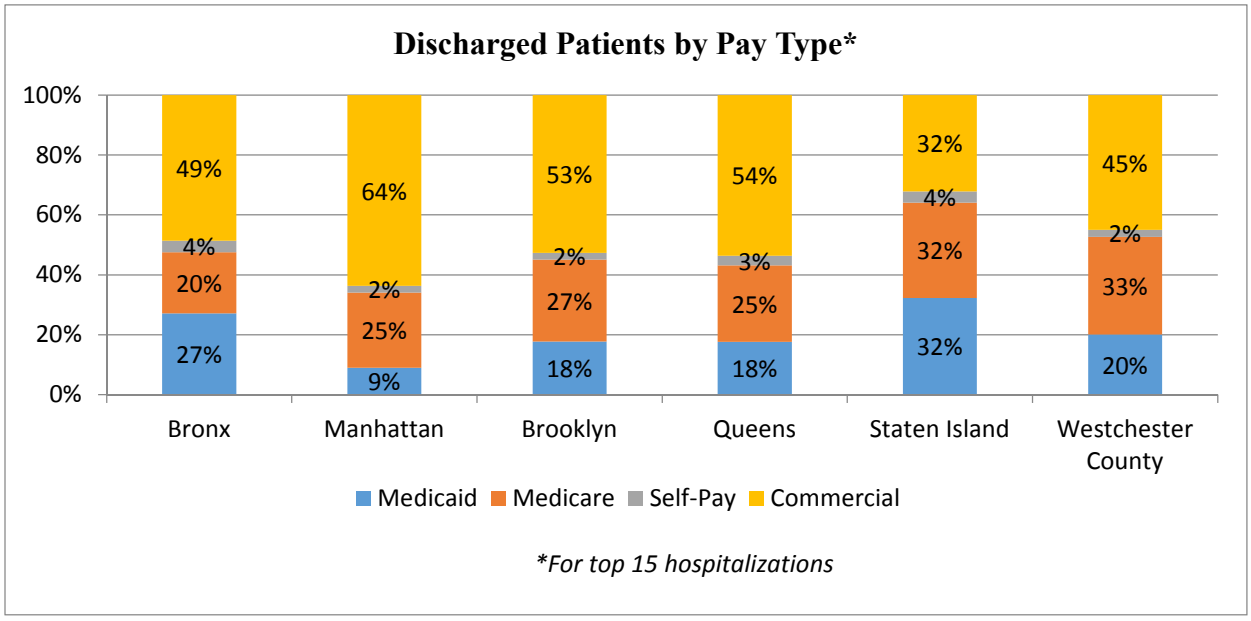
For patients on Medicare, who are over 65 by nature of eligibility, many more chronic condition appear as reasons for hospitalization. These include heart failure, COPD, and renal failure. In addition, many hospitalizations are for conditions that are more prevalent in the older populations such as pneumonia, rehabilitation, and knee joint replacement.

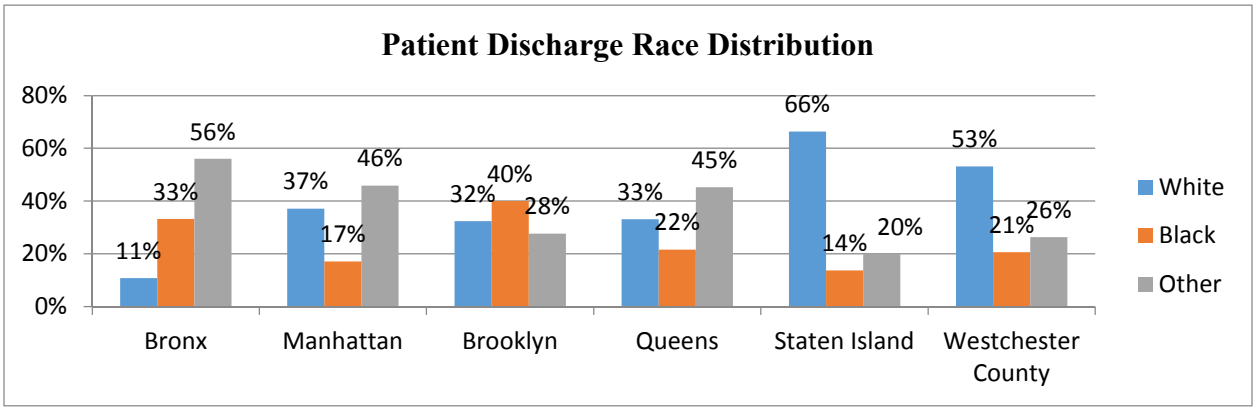
Leading Causes of Hospitalization for Medicare Patients
1. Septicemia & Disseminated Infections
2. Heart Failure
3. Chronic Obstructive Pulmonary Disease
4. Other Pneumonia
5. Rehabilitation
6. Kidney & Urinary Tract Infections
7. Percutaneous Cardiovascular Procedures w/o AMI
8. Syncope & Collapse
9. Cardiac Arrhythmia & Conduction Disorders
10. Renal Failure
11. Schizophrenia
12. Angina Pectoris & Coronary Atherosclerosis
13. Knee Joint Replacement
14. Cellulitis & Other Bacterial Skin Infections
15. CVA & Precerebral Occlusion w Infarct

Lastly, a filter for top causes of hospitalization for Medicaid patients shows what conditions are common in low-income residents. Schizophrenia is the second highest reason for hospitalization among Medicaid patients, which suggests a strong link between poverty and mental health (but in this case, causation either way cannot be established). Along the same lines, bipolar disorder is cause #4. Substance abuse is also strongly linked to hospitalization in Medicaid patients; opioid abuse and alcohol abuse are the fifth and sixth most common discharges.

Leading Causes of Hospitalization in Medicaid Patients
1. Neonate Birthwt >2499G, Normal Newborn or Neonate w Other Problem
2. Schizophrenia
3. Vaginal Delivery
4. Bipolar Disorders
5. Opioid Abuse & Dependence
6. Alcohol Abuse & Dependence
7. Cesarean Delivery
8. Drug & Alcohol Abuse or Dependence, Left Against Medical Advice
9. Major Depressive Disorders & Other/Unspecified Psychoses
10. Seizure
11. Chest Pain
12. Cellulitis & Other Bacterial Skin Infections
13. Asthma
14. Other Pneumonia
15. Septicemia & Disseminated Infections

The data suggests that there are significant differences in care for low-income and senior patients than the general population, whether due to age or other socioeconomic factors.





Bronx
In 2012, there were 196,840 inpatient hospitalizations in the Bronx area. Most of the discharges were for black and "Other" patients, which reflects the demographic makeup of this borough.

For the top 15 causes of hospitalization, the majority of the hospitalizations were for patients with commercial insurance, but a large percentage (30%) were for Medicaid patients, indicating that many residents do not have access to affordable private care.

Manhattan
Manhattan has significantly more hospitalizations (433,026), most likely linked to its higher volume of hospital facilities.

Looking at the top 15 causes of hospitalization, most of the discharges are for non-black/white patients (75,301) and white patients (60,991). As a total of discharges in Manhattan, Medicaid patients are far and few between (only comprising 10% of all hospitalizations. Many more are Medicare, suggesting that senior/elderly patients tend to go to Manhattan for care or that many more live in Manhattan than other populations. However, commercial/private insurance funds most of the hospitalizations in Manhattan, at 71%.

Brooklyn
For the top 15 causes, there were 121,181 inpatient discharges in Brooklyn in 2012 and a total of 293,256 for all causes. A majority were for black patients (49,690), followed by white patients (40,134).

Again, a majority of the patients were on commercial/private insurance. Only 20% of the patients served in Brooklyn were on Medicaid.

Queens
There were 210,574 hospitalizations in Queens facilities in 2012. Most of the patients were commercial or Medicare, similar to the trends we see in Brooklyn.

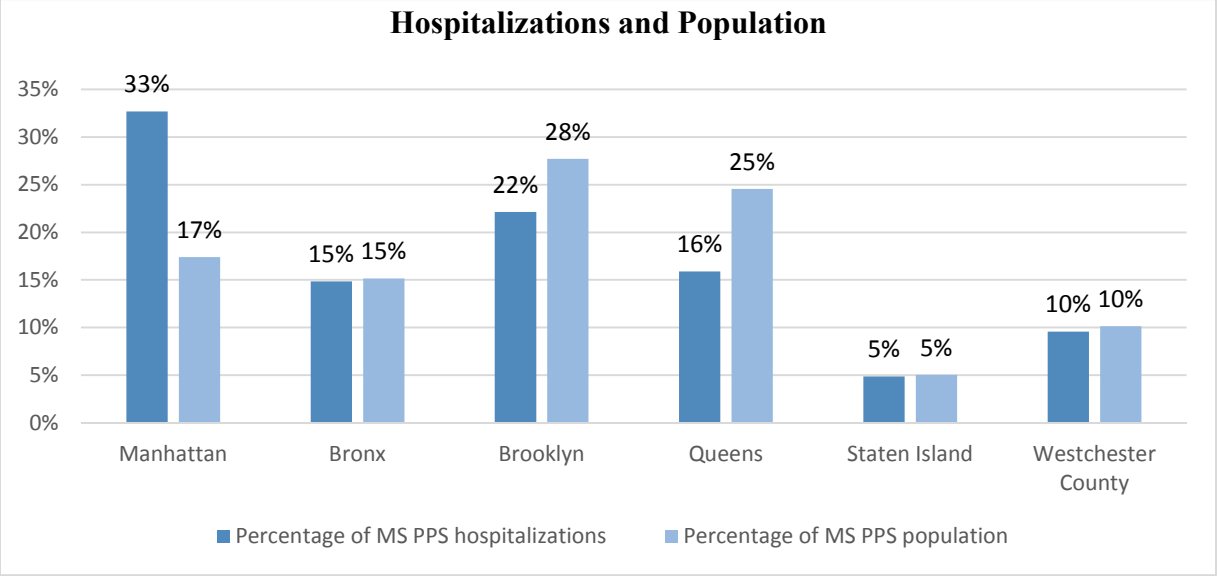
Looking solely at the Mount Sinai PPS service area, Manhattan has proportionally more hospitalizations than its population suggests it would. This indicates either a high utilization among its population, assuming that people go to the hospital where they live, or a large number of people travel to Manhattan for inpatient procedures.

Staten Island

There were 64,697 hospitalizations in Staten Island in 2012, accounting for 5% of the hospitalizations in the New York City area. The pay type was evenly distributed between Medicaid, Medicare and Commercial insurance. The number of hospitalizations was in line with the population size. The majority (66%) of the discharges were for white patients.

Westchester County

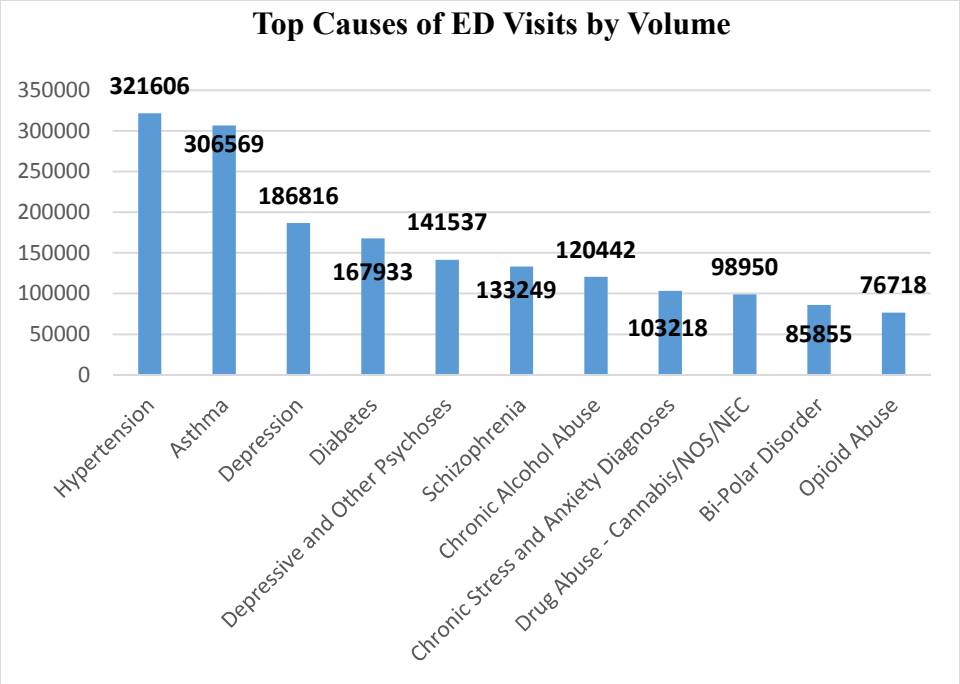
There were 127,147 hospitalizations in Westchester County in 2012, 53% percent of which were white. Westchester County has the lowest percentage of self-pay patients. The number of hospitalizations is in line with the population, suggesting most residents' stay in region for services. [118]



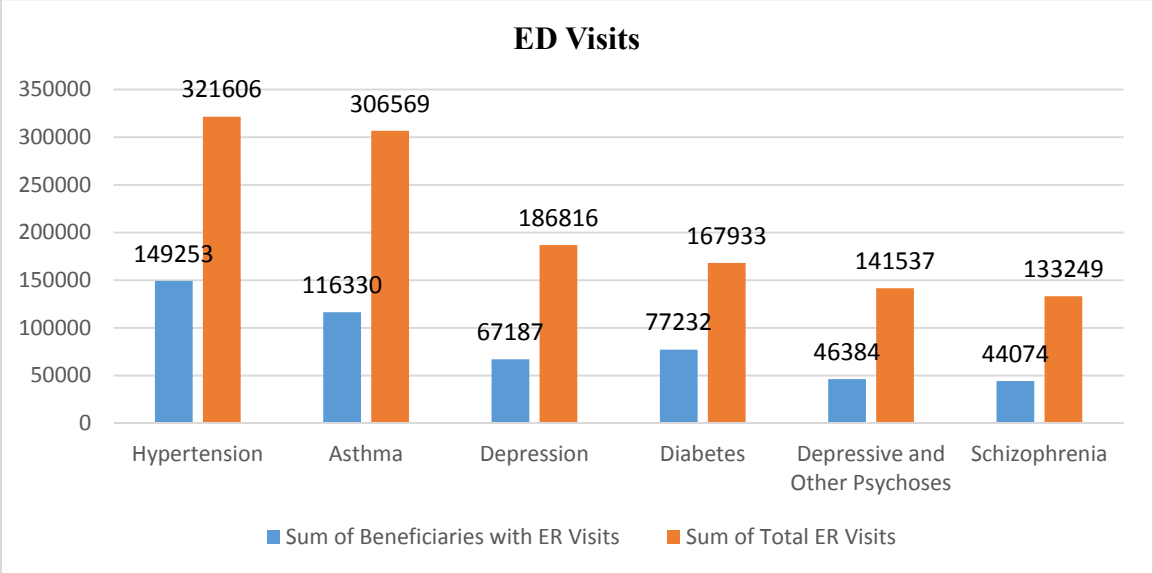
Emergency department utilization

In New York City in 2012, the top five causes of ED visits for Medicaid beneficiaries in order were hypertension, asthma, depression, diabetes and depressive and other psychoses.[119]

[118] Per every 1,000 member months. Salient DSRIP Dashboards, 2013-2014.
[119] NYDOH Medicaid ER and ED visits data, 2012

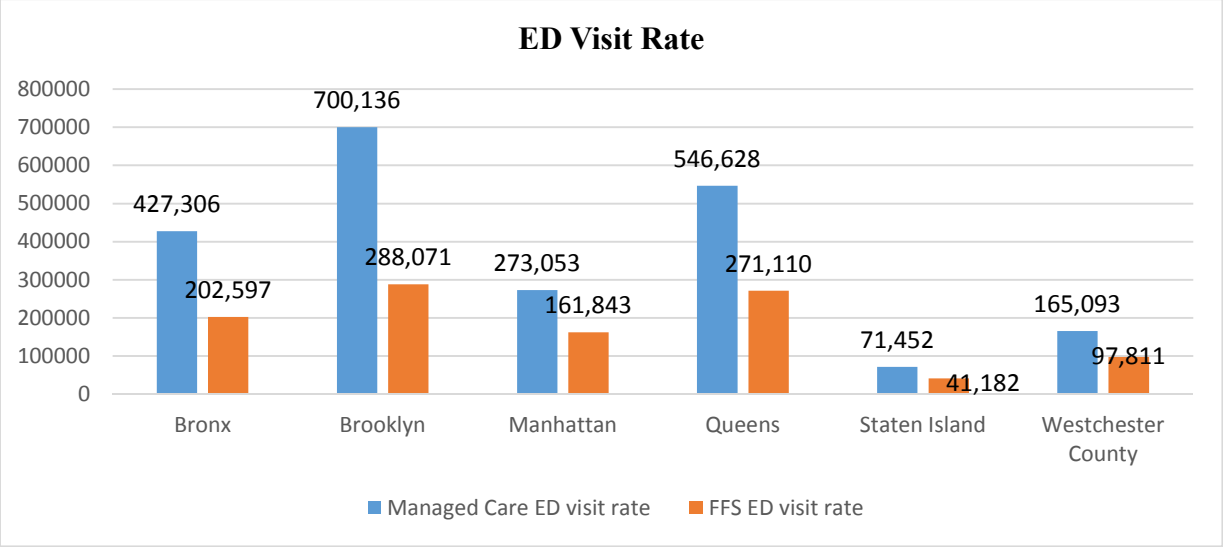


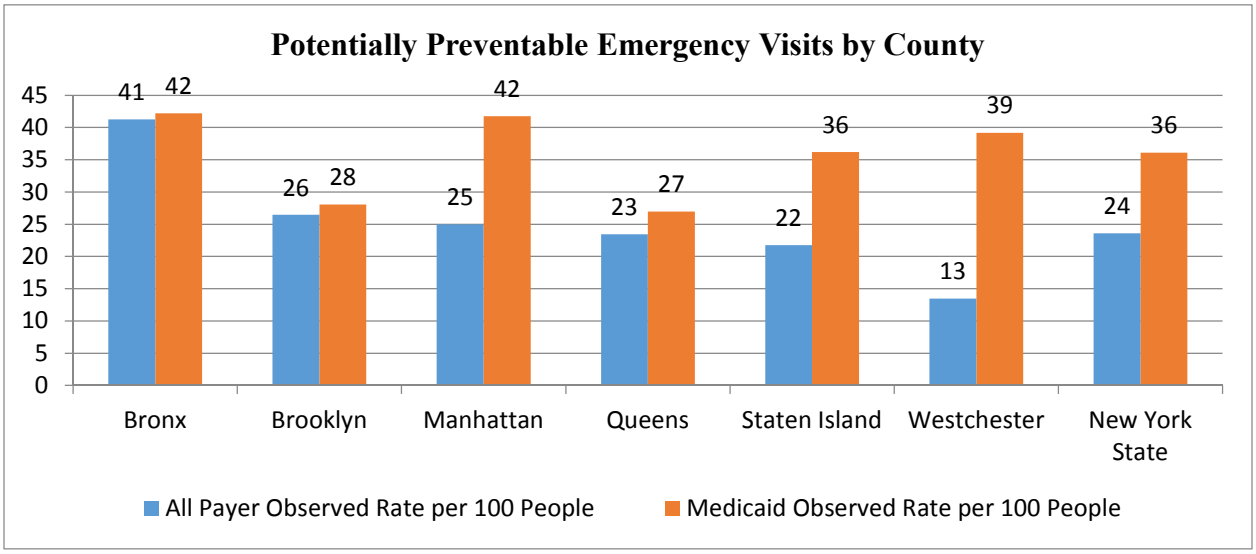
However, for the top causes, the sum of unduplicated Medicaid beneficiaries with the conditions who went to the ED are much lower than the total number of visits. This suggests that there is room for improvement in managing conditions so patients do not have repeated ED visits, as shown in the graph below. For hypertension and asthma, for instance, the volume of ED visits more than doubles the number of unique beneficiaries with those conditions who went to the ED.



When comparing ED usage between Medicaid managed care and Medicaid fee-for-service (FFS) members, we see that managed care members have a higher ED visit rate across all the boroughs. This is contradictory to the expected result, which is that managed care members have better

control of their conditions and do not go to the ED as often. This trend may be a result of poor managed care patient managed or adverse selection – managed care patients most likely have ED visits as part of their plan while FFS patients may not.

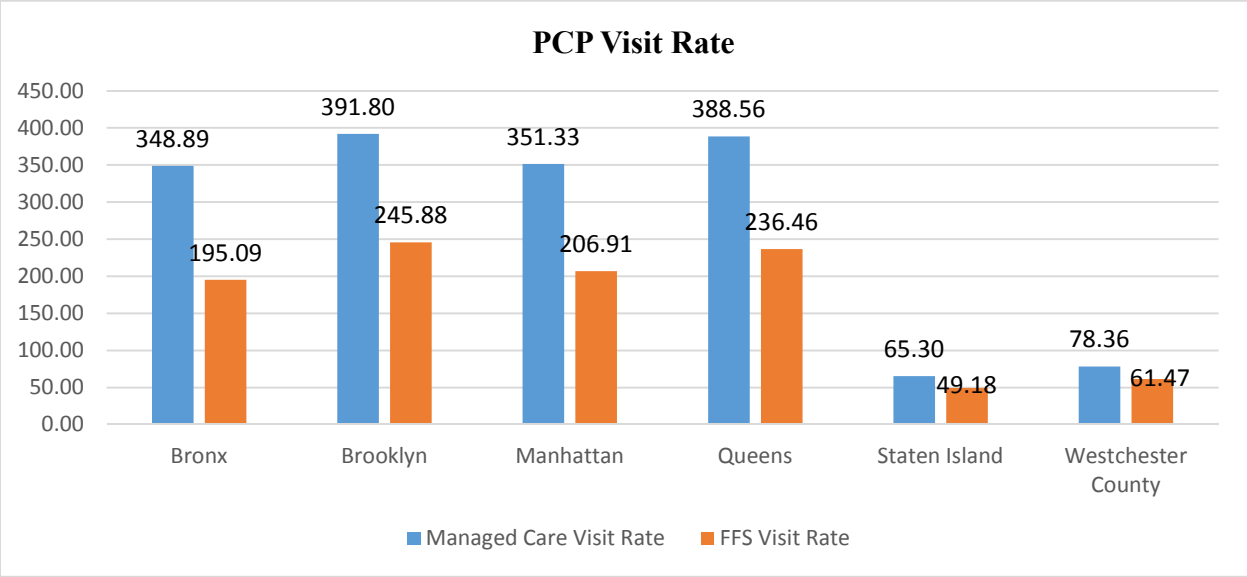




Medicaid patients consistently have a higher rate of preventable emergency visits, but in Manhattan, the Bronx and Westchester County these rates surpass even the state average of 36 visits per 100 people. Surprisingly, the rates of preventable visits are quite low in Brooklyn and Queens for Medicaid patients. In Westchester County there is a large disparity between all payer and Medicaid patients, with a very low all payer rate suggesting good PCP utilization for the all payer segment. This suggests there may be barriers to Medicaid utilization of primary care services in Westchester County. [120]

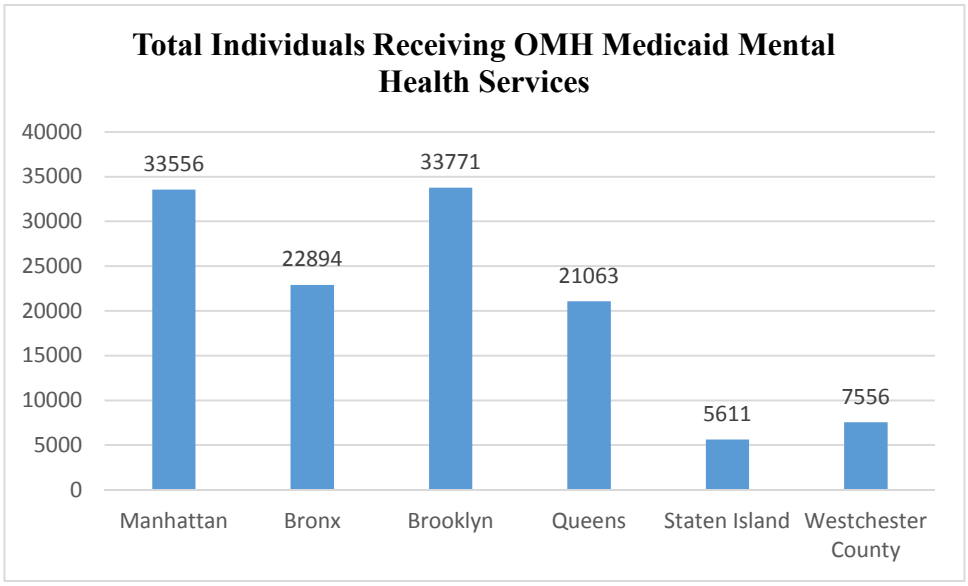
[120] Per ever 1,000 member months. Salient DSRIP Dashboards, 2013-2014.

Primary care utilization



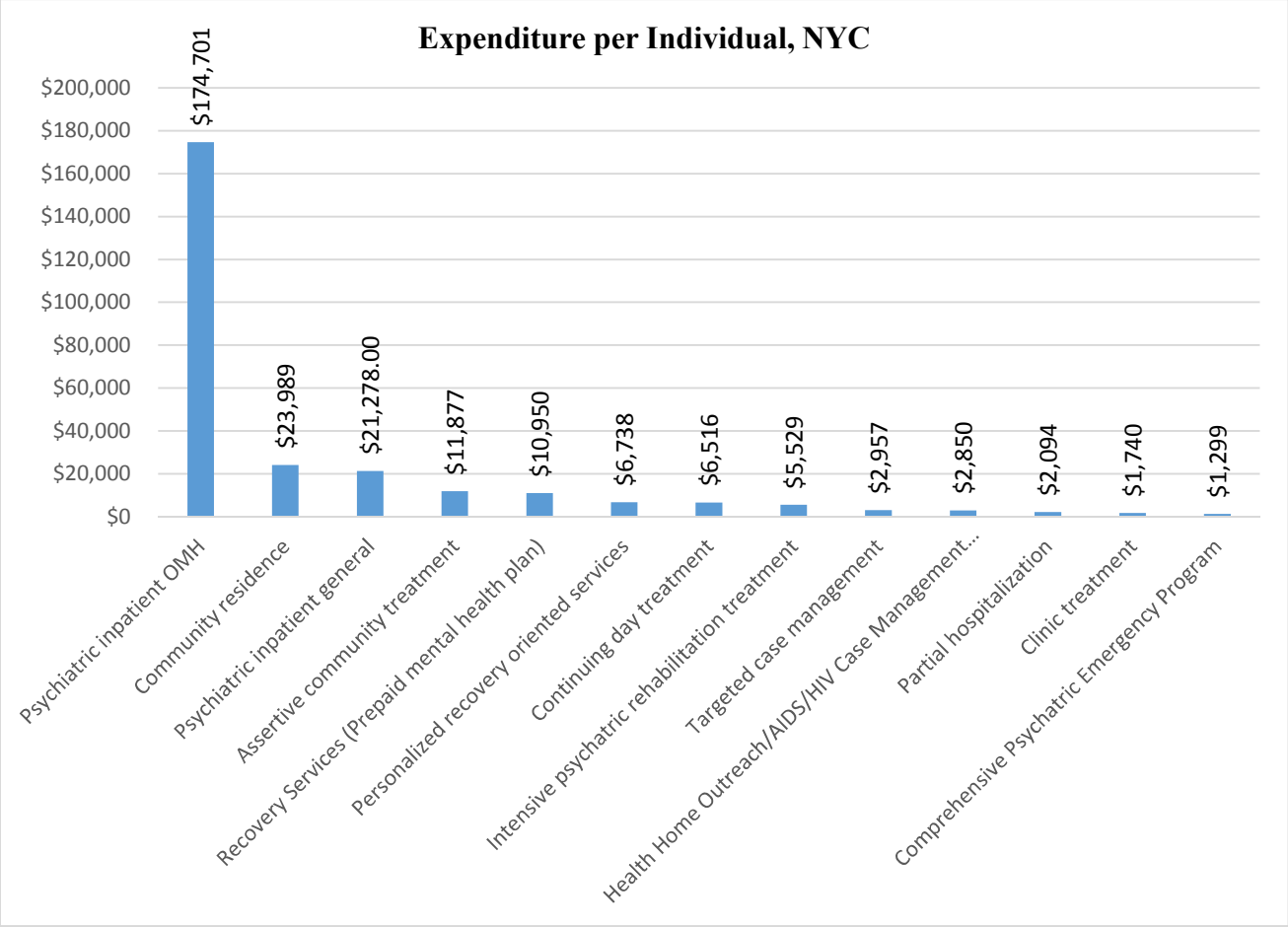
Behavioral health utilization

In fiscal year 2013, a total of 210,744 individuals received services funded by Medicaid through the Office of Mental Health.[121]



[121] http://bi.omh.ny.gov/cmhp/mh-services

In New York City, the highest expenditure per individual is on psychiatric inpatient services ($174,701 per individual), followed distantly by community residence services ($23,989 per individual).



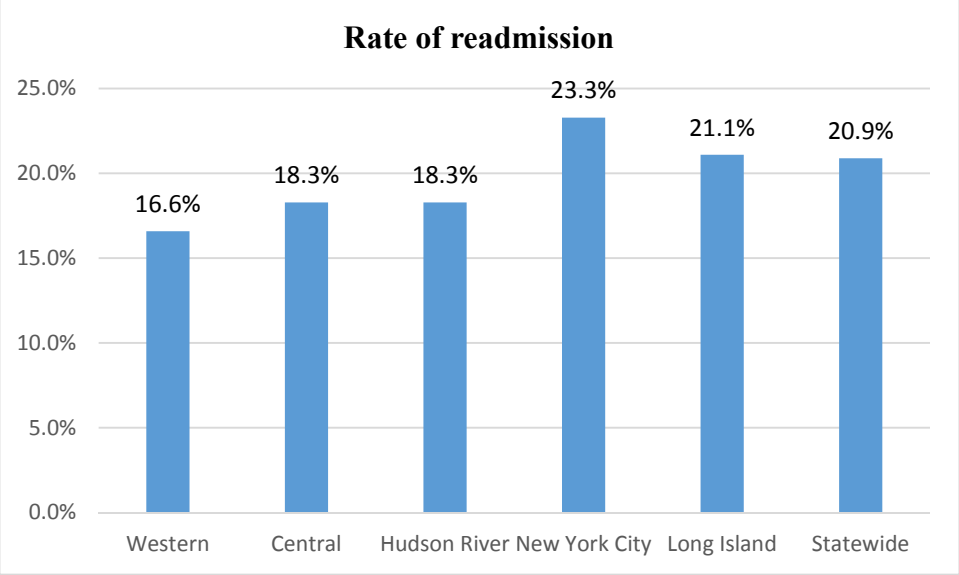
However, the most common service by volume is clinic treatment.

Top Services by Volume, FY2013	Patients
Clinic treatment	84,139
Psychiatric inpatient general	18,423
Comprehensive Psychiatric Emergency Program	7,427
Targeted case management	6,371
Health Home Outreach/AIDS/HIV Case Management Outreach and MATS HH services	5,033
Personalized recovery oriented services	4,404
Recovery Services (Prepaid mental health plan)	4,295
Continuing day treatment	3,063
Assertive community treatment	2957

Top Services by Volume, FY2013	Patients
Community residence	2,876
Partial hospitalization	1,154
Psychiatric inpatient OMH	206
Intensive psychiatric rehabilitation treatment	157

The OMH also provides a synopsis of Medicaid spending on patients who use OMH services, including non-behavioral health services, to give a picture of how much care these patients use. In New York City, 33% of spending on OMH patients was for OMH-licensed services. Another 9% is spent on non-OMH licensed behavioral health services. A whopping 58% are spent on non-behavioral health services, indicating that these patients have other heath needs that need to be addressed in addition to their behavioral health needs.[122] This is only slightly improved at the state level, with 54% needing non-behavioral health services.

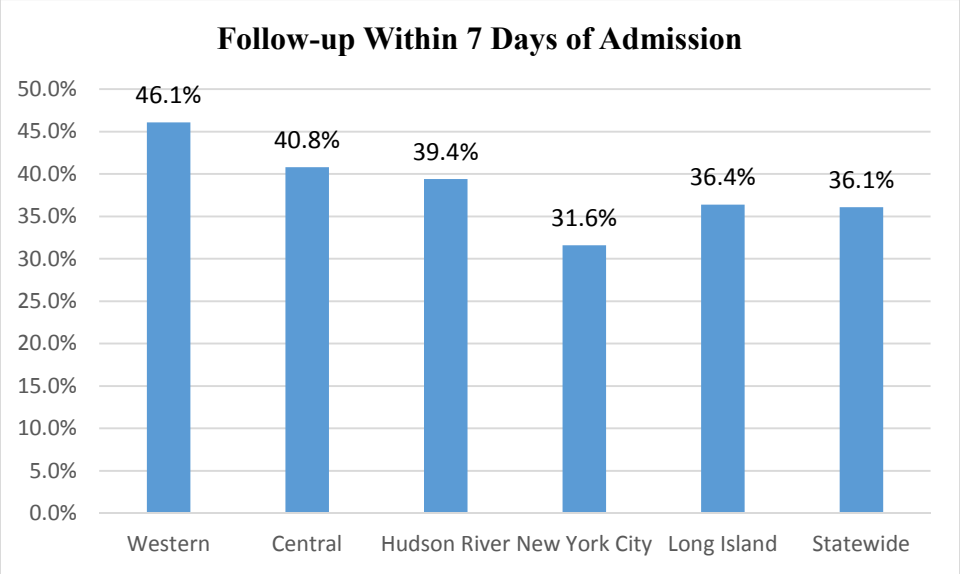
For calendar year 2012, there were 44,905 total discharges for mental health reasons statewide. 23,717 of those were in New York City.[123] Most of those in the city were at Bellevue Hospital Center, Kings County Hospital Center, Bronx Lebanon Hospital Center and Metropolitan Hospital Center. New York City has the highest rates of mental health readmissions within 30 days to any region among the entire state.



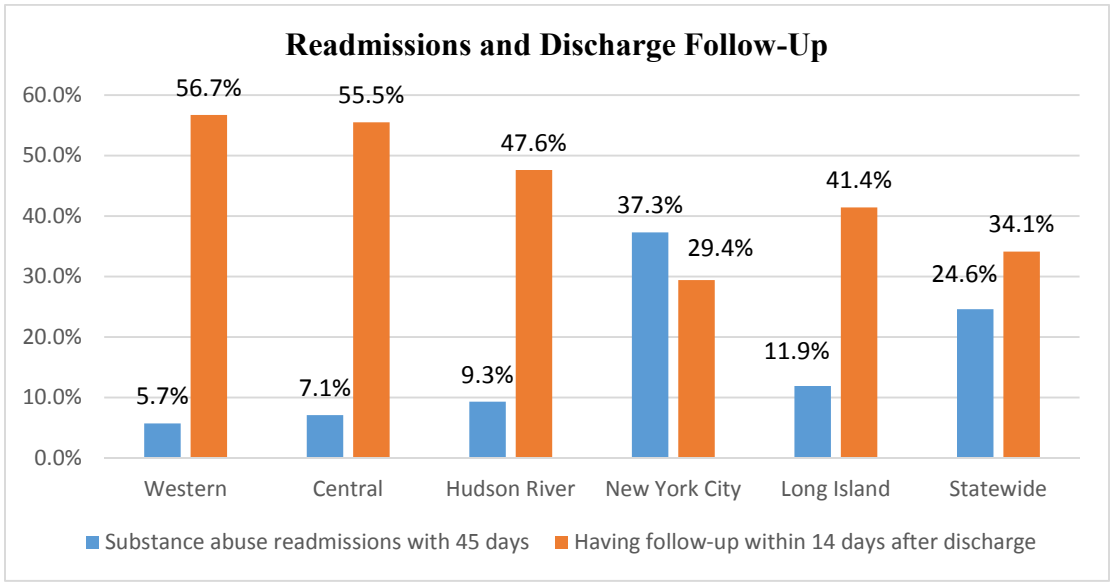
Within New York City, the hospital with the highest readmission rate is New York City Children's Center (50% readmission rate within 30 days), St. John's Episcopal Hospital (48.1%) and Flushing Hospital Medical Center (39.9%). For the large system, Montefiore Medical Center is performing the best with a 14.4% readmission rate.

[122] New York Office of Mental Health, 2013. Dual eligible are excluded from this data.
[123] Office of Performance Measurement and Evaluation, BHO Databook, CY2012

In terms of quality, New York City performs the worst in the state for ensuring that there is an ambulatory follow-up with seven days of discharge.



New York City has a large number of substance abuse disorder detox discharges (20,278). New York City also has the highest percentage of substance abuse readmissions within the past 45 days, and the lowest rates of follow-up after discharge when compared to statewide data.



Patient flow through the system

Without access to specific claims data and individual patients to track where they receive services, it is hard to make definitive statements about patient flow within the Mount Sinai PPS.

However, there is limited data available through the Salient Data Dashboards on the New York DSRIP website.

Medicaid members in the Mount Sinai PPS service area typically stay in the same general area for services, indicating that there is good service coverage in New York City. However, there are a number of Medicaid members that travel to Nassau, Westchester, Suffolk, Rensselaer, and Richmond counties for care. This suggests that they may not have access to affordable options in the NYC area, or that they prefer to seek care elsewhere.[124]

County	Claims	Unique members
New York	52211615	1617329
Kings	37943023	1538040
Out of state	17665919	1248862
Queens	24521509	1145851
Bronx	23996352	914483
Nassau	4894091	369816
Westchester	2346695	183887
Suffolk	822895	139399
Rennsselaer	1081491	94488
Richmond	687117	83673
Dutchess	339259	40420

Looking at the claims data, clinic/ED visits were the most common. There were many claims submitted for home health services, which is the care management model for Medicaid members, though the number of unique patients receiving this service was much smaller. Most patients received clinic/ER, physician, or lab services.

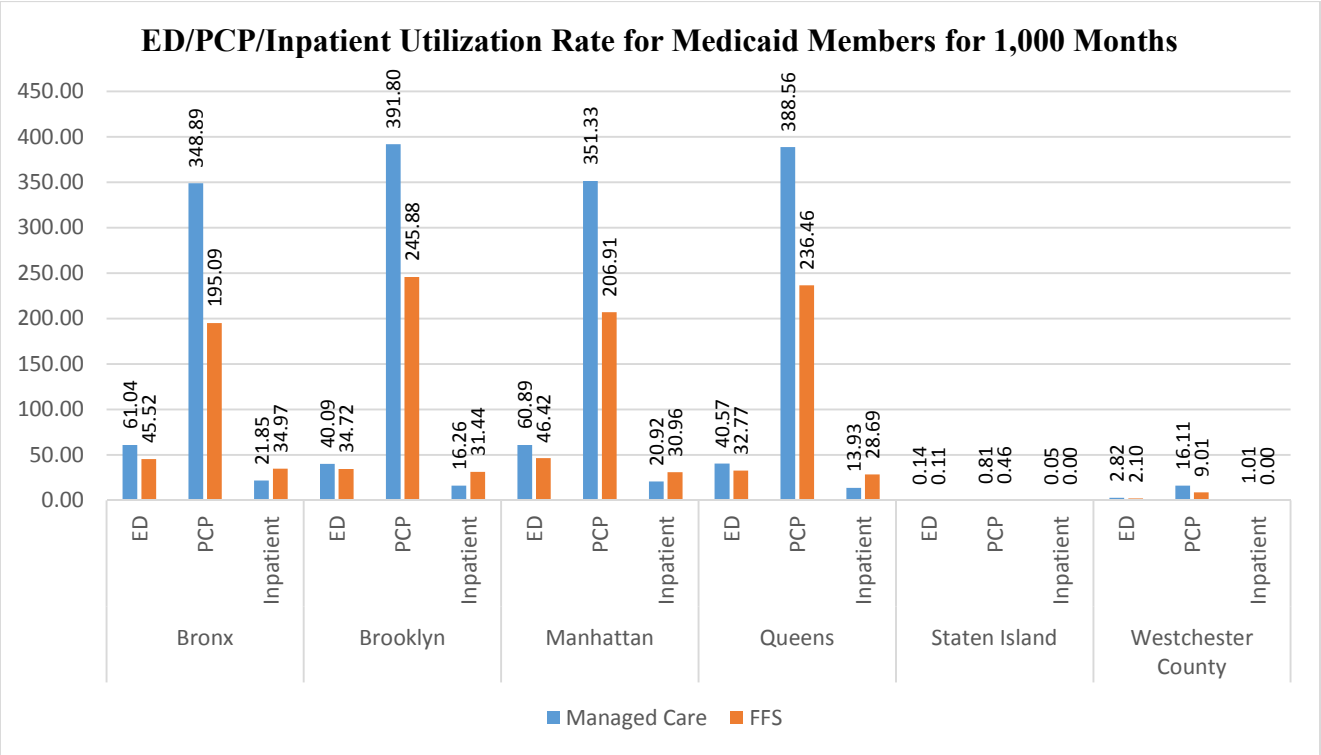
	Sum of Claim Count	Sum of Unique Members with Services
Clinic/ED	35473832	2740540
Home health/Waiver	27719674	361440
Practitioner	25634494	2292983
Laboratory	18803094	2034037
Transportation	6019509	710868
Private Dentist	5692770	939961
Nursing Home	4806008	111239
Durable Medical Equipment	3234741	421497
Eye care	1505248	480020
Inpatient	902712	481206

[124] Salient DSRIP dashboards, 2013-2014

Dental clinic	303861	133059
Referred ambulatory	228637	80286
Undefined professional	88209	14794
Grand Total	130412789	10801930

Comparing ED, Inpatient and PCP utilization

One can expect to see differences in utilization among managed care members versus FFS members; it is the goal of managed care to manage the proper utilization of its members and lower improper utilization. This requires identification of how to manage chronic conditions and incentivizing patients to use the appropriate level of care.



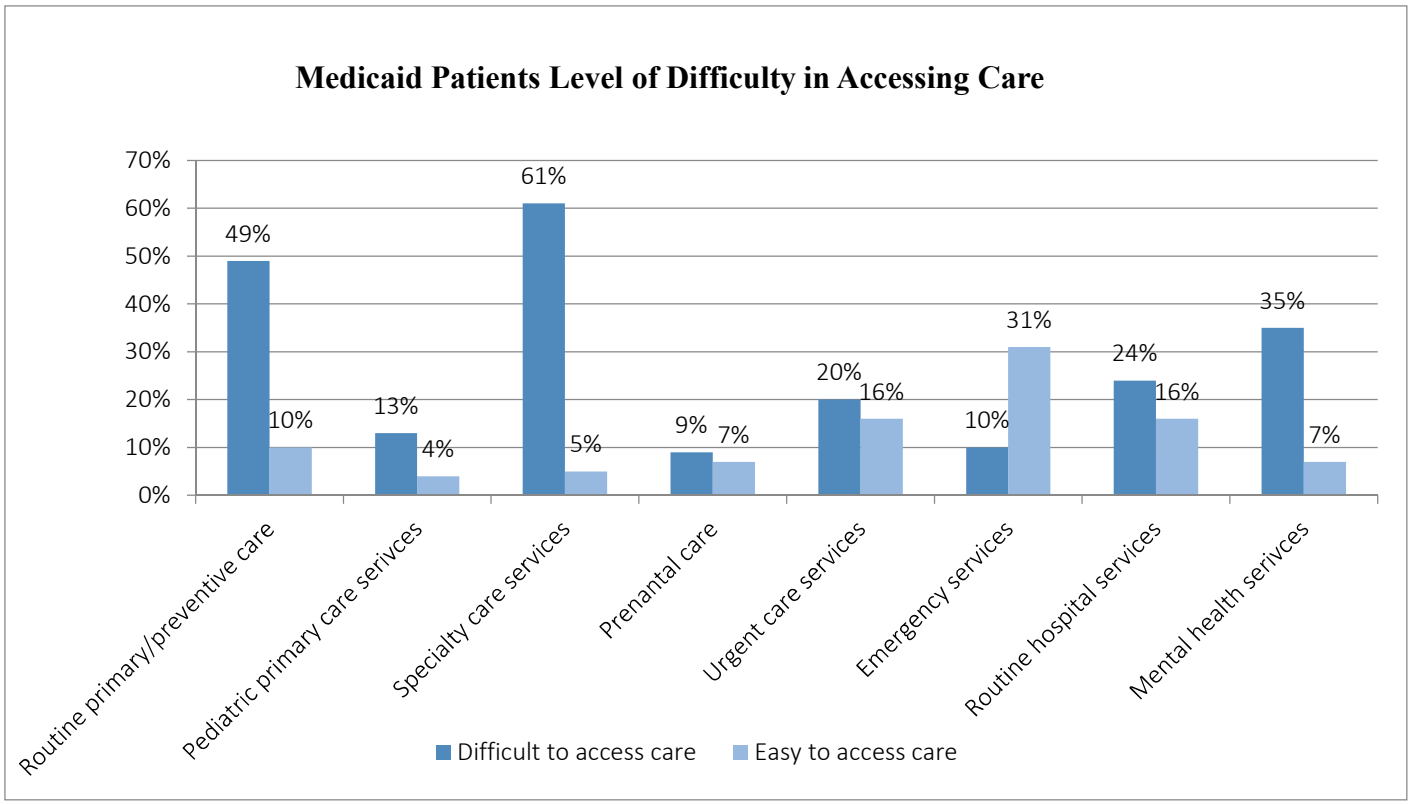
Aside from inpatient utilization, FFS members seem to have less utilization of the ED and primary care services. Brooklyn has the highest levels of PCP utilization while the Bronx and Manhattan have the highest levels of ED rates.

Barriers to access

Challenges concerning access to care provide insight as to potential reasons why some of these preventable hospitalizations may be occurring. To gain more insight and information from providers who are actually working with the target Medicaid population, we surveyed our

potential PPS partners on some key questions related to access, barriers, and challenges.[125] Survey respondents provided critical information regarding the level of difficulty that Medicaid beneficiaries experience when trying to access care based on various provider types.

The results indicate that Medicaid beneficiaries have a "difficult" time accessing a wide variety or provider types, with the exception being access to emergency services. There was greatest consensus on the difficulty of accessing care for specialty care services, with 61% of respondents noting that Medicaid beneficiaries have a difficult time accessing these types of services. There was also agreement, 49%, that Medicaid beneficiaries had difficulty when trying to access routine primary and preventive care.



Regardless of provider type, the leading cause behind challenges to accessing care was reported as a difficulty navigating the system and a lack of awareness of available resources for the patients. An exception was in the case of mental health services, for which respondents noted the difficulty here was due primarily to a lack of capacity (for example, an insufficient number of available providers and longer wait times). Even so, the secondary cause for access to mental health services was also a difficulty navigating the system and lack of available resources, corresponding with that of other provider types. Addressing these top challenges to accessing care has the potential to reduce avoidable hospitalizations.

[125] Mount Sinai PPS Community Needs Assessment Survey #1, 2014

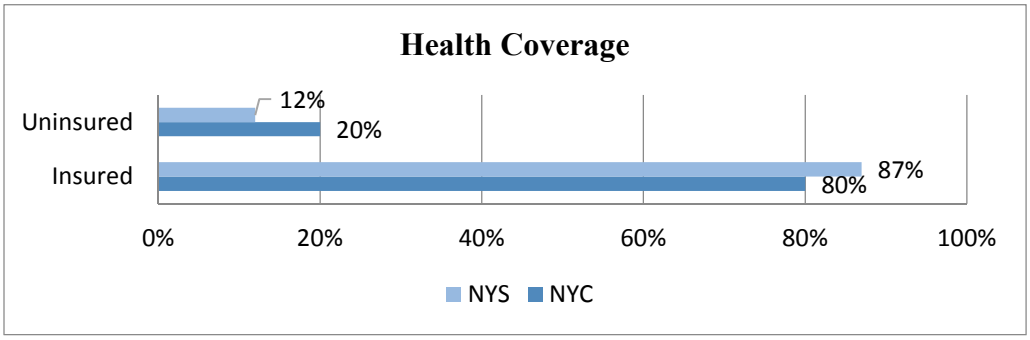
In only one category did the majority of respondents indicate that it was easy for patients to access services, which was in regards to how they access emergency services. Data was also gathered to see how patients access care post-discharge from a hospital setting. The data provided interesting results in that 26% of people believed that patients could readily access and receive in-home health services following a discharge, while a very similar percentage, 22% of respondents reported that patients could not readily access and receive in-home health services following a discharge.

33% of respondents believed that it was difficult for patients to see a primary care provider within seven days of being discharged. Only 20% of respondents said Medicaid patients could see a primary care provider within seven days of being discharged.

While care coordination is a key component and ties directly to the majority of this data, there are still barriers to effective care coordination. For the most part, having fragmented, stand-alone services, rather than an integrated delivery system, is the greatest obstacle to allowing for increased care coordination.

Health Coverage and Preventable Emergency Department Use

New York City has a lower percentage of residents with health coverage compared to the statewide population.[126]



Only 78% of New York City adults have a regular health care provider, compared to 83% statewide. Queens residents are most likely to have a regular health care provider (86%), while Bronx residents are least likely to have a regular health care provider (82%).[127]

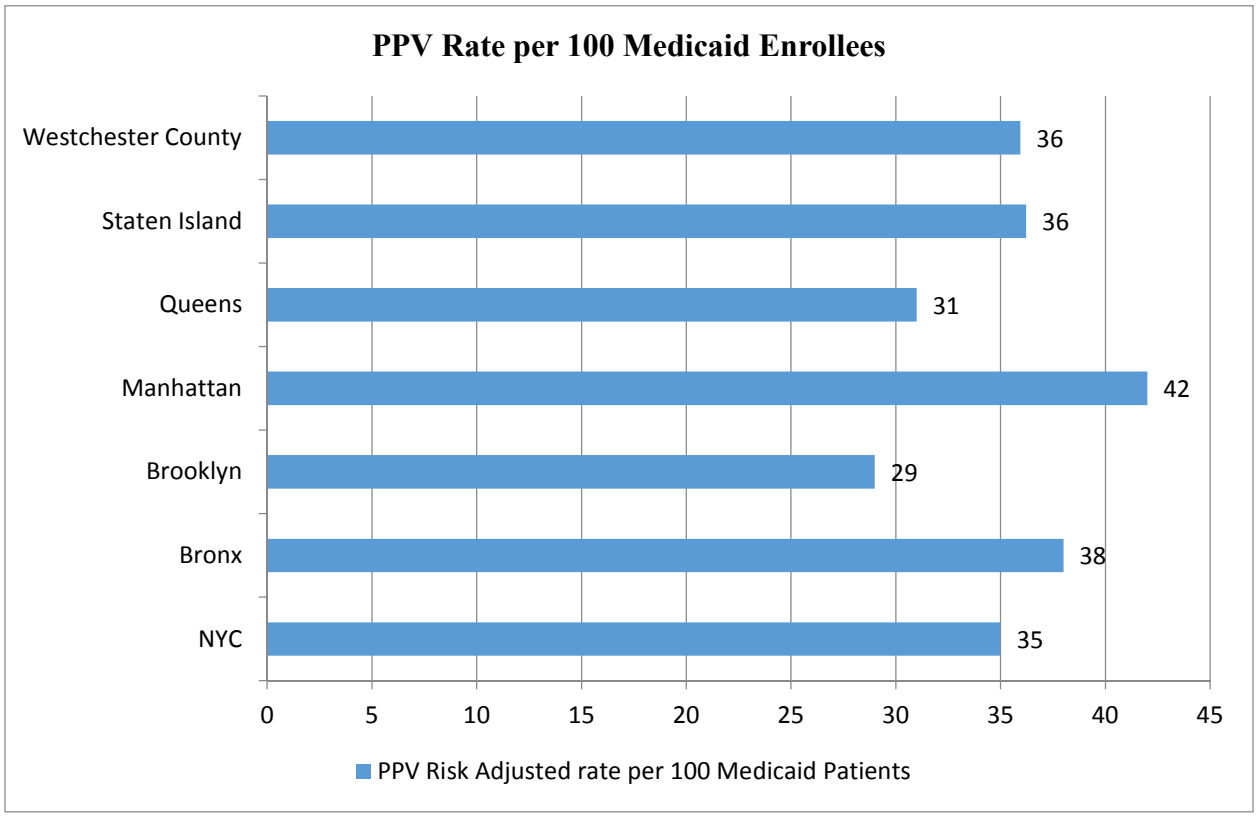
In 2012, there were 1,257,597 potentially preventable Medicaid emergency department visits (PPVs) in New York City, or an average rate of 35 events per 100 Medicaid beneficiaries. Although Manhattan has lowest number of PPVs, accounting for 16% of preventable visits in

[126] United Hospital Fund, 2012

[127] New York State Prevention Agenda, Age-adjusted percentage of adults who have a regular health care provider (Aged 18+ years), 2009 data.

New York City, it has the highest PPV rate of the boroughs at 42 events per 100 patients. Brooklyn has the lowest rate of PPVs at 29 events per 100 patients.[128]

Medicaid Potentially Preventable Emergency Department Visits							
Medicaid Patients	NYC Area	Bronx	Brooklyn	Manhattan	Queens	Staten Island	Westchester
Number of Visits	1257597	346837	347695	203340	247384	46293	66048
Percentage by Borough	100%	28%	28%	16%	20%	4%	5%



[128] New York State Department of Health, Medicaid Potentially Preventable Emergency Visit (PPV) Rates by Patient County, 2012 data.

Section 7. Health Care Costs

The New York State Department of Health makes available charges for inpatient claims for the state of New York. In the Mount Sinai PPS service area, Medicaid accounts for the fourth highest per-patient charge at an average of $56,888 per patient. The highest is Medicare ($64,434 per patient) followed by private insurance companies and Blue Cross. Medicaid per patient spending is not the highest among other payer sources. Manhattan has the highest average charges per Medicaid beneficiaries, and Staten Island has the lowest average charges per Medicaid beneficiaries.

Borough/County	Average Charges per Patient
Bronx	$28,335
Brooklyn	$26,805
Manhattan	$105,683
Queens	$34,468
Staten Island	$23,691
Westchester	$77,007

Major Diagnostic Category	Average Charges/Patient
Ungroupable or can belong to more than one MDC	$261,317.14
Myeloproliferative Diseases & Disorders, Poorly Differentiated Need	$106,295.74
Multiple Significant Trauma	$97,167.00
Burns	$68,754.24
HIV Infections	$62,266.05
Infectious & Parasitic Diseases, Systemic or Unspecified Sites	$58,394.77
Diseases & Disorders of the Nervous System	$51,959.74
Factors Influencing Health Status & Other Contacts with Health Services	$45,676.90
Diseases & Disorders of the Musculoskeletal System & Connective Tissues	$41,017.59
Diseases & Disorders of the Hepatobiliary System & Pancreas	$39,872.30
Diseases & Disorders of the Circulatory System	$37,648.71
Diseases & Disorders of the Respiratory System	$37,444.82
Diseases & Disorders of the Kidney & Urinary Tract	$36,555.44
Diseases & Disorders of Blood, Blood Forming Organs, Immunology Disorders	$33,810.31
Diseases & Disorders of the Ear, Nose, Mouth & Throat	$32,780.85
Diseases & Disorders of the Male Reproductive System	$32,214.50
Injuries, Poisonings & Toxic Effects of Drugs	$30,637.77
Diseases & Disorders of the Digestive System	$29,596.13

Major Diagnostic Category	Average Charges/Patient
Diseases & Disorders of the Skin, Subcutaneous Tissue & Breast	$28,355.06
Endocrine, Nutritional & Metabolic Diseases & Disorders	$28,298.25
Mental Diseases & Disorders	$26,179.61
Diseases & Disorders of the Eye	$25,820.32
Diseases & Disorders of the Female Reproductive System	$25,725.52
Alcohol/Drug Use & Alcohol/Drug Induced Organic Mental Disorders	$17,634.24
Newborns & Other Neonates	$16,846.41
Pregnancy, Childbirth & the Puerperium	$15,693.58
Ungroupable or can belong to more than one MDC	$261,317.14
Myeloproliferative Diseases & Disorders, Poorly Differentiated Ne	$106,295.74
Multiple Significant Trauma	$97,167.00
Burns	$68,754.24
HIV Infections	$62,266.05
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Diseases & Disorders of the Eye	$25,820.32
Diseases & Disorders of the Female Reproductive System	$25,725.52
Alcohol/Drug Use & Alcohol/Drug Induced Organic Mental Disorders	$17,634.24
Newborns & Other Neonates	$16,846.41
Pregnancy, Childbirth & the Puerperium	$15,693.58

Section 8. Quality of Care

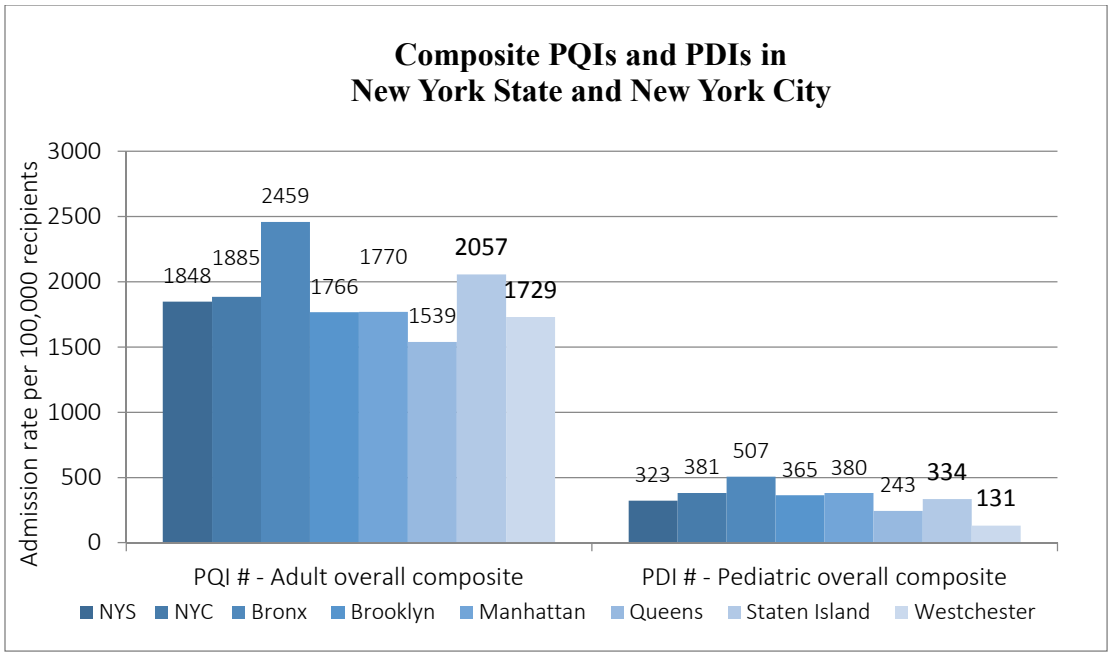
Prevention Quality Indicators and Pediatric Quality Indicators

Prevention Quality Indicators (PQIs) and Pediatric Quality Indicators (PDIs) are a set of measures that indicate potentially preventable hospitalizations given early intervention, and access to increased or higher-quality outpatient care.[129] Such indicators provide considerable insight toward DSRIP's overarching goal of reducing hospital admissions by improving access to primary care and preventative services, efficiently utilizing community resources, and focusing on infrastructure improvements to strengthen the healthcare system as a whole.

A report from the Agency for Healthcare Research and Quality provides a nationwide benchmark for adult PQI overall composite – the nationwide benchmark is 1,495 per 100,000 persons.[130] In comparison, the New York State and borough level composite scores are remarkably higher than the nationwide benchmark. While New York City is fairly comparable to the state as a whole, 1,885 and 1,848 respectively, within the city, the Bronx is a noticeable outlier with 2,459. On the other end of the spectrum, Queens has a composite score of 1,539, which is similar to the nationwide benchmark.

PDIs are commonly much lower than PQIs, which stands true for New York. Similar to the results of the PQIs, the Bronx has a significantly higher number of admissions, 507, compared to the state average of 323. The rates of PDIs in most areas mirror that of the PQIs, except in the case of Queens. Similar to Queen's PQI, the PDI is also lower at 243 and Westchester at 131. The high numbers throughout New York City indicate that there are a number of hospitalizations that could be prevented, suggesting that system transformation is necessary to keep people out of the hospital and in their communities.

[129] "Prevention Quality Indicators Overview." *HHS Agency for Healthcare Research and Quality*. Web. 18 Oct. 2014
[130] Prevention Quality Indicator v4.5 Benchmark Data Tables, Agency for Healthcare Research and Quality, May 2013.


Composite PQIs and PDIs in
New York State and New York City
Admission rate per 100,000 recipients
3000
2500
2000
1500
1000
500
0
1848
1885
2459
1766
1770
1539
2057
1729
323
381
507
365
380
243
334
131
PQI # - Adult overall composite
PDI # - Pediatric overall composite
NYS
NYC
Bronx
Brooklyn
Manhattan
Queens
Staten Island
Westchester

All PQI Measures available for 2011-2012 for the Mount Sinai PPS Service Area *Data is reported as admission rate per 100,000 recipients.**								
PQIs	**NYS**	**NYC**	**Manhattan**	**Bronx**	**Brooklyn**	**Queens**	**Staten Island**	**Westchester**
Adult acute conditions composite	555	547	549	706	480	498	526	549
Adult chronic conditions composite	1294	1336	1223	1749	1283	1042	1538	1180
Adult overall composite	1848	1885	1770	2459	1766	1539	2057	1729
ED visits for ambulatory care sensitive conditions*	36	34	42	38	29	31	37	37
Pediatric acute conditions composite	75	87	82	84	90	84	110	44
Pediatric chronic conditions composite	248	294	298	422	275	157	225	88
Pediatric overall conditions composite	323	381	380	507	365	243	334	131
Adult angina without procedure	27	29	23	34	28	32	24	31
Adult hypertension	104	114	105	150	101	94	180	77
All adult circulatory conditions composite	422	450	398	557	447	397	416	372
Adult diabetes long-term complications	203	213	189	267	211	169	283	178
All adult diabetes composite	372	376	341	472	371	296	430	330
All adult respiratory conditions composite	500	510	484	720	464	346	688	478
Asthma in younger adults	135	148	161	218	122	78	688	102
Chronic obstructive pulmonary disease and asthma in older adults	814	822	767	1147	758	577	1115	801
Pediatric asthma	319	388	405	575	349	215	242	146
Adult bacterial pneumonia	258	245	243	327	210	230	208	270
Adult dehydration	106	103	118	129	92	80	115	107
Adult diabetes short-term complications	113	105	108	132	100	82	72	92
Adult heart failure	292	307	269	371	318	271	216	265
Adult uncontrolled diabetes	46	48	38	59	51	36	69	51
Adult urinary tract infection	192	199	188	250	178	187	205	174
Lower extremity amputation among adults with diabetes	18	18	15	26	17	14	19	18
Pediatric diabetes short-term complications	33	34	40	41	35	18	44	9
Pediatric gastroenteritis	120	135	112	142	136	135	150	74
Pediatric urinary tract infection	52	54	43	46	58	66	55	34

From this data, we see that the top cause of preventable admissions for adults in New York City (excluding the composite scores) are COPD and Asthma, followed by acute conditions, respiratory conditions, and circulatory conditions.

The dataset also examined ED visits for ambulatory sensitive conditions, or conditions that could have been managed outside of the ED. It found that in New York State, 36% of all visits were for ACSC. This number was even higher for those in Manhattan, where 42% of ED visits are for ACSCs. It is slightly better in Brooklyn and Queens, where the rates are 29% and 31% respectively.[131]

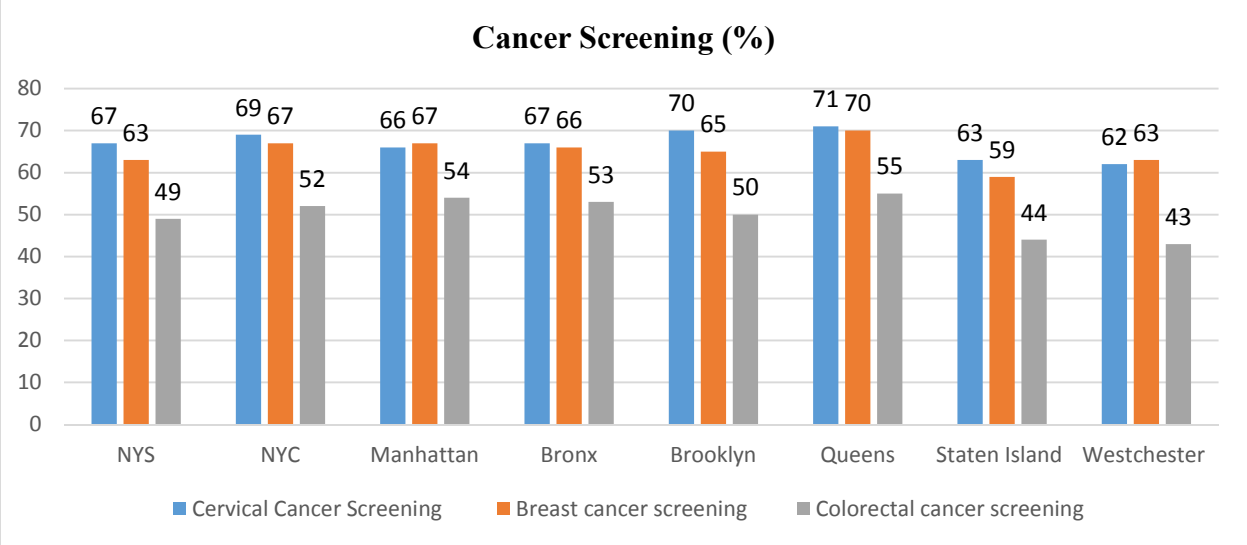
HEDIS Measures

Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used to measure performance on quality of care. There are 81 HEDIS measures across 5 domains of care. NYDOH made available 16 HEDIS measures for the New York State area and counties. The table below provides a summary of HEDIS measures in New York State, New York City, and the counties in our PPS service area.

[131] NYDOH Performance Chartbooks, 2011-2012

Percentage of Patients with Recommended Care by Geography and HEDIS Measure								
HEDIS measures (quality)	**NYS**	**NYC**	**Manhattan**	**Bronx**	**Brooklyn**	**Queens**	**Staten Island**	**Westchester**
Adherence to Antipsychotic Medications for People with Schizophrenia	64%	63%	61%	59%	60%	71%	71%	67%
Antidepressant Medication Management - Effective treatment for acute phase	50%	0%	48%	46%	47%	49%	46%	49%
Diabetes Monitoring for People with Diabetes and Schizophrenia	68%	70%	73%	69%	71%	66%	60%	68%
Diabetes Screening for People with Schizophrenia/BPD Using Antipsychotic Med	79%	90%	80%	83%	78%	80%	78%	78%
Follow-Up care after hospitalization for Mental Illness within 30 days	55%	51%	48%	56%	50%	50%	59%	59%
Follow-up care for children prescribed ADHD medication-initiation phase	56%	64%	67%	64%	66%	62%	58%	71%
Comprehensive diabetes care: HbA1c	80%	82%	82%	80%	82%	85%	75%	49%
Cervical Cancer Screening	67%	69%	66%	67%	70%	71%	63%	62%
Chlamydia screening among young women	66%	70%	74%	71%	70%	69%	66%	65%
Comprehensive care for people living with HIV or AIDS - engagement in care	89%	89%	88%	91%	89%	88%	89%	88%
Comprehensive care for people living with HIV or AIDS - syphilis screening	68%	71%	69%	70%	74%	68%	69%	61%
Comprehensive care for people living with HIV or AIDS - viral load monitoring	66%	67%	64%	69%	66%	66%	70%	66%
Well Care Visits in the first 15 months	85%	83%	82%	83%	79%	87%	82%	89%
Breast cancer screening	63%	67%	67%	66%	65%	70%	59%	63%
Colorectal cancer screening	49%	52%	54%	53%	50%	55%	44%	43%

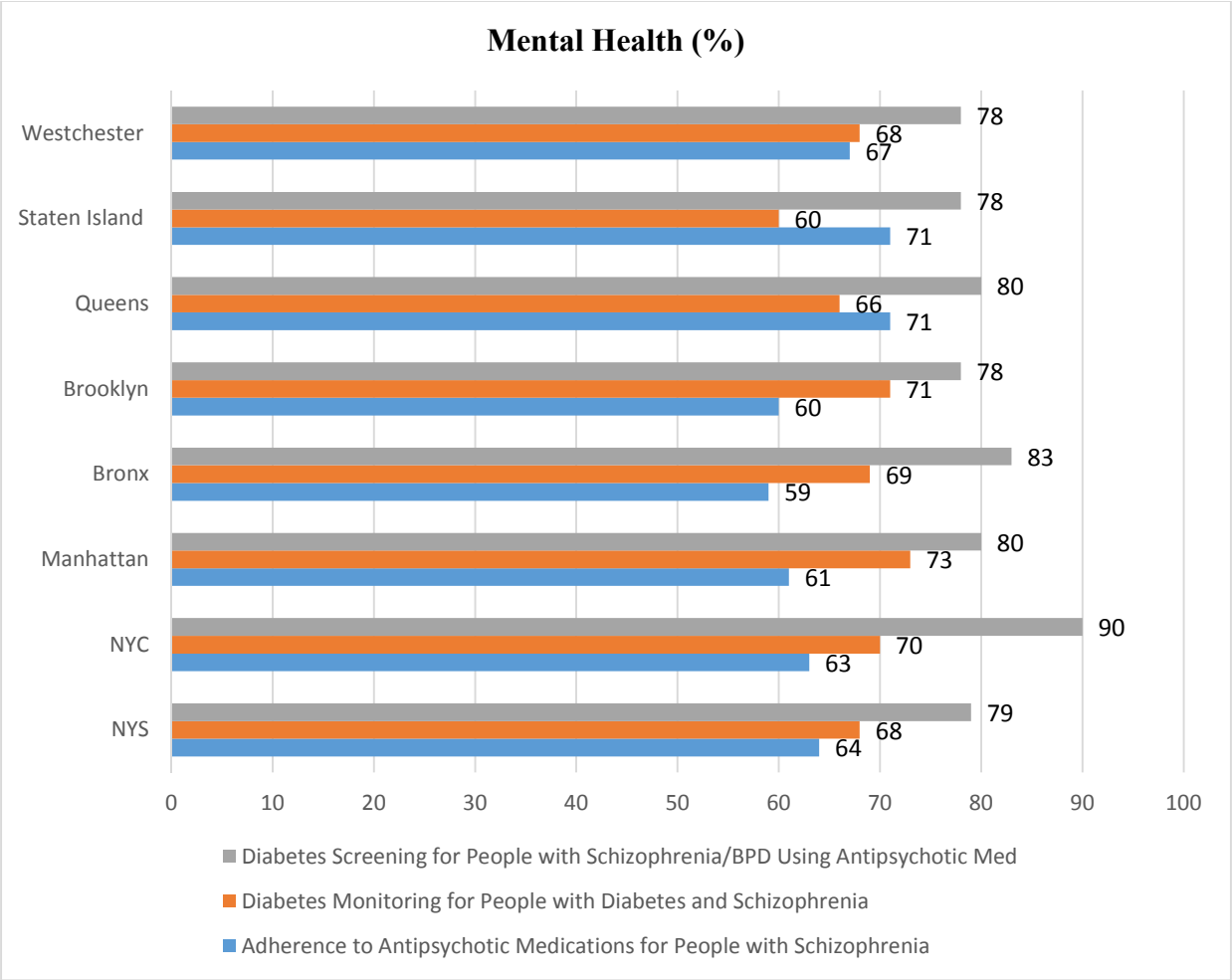
The three HEDIS measures related to cancer screening rates show that the percentage of patients receiving recommended care is pretty consistent across the state and our PPS' service area. For the cervical cancer screening HEDIS measure, the majority of the counties in our service area have higher HEDIS scores when compared to the New York State average. Only Staten Island and Westchester County fall below the state average, and Manhattan is one percent below the state average. For the breast cancer screening HEDIS measure, all the counties in our service area have higher HEDIS scores when compared to the New York State average. Only Staten Island falls below the state average at 59%. For the colorectal cancer screening HEDIS measure, the majority of the counties in our services area have higher HEDIS scores when compared to the New York State average. Only Staten Island and Westchester County fall below the state average at 44% and 43%, respectively. However, there is still room for improvement across all three of these measures.



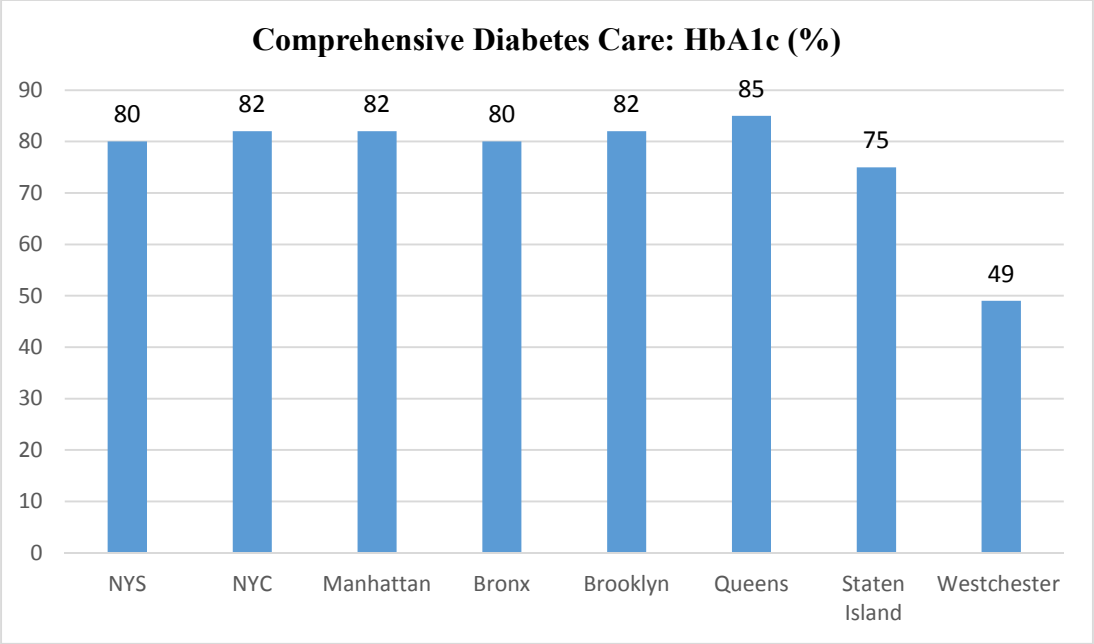
HEDIS measures also indicate that there are a number of ways that care delivered to Medicaid beneficiaries with a mental health condition can be improved, particularly in the realm of medication management and adherence. Our entire service area, except Queens and Staten Island, falls slightly below the state average for adherence to antipsychotic medications, and our entire service area falls below the state average for antidepressant medication management.

For the HEDIS measure for diabetes screening for schizophrenics, our entire service area, except for Brooklyn, Staten Island, and Westchester are above the state average of 79%. Even though Brooklyn, State Island and Westchester fall below the state average, their HEDIS measures are still very close to the state average at 78% for each area. For the diabetes monitoring in schizophrenics HEDIS measure, all parts of our service area, except for Queens and Staten Island fall below the state average of 68%.

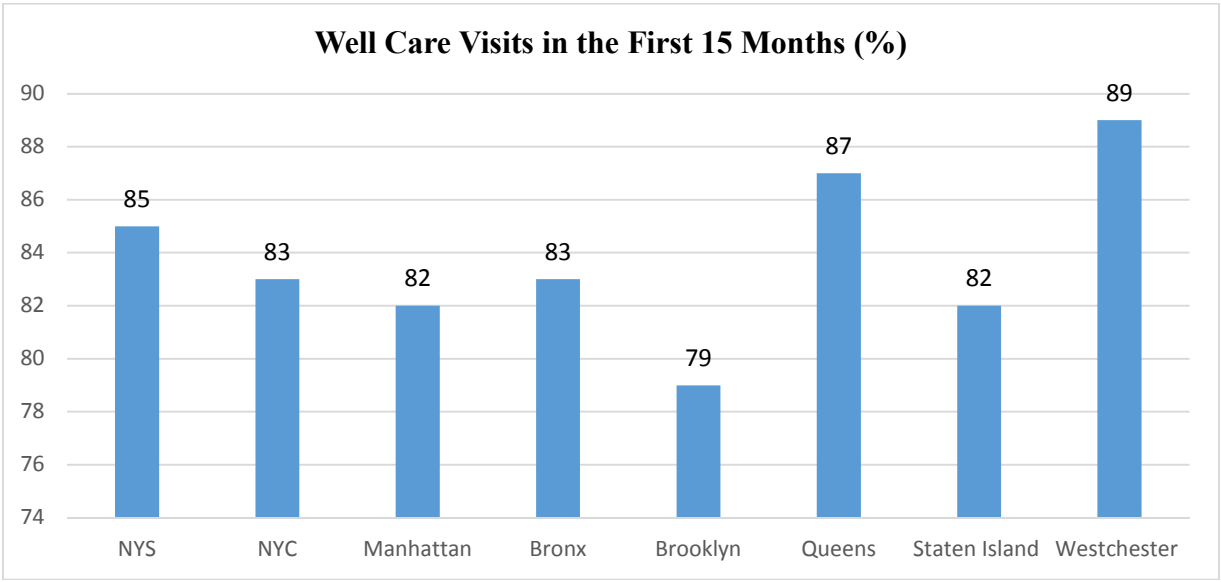
Follow-up care 30 days after hospitalization for a mental health condition is another area where care for this vulnerable population can be improved. Across our service area, only the Bronx, Staten Island, and Westchester County are above the state average. Manhattan has the lowest percentage of patients receiving this recommended follow-up.



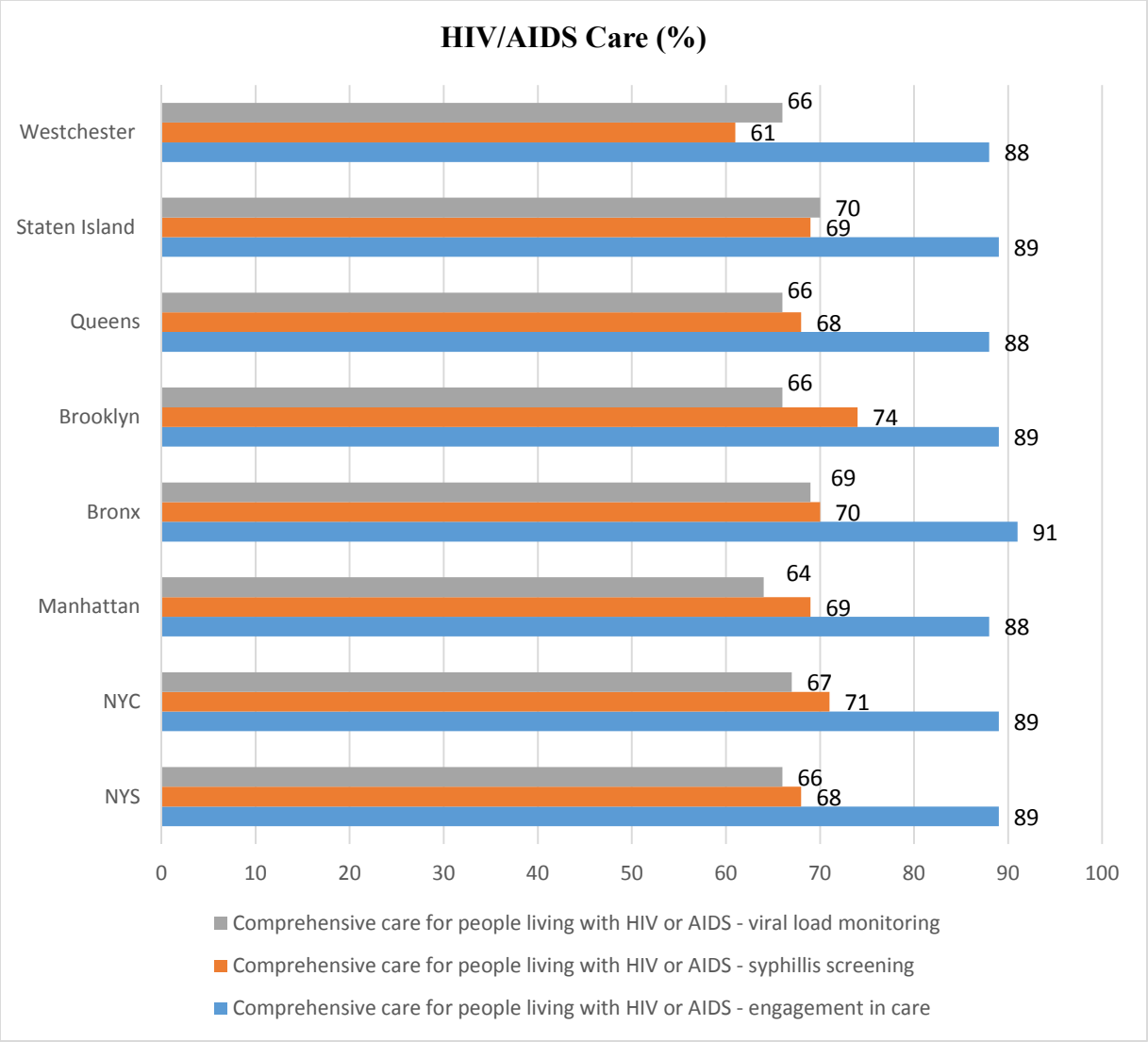
In 2012, 82% of New York City adults with diabetes (type 1 and type 2) received a hemoglobin A1c (HbA1c), more commonly known as a blood sugar test. This measure provides indication that individuals with diabetes are being diagnosed and treated for their condition. Across our service area, all areas fall above the state average except for Staten Island and Westchester County. Westchester County, in particular, has a very low percentage of patients receiving this recommended level of care.



HEDIS measures show that the percentage of babies receiving Well Care Visits in the first 15 months of life throughout the New York City region is similar to the state average. However, there is still room for improvement, particularly in Brooklyn where the percentage is the lowest compared to other locations in our service area.

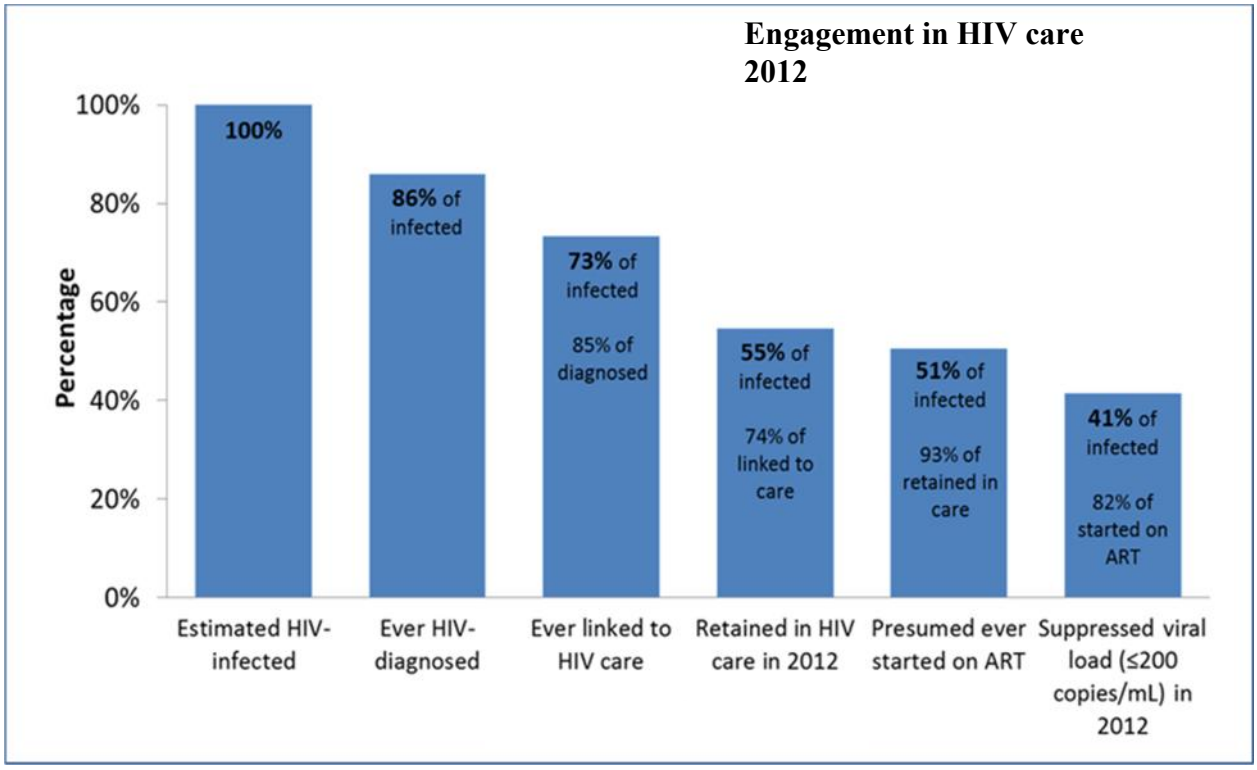


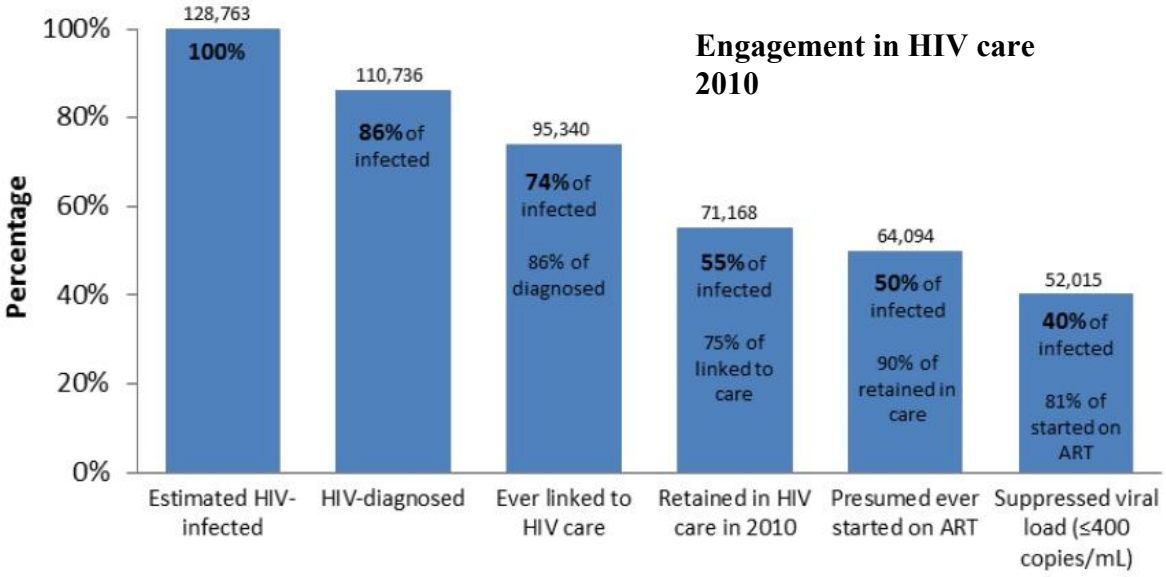
For the HEDIS measures that are tied to quality of care for people living with HIV/AIDS, our service area is aligned with the state averages for each of the three measures listed in the graph below. Similar to the HEDIS measures highlighted before, there is room for improvement, particularly with regards to the percentage of people living with HIV/AIDS that receive recommended syphilis screenings and viral load monitoring.



HIV Engagement in Care

A key quality measure for patients with HIV is the cascade of engagement in care. Essentially, it shows the level of patient engagement from estimated HIV incidence to diagnosis, to care, and to suppressed viral load (this is called a cascade). There has been a slight improvement in HIV care engagement between 2010 and 2012, as shown in the charts below. At the end of the cascade in 2012, 41% have a suppressed viral load compared to 40% in 2010. In addition, 3% more patients were retained in care and presumed ever started on anti-retroviral therapy.

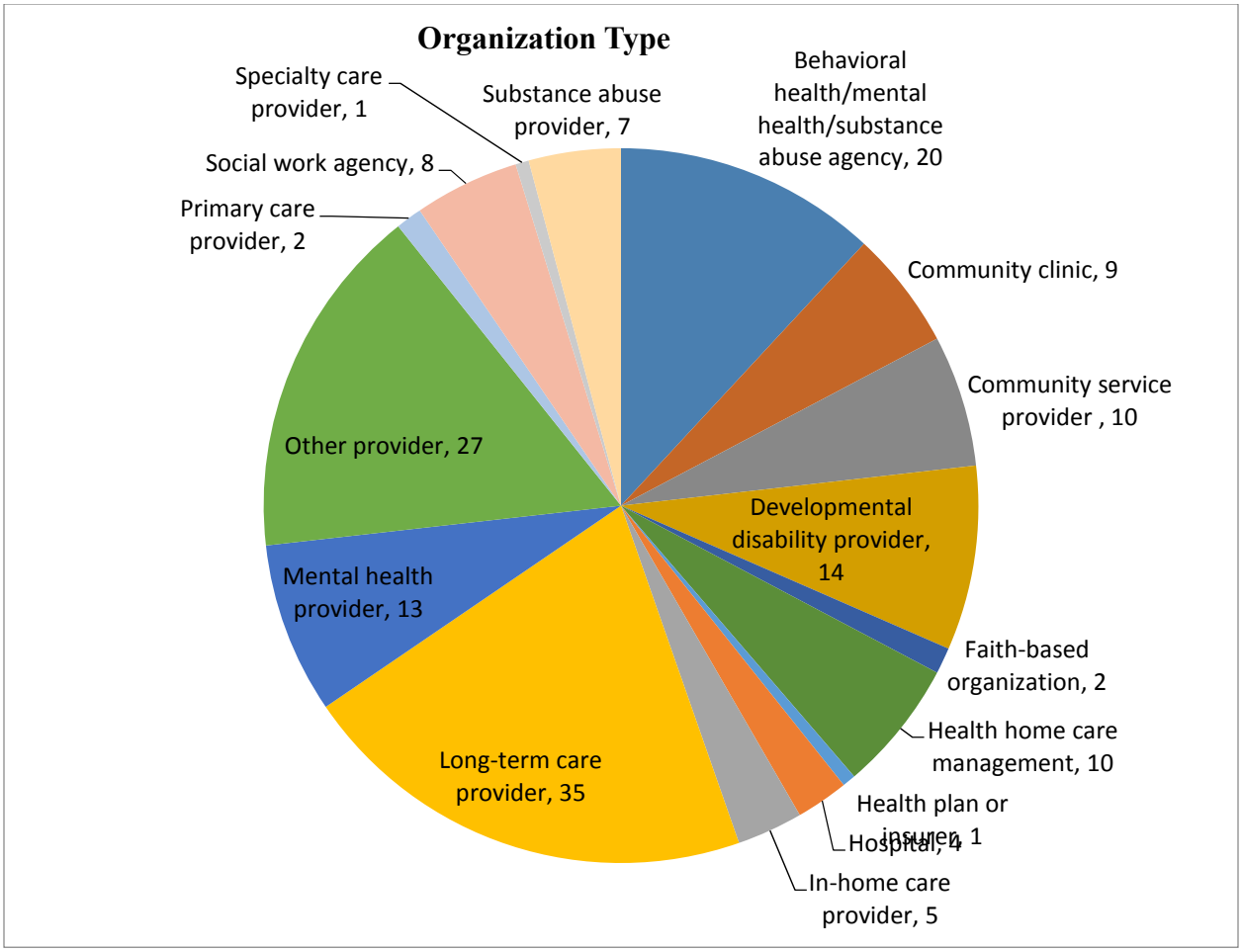

Engagement in HIV care 2012
Percentage
100%
80%
60%
40%
20%
0%
100%
86% of infected
73% of infected
85% of diagnosed
55% of infected
74% of linked to care
51% of infected
93% of retained in care
41% of infected
82% of started on ART
Estimated HIV-infected
Ever HIV-diagnosed
Ever linked to HIV care
Retained in HIV care in 2012
Presumed ever started on ART
Suppressed viral load (≤200 copies/mL) in 2012


Engagement in HIV care 2010
Percentage
100%
80%
60%
40%
20%
0%
128,763
100%
110,736
86% of infected
95,340
74% of infected
86% of diagnosed
71,168
55% of infected
75% of linked to care
64,094
50% of infected
90% of retained in care
52,015
40% of infected
81% of started on ART
Estimated HIV-infected
HIV-diagnosed
Ever linked to HIV care
Retained in HIV care in 2010
Presumed ever started on ART
Suppressed viral load (≤400 copies/mL)

Section 9. Stakeholder Assessment of Community Needs

Organization Type Overview

Of the 169 people who responded to the CNA survey in October 2014, the majority of organizations identified themselves as long-term care providers (21%). 12% identified as mental health/substance abuse agencies. Mental health providers, as well as developmental disability providers, each accounted for 8% of the total providers. Amongst the 16% that identified as "other," several identified as skilled nursing facilities and social service agencies. Unique organizations include a care coordination facility, a syringe exchange, and a HIV prevention health home. Amongst the 6% of respondents who identified as Community Service Providers, some unique organizations listed were Home Delivered Meals and Nutrition Services, and AIDS/High-Risk Adult Day Treatment Program.



Service Area Overview

Respondents who participated in the CNA survey were representative of the providers in our service area, representing providers in Manhattan, Bronx, Brooklyn, Queens, Staten Island, and Westchester County. Other services areas mentioned include Nassau, Suffolk, and Rockland counties.

Access to Care

Level of Difficulty

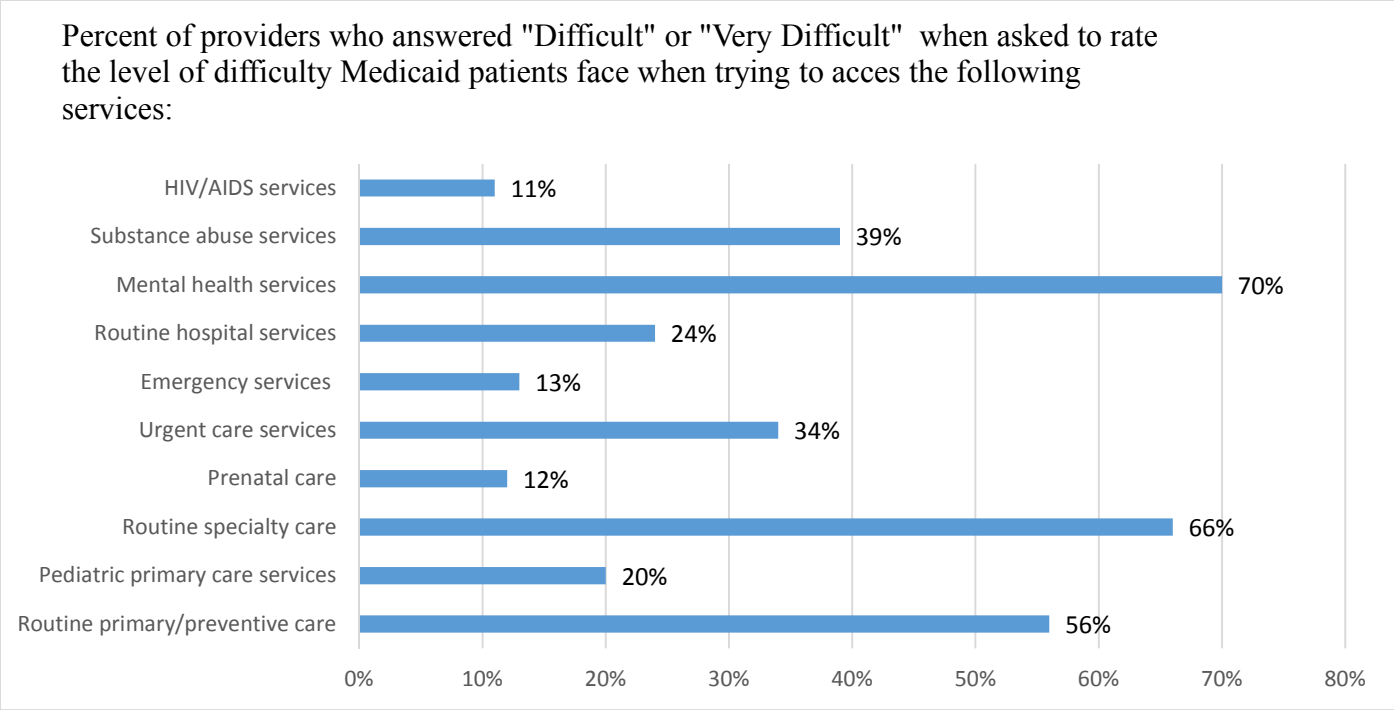
Organizations were asked to rate the level of difficulty that Medicaid patients face when trying to access care. The categories of care include the following provider types: routine primary/preventive care, pediatric primary care, routine specialty care, prenatal care, urgent care, emergency services, routine hospital services, mental health services, substance abuse services, and HIV/AIDS services. Of these categories, the majority of providers selected "difficult" or "very difficult" for the following services: routine primary/preventive care services, routine specialty care services, and mental health services.

When asked about the level of difficulty Medicaid patients face when trying to access routine primary/preventive care services, the majority of respondents (46%) answered "difficult." The top three barriers to access ranked by providers who answered "difficult" or "very difficult" are: difficulty navigating system/lack awareness of available resources, lack of capacity, and scheduling.

When asked about the level of difficulty Medicaid patients face when trying to access routine specialty care services, the majority of respondents (54%) answered "difficult." The top three barriers to access ranked by providers who answered "difficult" or "very difficult" are: difficulty navigating system/lack awareness of available resources, lack of capacity, and lack of coverage/financial hardship.

When asked about the level of difficulty Medicaid patients face when trying to access mental health services, the majority of respondents (39%) answered "difficult" and 30% answered "very difficult." The top three barriers to access ranked by providers who answered "difficult" or "very difficult" are: lack of capacity, difficulty navigating system/lack awareness of available resources, and lack of coverage/financial hardship.

When asked about the level of difficulty Medicaid patients face when trying to access substance abuse services, the majority of respondents (34%) answered "not sure". However, it is important to note that a significant amount (25%) answered "difficult." The top three barriers to access ranked by providers who answered "difficult" or "very difficult" are: lack of capacity, difficulty navigating system/lack awareness of available resources, and lack of coverage/financial hardship.

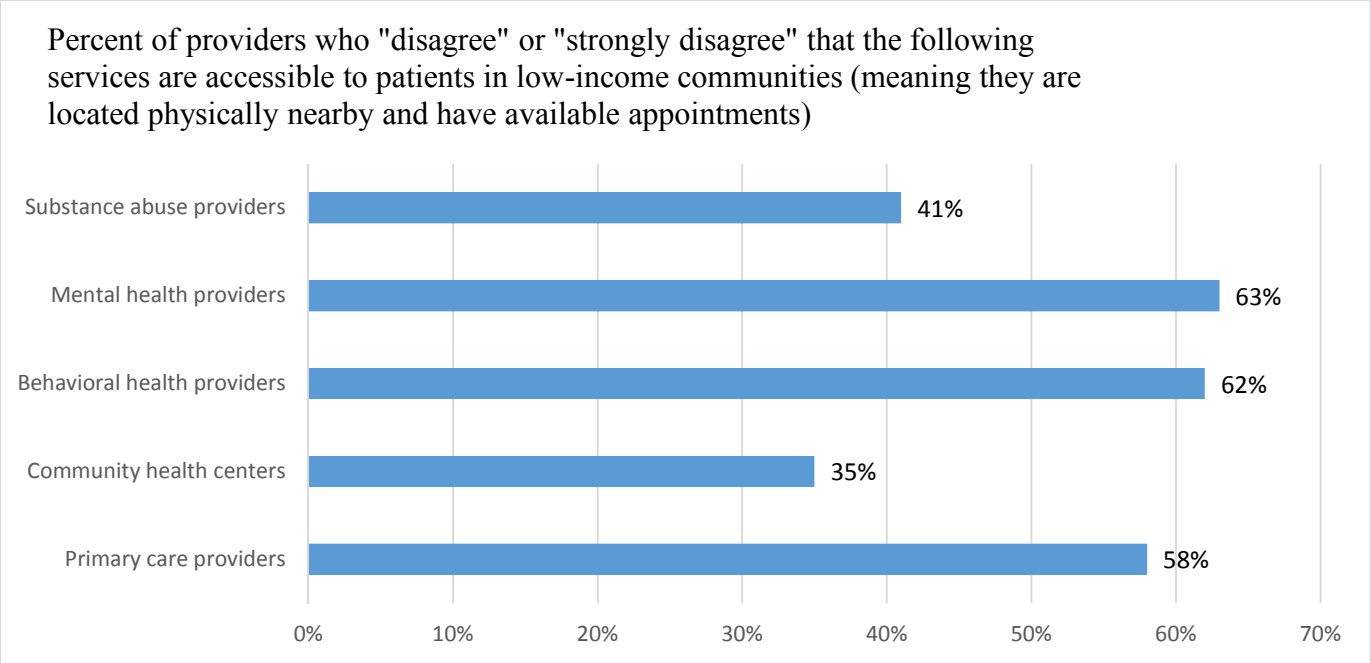


The services that have the highest level of difficulty in accessing care for Medicaid patients are mental health services (70%), routine specialty care (66%), and routine primary/ preventative care (56%).

Accessibility

Providers were asked how accessible services are for patients in low-income communities (accessible meaning located physically nearby and have available appointments). The categories of services listed are: primary care, community health centers, mental health, and substance abuse.

When providers were asked to which extent they agreed that these services were accessible, the majority of responses in every category (except substance abuse) were “disagree”. In the substance abuse category, the majority of respondents (30%) selected “not sure” and 24% selected that they disagree that care is accessible.



Services in which providers largely disagree that there is adequate access for patients in low-income communities are mental health providers (63%), behavioral health providers (62%), and primary care providers (58%).

Care Coordination

Providers were asked to rank barriers to effective care coordination. The top three barriers ranked by providers are: fragmented or stand-alone services (rather than an integrated delivery system), complexity of coordination for patients with high levels of need and/or with frequent hospital and clinic visits, and practice norms that encourage clinicians to act in silos rather than coordinate with each other.

When asked how effectively primary care physicians co-manage Medicaid patients who have both mental health/substance abuse and medical conditions with mental health/substance abuse professionals 59% answered “somewhat ineffective” or “very ineffective.” Providers who answered “somewhat ineffective” or “very ineffective” were asked to explain why.

The most common theme of survey respondents who answered "somewhat ineffective" or "very ineffective” is the lack of communication between PCPs and mental health providers. From the perspective of mental health providers, PCPs are often inaccessible and there is no incentive for the PCP to coordinate care. Several respondents felt that PCPs lacked the training to understand the connection between the patient’s medical conditions and their mental health issues. One respondent stated “Primary care physicians and mental health/substance abuse professionals do not work together to form a proper care plan for the patient. Primary care physician’s goals are to keep the patient stable regardless if it is good for the patient in the long run."

In addition, another respondent notes that PCP's "are not prepared to work with difficult patients to manage their care better and would prefer sending them to inpatient hospitals or skilled nursing facilities." Another barrier to co-managing patients is the lack of follow-up to see if the patient has followed through with recommendations made by either the PCP or mental health providers. This can be attributed to the lack of resources to manage a "highly non-compliant population." Assistance is needed in terms of care coordination. However, care coordination is often unfunded in terms of personnel and infrastructure IT needs.

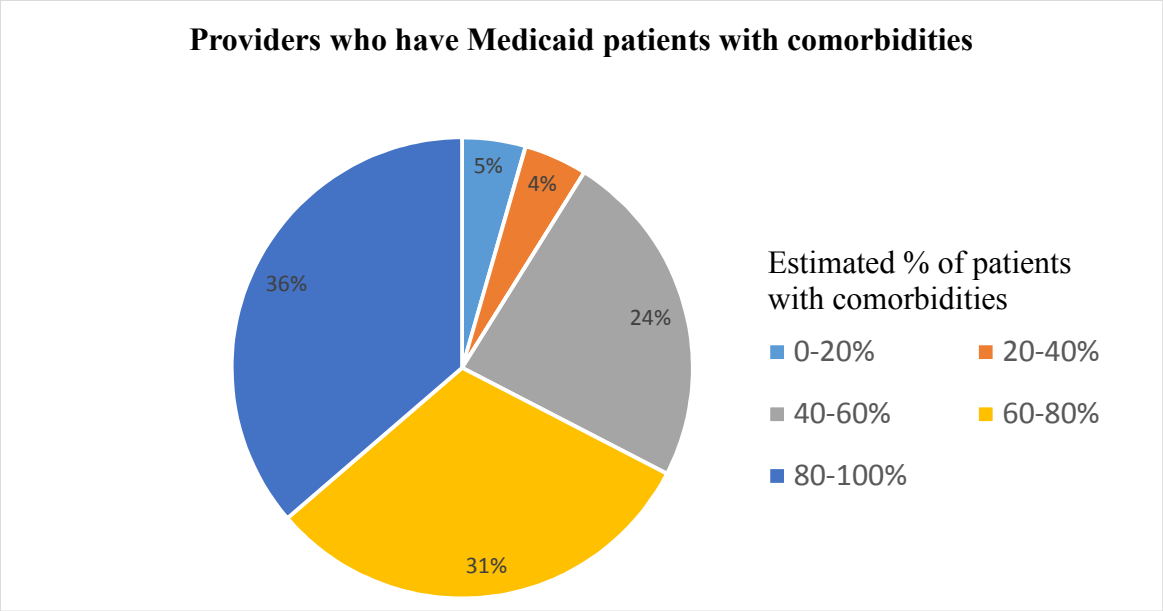
Providers were asked to rank barriers to effective co-management of a Medicaid patient's health between providers in their community. The top three barriers ranked by providers are: complexity of coordination for patients with high levels of need and/or with frequent hospital and clinic visits, fragmented, stand-alone services rather than an integrated delivery system, and lack of staff and time for the investment in appropriate coordination (at the practice and broader community levels).

When asked how effective co-management of Medicaid is for patients with chronic conditions between primary care physicians and specialists, 42% answered "somewhat ineffective" or "very ineffective." Providers who answered "somewhat ineffective" or "very ineffective" were asked to explain why.

The most common theme of survey respondents who answered "somewhat ineffective" or "very ineffective" is the lack of communication and follow-up between PCP and specialists. This leads to both the PCP and the specialist having to rely on the patient to convent information, which is often unreliable and prone to error. A significant barrier is the lack of a universal IT platform to access patient information. One respondent notes, "When EMR are available they are often limited in helping with coordination because the entries may contain inadequate information to properly coordinate care." Some respondents felt that there is little incentive for physicians to communicate with one another. As a result, PCPs and specialists are unable to create a comprehensive treatment plan for the patient.

Another barrier is the difficulty for Medicaid patients to get an appointment with specialists, as the wait time is very long and the quality of care is not the same as a privately insured patient. This can sometimes lead to Medicaid patients having to "wait over 90 days before seeing a specialist because the reimbursement that the specialist receives is very minimal." A significant challenge affecting the PCP ability to co-manage patients with chronic illnesses is the lack of consultation reports from the specialists being sent back to the PCP. A respondent suggests that "policy changes are needed to mandate such reports are returned to PCP prior to reimbursement of specialty fees."

Comorbidities



Of the 135 providers who responded to the question that asked to estimate the percentage of their Medicaid patients who have co-morbidities, 49 providers (36%) estimated 80-100% of their Medicaid patients have comorbidities. 42 providers (31%) estimated 60-80% of their Medicaid patients have comorbidities. 91% of providers estimated that among their Medicaid patients, 40% or more had comorbidities.

When providers were asked to rank the top three most common morbidities experienced by their Medicaid patients the highest ranked responses were diabetes, hypertension, and obesity.

Disparities and Barriers

Providers were asked to state the neighborhoods in which they see the greatest health disparities in their service area.

The majority of responses stated the neighborhood with the greatest health disparities in their service area was the Bronx (particularly South Bronx). Another common response was Harlem (specifically East Harlem and North Central Harlem). Brooklyn was also a common response with East and North Brooklyn having the most responses in among this borough. Queens was a popular response specifically with Jamaica being a commonality. Other neighborhoods that had a handful of responses include: Washington Heights, Rockaway, Yonkers, and Crown Heights.

Providers were asked to provide thoughts on the barriers that they see affecting their Medicaid population.

The majority of responses stated that the greatest barrier the Medicaid population faces in relation to behavioral risk factors is limited access to care. This is due to both the lack of services

and the lack of understanding about how to access the available services. The shortage of mental health professionals is a significant concern among respondents. Several respondents noted lifestyle choices such as poor diet, low physical activity, poor medication adherence, substance abuse, and risky sexual behavior.

A major theme in the barriers faced by the Medicaid population in relation to substance abuse is a lack of resources to properly address the problem. This in turn leads to long wait times and even waiting lists for the services that are available. Amongst the services that are available, there is a lack of prevention methods for substance abuse. This includes education and harm reduction programs. Poverty and unemployment are two significant factors that the Medicaid population experiences in terms of substance abuse. For those who access these services, discharge without a treatment plan for follow-up is a barrier to continuing care in this population. One respondent stated, "Without intense care coordination efforts this population is greatly at risk and is among the highest utilizers of hospital and Emergency Department Services." Some respondents note that there are not enough culturally relevant services to serve this diverse population. Poor compliance and lack of follow-up is prevalent among members of this group. In addition, there are low rates of seeking help amongst this population due to chronic substance abuse, lack of concern, and the stigma associated with seeking treatment.

A common theme among the Medicaid population in relation to environmental risk factors includes poor, inadequate, or unstable housing. A lack of safe permanent housing can lead to poor living conditions. Poor living conditions can include overcrowding, exposure to mold, lead, and vermin. Pollution is another commonality among respondents. The location of this service area is susceptible to congestion and transportation hubs that deteriorate air quality, leading to conditions such as asthma. A lack of awareness and resources to promote a healthy diet makes poor nutrition common amongst this population. Living in dangerous neighborhoods that are high in crime makes this population less likely to utilize community resources such as parks, contributing to a lack of physical activity.

A major theme in the barriers faced by the Medicaid population in relation to socioeconomic factors is poverty. Unemployment plays a large role in contributing to the poverty in this population. This population struggles with financial stability and often lacks money for food, shelter, medication, and transportation. Absence of affordable nutritious foods creates a population with poor health. Lack of job programs contributes to both unemployment and poverty. Insufficient cultural competency of providers may prevent some from seeking care. In addition, there is a lack of services for undocumented individuals. One respondent notes, "Family members have difficulty navigating through forms and requirements and thus do not apply for services that they or their family member may be entitled to. More education and assistance should be offered to the families to help them apply for benefits and entitlements." A lack of stable housing negatively impacts a patient's ability to focus and maintain treatment plans.

A major barrier that the Medicaid population faces in relation to basic necessity resources is inadequate finances. A lack of affordable healthy and fresh foods had led to major nutritional

insufficiencies. Insufficient knowledge about available services and government benefits has caused many to not know how to navigate the system and in turn are not receiving the assistance they are entitled to. As a result, patients tend to only seek care in an emergency. A lack of affordable and appropriate housing has caused many to reside in unsafe conditions. One respondent states, "Supportive housing for the elderly and other special populations (e.g., individuals with HIV/AIDS) may be able to be served in the community instead of a SNF if there were safe and affordable supportive housing." Food insecurity is common among this population yet there is a lack of services and resources to address this problem.

A major theme faced by the Medicaid population in relation to barrier-free access deficiencies is inadequate access to providers. This leads to long wait times for the services that are available. Prior authorization requirements for treatment often delays treatment for conditions that require immediate attention. Language barriers are also a commonality among respondents. One respondent notes that there are "cultural and linguistic barriers to engaging in preventive & outpatient care." Another respondent notes that "sobriety is often required to gain access to treatment." This can affect many that struggle with sobriety and also have co-existing conditions that require access to services. Community outreach and education sessions are needed to educate the population about access to care and healthy lifestyle choices.

Common themes found amongst barriers faced by the Medicaid population in relation to policy environment include lack of care coordination and insufficient understanding of the social determinants of health. One respondent notes that "community level care coordination could be improved with community health workers" and there is a need for incentives to get primary and specialty care providers to work together. Another respondent notes that "NYSDOH is encouraging gigantic organizations, but small local organizations are where connections with the patient get made." Policies that focus on the provider and not the patient are too focused on finances and as a result are "missing the big picture." Providers focus on short-term rather than long-term solutions. There is a lack of financial support provided for those who are implementing IT infrastructures, and there is a need for greater involvement from local politicians. One respondent noted the lack of "culturally and linguistically accessible information." Insurance policies are very complicated for families and individuals to understand because they are constantly changing, and as a result, individuals do not always know what their current benefits are.

Major themes found in primary care service gaps for the Medicaid population is a lack of access to primary care facilities in underserved communities and inadequate care coordination. A lack of primary care facilities creates long wait times for appointments, and many providers do not accept patients with Medicaid. There is a difference in the quality of care received by patients with private insurance compared to Medicaid patients. This can be due to the low reimbursements for primary care through Medicaid. One respondent notes that reasons for service gaps commonly include "poor communication between patient and doctor, patient's non-compliance with medications due to misperception, patient's lack of trust, lack of care coordination among providers, and physicians are not aware of environmental factors that are

affecting their patients." Diverse populations that experience language barriers commonly do not seek treatment. Primary care facilities lack the capacity to effectively service their population due to operating hours and limited resources. This leads to patients utilizing emergency rooms for basic primary care.

A major theme amongst barriers faced by the Medicaid population regarding factors relating to access to health insurance and health services is the lack of providers who accept Medicaid. There is also a lack of awareness of available services and resources. Local agencies need to provide better education about the availability of plans. One respondent notes, "Many do not know how to navigate the system or understand the process. The type of service received is dependent upon the type of insurance the patient has." It is often unclear what type of managed Medicaid someone has because it is not listed on the card. Increased efforts to educate Medicaid recipients about their benefits are important to raise awareness of services that are available. Yearly recertification of Medicaid managed care leads to disenrollments when people do not receive notice of upcoming coverage termination. Undocumented immigrants have limited access to services. The long wait times for providers who accept Medicaid is discouraging to those who seek care.

A major theme amongst barriers faced by the Medicaid population in terms of transportation is the unpredictability of current programs that are used for patient transportation. The majority of respondents note that the "Access-a-ride" program that is currently in place for Medicaid patients is highly unreliable and untimely. The program also requires an in-person interview in order to become eligible and this is a barrier in itself if the applicants do not have any means of transportation available to them. For patients who do not qualify for this program, cost is often an issue. One respondent notes "Patients who cannot afford transportation have to make choices about traveling to the doctor or paying for their next meal." Transportation is also a significant barrier amongst the elderly and disabled populations who may not be able to access public transportation. An area where public transportation is not readily accessible is problematic as well. One respondent notes, "Managed care organizations need to provide education about the transportation services that are available."

Other Socioeconomic Factors

Providers were asked whether or not their Medicaid patients usually have stable housing. Of the 137 respondents, approximately 49% reported that their patients do not have stable housing.

Providers were asked whether or not their Medicaid patients have access to healthy foods. Of the 134 respondents, 46% responded that their Medicaid patients do not have access to healthy foods

Providers were asked whether or not their Medicaid patients had a safe place to exercise. Of the 133 respondents, 60% reported their Medicaid patients not having access to a safe place to exercise.

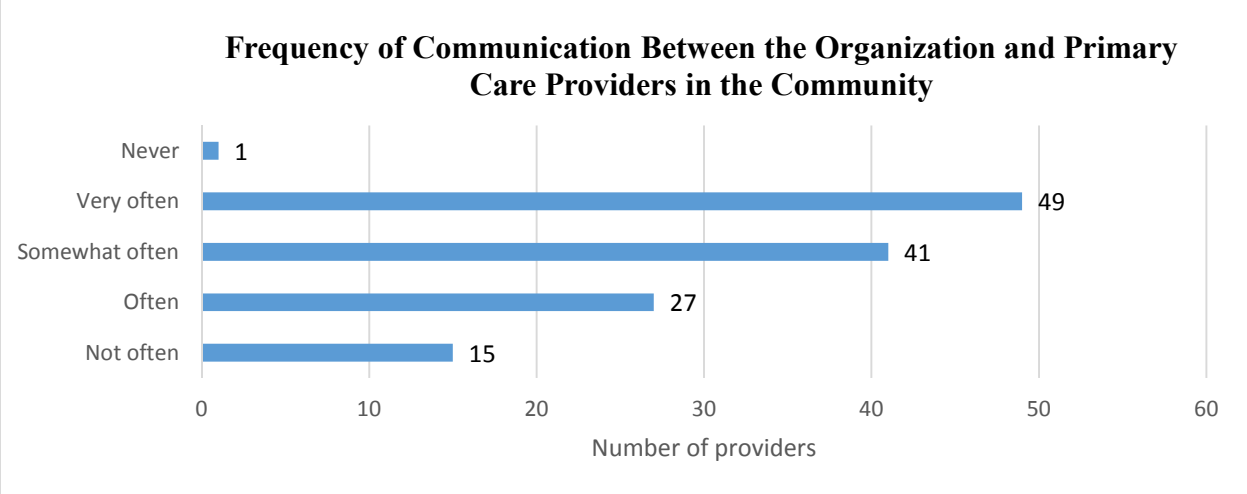
Providers were asked whether or not their Medicaid patients have a history of trauma. Of the 136 respondents, 73% reported their Medicaid patients having a history of trauma.

Communication

Providers were asked if they coordinate with the criminal justice system. Of the 134 respondents, 57% reported having coordination with the criminal justice system.

Providers were asked in what capacity they coordinate with the criminal justice system. Most facilities reported they frequently receive patients who are court mandated to seek treatment. This was common for substance abuse and mental health facilities. Certain facilities are contracted to receive patents who have some kind of mandatory treatment, while others receive these patients on a referral basis. There is close monitoring and follow-up for those patients that are court mandated to receive services. Some facilities only coordinate with the criminal justice system when necessary for situations regarding the reporting of abuse or other specific instances that require mandatory reporting. Few facilities coordinate with the criminal justice system only in emergency situations.

Providers were asked about how often their organization communicates with primary care providers in the community. Of the 133 respondents, 49 providers (37%) report communicating with primary care providers "very often".



Uninsured

Providers were asked to estimate the percentage of their clients who were uninsured. Of the 135 respondents, 113 providers (84%) estimated having only 0-20% uninsured patients. 17 provides (13%) estimated having 20-40% uninsured patients.

Providers were asked to rate their ability to provide care for uninsured populations. Of the 134 respondents, 21% reported being very able, 38% reported being able, and 41% reported they are not able to provide care for uninsured population.

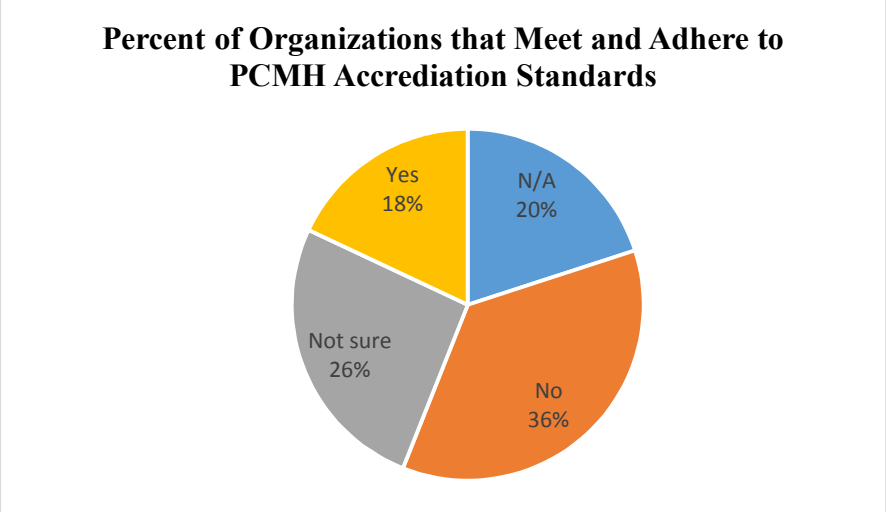
Geriatric Care

Providers were asked to rate their ability to provide care for geriatric patients. Of the 134 respondents, 48% reported being very able, 37% reported being able, and 16% reported that they are not able to provide care for geriatric patients.

Providers were the asked to list any challenges they see the geriatric population face when it comes to receiving care. Several respondents reported that there is a lack of resources for the geriatric population and that the greatest challenge faced by the geriatric population is transportation to and from providers. Many seniors live alone and lack any type of social support system. Several respondents mentioned difficulty in obtaining authorization for home care and/or skilled nursing facilities to prevent hospitalization and urgent care. Many seniors experience comorbidities and do not adhere to medication compliance due to resistance or forgetfulness. One respondent notes this can be due to the fact that seniors "have a high medication cost burden and lack understanding provider instructions of how or when to take medications." Another respondent notes that seniors could use "a person assigned to them who can help them navigate the issues they may face in accessing care." Numerous respondents note that there is a lack of resources for dementia and Alzheimer's patients. There are also few providers who specialize in geriatric care.

PCMH

Providers were asked if any part of their organization adhere to and meet patient-centered medical home accreditation standards from the National Committee for Quality Assurance or Joint Commission.



Of the 136 respondents, 48 providers (36%) reported that their organization does not meet the PCMH accreditation standards.

The 25 providers (18%) who reported they do meet the PCMH accreditation standards were asked to report which accreditation they have. Most respondents stated they had NCQA Level 3 PCMH accreditation. Some respondents stated that they are currently working on PCMH accreditation. Several respondents have Joint Commission accreditation.

Medicaid Resources

When providers were asked to list additional resources required to better serve their Medicaid patient population the majority of respondent's stated better care coordination was needed. This includes more support such as clinical support staff and community health workers to assist in follow-up of care. More funding and reimbursement for care coordination is needed as well. Many stated there is a need for better communication between hospitals and other providers. Some respondents note that there is a need for more primary care providers as well as more geriatric training for primary care providers who service the aging population. Many stated the need for better IT resources. Some respondents noted that there is a need for a simplified referral system.

Appendix A. Mount Sinai PPS Provider Survey Respondents

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
Abbott House (Advance Care Alliance Member Agency)	Offers a full continuum of developmental disability services in the five boroughs of NYC and Westchester County, with many culturally competent and language-specific programs.	One goal of the MSPPS is to create an integrated delivery system that is community-based, and incorporates a full continuum of services. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.
Access Community Health Center	Their facilities offer medical and dental care; addiction recovery; physical, occupational, and speech; psychiatry and neuropsychology; podiatry, social work, and STD / HIV screening and treatment. They provide culturally competent, quality health care to all regardless of ability to pay.	One goal of the MSPPS is to create an integrated delivery system that is community-based, and incorporates a full continuum of services. Another goal is to increase early access to, and retention in, HIV care. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.
ACMH, Inc.	ACMH, Inc. promotes the wellness and recovery of people living with mental illness in New York City by providing access to resources, treatment, support, and supportive housing for people who qualify.	One goal of the MSPPS is to integrate primary care services and behavioral health. This includes integrating services and supports such as housing. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.
AgeWell New York	AgeWell is an HMO plan that offers a variety of HMOs, HMO SNPs, and Medicare Advantage products for seniors living in New York State.	One goal of the MSPPS is to create an integrated delivery system that is community-based, and incorporates a full continuum of services. This includes services for people with disabilities and special

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
		needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.
AIDS Service Center NYC d/b/a Allied Service Center NYC (ASCNYC)	ASCNYC supports HIV-positive New Yorkers by offering a range of professional services including health care, social services, peer education, and safe-practice counseling.	One goal of the MSPPS is to increase early access to, and retention in, HIV care. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.
Alpine Home Health Care	Alpine provides education and teaching on disease management.	One goal of the MSPPS is to use evidence based strategies for disease management in patients who are high risk. This includes services for people with diabetes and cardiovascular disease. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.
Amber Court Assisted Living Communities	Assisted living facility that assesses resident needs in order to provide care that optimizes their quality of life.	One goal of the MSPPS is to create an integrated delivery system that is community-based, and incorporates a full continuum of services. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.
American Dental Offices, PLLC	These dental offices typically serve areas heavily populated by Medicaid recipients, and offer full-service (general and specialty), effective, and efficient dentistry services that focusing on preventative	One goal of the MSPPS is to create an integrated delivery system that is community-based, and incorporates a full continuum of services. This includes dental services. This organization responded to the

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
	measures and general patient education. The offices serve patients of all ages.	MSPPS survey and was engaged in the development of the MSPPS project.
Americare, Inc.	Assists clients with a smooth transition from hospital to home and assures no return to hospital for minimum of 30 days. They also manage clients' medication.	One goal of the MSPPS is to use the care transition model to reduce 30 day hospital readmissions for chronic health conditions through the use of community-based support services. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.
Amsterdam Nursing Home Corporation	This nursing home offers an array of individualized treatment, including: clinical services; short- and long-term rehabilitation; physical and occupational therapy; social work; and personal care.	One goal of the MSPPS is to create an integrated delivery system that is community-based, and incorporates a full continuum of services. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.
ANIBIC	A non-profit organization that supports children and adults with neurological disabilities to achieve their fullest potential with education, vocational training, legislation, and professional development.	One goal of the MSPPS is to create an integrated delivery system that is community-based, and incorporates a full continuum of services. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.
Apicha Community Health Center	Community health center serving vulnerable	One goal of the MSPPS is to create an integrated delivery

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
	populations in New York City, with specific competencies for Asians, Pacific Islanders, LGBTQI individuals, and people living with / affected by HIV/AIDS. Services for people who are HIV positive include: care coordination / management, nutrition health information, psychosocial education and support groups. They also specialize in transgender and gender non-conforming patients with primary care and hormone replacement therapy (Initiation and continuation). Consumers can also enroll in health insurance programs via NYS Marketplace, assist qualified people in applying for SNAP, anal cancer preventative screenings, HIV primary care, and PrEP for primary care patients.	system that is community-based, and incorporates a full continuum of services. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.
ArchCare	The Continuing Care Community of the Archdiocese of New York. They provide a wealth of community care services, including care navigation, SNP, PACE, and MLTCP health plans, home care, short-term rehab, nursing homes, end-of-life care, and specialized care.	One goal of the MSPPS is to create an integrated delivery system that is community-based, and incorporates a full continuum of services. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.
AREBA Casriel, Inc	A private New York City-based facility that treats people suffering from substance abuse and	One goal of the MSPPS is to integrate primary care services and behavioral health. This organization responded to the

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
	addiction. Programs include detoxification and rehabilitation, in both inpatient and outpatient settings, and they accept Medicaid.	MSPPS survey and was engaged in the development of the MSPPS project.
Arms Acres and Conifer Park	Private health care systems that provide professional treatment to people suffering from chemical dependency, co-occurring medical and mental health disorders and people struggling with addiction. They provide both inpatient and outpatient services.	One goal of the MSPPS is to integrate primary care services and behavioral health. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.
ASBM (ACA member agency)	Advocates for Services to the Blind serves people with a wide variety of developmental, neurological, and physical disabilities, helping them to achieve their fullest potential. They offer a residential program, day programs, and medical service coordination to develop individualized service plans.	One goal of the MSPPS is to create an integrated delivery system that is community-based, and incorporates a full continuum of services. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.
Astor Services for Children & Families (Coordinated Behavioral Care IPA Network Member Agency)	A non-profit organization that provides children's mental health services, child welfare services, and early childhood development programs for children in the Mid-Hudson Valley region and the Bronx. The organization offers early intervention preventative programs, early childhood programs, mental health programs (for children and their families alike), and	One goal of the MSPPS is to create an integrated delivery system that is community-based, and incorporates a full continuum of services. This includes mental and behavioral services and supports for children. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
	residential treatment programs.	
Bailey House	A group that supports people living with HIV/AIDS, offering support groups, transitional housing, residential family case management, and confidential, bilingual drop-in services. The center also offers Access to Language Line, Proficiency in Care Management, Trauma Informed Services, and wrap around services with housing, mental health, groups, a food pantry, and care management.	One goal of the MSPPS is to increase early access to, and retention in, HIV care. This includes providing community-based social supports. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.
Bay Park Center for Nursing & Rehabilitation	A skilled nursing facility serving the Bronx, Manhattan, Queens, Staten Island, Brooklyn, and Westchester County. Services include PICC lines, IV fluids, IV Antibiotics, diabetes management, hospice / pallative care, respite care, oxygen therapy, tracheostomy care, bi-pap/CPAP, negative pressure therapy (Wound Vac), surgical wound care (includes weekly rounds with surgeon), and physical, occupational and speech therapy services. They also offer programs for people with Alzheimer's / dementia.	One goal of the MSPPS is to create an integrated delivery system that is community-based, and incorporates a full continuum of services. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.
Bedford-Stuyvesant Family Health Center	A non-profit family health center in Brooklyn that offers preventative care, primary care, mental health services and others. Additional	One goal of the MSPPS is to create an integrated delivery system that is community-based, and incorporates a full continuum of services. This

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
	specialties include cardiology, dentistry, diabetes management, eye exams, HIV/AIDS services, nutrition, pediatrics, podiatry, surgery consultation, and women's health. They also offer insurance enrollment assistance, health education, case management, interpreter services, housing assistance, Access-a-Ride, and employment and education counseling.	includes a full range of medical services and social supports. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.
Betances Health Center	Provides health care services for all, regardless of ability to pay. The organization offers several more specialized programs, including a nutrition and fitness program for patients struggling with diabetes or obesity. They also do HIV case management and the use of acupuncture, acupressure, and essential oils workshops for patient education.	One goal of the MSPPS is to create an integrated delivery system that is community-based, and incorporates a full continuum of services. Another goal is to increase access to high quality chronic disease preventive care and management in clinical and community settings. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.
Bishop Henry Hucles	A skilled nursing facility with specialties including: IV therapy, tracheotomy care, wound care specialists, full-time attending physicians, dementia unit, palliative and hospice care, beauty / barber services, and pastoral care.	One goal of the MSPPS is to create an integrated delivery system that is community-based, and incorporates a full continuum of services. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.
Blythedale Children's Hospital	Pediatric specialty hospital, one of 19 in the country. Their services include ventilator transition,	One goal of the MSPPS is to create an integrated delivery system that is community-based, and incorporates a full

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
	traumatic / acquired brain injury treatment, organ transplants, nutritional support, burn / wound care, cancer, genetic disorders, a hemiplegia center, day hospital program, and links to community programs in the region.	continuum of services. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.
BOOM!Health	Serves New Yorkers at a high risk for illness, addiction, homelessness, and poverty to access health care services that would otherwise be unreachable or unaffordable. Some services include: health home care management, harm reduction counseling, syringe exchange, food and nutrition services, HIV and HCV prevention, testing and linkage to care, and care coordination.	One goal of the MSPPS is to create an integrated delivery system that is community-based, and incorporates a full continuum of services. This includes food and nutrition services. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.
Bridge Back to Life Center, Inc.	Outpatient treatment for people struggling with addiction and alcoholism. Clients receive an evaluation and then work with counselors to develop new coping strategies.	One goal of the MSPPS is to create an integrated delivery system that is community-based, and incorporates a full continuum of services. This includes providing behavioral health services in the community. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.
Brooklyn Community Services	BCS' aim is to support children and families in growing into positive, productive members of society. Programs include early childhood and youth development, family	One goal of the MSPPS is to create an integrated delivery system that is community-based, and incorporates a full continuum of services. This includes mental and behavioral services and

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
	counseling, mental health services, and specific programs for people with developmental disabilities.	supports for children. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.
Brooklyn Plaza Medical Center, Inc.	Patient Navigation, Translation, CSAC, Insurance Enrollment, PCAP, Psycho-Social Assessment, Nutrition, Patient Portal	One goal of the MSPPS is to develop community–based health navigation services that assist patients in scheduling appointments and obtaining community services. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.
Cabrini of Westchester	Care center that takes patients for all different lengths of time, from temporary respite to long-term skilled nursing facility care. The center also has sub-acute/short term rehabilitation, post-surgical rehabilitation, adult day health care, social day care, dementia and Alzheimer's care programs, respite care, and palliative care.	One goal of the MSPPS is to create an integrated delivery system that is community-based, and incorporates a full continuum of services. This includes people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.
Cabs Nursing Home	Nursing home that includes clinical laboratory services, dental, mental health, nursing services, physical / occupational / speech therapy, physician, podiatry, social work, and speech / language pathology	One goal of the MSPPS is to create an integrated delivery system that is community-based, and incorporates a full continuum of services. This includes people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.
Callen-Lorde Community Health Center	A New York City community health center that primarily serves the LGBTQI	One goal of the MSPPS is to create an integrated delivery system that is community-

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
	community. Services include care coordination, dental, health education (to myriad age groups), HIV/AIDS services, mammography, mental health, pharmacy, primary care, and transgender health services.	based, and incorporates a full continuum of services. This includes services for special needs and underserved populations. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.
CareRite Centers - The Riverside	A nursing facility with specialties in short-term rehab and long-term care. Available therapies include: cardiac, dysphagia, pulmonary, physical, neurological, orthopedic, occupational, and speech therapy; nutrition support; sensory stimulation; art, music, and dance therapy; self-care training and discharge planning.	One goal of the MSPPS is to create an integrated delivery system that is community-based, and incorporates a full continuum of services. This includes people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.
CASES (Coordinated Behavioral Care IPA Network Member Agency)	Works with people to improve behavioral health and move towards responsible behavior and self-sufficiency following incarceration.	One goal of the MSPPS is to create an integrated delivery system that is community-based, and incorporates a full continuum of services. This includes behavioral health services. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.
Catholic Guardian Services	Seeks to protect and nurture disadvantaged children and others living with disabilities to increase their self-sufficiency, strengthen their family structures, and adapt responses to their needs. Services address developmental disabilities, family permanency, family	One goal of the MSPPS is to develop community–based health navigation services that assist patients in scheduling appointments and obtaining community services. This includes social services and supports for underserved children. This organization responded to the MSPPS

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
	support, and maternity issues.	survey and was engaged in the development of the MSPPS project.
Catholic Charities Community Services	Current expertise is in providing case management and coordination of services to consumers.	
Catholic Charities Neighborhood Services, Inc.	Catholic-based philanthropic organization that offers myriad services, including: behavioral health, early childhood services, housing, family, professional development, support for people with developmental disabilities, and advocacy.	One goal of the MSPPS is to develop community–based health navigation services that assist patients in scheduling appointments and obtaining community services. This includes services like housing and professional development. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.
Center for Urban Community Services	Works to rebuild the lives of homeless and disadvantaged families. Services include housing, street outreach, primary / psychiatric care, access to public benefits and referrals, employment assistance, help with reentry following incarceration, and scholarships.	One goal of the MSPPS is to develop community–based health navigation services that assist patients in scheduling appointments and obtaining community services. This includes services like housing and employment. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.
Centers for Specialty Care Group	Consortium of 23 healthcare and rehabilitative centers who provide services to all. Services include a complex medical care program, hip / joint replacement recovery, medical shuttle, on-site dialysis, pain management, post-surgery orthopedic care, and myriad forms of therapy: amputee, cardiac, IV antibiotic, occupational,	One goal of the MSPPS is to create an integrated delivery system that is community-based, and incorporates a full continuum of services. This includes people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
	physical, recreational, respiratory, speech, and stroke therapy.	
Children's Collaborative	Coalition of 19 children- and family-focused agencies that provide home services to children. Services include care management, waiver services, special education programs, behavioral health and medical services, and childhood / after-school programs.	One goal of the MSPPS is to develop community–based health navigation services that assist patients in scheduling appointments and obtaining community services. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing home services to children. Services include care management, waiver services, special education programs, behavioral health and medical services, and childhood / after-school programs.
City Health Works	City Health Works coaches work with their clients to better control and help prevent chronic illnesses, including asthma, diabetes, and hypertension.	One goal of the MSPPS is to increase access to high quality chronic disease preventative care and management in both clinical and community settings. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by coaching patients to better control and help prevent chronic illnesses, including asthma, diabetes, and hypertension.
Cobble Hill Health Center Inc.	Health care system specially targeted at older adults, the	One goal of the MSPPS is to increase access to high quality

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
	chronically ill, and people living with disabilities or who are debilitated from a hospital stay. The center has experience with care management teams for member coordination for MLTC; CCTP (care transitions experience), and experience with ISNP and bundled payments systems.	chronic disease preventative care and management in both clinical and community settings. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.
Community Access	This organization offers a range of housing, job skills, employment placement and support services to help end homelessness, institutionalization and incarceration that impacts the lives of people who struggle with mental illness.	One goal of the MSPPS is to develop community–based health navigation services that assist patients in scheduling appointments and obtaining community services. This includes services like housing and professional development. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.
Community Care Management Partners (CCMP) Health Home	The CCMP network includes roughly 100 hospitals, medical providers, outpatient mental health care and substance use providers, housing providers and community-based social services organizations who help coordinate a person's health services so they work together better.	One goal of the MSPPS is to create an integrated delivery system that is community-based, and incorporates a full continuum of services. This includes medical care, behavioral health care, and social supports. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.
Community Healthcare Network	A *network* of not-for-profit *community* health centers providing medical, dental and social services in neighborhoods throughout New York City. Social work, Health Education, Care Management, Nutrition,	One goal of the MSPPS is to develop community–based health navigation services that assist patients in scheduling appointments and obtaining community services. This includes services for people with disabilities and special

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
	ADAP, Health Literacy, Treatment Adherence, CAC Patient Navigators, and others.	needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing medical, dental and social services in neighborhoods throughout New York City including: social work, health education, care management, nutrition, ADAP, health literacy, treatment adherence, CAC patient navigators, and others.
Comunilife	A New York City community-based health and housing service providers that supports the needs of about 3,000 low-income New Yorkers. Their transitional, congregate, and scatter site housing supports people living with HIV/AIDS. Their outpatient mental health clinic, safe haven residences, community residences, and a specialized care program for elderly Latinos. They also host a suicide prevention program.	One goal of the MSPPS is to create an integrated delivery system that is community-based, and incorporates a full continuum of services. This includes social supports like housing, and mental health services. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.
Coordinated Behavioral Care IPA Network Member Agency	The CBC network offers a full continuum of behavioral health care in the five boroughs of NYC, with many culturally competent programs offered in a variety of languages. They also include many of the licensed and supportive housing programs in NYC serving people with behavioral health disorders. More than 30 provider agencies in CBC's	One goal of the MSPPS is to create an integrated delivery system that is community-based, and incorporates a full continuum of services. This includes medical care, behavioral health care, and social supports. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
	network are delegated care management providers.	
Dominican Sisters Family Health Service, Inc.	The organization is a CMS community-based care transitions program in Suffolk County. They provide compassionate, comprehensive and family-focused home care.	One goal of the MSPPS is to create hospital-home care collaboration solutions. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing community-based care transitions program in Suffolk County. They provide compassionate, comprehensive and family-focused home care.
EAC	A non-profit human service agency that works to protect children, empower and strengthen families, support people struggling with addiction, and connect with seniors.	One goal of the MSPPS is to create an integrated delivery system that is community-based, and incorporates a full continuum of services. This includes mental and behavioral services and supports for children. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.
Educational Alliance, Inc.	Licensed Social Workers provide individual and group treatment for people dealing with drug abuse and other issues. They also serve older adults, parents, and youth, as well as sponsoring fitness programs and youth camps.	One goal of the MSPPS is to create an integrated delivery system that is community-based, and incorporates a full continuum of services. This includes mental and behavioral services and supports for children. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
Empire Home Care	They provide home health aides, medical social services, medical supplies, nursing, nutritional programs, and physical / occupational / speech therapy.	One goal of the MSPPS is to create hospital-home care collaboration solutions. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing home health aides, medical social services, medical supplies, nursing, nutritional programs, and physical / occupational / speech therapy.
Episcopal Social Services	Religious-affiliated organization that offers early childhood and after-school education, developmental disabilities services, juvenile justice reform, family stabilization, family strengthening, foster care, adoption, youth development, counseling, skills training, pediatric medicine, child psychiatry, child psychology, and dental services.	One goal of the MSPPS is to create an integrated delivery system that is community-based, and incorporates a full continuum of services. This includes mental and behavioral services and supports for children. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.
Federation of Organizations (Coordinated Behavioral Care IPA Network Member Agency)	An umbrella organization that encompasses regional groups that provide clinical, financial, residential, and employment services; senior support services, including the foster grandparent and senior companion programs; and nursing homes, among other programs.	One goal of the MSPPS is to develop community–based health navigation services that assist patients in scheduling appointments and obtaining community services. This includes services like housing and employment. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
FEGS Health & Human Services	FEGS is a large Health and Human Service agency that provides both clinic and social services such as employment, residential and educational support.	One goal of the MSPPS is to develop community–based health navigation services that assist patients in scheduling appointments and obtaining community services. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing both clinic and social services such as employment, residential and educational support.
Four Seasons Nursing & Rehabilitation Center	A center offering physical / occupational / speech therapy, long-term care, hospice, IV therapy, respiratory vent unit, dialysis, an adult day center, and home healthcare.	Two goals of the MSPPS are to (1) create hospital-home care collaboration solutions and (2) use the care transition model to reduce 30 day hospital readmissions for chronic health conditions through the use of community-based support services. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing physical / occupational / speech therapy, long-term care, hospice, IV therapy, respiratory vent unit, dialysis, an adult day center, and home healthcare.
GMHC	GMHC directly offers: HIV testing and counseling, case management services, mental	Two goals of the MSPPS are to (1) increase early access to, and retention in, HIV care and

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
	health services, substance use counseling, social work services, nutritional counseling, health insurance and benefits enrollment assistance and advocacy, housing assistance, and other supportive services, including legal assistance, hot meals and food pantry, workforce development services, and holistic wellness services.	(2) develop community–based health navigation services that assist patients in scheduling appointments and obtaining community services. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing HIV testing and counseling, case management services, mental health services, substance use counseling, social work services, nutritional counseling, health insurance and benefits enrollment assistance and advocacy, housing assistance, and other supportive services, including legal assistance, hot meals and food pantry, workforce development services, and holistic wellness services.
God's Love We Deliver	Inclusion of medically tailored home-delivered meals in the medical care for high-risk beneficiaries accomplishes all three goals of the Triple Aim. The positive health impact of food and nutrition services (FNS) for diseases such as diabetes, cardiovascular disease and other nutrition-responsive illnesses has been well documented.	One goal of the MSPPS is to create hospital-home care collaboration solutions. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing medically tailored home-delivered meals in the medical care for high-risk beneficiaries.
Good Shepherd Services	This organization operates programs to help at-risk	One goal of the MSPPS is to create an integrated delivery

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
	youth safely become more self-sufficient with family- and school-based services.	system that is community-based, and incorporates a full continuum of services. This includes social supports for children. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.
Goodwill Industries of Greater New York and Northern New Jersey, Inc.	Empowers people with disabilities and other barriers to find gainful employment and build stronger communities.	One goal of the MSPPS is to develop community–based health navigation services that assist patients in scheduling appointments and obtaining community services. This includes services like housing and employment. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.
Greenwich House, Inc.	Their program offers arts, music, senior services, and children's safety programs. Their chemical dependency help and direct clinical care reduces use of hospital ED visits.	One goal of the MSPPS is to create an integrated delivery system that is community-based, and incorporates a full continuum of services. This includes social supports and services. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.
Hand in Hand Family Services (Advance Care Alliance Member Agency)	Hand in Hand offers an after-school respite program, social skills and activities of daily living development, Medicaid coordination, at-home respite, supportive apartments, financial management, and other support services.	One goal of the MSPPS is to develop community–based health navigation services that assist patients in scheduling appointments and obtaining community services. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
		development of the MSPPS project, particularly by providing an after-school respite program, social skills and activities of daily living development, Medicaid coordination, at-home respite, supportive apartments, financial management, and other support services.
Harlem United / URAM	An organization committed to providing care for people infected by, or threatened by, HIV/AIDS, and to work towards prevention and the best possible health outcomes for people with AIDS.	One goal of the MSPPS is to increase early access to, and retention in, HIV care. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing care for people infected by, or threatened by, HIV/AIDS, and by working towards prevention and the best possible health outcomes for people with AIDS.
HeartShare Human Services of New York	A non-profit organization that offers residential programs, adult day programs, childhood services, Medicaid service coordination, parents training, and care coordination for duals.	One goal of the MSPPS is to develop community–based health navigation services that assist patients in scheduling appointments and obtaining community services. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing residential programs, adult day programs, childhood services, Medicaid service coordination, parents

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
		training, and care coordination for duals.
Hempstead Park Nursing Home	Nursing home with a lab, dentist, x-ray, nutrition, housekeeping, mental health, physical / occupational / speech therapy, podiatry, social work, and speech / language pathology services are available, among others.	One goal of the MSPPS is to create hospital-home care collaboration solutions. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing nursing home services including a lab, dentist, x-ray, nutrition, housekeeping, mental health, physical / occupational / speech therapy, podiatry, social work, and speech / language pathology services are available, among others.
Henry Street Settlement	An organization that offers empowerment services including arts, employment, senior services, transitional housing, and youth programs.	One goal of the MSPPS is to develop community–based health navigation services that assist patients in scheduling appointments and obtaining community services. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing empowerment services including arts, employment, senior services, transitional housing, and youth programs
Housing Works	An organization committed to serving people affected by HIV/AIDS. Services include medical and dental care,	One goal of the MSPPS is to increase early access to, and retention in, HIV care. This includes services for people

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
	behavioral health, care management, supportive services, housing resources, and other providers.	with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing medical and dental care, behavioral health, care management, supportive services, housing resources, and other providers to people affected by HIV/AIDS.
ICL (Coordinated Behavioral Care IPA Network Member agency)	ICL provides services for children and families, mental health services, intellectual / developmental disabilities, health care and wellness management, residential and housing services, veterans services, and clinical services, among others.	One goal of the MSPPS is to integrate primary care services and behavioral health. This includes services for people with disabilities and special needs This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing services to children and families, mental health services, intellectual / developmental disabilities, health care and wellness management, residential and housing services, veterans services, and clinical services, among others.
Iris House	They provide care coordination, behavioral health, and case management for women, families, and other populations affected by health disparities.	One goal of the MSPPS is to develop community–based health navigation services that assist patients in scheduling appointments and obtaining community services. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
		development of the MSPPS project, particularly by providing care coordination, behavioral health, and case management for women, families, and other populations affected by health disparities.
Isabella	They provide direct clinical care, including a newly expanded certified ventilator unit, dementia, and post-acute rehab. Other programs include: home- & community-based services, diabetes; care management, and Health Home Partners.	One goal of the MSPPS is to create hospital-home care collaboration solutions. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing home & community-based services, diabetes; care management, and Health Home Partners.
Jewish Board of Family and Children's Services	This organization provides services for adults living with mental illness, child & adolescent services, community counseling, domestic violence, skill-building for people with developmental disabilities, and professional training for people in family and human services careers.	One goal of the MSPPS is to develop community–based health navigation services that assist patients in scheduling appointments and obtaining community services. This includes services like housing and employment. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project.
Jewish Child Care Association	An organization that provides quality services to children and their families by providing foster care, adoptive services, special needs programs, residential programs, community and mental health programs. They also connect people to	One goal of the MSPPS is to develop community–based health navigation services that assist patients in scheduling appointments and obtaining community services. This includes services for people with disabilities and special needs. This organization

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
	resources for child, autism, and child abuse issues.	responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing quality services to children and their families by providing foster care, adoptive services, special needs programs, residential programs, community and mental health programs. They also connect people to resources for child, autism, and child abuse issues.
Jewish Home Lifecare	JHL has all components for home & community based services. The CHHA has a hospitalization rate below State and National levels and uses telehealth, their licensed agency has trained home health aides specializing in telehealth. They also have both medical and social day care programs in 3 counties, 5 NORC partnerships and supportive housing programs. JHL also provides geriatric care management , behavioral health programs and specialized post-acute units in cardiac rehabilitation, enhanced rehab for spine and orthopedic patients. They also have low vision units, in-house dialysis, a geriatric substance abuse unit, and a community dementia care and navigator program.	One goal of the MSPPS is to create hospital-home care collaboration solutions. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing all components for home and community based services including: trained health aides, medical and social day care programs, geriatric care management , behavioral health programs and specialized post-acute units in cardiac rehabilitation, enhanced rehab for spine and orthopedic patients. They also have low vision units, in-house dialysis, a geriatric substance abuse unit, and a community dementia care and navigator program.
Leake & Watts Services (Children's Collaborative)	This organization helps vulnerable and at-risk children and families by	One goal of the MSPPS is to develop community–based health navigation services that

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
	providing a wide range of services including special education, early childhood development, family support, skill training for people with developmental disabilities, and juvenile justice services.	assist patients in scheduling appointments and obtaining community services. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing a wide range of services including special education, early childhood development, family support, skill training for people with developmental disabilities, and juvenile justice services.
LegalHealth, a division of the New York Legal Assistance Group	Provides free legal assistance to low-income New Yorkers with health problems in five New York burroughs.	One goal of the MSPPS is to develop community–based health navigation services that assist patients in scheduling appointments and obtaining community services. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing legal assistance to low-income New Yorkers with health problems in five New York boroughs.
Lighthouse Guild/dba JGB Mental Health Servs&JGB Rehabilitation Corp	Addresses the needs of people who are blind or visually impaired and people with disabilities or chronic medical conditions. They offer academic skill training, adaptive computer technology, career services, independent living skills,	One goal of the MSPPS is to develop community–based health navigation services that assist patients in scheduling appointments and obtaining community services. This includes services for people with disabilities and special needs. This organization

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
	low-vision rehab, and mobility resources.	responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing academic skill training, adaptive computer technology, career services, independent living skills, low-vision rehab, and mobility resources to patients with disabilities or chronic medical conditions.
Long Island Consultation Center	This non-profit organization is an independent, private mental health center that strives to provide mental health and addiction services to all. The organization offers counseling, help with chemical dependency and mental health support.	One goal of the MSPPS is to integrate primary care services and behavioral health. This includes services for people with disabilities and special needs This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing mental health and addiction services to all. The organization offers counseling, help with chemical dependency and mental health support.
Lott Assisted Living Operating Corp.	The ALP and CHHA have an on-site relationship with cross-interdisciplinary use of case management, nursing and rehab services.	One goal of the MSPPS is to use the care transition model to reduce 30 day hospital readmissions for chronic health conditions through the use of community-based support services. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
		providing case management, nursing and rehab services.
Lott Community Home Health Care, Inc	An assisted living community that has a full-time on-site physician to provide preventative treatment.	One goal of the MSPPS is to create hospital-home care collaboration solutions. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly in providing home health services through an assisted living community with a full-time on-site physicians to provide preventative treatment.
Lower Eastside Service Center, Inc.	Provides treatment for substance use disorder; methadone maintenance treatment in outpatient and residential treatment settings; residential treatment to opiate addicted pregnant women; mental health continuing day treatment to severely mentally ill adults who speak Cantonese; permanent supportive housing to individuals living with HIV/AIDS; to families with a head of household with a substance use history, and scatter site housing to individuals with a substance use history. Vocational services are provided at all of the above noted treatment programs and housing sites.	
LSA Family Health Service, Inc.	This organization provides support through community	One goal of the MSPPS is to develop community–based

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
	programs including early intervention services, environmental health, educational and youth services, family support preventative services, home nursing, and parenting and childhood development.	health navigation services that assist patients in scheduling appointments and obtaining community services. This includes services for people with disabilities and special needs This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing
Lutheran Social Services of New York (Children's Collaborative)	Enables children to reach their full potential through a full series of programs: church-affiliated services, food pantry and related services, senior support groups, legal services, and disaster case management.	One goal of the MSPPS is to develop community–based health navigation services that assist patients in scheduling appointments and obtaining community services. This includes services for people with disabilities and special needs This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing church-affiliated services, food pantry and related services, senior support groups, legal services, and disaster case management.
Madison Avenue Pharmacy	All aspects of pharmacy-related patient care	One goal of the MSPPS is to create an integrated delivery system that is community-based, and incorporates a full continuum of services. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
		project, particularly in delivering all aspects of pharmacy related patient care.
Maranatha Human Services	Provides supportive services for New York City residents including Medicaid coordination, family care, day habilitation, skill-building for activities of daily living, Individualized Residential Alternatives, and a Family Support Program, among others.	One goal of the MSPPS is to create hospital-home care collaboration solutions. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly in providing supportive services including Medicaid coordination, , family care, day habilitation, skill-building for activities of daily living, Individualized Residential Alternatives, and a Family Support Program, among others.
Martin de Porres Group Homes	These group homes provide youth with a stable environment and programs to help them develop skills and competencies to function more successfully in society. The homes encourage and strengthen existing family ties to help children successfully transition back into a home setting.	One goal of the MSPPS is to create an integrated delivery system that is community-based, and incorporates a full continuum of services. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing youth with a stable environment and programs to help them develop skills and competencies to function more successfully in society. The homes help children successfully transition back into a home setting.

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
Mary Manning Walsh Home	Provide a full array of medical, rehabilitation, social service, discharge planning, home care and community based services.	One goal of the MSPPS is create hospital-home care collaboration solutions that provide care to patients through transition care management. This includes services for people with disabilities and special needs This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing a full array of medical, rehabilitation, social service, discharge planning, home care and community based services.
MedCare LLC	Provide interpretive services, educational, case management and others services that may be needed for our patients.	One goal of the MSPPS is to develop community–based health navigation services that assist patients in scheduling appointments and obtaining community services.. This includes services for people with disabilities and special needs This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing interpretive services, educational, case management and others services that patients require.
Methodist Home for Nursing and Rehabilitation	They provide residential nursing home care, short-term care/sub-acute outpatient rehabilitation services, respite care, palliative care, a stroke	One goal of the MSPPS is to create a care transition model to reduce 30 day hospital readmissions for chronic health conditions through the use of community-based

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
	program, wound care program, medical oversight with hospice care and palliative care certification to maximize re-admission avoidance. They also offer a specialty program for residents with cognitive impairments.	support services. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing residential nursing home care, short-term care/sub-acute outpatient rehabilitation services, respite care, palliative care, a stroke program, wound care program, medical oversight with hospice care and palliative care certification to maximize re-admission avoidance. They also offer a specialty program for residents with cognitive impairments.
MHA-NYC	MHA-NYC operates a range of multilingual crisis services and has tools to promote the integration of behavioral health into primary care through ICBT with wrap-around supports. MHA-NYC is also the single point of access for Mobile Crisis Teams, operate NYC's only multilingual 24/7 crisis hotline and information and referral service, operates the statewide OASAS Hopeline Substance abuse and gambling disorders, operates centralized access and referral services for large provider networks, and has a suite of internet-based	One goal of the MSPPS is to integrate primary care services and behavioral health. This includes services for people with disabilities and special needs This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by operating a range of multilingual crisis services and promoting the integration of behavioral health into primary care through ICBT with wrap-around supports.

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
	cognitive behavior therapy products. Our 5 Family Resource Centers and 4 Adolescent Skills Centers provide effective peer services that promote engagement and retention in services. We are also able to provide training and consultation to skilled nursing facilities on management of residents with behavioral health issues to prevent ED use and hospitalization.	
MZL Home Care Agency, LLC	They provide home care and assisted living for seniors with a variety of ability levels. They also provide case management, in-service/education, on-call support, and emergency/disaster preparedness protocols.	One goal of the MSPPS is to create hospital-home care collaboration solutions by matching services with transition care management. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing home care and assisted living for seniors with a variety of ability levels and providing case management and on-call support
National Association on Drug Abuse Problems, Inc. (NADAP, Inc.)	They provide care coordination, case management, assessments and referrals, vocational training, comprehensive employment services, IPA navigation, and insurance enrollment.	One goal of the MSPPS is to develop community-based health navigation services to assist patients in accessing community services. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
		development of the MSPPS project, particularly by providing care coordination, case management, assessments and referrals, vocational training, comprehensive employment services, IPA navigation, and insurance enrollment.
NAMI-NYC Metro	NAMI provides support, education, and advocacy for families and individuals of all ethnic and socioeconomic backgrounds who live with mental illness. Their programs include supports groups for friends, family, caregivers, and young adults; educational community seminars (for the public and for people living with mental illness); and legislative advocacy at the state and federal levels.	One goal of the MSPPS is to develop community-based health navigation services to assist patients in accessing community services. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing support, education, and advocacy for families and individuals of all ethnic and socioeconomic backgrounds who live with mental illness. Their programs include supports groups for friends, family, caregivers, and young adults; educational community seminars (for the public and for people living with mental illness); and legislative advocacy at the state and federal levels.
Nassau Extended Care Facility	This skilled nursing facility offers an adult day care center, long-term care, and rehabilitation services.	One goal of the MSPPS is to reduce 30 day readmissions for chronic health conditions through a care transitions intervention model. This

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
		includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing adult day care, long-term care, and rehabilitation services.
Neighbors Home Care	This company matches home care workers with patients depending on the individual patient's need. They care for patients with a wide variety of ongoing illnesses or specialized needs.	One goal of the MSPPS is to create hospital-home care collaboration solutions by matching services with transition care management. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by matching home care workers with patients depending on the individual patient's need.
New Horizon Counseling Center	They provide social work, education, translation, case management and behavioral health services, enabling them to meet the triple aim of better care for individuals, better health for the population and lower costs through improvement.	One goal of the MSPPS is to create integrated delivery systems that are focused on evidence-based medicine and population health management. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing social work, education, translation, case management

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
		and behavioral health services.
New York Center For Rehabilitation & Nursing	New York Center for Rehabilitation Care is a 280-bed facility serving the community's short-term and long-term care needs. Recognized for their outstanding quality of care and stellar rehabilitation department, they aim to get patients back on their feet and return them home. New York Center's team of doctors, nurses, rehabilitation therapists, social workers, recreational specialists and dietitians works collaboratively to provide a tailored plan of care that specifically meets the individual medical and psychosocial needs of their residents.	One goal of the MSPPS is to create hospital-home care collaboration solutions by matching services with transition care services. This organization responded to the MSPPS survey and has engaged in MSPPS project development.
New York Congregational Nursing Center	A full service nursing center, with services including: palliative care, hospice care, and special wound care. Their complex Clinical Care includes IVs, PICC lines, trach care, bipap, and a pain management team, as well as a short term rehab and home visit prior to discharge in addition to CHHA referral. They also offer family support groups and resident discharge planning groups.	One goal of the MSPPS is to create hospital-home care collaboration solutions by matching services with transition care services. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing patients with short-term rehab and a home visit prior to discharge.
New York Psychotherapy and Counseling Center	The Center encompasses several mental health centers	One goal of the MSPPS is to integrate primary care and

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
	for children and adults, continuing day treatment programs, programs for adult home residents, and a larger mental health treatment program.	behavioral health. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing mental health treatment of children
Northside Center for Child Development	This center encompasses mental health clinic care for children, families, and adults at six clinic locations in Harlem – four of which are located in Harlem-area schools. They also provide day treatment for children, home-based clinic Intervention, preventive service programs, after-school, tutoring, and head-start programs for children.	One goal of the MSPPS is integrate primary care and behavioral health. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing mental health clinics that include day treatment for children, home-based clinic intervention, preventive service programs, after-school, tutoring, and head-start programs for children.
ODA Primary Health Care Network	Primary care and specialty care including: pediatrics, internal medicine, cardiology, gastroenterology, nutrition counseling, social work, pediatric neurology, obstetrics, gynecology, podiatry, ophthalmology, Speech Therapy, and Interpretation Services.	One goal of the MSPPS is to create integrated delivery systems that are focused on evidence-based medicine and population health. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing primary care and specialty care including:

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
		pediatrics, internal medicine, cardiology, gastroenterology, nutrition counseling, social work, pediatric neurology, obstetrics, gynecology, podiatry, ophthalmology, speech therapy, and interpretation services.
Odyssey House, Inc.	Odyssey House offers a range of behavioral and primary health care services to patients, in addition to transitional and permanent supportive housing. Our services are tailored to specific populations. They offer residential and outpatient substance use disorder treatment programs for adolescents (outpatient only), pregnant and post-partum women, transition age youth, adults, older adults, and parolees. In addition, our housing programs serve people with a substance use disorder, people with a serious mental illness, and people with HIV/AIDS. Odyssey House also operates a DOH-licensed Article 28 diagnostic and treatment center.	One goal of the MSPPS is integrate primary care and behavioral health. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing behavioral and primary health care services to patients, in addition to transitional and permanent supportive housing.
Outreach Development Corp.	Chemical dependency outpatient services, adolescent residential services, day treatment services for women and women with children. Day treatment for adolescents are provided by social workers, CASACs and other QHPs.	One goal of the MSPPS is to integrate primary care services and behavioral health. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
	Services are provided in English and Spanish in Queens facilities, and in English, Spanish & Polish in Outreach's Greenpoint, Brooklyn unit.	project, particularly by providing chemical dependency outpatient services, adolescent residential services, day treatment services for women and women with children. Services are provided in multiple languages.
Oxford Nursing Home	Besides providing physical, occupational, and speech therapy, they proved skilled nursing care, palliative care, and short-term rehab. Our social workers arrange services in the community to allow for a safe discharge. All discharges reviewed by an experienced RN who checks what measures were taken in the hospital.	One goal of the MSPPS is to create hospital-home care collaboration solutions by matching services with transition care management. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing ensuring that social workers and RNs work together to arrange services in the community to allow for a safe discharge.
Parker Jewish Institute for Health Care and Rehabilitation	Non-profit health care center intended for the care, rehabilitation, and health education of adults, as well as an academic campus for health care professionals. They offer social work, case management, translation, and transitional care support.	One goal of the MSPPS is to develop community-based health navigation services. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing patients with social work, case management, translation, and transitional care support

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
Peninsula Nursing and Rehabilitation	Nursing home that also offers adult day health care, clinical lab service, and diagnostic radiology services in addition to 24-hour nursing care, supplies, and equipment.	One goal of the MSPPS is to create integrated delivery systems that are focused on evidence based medicine and population health management. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing adult day health care, clinical lab service, and diagnostic radiology services in addition to 24-hour nursing care, supplies, and equipment.
Phoenix House	Continuum of substance abuse services and addiction medicine.	One goal of the MSPPS is to integrate primary care services and behavioral health. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing a continuum of substance abuse services and addiction medicine.
Planned Parenthood of New York City, Inc.	Planned Parenthood of New York City (PPNYC) has four reproductive health centers that provide the full range of reproductive health services, as well as educational programming for youth and adults. PPNYC's Project Street Beat program provides comprehensive, street-based	One goal of the MSPPS is to increase early access to, and retention in, HIV care. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
	HIV prevention and access-to-care services to HIV+ and high-risk individuals living in underserved neighborhoods in the Bronx, Brooklyn, and Northern Manhattan. The program provides linkage to and retention in HIV primary care services and behavioral health services (at partnering providers).	providing comprehensive, street-based HIV prevention and access-to-care services to HIV+ and high-risk individuals living in underserved neighborhoods in the Bronx, Brooklyn, and Northern Manhattan. The program provides linkage to and retention in HIV primary care services and behavioral health services (at partnering providers).
Premier HealthCare (PHC)	This is an ACO that provides integrated primary care and behavioral health services.	One goal of the MSPPS is to integrate primary care services and behavioral health. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by following the integrated primary care/behavioral health service model.
Puerto Rican Family Institute, Inc.	PRFI is a not-for-profit, multi-program, family-oriented health and human service agency that provides culturally sensitive services to all children, youth, adults and families. PRFI's core services include outpatient mental health clinics, domestic violence services, case management programs, residential care, crisis intervention, HIV/AIDS prevention and education, and Head Start programs in	One goal of the MSPPS is to create an integrated delivery systems that are focused on evidence based medicine and population health management. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing culturally sensitive services to all children, youth, adults and

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
	the Bronx and Brooklyn. It also provides New York State's largest case management program.	families. PRFI's core services include outpatient mental health clinics, domestic violence services, case management programs, residential care, crisis intervention, HIV/AIDS prevention and education, and Head Start programs in the Bronx and Brooklyn. It also provides New York State's largest case management program.
QSAC, Inc. (Advance Care Alliance Member Agency)	QSAC is a New York City and Long Island based nonprofit that supports children and adults with autism, together with their families, in achieving greater independence, realizing their future potential, and contributing to their communities in a meaningful way by offering person-centered services. They administer direct services that provide a supportive and individualized setting for children and adults with autism to improve their communication, socialization, academic, and functional skills.	One goal of the MSPPS is to integrate primary care services and behavioral health. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by offering person-centered services to children and adults with autism.
Queens Boulevard Extended Care Facility	Queens Boulevard is a 280-bed nursing facility that offers short- and long-term care, case management, education, and social work services.	One goal of the MSPPS is to use the care transitions intervention model to reduce 30 day readmissions for chronic conditions. This includes services for people with disabilities and special needs. This organization responded to the MSPPS

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
		survey and was engaged in the development of the MSPPS project, particularly by providing short- and long-term care, case management, education, and social work services.
Queens Nassau Rehab and Nursing Center	Queens Nassau Rehabilitation and Nursing Center provides intensive rehabilitation therapy services intended to return brain injury patients back to the community with independence. They operate as part of the state's Certified TBI Program, which is set apart from generic rehabilitation programs by providing specialized psychiatry services, cognitive re-training, and neuropsychological testing. Additionally, physical, occupational, and speech therapy are also specialized towards brain injury rehabilitation.	One goal of the MSPPS is to create integrated delivery systems that are focused on evidence-based medicine and population health management. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing offers a comprehensive range of evidence-based services, including mental health and substance abuse treatment, housing, vocational training and job placement, health care, education and creative arts therapies.
Queens Parent Resource Center	Through family support services, QPRC provides services including planned in-home respite, after-school respite, family reimbursement and outreach. Medicaid-provided services include service coordination, residential habilitation, and in-home respite.	One goal of the MSPPS is to develop community-based health navigation services. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing planned in-home respite, after-school respite, family

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
		reimbursement and outreach. Medicaid-provided services include service coordination, residential habilitation, and in-home respite.
Queens-Long Island Renal Institute	QLRI is a dialysis center in Queens and Long Island. It offers an interdisciplinary team of experienced nephrologists, dialysis registered nurses, a renal social worker, and a renal dietician.	One goal of the MSPPS is to increase access to high quality chronic disease preventative care and management in both clinical and community settings. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing patients with an interdisciplinary team of experienced nephrologists, dialysis registered nurses, a renal social worker, and a renal dietician.
Regency Extended Care Center	Regency Extended Care Center is a 315 bed facility in Yonkers offering modern, compassionate short and long-term care and rehabilitation to people who are elderly, convalescent, handicapped, or chronically ill.	One goal of the MSPPS is to use the care transitions model to reduce 30 day readmissions for chronic health conditions. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing short and long-term care and rehabilitation to people who are elderly, convalescent, handicapped, or chronically ill.

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
Ridgewood Bushwick Senior Citizens Council	Ridgewood offers a variety of services including case management, home delivered meals, congregate meals, health-related workshops, supportive housing services and translations as needed. They also provide physical education via yoga, tai-chi and dancing instruction.	One goal of the MSPPS is to develop community-based health navigation services. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing case management, home delivered meals, congregate meals, health-related workshops, supportive housing services and translations as needed.
Road 2 Recovery	Operated by the Bridge, R2R targets Bridge residential patients who have been chronically homeless or had long stays in State psychiatric or correctional facilities. It provides clients with an introductory readiness experience prior to participating in more formal recovery programs such as PROS or supported employment.	One goal of the MSPPS is to develop community-based health navigation services. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing introductory readiness experience prior to participating in more formal recovery programs such as PROS or supported employment.
Rockaway Care Center	Rockaway is a skilled nursing center that offers ventilator services, hospice care, and rehabilitation services.	One goal of the MSPPS is to use the care transitions model to reduce 30 day readmissions for chronic health conditions. This includes services for people with

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
		disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing rehabilitative services.
Schervier Nursing Care Center	They are a full service 364-bed skilled nursing facility, as well as a long term home health care program and a certified home health care agency. In addition, Schervier is a founding member of Cardinal Health Partners IPA and as such provides care management on a capitated basis. Schervier has centers of excellence including Alzheimer's and palliative care as well as a care transitions program and low income senior housing.	One goal of the MSPPS is to develop hospital-home care solutions by matching services with transition management. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by offering home health care and care transitions programs.
SCO Family of Services	SCO offers person-centered services tailored to meet individual needs at home, in school and in the community. Their clinicians and caseworkers provide expert assessment, care coordination, harm reduction and symptom and behavior management for children and youth, young adults and families with complex mental health, developmental, medical and substance abuse needs.	One goal of the MSPPS is to develop hospital-home care solutions by matching services with transition management. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing person-centered services tailored to meet individual needs at home, in school and in the community. Their clinicians and caseworkers

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
		provide expert assessment, care coordination, harm reduction and symptom and behavior management for children and youth, young adults and families with complex mental health, developmental, medical and substance abuse needs.
Sephardic Nursing & Rehabilitation Center	Sephardic offers patient and family education, social service supports, and case management.	One goal of the MSPPS is to develop community-based health navigation services. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing patient and family education, social service supports, and case management.
Settlement Health	Settlement Health offers care/case management, on-site translation, facilitated insurance enrollment, and patient-centered, integrated care.	One goal of the MSPPS is to develop community-based health navigation services. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing care/case management, on-site translation, facilitated insurance enrollment, and patient-centered, integrated care.

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
Sheepshead Nursing and Rehabilitation Center LLC	Located in Brooklyn, Sheepshead offers patient-centered care. That includes case management, utilization review, translation, rehabilitation services, PT, OT, and ST.	One goal of the MSPPS is to use the care transitions intervention model to reduce 30 day readmissions for chronic health conditions. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly providing case management, utilization review, translation, rehabilitation services, PT, OT, and ST.
Spring Creek Rehabilitation	Located in Brooklyn, Spring Creek is a nursing facility with 188 beds.	One goal of the MSPPS is to use the care transitions intervention model to reduce 30 day readmissions for chronic health conditions. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly providing nursing facility services.
St. Christopher's Inn	St. Christopher's Inn provides a truly integrated model of care. They provide meals, shelter, substance use disorder treatment, primary care and behavioral health treatment.	One goal of the MSPPS is to integrate primary care services and behavioral health. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
		project, particularly by providing a truly integrated model of care. They provide meals, shelter, substance use disorder treatment, primary care and behavioral health treatment.
St. Vincent de Paul Skilled Nursing and Rehab Center	Located in the Bronx, St. Vincent de Paul is operated by the Continuing Care Community of the Archdiocese of New York, serves the Latino community. They operate an assisted living program as well as a PACE Center.	One goal of the MSPPS is to use the care transitions intervention model to reduce 30 day readmissions for chronic health conditions. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly providing an assisted living program as well as a PACE center.
Steinway Child and Family Services, Inc.	Steinway is a non-profit agency dedicated to providing comprehensive, quality human services. Their programs operate in nine community-based clinics. Clinic referrals come from community groups, schools, managed care providers, residential centers, faith-based institutions, hospitals, drug/alcohol programs, mobile crisis teams, provider agencies, New York City and State mental health and social services agencies and former and current clients.	One goal of the MSPPS is to develop community-based health navigation services. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing comprehensive human services.
SUNY - UNIVERSITY EYE CENTER	The UEC is one of the largest vision care clinics in the	One goal of the MSPPS is to use evidence based strategies

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
	country, with approximately 70,000 patient visits annually. Services include adult and pediatric primary vision care, advanced care, rehabilitation, diabetic eye care, eyewear, and social services.	for disease management in patients who are high risk/effected by diabetes. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing diabetic eye care.
The Bridge	The Bridge offers a comprehensive range of evidence-based services, including mental health and substance abuse treatment, housing, vocational training and job placement, health care, education and creative arts therapies.	One goal of the MSPPS is to create integrated delivery systems that are focused on evidence-based medicine and population health management. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing offers a comprehensive range of evidence-based services, including mental health and substance abuse treatment, housing, vocational training and job placement, health care, education and creative arts therapies.
The Brooklyn Hospital Center	TBHC has a recently developed Health Situation Room, an innovative program to analyze community need and shape strategic interventions. TBHC has achieved PCMH recognition in most of the Article 28 clinics, and	One goal of the MSPPS is to use the care transitions model to reduce 30 day hospital readmissions for chronic health conditions. This includes services for people with disabilities and special needs. This organization responded to the MSPPS

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
	operates ambulatory care pharmacotherapy clinics to improve medication adherence and reduce risk of readmissions. THBC is a participant of the HMH demonstration, which fostered the development of population health and care transition management.	survey and was engaged in the development of the MSPPS project, particularly by improving medication adherence and working to reduce the risk of readmissions. THBC is a participant of the HMH demonstration, which fostered the development of population health and care transition management.
The Children's Aid Society	Children's Aid serves New York's neediest children and their families at more than 40 locations in the five boroughs and Westchester County. Their services include prenatal counseling and assistance, college and job preparatory training programs. Additionally, a host of services are available to parents, including housing assistance, domestic violence counseling, and health care access.	One goal of the MSPPS is to develop community-based health navigation services. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing children and their families with prenatal counseling and assistance, college and job preparatory training programs, housing assistance, domestic violence counseling, and health care access.
The Children's Village	The Children's Village specializes in caring for children with complex health care needs, including psychiatric and behavioral illness. They provide comprehensive social work, psychiatric and medical care services.	One goal of the MSPPS is to integrate primary care services and behavioral health. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing comprehensive social work, psychiatric and

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
		medical care services to children with complex health care needs.
The Dennelisse Corporation	The Dennelisse Corporation offers family support services (e.g., child care), case management and training staff training services.	One goal of the MSPPS is to develop community-based health navigation services. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing family support services (e.g., child care), case management and training staff training services.
The Fifth Ave counseling Center	The Fifth Avenue Center is a not-for-profit, outpatient mental health center. Their multidisciplinary team offers individual, couples, family and group psychotherapy to patients with a wide variety of diagnoses. A dedicated staff of over forty clinical social workers, psychologists and psychiatrists provide talk therapy and medication management.	One goal of the MSPPS is to implement an evidence based medication adherence program in community-based sites for behavioral health medication compliance. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing patients with social workers, psychologists and psychiatrists provide talk therapy and medication management.
The Komanoff Center for Geriatric and Rehabilitative Medicine	The Komanoff Center is a nursing home that offers baseline services, and has 150 beds.	One goal of the MSPPS is to use the care transitions model to reduce 30 day hospital readmissions for chronic health conditions. This

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
		includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by offering rehabilitative baseline services.
The PAC Program (Power and Control)	The PAC Program provides quality, individualized, and patient centered addiction treatment. Services include outpatient drug and alcohol treatment, co-occurring (mental health and addiction) programs, DUI assessment and treatment, and anger management programs.	One goal of the MSPPS is to integrate primary care services and behavioral health. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing individualized, and patient centered addiction treatment. Services include outpatient drug and alcohol treatment, co-occurring (mental health and addiction) programs, DUI assessment and treatment, and anger management programs.
Throgs neck Extended care Facility	Located in the Bronx, is a skilled nursing facility. They offer specialized care, short and long term rehabilitation, and unique medical, nursing and rehabilitative programs.	One goal of the MSPPS is to use the care transitions model to reduce 30 day hospital readmissions for chronic health conditions. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing specialized care, short and long term rehabilitation, and unique

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
		medical, nursing and rehabilitative programs.
Tri Care Systems DBA Long Island Association for AIDS Care	Tri Care Systems operates in an integrated health care delivery system, utilizing both medical and behavioral evidence based models. It is community-based and operates through established collaborations with support organizations in Queens, Suffolk and Nassau country. These organizations include: primary health care facilities and health centers, substance abuse treatment centers, mental health organizations, hospitals, and community agencies.	Two goals of the MSPPS are to (1) integrate primary care services and behavioral health and (2) to increase early access to, and retention in, HIV care. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing an integrated health care delivery system, utilizing both medical and behavioral evidence based models. It is community-based and operates through established collaborations with support organizations in Queens, Suffolk and Nassau country. These organizations include: primary health care facilities and health centers, substance abuse treatment centers, mental health organizations, hospitals, and community agencies.
Union Settlement Association	Union Settlement is a multi-generational social service provider. Their programs include early childhood education, youth development, adult education, mental health counseling and senior services. Wellness activities are an integral part of all of their programs, including but not limited to their senior	One goal of the MSPPS is to develop community-based health navigation services. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing social services including:

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
	centers, social adult day care center, Meals on Wheels, Teen Health Project and others.	childhood education, youth development, adult education, mental health counseling, and senior services. Wellness activities are an integral part of all of their programs, including but not limited to their senior centers, social adult day care center, Meals on Wheels, Teen Health Project and others.
University Consultation Center (Coordinated Behavioral Care IPA Network Member Agency)	Located in the Bronx, the Center is a behavioral health organization that provides clinical, rehabilitative, residential, case management, and support services to special needs populations.	One goal of the MSPPS is to integrate primary care services and behavioral health. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing clinical, rehabilitative, residential, case management, and support services to special needs populations.
Venture House (Coordinated Behavioral Care IPA Network Member Agency)	The Clubhouse provides rehabilitation services to people who have been diagnosed with a mental health illness. Their recovery focused set of supports and services aims to further independence, encourages engagement, and reduction of isolation. It is open every day of the year.	One goal of the MSPPS is to integrate primary care services and behavioral health. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing rehabilitation services to people who have been diagnosed with a mental health illness.
Village Center for Care	VillageCare is a community-based, not-for-profit organization serving people	One goal of the MSPPS is to use the care transitions model to reduce 30 day hospital

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
	with chronic care needs, as well as seniors and individuals in need of continuing care and rehabilitation services. They offer a comprehensive array of community and residential programs for persons in need of rehabilitation, long-term care and medical services, and for those living with HIV/AIDS.	readmissions for chronic health conditions. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing continuing care and rehabilitation services to patients with chronic care needs.
VIP Community Services	Located in the Bronx, the Vocational Instruction Project (VIP), is a safe place where individuals can get help with their addiction, learn a vocation or trade, and get back on their feet. They serve approximately 25,000 clients and patients per year through residential care, outpatient counseling, shelter care, medical services, medically supervised intervention programs, housing, and employment services.	One goal of the MSPPS is to integrate primary care services and behavioral health. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing residential care, outpatient counseling, shelter care, medical services, medically supervised intervention programs, housing, and employment services.
Visiting Nurse Service of NY	The Visiting Nurse Service of New York is the largest not-for-profit home health care agency in the United States, with more than 17,000 employees, including 11,718 certified home health aides and home attendants. They offer a comprehensive array of home- and community-based services, programs and health plans to meet the diverse medical and	One goal of the MSPPS is to develop hospital-home care solutions by matching services with transition management. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing a comprehensive array of home-

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
	personal care needs of our patients, members and clients, regardless of age, diagnosis or ability to pay. On any given day, they serve more than 35,000 patients in all five boroughs of New York City, as well as in Nassau, Suffolk, and Westchester Counties and parts of upstate New York.	and community-based services, programs and health plans to meet the diverse medical and personal care needs of our patients, members and clients, regardless of age, diagnosis or ability to pay.
William F Ryan Community Health Center, Inc.	The Center is a federally qualified health center located in Manhattan. Ryan provides a variety of services, including adult medicine, pediatrics, women's health, adolescent health, geriatrics, dental, behavioral health, nutrition, an array of specialty services, Women, Infant, and Children (WIC), health education, HIV services, home visits when necessary, and transportation when medically indicated.	Two goals of the MSPPS are to (1) integrate primary care services and behavioral health and (2) to increase early access to, and retention in, HIV care. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing adult medicine, pediatrics, women's health, adolescent health, geriatrics, dental, behavioral health, nutrition, an array of specialty services, Women, Infant, and Children (WIC), health education, HIV services, home visits when necessary, and transportation when medically indicated.
Woodmere Rehabilitation and Health Care Center	Woodmere is a 336-bed skilled nursing facility located in the residential "Five Towns" section of Nassau County. The Woodmere Rehabilitation and Health Care Center emphasizes an interdisciplinary approach	One goal of the MSPPS is to use the care transitions model to reduce 30 day hospital readmissions for chronic health conditions. This includes services for people with disabilities and special needs. This organization responded to the MSPPS

Stakeholder Engagement Chart		
Organization	**Brief Description**	**Rationale**
	towards attaining quality outcomes for a variety of diagnoses. Rehabilitation disciplines including physical and occupational therapies, speech-language pathology, therapeutic recreation, social services, and nursing work together to achieve maximum independence for the residents they serve.	survey and was engaged in the development of the MSPPS project, particularly by providing physical and occupational therapies, speech-language pathology, therapeutic recreation, social services, and nursing work together to achieve maximum independence for the residents they serve.
Young Adult Institute (YAI)	The organization offers coordinated primary and specialty health care, evaluations, early intervention, workplace training and placement for people living with disabilities.	One goal of the MSPPS is to integrate primary care services and behavioral health. This includes services for people with disabilities and special needs. This organization responded to the MSPPS survey and was engaged in the development of the MSPPS project, particularly by providing coordinated primary and specialty health care, evaluations, early intervention, workplace training and placement for people living with disabilities.