

New York State 2012 Community Service Plan

**For Health Systems
serving Monroe County, including:**

**Lakeside Health System
Rochester General Health System
Unity Health System
University of Rochester Medical Center – Highland Hospital
University of Rochester Medical Center – Strong Memorial Hospital**



MEDICINE *of* THE HIGHEST ORDER

With collaboration from
Finger Lakes Health System Agency
Monroe County Department of Public Health
University of Rochester Medical Center – Center for Community Health

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I. Introduction

Rochester, NY and its surrounding communities in the Western Rochester Region provide a remarkable example of what can be accomplished through collaboration. Hospital systems in Monroe County including Lakeside Health System, Rochester General Health System, Unity Health System, University of Rochester Medical Center (URMC) Highland and Strong have jointly filed a community service plan to the New York State Department of Health for the past thirteen years, and this year is no exception. This unique effort, done in collaboration with the Monroe County Department of Public Health and the Finger Lakes Health System Agency, demonstrates true community health assessment and improvement planning. This partnership assures synergistic, non-duplicative meaningful strategic efforts towards the common goal of improving the population's health.

This year's joint community service plan builds on previous reports showing a variety of community initiatives that benefit the patient population and collectively improve the health of the residents of Monroe County; benefits that would not have been realized without a cooperative plan based on community need.

This year, 2012, continues the close alliance between the hospitals and the local health department as Monroe County has developed and implemented its community health assessment. The hospitals have been pleased to be able to participate in this process with the Monroe County Department of Public Health in support of Commissioner Shah's Prevention Agenda for the State of New York.

Further, a goal of the Monroe County hospitals in this plan is participation in the Finger Lakes Health Systems Agency's 2020 Performance Commission process. A specific objective of this process is the reduction of avoidable admissions (PQI admissions) again, a major initiative of NYSDOH.

The Monroe County hospitals are pleased and proud to submit this Joint Community Service Plan.

II. Mission Statements

Lakeside Health System

Vision Statement: Lakeside Health System seeks to be a national model for community healthcare through its delivery of high quality, personal trusted care.

Mission Statement: Lakeside Health System is to be the center of our healthcare community and to provide the highest level of quality, compassionate, cost-effective care. The services we provide to our customers are rooted in an integrated delivery system.

Rochester General Health System

Mission Statement: To improve the health of the people served by providing high quality care, a comprehensive range of services, convenient and timely access, delivered with exceptional service and compassion.

Unity Health System

Vision Statement: Unity will be viewed as the leading provider in the markets we serve, known for the excellent quality and service that we deliver to our customers.

Mission Statement: The mission of Unity Health System is to make a positive difference in the health and well-being of those we serve.

University of Rochester Medical Center – Strong Memorial

Mission Statement: We improve the well-being of patients and communities by delivering innovative, compassionate, patient-family centered health care, enriched by education, science and technology.

University of Rochester Medical Center – Highland Hospital

Mission Statement: Commitment to excellence in health care, with patients and their families at the heart of all we do.

III. Hospital Service Area

This plan is a joint submission of the hospitals in Monroe County and has been prepared in collaboration with the Monroe County Department of Public Health, and within the context of Monroe County's Community Health Assessment. Therefore, the plan's service area is Monroe County.

IV. Community Engagement in Assessment, Planning and Dissemination of Community Service Plan

The needs assessment that has guided our joint effort over the past several years is a robust community-wide process involving all four health systems, the county health department, and other key community stakeholders. We believe it is unique in New York State and that it has resulted in a more comprehensive needs assessment than any system could perform individually. It has also allowed the health systems to be involved in planning efforts and service provisions that go beyond clinical care and enter the domains of prevention and public health. The process is known as *HEALTH ACTION* and is described below.

The priorities set by the *HEALTH ACTION* process are compared to the New York State Prevention Agenda so that the Monroe County priorities are in line with the priorities for the state.

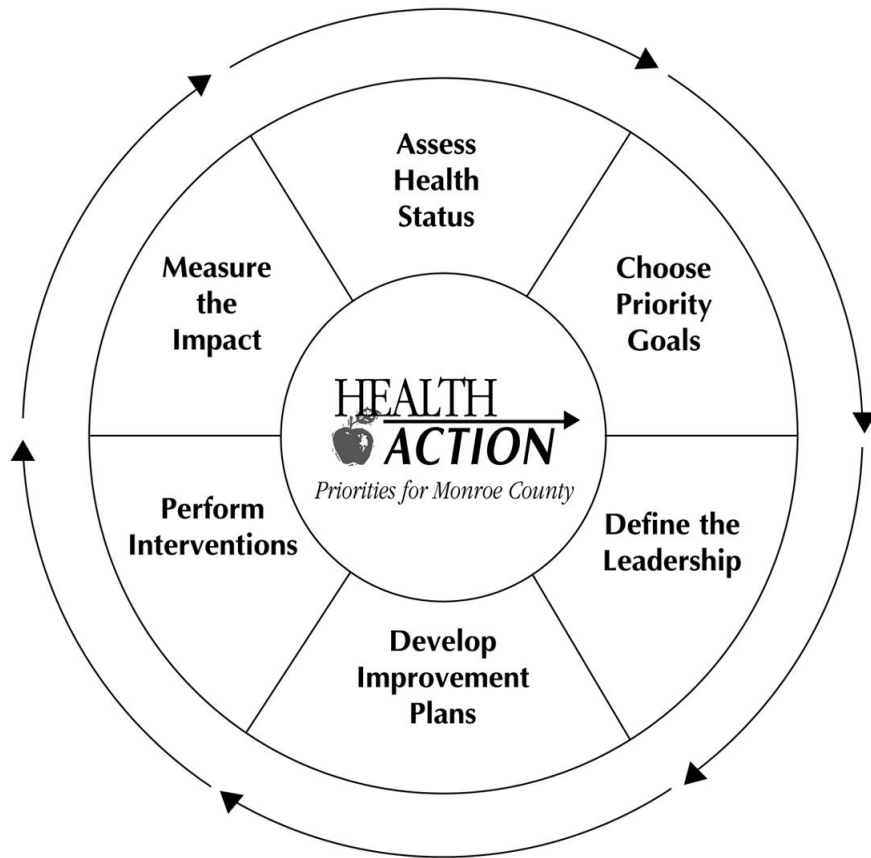
HEALTH ACTION Process

HEALTH ACTION is a community-wide health improvement initiative coordinated by the Monroe County Department of Public Health to assure continuous, measurable improvement in health status in Monroe County. The four health systems represented in our community service plan are key participants in this process along with several other community agencies of diverse disciplines.

HEALTH ACTION is a robust process used in Monroe County to select action priorities based on community input and reaction to health report cards in four focus areas:

- Maternal and Child Health
- Adolescent Health
- Adult/Older Adult Health
- Environmental Health (not discussed in this report)

The process used by **HEALTH ACTION** for each focus area is shown in this graphic.



The Steering Committee of **HEALTH ACTION** established subcommittees corresponding to the focus areas to develop the initial community health report cards: Maternal/Child Health, Adolescent Health, Adult/Older Adult Health, and Environmental Health. These committees compile and analyze data to identify measures of health status for each of the focus areas, identify five to ten goal areas, prepare report cards for publication, and make recommendations about priorities for action. As report cards are updated, these committees are re-convened to provide consultation.

Publication dates of the most recent report cards are as follows:

- Maternal Child Health Report Card -2011
- Adolescent Health Report Card – 2006
- Adult/Older Adult Health Report Card - 2008

The Health Action Subcommittees are designed for a broad perspective from community members who are experts on each focus area. Below are lists of community agencies/organizations represented on the report card committees for each of the life stage areas.

| |
|---|
| <u>Maternal/Child Health Report Card Committee</u> |
| Child Health Studies Unit, University of Rochester |
| Children's Institute |
| Healthy Start Rochester |
| Monroe County Department of Public Health |
| Monroe Plan for Medical Care |
| Perinatal Network of Monroe County |
| Social Work Department, Golisano Children's Hospital |

| |
|---|
| <u>Adolescent Health Report Committee</u> |
| Children's Agenda |
| City of Rochester |
| Fairport Central School District |
| Metro Council for Teen Potential |
| Monroe County Department of Public Health |
| Monroe County Office of Mental Health |
| Monroe County Youth Bureau |
| Rochester City School District |
| Threshold Center for Alternative Youth Services |
| University of Rochester Departments of Community and Preventive Medicine, Medicine and Pediatrics |

| |
|--|
| <u>Adult/Older Adult Health Report Card Committee</u> |
| Center for Community Health, UPMC |
| Department of Geriatrics, Rochester General Health System |
| Department of Medicine, Highland Hospital |
| Department of Psychiatry, University of Rochester Medical Center |
| Evercare |
| Excellus |
| Finger Lakes Health System Agency |
| Lifespan of Greater Rochester |
| Monroe County Office for the Aging |
| MVP Health |
| Nursing Program, College at Brockport |
| Olsan Medical Group |
| Rochester Area Community Foundation |

After the publication of each report card, the committee hosts a series of community forums with health professionals, community organizations and Monroe County residents in order to obtain input on which health goals should be priorities for action. During the forums there is a brief presentation of the goals and measures contained in the report card. Forum participants are then asked to rank the goals based on the following criteria: importance; sensitivity to intervention; control; and timeliness. In addition, participants are asked which goal they think should be a priority for action.

Current Community Priorities for Maternal/Child Health

In 2011, HEALTH ACTION published an updated report card, but since the community wide efforts addressing the 2004 priorities were early on in the implementation phase, a decision was made to keep the 2004 child health priority areas in place.

In 2004, the Maternal/Child Health Report Card Committee conducted 15 health forums with 142 people. Below is a list of groups that hosted the forums.

| Maternal Child Health Forums | |
|--|---|
| African American Health Task Force | Rochester Early Enhancement Project |
| Association of Agency Directors | Rochester City Elementary School Nurses |
| Community Pediatricians | Peter Castle Family Resource Center Parents Group |
| Early Childhood Development Initiative | Head Start Parents |
| Head Start Staff | Healthy Start Clients |
| Hispanic Health Coalition | Skip Generation |
| Monroe County Board of Health | Webster "Mom's Group" |
| Quality Assurance Representatives from Health Insurers | |

Based on feedback from the forums, the following goals were selected as priorities for action:

- Increase Physical Activity and Improve Nutrition
- Improve Social and Emotional Well Being and Reduce Child Abuse/Neglect and Violence Against Children.

Current Community Priorities for Adolescent Health

In 2006, the Adolescent Health Report Card Committee conducted 22 forums with 284 participants including youth, parents, and professionals that work with youth. Below is a list of groups that hosted the forums.

| Adolescent Health Forums | |
|---|--|
| African American Health Care Group | Parents of Families Affected by HIV/AIDS |
| Asset Partner Network | Penfield Health Class |
| Brockport School Wellness Committee | Penfield School Wellness Committee |
| Children's Detention Center Home & Careers Class | RCSD Secondary Health Teachers |
| City Recreation Staff | BOCES Secondary School Nursing Supervisors –RCSD |
| Drug Free Coalition at North Street Rec Center | University of Rochester Department Pediatrics |
| Edison Tech Health Class | Via Health School Health Professionals |
| Franklin Health Class | Wheatland Chili Health Class |
| Henrietta Parents of Children Involved in Asset Program | Wilson Health Class |
| Metro Council for Teen Potential | Youth Services Quality Council |
| Monroe County Board of Health | Youth Voice One Vision |

Based on the feedback received during the forums, the Board of Health, in 2007, selected the following goals as priorities for action:

- Increase Physical Activity and Improve Nutrition
- Build Youth Assets

Current Community Priorities for Adult/Older Adult Health

In 2008, the Adult/Older Adult Health Report Card Committee conducted 29 health forums and obtained feedback about health priorities from 450 adults, older adults, professionals, and representatives from community-based organizations that work with this population. Below is a list of groups that hosted the forums.

| Adult Health Forums | Older Adult Health Forums |
|---|--|
| African American Health Coalition, FLHS | Elaine Hubbard Center for Nursing Research on Aging, UR |
| African American Leadership Development Program, United Way | Geriatric Grand Rounds, FL Geriatric Education Center of Upstate NY & Geriatric/Aging Division of UR |

| | |
|--|--|
| Beta Chi Chi Chapter of Chi Eta Phi Sorority, Inc. | Geriatric Nurse Resource Group at ViaHealth |
| Community Counts Group, Office of Mental Health Promotion, UR Department of Psychiatry | Home Care of Rochester (HCR), Program Managers and Executive Staff |
| Grace United Methodist Church Deacon's Table | Lifespan Congregate Meal Program Participants |
| Greater Rochester Health Foundation Staff | Lifespan staff |
| Health Associations Collaborative (HAC), FLHSA | Lifespan volunteers |
| Judicial Process Commission | Northwest Congregate Meal Program Participants |
| Latino Health Coalition, FLHSA | Northwest YMCA older adult volunteers |
| Mental Health Promotion Task Force, FLHSA | Senior Center Coordinators |
| Monroe County Board of Health | Valley Manor Resident Group |
| Public Health Committee, Monroe County Medical Society | |
| Preferred Care Medical Advisory Team | |
| Public Health Grand Rounds Faculty, staff and students, U of Rochester | |
| Rochester Business Alliance, Health Planning Group | |
| ROC City Coalition | |

Based on the feedback obtained during the forums, the Board of Health, in 2009, selected the following goals as priorities for action for adult and older adult health:

- Increase Physical Activity and Improve Nutrition
- Improve Prevention and Management of Chronic Disease
- Improve Mental Health (reduce violence among adults and elder abuse among older adults).

Prevention Agenda Priorities

The process for developing the 2009 Joint Community Service Plan, in which we developed our Three Year Plan of Action, involved representatives from the four health systems and the Monroe County Department of Public Health meeting together throughout the year to determine which Prevention Agenda priorities we should pursue together. These discussions were informed by the *HEALTH ACTION* process and the actions prioritized by the community. We decided that our community service plan will focus on two items from the NY Prevention Agenda:

- Increase Physical Activity and Improve Nutrition
- Improve Prevention and Management of Chronic Disease.

Specific goals related to these Prevention Agenda priorities were presented in the 2009 plan. Progress towards these goals will be discussed in the section Update on the Plan of Action.

Dissemination of the Report to the Public

All of the health systems in Monroe County are fortunate to be governed by boards made up of community representatives who volunteer their time and expertise. This Joint Community Services Plan is shared with our board members and they are encouraging of this cooperative effort. In addition, we will be posting this plan on our websites and submitting copies to the Healthcare Association of New York State.

2012 Hospital Websites posting the Monroe County Joint Community Service Plan include the following:

Lakeside Health:

http://www.lakesidehealth.com/quality_of_care.asp

Rochester General Hospital:

<http://www.rochestergeneral.org>

Unity Health System:

www.unityhealth.org/about/serviceplan

University of Rochester Medical Center Strong/Highland:

<http://www.urmc.rochester.edu/community-engagement/>

<http://www.urmc.rochester.edu/highland/about-us.aspx>

http://googlesearch.urmc.rochester.edu/search?q=community%20service%20plan&btnG=Search&client=urmc_frontend&proxystylesheet=urmc_frontend&output=xml_no_dtd&hiddenInputToUpdateATBuffer_CommonToolkitScripts=1

V. 2012 Update on the 3-Year Plan for Action

As a result of the community health assessment and development of the public health priorities through *HEALTH ACTION* conducted by the Monroe County hospitals in collaboration with the Monroe County Department of Public Health, the hospitals decided to develop their three year plan of action around two areas in the New York State Prevention Agenda:

- Increase Physical Activity and Improve Nutrition
- Improve Prevention and Management of Chronic Disease.

This section of the 2012 Community Service Plan will describe progress toward the goals identified in the 3-Year Plan for Action.

Increase Physical Activity and Improve Nutrition

Background: Increasing physical activity and improving nutrition has been a *HEALTH ACTION* priority for several years. Previous Monroe County Hospital Community Service Plans have highlighted some of the work the hospitals have done in this area, including the Physician Prescription Exercise Program, the Survey of Pediatricians related to obesity prevention practices, the development of the Resource Directory of Nutrition and Physical Activity Programs, and work with schools on their wellness plans.

The Monroe County Physical Activity and Nutrition Task Force was convened in June 2009 to increase physical activity and improve nutrition through policies and environments that support healthy lifestyles at home, work and in the community.

Agencies and organizations represented on the coalition include:

| Physical Activity and Nutrition Task Force | |
|---|--|
| African American Health Coalition | Monroe County Parks Department |
| City of Rochester, Mayor's Office | Monroe Plan for Medical Care |
| Excellus Blue Cross Blue Shield Rochester Region | MVP Health Care |
| Finger Lakes Health Sys. Agency | Paychex, Inc. |
| Foodlink | Local Restaurant Association |
| Greater Rochester Health Foundation | U of R Dept. of Community and Preventive Medicine |
| Ibero-American Action League, Inc. | University of Rochester Medical Center |
| Latino Health Coalition | University of Rochester, Center for Community Health |

| | |
|---|----------------------------|
| Monroe County Dept. of Planning and Development | Unity Health System |
| Monroe County Parks Dept. | Wegmans Food Markets, Inc. |
| Monroe County Department of Public Health | Westside Health Services |
| Monroe County Medical Society | YMCA of Greater Rochester |

The Task Force compiled a list of 22 evidence-based, promising, or recommended policy/environmental/system strategies to improve nutrition and/or increase physical activity. The strategies were drawn from three major reports including:

- Community Guide to Preventive Services Recommendations: What Works to Promote Health <http://www.thecommunityguide.org/index.html>
- Recommended Community Strategies and Measurements to Prevent Obesity in the US (Centers for Disease Control and Prevention) <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm>
- Texas Obesity Policy Portfolio <http://www.dshs.state.tx.us/obesity/pdf/TexasObesityPolicyPortfolio.pdf>

Task Force members studied, reviewed and ranked these interventions based on community value, impact, likelihood of success, sustainability and effect on disparity. The Task Force prioritized the evidence-based strategies for Monroe County and suggested the following areas to address:

- Healthy work places (environmental, policy and program supports)
- Safe neighborhoods and built environment policies that support physical activity
- Medical practice interventions and community based behavior change programs for underserved populations

Collaboratively, hospital representatives were members of the Task Force and developed goals for the hospitals' work on the priority area.

The Task Force was disbanded in 2011 when the University of Rochester, in collaboration with the Monroe County Department of Public Health and many other community partners, submitted and received a Community Transformation Grant from the Centers for Disease Control. Interventions in the grant address two of the priority areas identified by the Task Force: Healthy Workplaces and Safe Neighborhoods.

A Healthy Worksite Committee has been formed to develop a community-wide worksite assessment tool. Worksites will be able to access the tool online, assess policy and environmental supports in their worksite and receive

resources to help them make improvements. This work-team includes members from the hospital systems.

The CDC Community Transformation Grant is also providing funding for neighborhood teams to be trained in 'Crime Prevention Through Environmental Design' which will lead to build environment change as well as system improvements.

Also part of the grant, the required priority area addressing medical intervention and behavior change is currently being addressed through implementation of the Diabetes Prevention Programs through the YMCA and the University of Rochester, Center for Community Health.

Separate from the Community Transformation Grant, individual hospitals are making improvements to their wellness offerings related to physical activity and nutrition for their employees (See attachments). A task force was convened from a roundtable of hospital CEO's to address worksite wellness. The task force recommended an implementation process which includes: 1. Create a workplace culture that supports health and wellness, 2. Assess the physical and cultural environment, 3. Improve the physical environment and develop education and wellness programs, 4. Design benefits plans that are value based and that support overall goals and objectives, and 5. Evaluate and forecast return on investment.

GOALS: Hospitals will work with the Healthy Worksite Committee to explore and implement one or two environmental or policy changes within each hospital to promote physical activity and/or healthy eating among staff and/or visitors.

Members of the Community Service Plan Group for each hospital agreed to be responsible for assuring the implementation of at least one change within their hospitals. Possible changes may include:

- Placement of point-of-decision prompts near elevators to encourage use of stairs
- Implementation of physical activity breaks
- Implementation of food pricing strategies in hospital cafeterias that encourage buying healthy foods
- Creation of, or enhanced access to, places to be physically active, combined with informational or outreach activities. For example, hospitals may create walking trails on the hospital grounds for use by staff and visitors.

MEASURES: Measures of success include a count of hospitals who are implementing a process to create healthier workplaces for their employees. In

addition, a registry of policy and/or environmental changes at hospitals is being tabulated.

Overall community measures of success in physical activity and nutrition could include the following data from the Monroe County Adult Health Survey:

- % adults who are overweight or obese
- % of adults who engage in physical activity
- % of adults who consume 5 servings of fruits/vegetables per day

These measures are looked at as part of the Health Action process. Monroe County Adult Health Survey data is being collected in 2012, and will be analyzed after the due date of this report.

UPDATES: Members of the Community Service Plan Group for each hospital are responsible for assuring the implementation of at least one change within their hospital. Outlines of individual hospital programs and participation have been developed and are included in the attachments. All hospital systems have exceeded the goals and implemented several changes to improve the health of the workforce. Some significant changes that occurred in the past few years include:

Lakeside: Lakeside Health System's Worksite/Employee Wellness program is an ongoing effort with only slight modifications for 2012 to the core program as outlined in the 2011 community service plan. Recently, a smoking cessation program was added and the Employee Health Department began seeing employees for work related injuries and minor illnesses.

Unity Health System: Unity Health System made improvements to worksite wellness by enhancing and creating targeted programs and services to employees. In 2012, respiratory therapists and physicians from Unity's Cardiopulmonary Group, successfully launched the *Freedom from Smoking* program. Unity Medical Groups and Ob/Gyn offices, Employee Health Services, and the Unity Contact Center were trained by GRATCC (Greater Rochester Area Tobacco Cessation Center) in providing smoking cessation support and referrals to employees and patients.

Fostering healthy eating throughout Unity has been elevated by creating the Red, Yellow, Green Plate Program which codes all foods offered in Unity's cafes. Education to staff about menu offerings is ongoing with monthly food demos and samples. Our "Ask the Dietitian" program encourages employees to connect directly with a Registered Dietitian and receive nutritional information and guidance.

Offering free onsite Yoga, Pilates, and Zumba classes have helped motivate employees to become physically active along with discounted gym memberships for employees and family members. Over 250 employees participated in a fitness challenge which resulted in weight loss, smoking cessation, and diet improvements.

We are now moving our wellness program from awareness offerings to opportunities to explore personal self-directed programs beginning with biometrics followed by blood pressure screening/management, back injury prevention, and stress management. This allows us to evaluate our population with key data points and create targeted wellness programs specific to our population at Unity Health System. Our goal is to maximize our efforts for our employees, to internalize our brand "What Health Care Should be" for both the employee population as well as for our patients.

University of Rochester Medical Center: Highland Hospital

Highland has made significant additions to its worksite wellness program over the last two years. The hospital has offered exercise classes for employees including body sculpting and cardio kickboxing. Highland's Wellness website for employees includes exercise tips, maps for walking paths around the hospital and information on healthier eating habits. Employees can also view a wellness "calendar of events" to read about upcoming events and programs.

To support healthier eating habits, Highland's Wellness Committee created monthly "Healthy Cooking" classes for employees, showing them how to prepare simple meals with inexpensive ingredients. Highland's Cafeteria has also expanded its healthy options on menus and created informational displays on its food stations. The menus show staff the daily "balanced meal" offering. A contest in August 2012 raised staff awareness of and participation in the Wellness program; all staff who purchased the "balanced meal" received a ticket to win a free mountain bike. This was an effective way to promote eating healthier and encourage staff to pair their Cafeteria meals with fresh vegetables.

Highland also created a four-part series of lunchtime classes on "Living with Diabetes." These classes are for all employees who have diabetes, know someone who does or just wants to learn more. Highland has also rolled out its Tobacco Cessation Program in June 2012 for all employees. The program offers one-on-one sessions with the hospital's Employee Health team and a three-month supply of patches, lozenges or gum to help employees quit smoking. The program has generated strong interest among employees. In September 2012 the hospital introduced free Biometric Screening for all employees. It plans to promote a Highland Park Fitness Tour in partnership

with Monroe County and more educational classes including stress reduction and maintaining a healthy work/life balance.

University of Rochester Medical Center: Strong Memorial Hospital:

Throughout the last few years, Well-U, in conjunction with various university departments, has made some drastic changes to improve the health & wellness of its employees. A large component of our program involves educating our employees about their health which is why we offer complimentary biometric screenings, personal health assessments (PHA), and lifestyle and disease management programs. Year-over-year increases in participation have made our offerings successful! In 2011 we had 5,714 and 6,608 screenings and PHA's, respectively. Current 2012 participation for screenings (6,034) and PHA's (6,724) has already exceeded our 2011 statistics and we project a 5% increase at the conclusion of 2012. Our increasing success can be attributed to the foundation laid out by various programs the previous year.

2011 was a time of reflection. Employee feedback allowed us to learn about any barriers they felt were roadblocks in terms of making healthy lifestyle choices. We didn't want to continue to invest in programs that were not beneficial to our population. However we did respond to demand, by implementing a Weight Management program offered by the Healthy Living Center (HLC) when many employees showed interest and need for it.

During 2011 Well-U provided new program offerings to promote physical activity, weight management and health awareness. These included:

- **Walk with a Doc Program**- this free non-profit program is open to anyone interested in walking with a physician while learning more about various health topics. What's great is that this is not a costly program; you just have to find a physician or a few physicians willing to do it. The University holds these walks on a monthly basis (and moves them inside to area malls during the winter months).
- **Self Defense Classes** – This 3-session series focused on teaching class participants life-saving skills such as:
 1. How to react verbally and physically when faced with a threatening situation
 2. Basic self-defense techniques
 3. How to defend yourself against multiple attackers and someone with a weapon
- **5210-educational seminars** for family (no cost to employers)- These lunch n learn presentations included topics such as: how to make healthy snacks with your children, as well as how to keep children active (and safe) all year long.
- **Weight Management** program offered by the Healthy Living Center- this did have a cost but employers can utilize Weight Watchers, which offers appealing classes for the workplace.

Thus far through 2012 Well-U has continued to make improvements to keep with the culture change. In May we launched a Facebook page which drew in nearly 300 people in the first few hours. New program offerings this year include Active Transportation seminars, Live Cooking Demo's, presentations from the HLC, and on-line Weight Watchers. All of these programs have displayed consistent participation usually near maximum capacity. Not only are we offering these programs but we also ask all participants to fill-out our feedback survey upon completion of a program. This information allows us to keep -up with employee needs and demands.

With substantial changes in health care reform, Well-U plans to be on the cutting edge of health & wellness research in order to minimize health care costs for the University of Rochester and its employees while promoting an active lifestyle and decreasing the incidence of chronic diseases.

Improve Prevention and Management of Chronic Disease

The Monroe County hospitals chose three strategies to improve prevention and management of chronic disease: asthma intervention with children, improving diabetes care, and reducing preventable hospital admissions.

1. Improve asthma care of children through establishment of the Breath of Hope Asthma Program

BACKGROUND: Asthma is one of the most common long-term conditions among children today. There are about 9 million children in the United States under the age of 18 years who have been diagnosed with asthma.

- Several studies have shown that up to 40% of children who have parents with asthma will develop asthma
- Between 50% and 80% of children with asthma developed symptoms before the age of 5 years
- In 2005, asthma was 25% more common among African Americans than among Caucasians
- Monroe County is one of several NYS counties with the worst air pollution grades.

Managing childhood asthma is a difficult and complicated process and requires interventions beyond primary care office visits. Since 2008, the Department of Pediatrics at the University of Rochester Medical Center has been coordinating an effort to create a program that provides a mobile asthma service in support of primary care practices and other community agencies in their efforts to care for children with asthma and their families. The effort has included Monroe County's hospitals, a local community health

center, the Rochester City School district, and other community stakeholders.

The plan was to have a van that will be staffed by community health nurse educators and will visit children with asthma in a variety of settings, e.g. school or home, to help provide the support for patients around the intricacies of education, self-management, etc. Children and families in need of these services will be identified through data registries that would be developed. Recently a program director was hired and a decision was made to pilot the program in Unity Pediatrics, a pediatric practice in inner-city Rochester.

Breath of Hope (BoH) Asthma *demonstration pilot* is the implementation of Strong Memorial Hospital tested clinical practices in asthma management and adaptation of these practices to community-based (i.e., community pediatricians' offices-based) settings. Implementation in the community outpatient setting best serves the overarching goal of this initiative – to keep children with asthma out of the hospital, out of the Emergency Department, in their schools, and in their communities and homes. This has the added benefit of keeping their parents at work and vastly lowering the direct and indirect costs of healthcare to the community.

The Breath of Hope is a coordinated effort, with Steering Committee members from throughout the hospital systems and community agencies, including:

- American Lung Association
- Regional Community Asthma Network of the Finger Lakes
- Anthony Jordan Health center
- Excellus
- Rochester General Hospital
- Golisano Children's Hospital at UPMC
- University of Rochester Medical Center
- Unity Health System
- Rochester City School District
- Monroe Plan for Medical Care

Coordinating the exchange of information among the diverse array of care providers to assure appropriate care is difficult and time consuming and impedes the patient and family's ability to function as an activated patient who is adept in self-management. The Breath of Hope pilot positions families as a central participant in care and manages essential asthma data via a centralized, multi-user, secure information management system.

Pediatric Practice Demonstration Sites: Each of the five pediatric practices that serve predominantly the inner-city Rochester pediatric population is still active in the Breath of Hope pilot. Identification of patients facing challenges in maintaining asthma control continues in the following practices:

- a. Golisano Children's Hospital General Pediatric Practice;
- b. Culver Medical Group
- c. Unity Health Care General Pediatric Network;
- d. RGH Health General Pediatric Practice;
- e. The Anthony Jordan Health Center.

Care Coordination Service Model: Care Coordinators contact families bi-monthly by phone, schedule home visits to provide spirometry testing and asthma education with all identified families. BoH care coordinators also connect with families at the pediatric practices to obtain consent, provide asthma education and conduct spirometry testing.

GOALS: Hospitals will work with the Breath of Hope program to improve the care, education and treatment of children diagnosed with Asthma to keep children out of the hospital and out of the emergency room.

MEASURES: Several measures are being collected to assess the success of the Breath of Hope program including number of patients enrolled, number of primary care visits, number of Emergency Room visits, indications of asthma control, etc. Additional evaluation will be conducted using full program data to examine the factors that influence success or continuing challenges in resolution of barriers to successful patient self-management. Understanding barriers to engagement in the enhanced care coordination model is critical to program success.

UPDATES: To date, over 100 patients with asthma have been identified for the pilot project from several intervention sites.

Breathe of Hope YTD Statistics

| | AC6 | Culver | Jordan | RGPA | Unity | TOTAL |
|-----------------------|------------|---------------|---------------|-------------|--------------|--------------|
| Pt. Identified | 20 | 28 | 21 | 23 | 23 | 115 |
| Pt. Consented | 17 | 12 | 17 | 20 | 19 | 85 |
| Successful contacts | 224 | 226 | 219 | 279 | 414 | 1362 |
| Attempted contacts | 789 | 510 | 644 | 897 | 949 | 3789 |
| Home visits completed | 4 | 9 | 7 | 7 | 15 | 42 |
| # of ACT | 139 | 138 | 135 | 181 | 161 | 754 |
| Avg ACT Score | 19 | 21 | 19 | 20 | 20 | 20 |
| PFT | 7 | 9 | 7 | 7 | 17 | 47 |

Preliminary findings indicate that three medical outcomes were statistically different after participating in the Breathe of Hope program.

1. The number of rescue inhaler prescriptions (e.g., albuterol) for each patient decreased on average by almost four prescriptions per year. Less frequent use of rescue inhalers suggests better asthma control.
2. The average number of PCP visits per patient increased by nearly three visits per year. Increased PCP visitation suggests improved reliance and engagement with the primary care system.
3. The average ACT score increased by about 2.5 points per patient. An ACT score of 19 or above is considered "controlled asthma", and our sample patients average a score of almost 19 after our intervention.

Two other important medical outcomes saw an average improvement, but this improvement did not rise to the level of statistical significance.

1. The average number of hospitalizations & ED visits decreased in our sample by 0.13 visits per patient per year.
2. There was decreased prescribing of prednisone after patients joined our program.

The collective efforts of the various Rochester asthma initiatives that inspired the Breath of Hope collaborative yield promising asthma statistics. These asthma initiatives demonstrate efficacy of the use of community-and hospital-based education, standardized practice across the community and hospital, and behavioral guidance in improving outcomes and decreasing ED visits and inpatient admissions and increasing consistency of community and hospital prophylactic outpatient follow-up visits for children with asthma.

For patients who presented at Strong Memorial Hospital, data for the 12 month period ending June 2012 showed:

- 24.9% decrease in SMH ED asthma visits
- 2.6% decrease in SMH ICU stays
- 4.7% increase in inpatient admissions

Several improvements in hospital protocol for patients with asthma and their families have been initiated, or are planned. The New Asthma Education Pathway was launched in September 2011 on GetWellNetwork's GetWellTown site and substituting Albuterol with spacer for nebulizer for inpatient management is slated for October 2012. This will increase the opportunity for patient education in medication management.

Development and successful implementation of the Breath of Hope care coordination program has served as a foundation for design of Golisano Children's Hospital medical home operations as well as submission of a proposal for continued funding from the Center for Medicare and Medicaid Health Innovation. Breath of Hope was presented at the NICHQ Rochester site visit as an exemplary program for health care quality improvement focusing on family-centered care. With the close of the program, the Breath of Hope website www.rochesterbreathofhope.org has been temporarily suspended.

2. Improve diabetes care in primary care offices by increasing the number of primary care physicians who are NCQA-certified in diabetes care

BACKGROUND: NCQA is the only national program that provides certification in diabetes care for primary care physicians. The program recognizes established standards for the provision of good diabetes care, provides a mechanism for measuring individual physician and practice performance against those standards – both process and outcomes measures – and provides certification to physicians who demonstrate expert adherence to these accepted standards. Measurement against standards serves as a prompt for performance improvement.

The Rochester Regional Quality Improvement Initiative (RRQII), a collaborative effort of local insurers, the American Diabetes Association, the Rochester Business Alliance, the Finger Lakes Health Systems Agency, the Monroe County Department of Public Health, and NYSDOH, developed a program in Monroe County that resulted in thirty-seven local primary care physicians becoming NCQA-certified for diabetes care. The group disbanded when the project was completed. Most of the physicians who received certification are employed by Monroe County hospitals or closely affiliated practices.

Using the experience of RRQII as a model, and as part of this three year plan, the Monroe County hospitals proposed to increase the number of primary care physicians who would receive NCQA certification in diabetes care.

UPDATE: As a result of these efforts, the number of primary care physicians certified by NCQA for diabetes care increased from 37 in 2009 to 148 in 2010. These physicians are located in 38 different clinic locations throughout the Rochester region.

Physicians employed by the systems are actively involved in recertification by NCQA which requires demonstrated outcomes in diabetes management. In

addition, Unity Health System's geriatrics practice (Unity Geriatrics Associates) gained group certification in NCQA Diabetes Care in 2011.

3. Reduce preventable hospitalizations (Prevention Quality Indicators or PQI admissions) by participating in the Finger Lakes Health Systems Agency 2020 Performance Commission process.

BACKGROUND: The 2020 Commission, formed in 2008 and staffed by the Finger Lakes Health Systems Agency, was a collaborative process to assess and make recommendations about the number of new hospital acute care beds needed in the community. The 2020 Commission recommended that the local hospitals in Monroe County reduce the number of new hospital beds they requested from the NYSDOH, and at the same time develop inter-disciplinary community initiatives to reduce hospital use.

GOALS: The Commission recommended these goals:

- Reduce by 25% the annual number of PQI hospitalizations
- Reduce by 15% the number of low acuity emergency room visits to Rochester General Hospital, Strong Health Hospitals, and Unity Hospital
- Reduce by 20% the number of low acuity admissions of residents in outlying counties to Rochester General Hospital, Strong Health Hospitals, and Unity Hospital

The Commission further recommended that goals be set related to improvements in health system effectiveness and efficiency, and improvements in health status, with an emphasis on reducing health disparities.

The 2020 Performance Commission, staffed by the Finger Lakes Health Systems Agency (FLHSA), evolved from the 2020 Commission. Local hospitals, health care providers, the Monroe County Department of Public Health, health insurers, and the business community are represented on the Performance Commission.

In the Three Year Plan of Action in the 2009 Community Service Plan, the hospitals indicated they would work with the Commission to identify and implement changes to improve management of chronic disease with specific goals to reduce PQI admissions and low acuity emergency room visits. Cooperation with and support of this effort is a major initiative being tracked in this three year plan.

UPDATES for 2012

Rochester General Health System: Rochester General Health System offers community based programs to increase access to primary healthcare

for the underserved population as well as free health and wellness education programs :

- Five School-Based Health Centers - Rochester General operates five school-based health centers in the Rochester City School District. The centers deliver healthcare to city schoolchildren who do not have other ready access to healthcare
- Health Information Classes – Provide free education to the community about important topics throughout the year including breastfeeding, birthing, smoking cessation, weight loss, stress reduction, healthy living, disease prevention, exercise and fitness, anger management, how to “talk to your doctor”, teen depression. Approximately 50 community members per week participate in classes
- There is an annual bike helmet fitting and distribution event at Rochester General Hospital in the spring, where 1200 bike helmets are fitted and distributed to children

Unity Health System: Unity Health System has two practices participating in the Rochester Medical Home Initiative (RMHI), which has progressed beyond disease management (using population-adjusted HEDIS performance goals) to a utilization management focus. The care managers identify patients through a collaborative effort with primary care physicians that either have been or are likely to become inappropriate and/or heavy utilizers of the emergency room or hospital inpatient settings. Through efforts such as a goal of post-discharge follow-up within 5 business days, the high-risk case management role that the care managers are fulfilling allows them to hone in on the subset of patients that are most in need of individualized care. Success will be evaluated by comparing RMHI collective with community-wide utilization performance. There is also groundwork being laid for future impact through two quality improvement projects around urinary incontinence identification/treatment and falls prevention.

Unity Health System has two practices participating in the Finger Lakes Health Systems Agency (FLHSA) embedded care manager (ECM) initiative. The goal of the ECM is to identify patients at risk of PQI-related re-admissions and emergency visits and address medical and social concerns of the patient to minimize their emergency and avoidable re-admission use. The target population identification involves a combination of 1) recent emergency or hospital utilization 2) diagnosed with 1 or more of 5 select PQI diagnoses, 3) has 3 or more risk factors for re-admission. The FLHSA facilitates project-wide support through a series of collaborative meetings such as an ECM learning group and operations meetings.

Unity Health System has 11 primary care practices that have attained National Committee for Quality Assurance Patient-Centered Medical Home (PCMH) level 3 accreditation. Preparation is underway for the remaining 4 practices to apply by early 2013. PCMH status requires population management mechanisms, which at Unity comes in the forms of preventive, disease, and case management. Case-managed patients are those that are most likely to be heavy utilizers of emergency and inpatient services, so the dedicated focus helps reduce avoidable instances.

In line with Meaningful Use, Unity Health System is completing and tracking medication reconciliation for transitions of care.

Some measurable results have been seen already in the measure of low-acuity emergency center visits. The percentage of visits that qualified as low-acuity was 23.2% in 2010, 22.6% in 2011, and 20.3% YTD June 2012.

University of Rochester Medical Center Highland and Strong:

Strong Memorial Hospital (SMH) and Highland Hospital (HH) continue to focus on controlling preventable readmissions and are working on comprehensive readmission reduction strategies by enhancing our discharge planning, engaging with community partners (specifically VNS - our affiliate home care agency) on post discharge coaching for our high risk discharges (which include patients with chronic conditions). Specifically, Strong Memorial and Highland Hospitals are working on reducing readmissions for all patients with an additional focus on the Acute Myocardial Infarction (AMI) 30-Day Readmission Rate, Heart Failure (HF) 30-Day Readmission Rate and Pneumonia (PN) 30-Day Readmission Rate.

The CMS Jul 2008-Jun 2011 readmission data (Medicare 30-Day Readmissions for "Any Cause") with national comparisons is as follows:

| | Strong Memorial July 2008-June 2011 | National Average | Strong Memorial July 2007-June 2010 |
|---------------|--|---------------------|--|
| Acute MI | 17.4% | 19.2% | 18.4% |
| Heart Failure | 23.6% | 24.6% | 23.7% |
| Pneumonia | 20.8% | 18.5% | 20.9% |

| | Highland Hospital July 2008-June 2011 | National Average | Highland Hospital July 2007-June 2010 |
|---------------|--|---------------------|--|
| Acute MI | 19.7% | 19.7% | 19.8% |
| Heart Failure | 21.8% | 24.7% | 22.2% |
| Pneumonia | 18.7% | 18.5% | 17.4% |

The hospitals have completed the process to have all of our primary care clinics (11 for Highland Hospital and 14 for Strong Memorial Hospital) and the practices in our primary care network certified as Medical Homes. Medical Home certification requires that primary care practices have a care manager to facilitate management of patients with chronic conditions who are at high risk for inpatient and ED utilization and data coordinators to better manage the flow of information regarding patient condition throughout the practices. At Strong Memorial Hospital our Pediatric, Medicine and OB/GYN clinics have become certified and Medicine-in-Psychiatry has submitted an application. Also included in our Medical Home efforts is the establishment of a Medical Home for chronic mentally ill patients in our Strong Ties program and Highland Hospitals' Family Medicine.

Strong Memorial and Highland Hospital along with Rochester General Hospital Health System, Unity Hospital, and Excellus Health Plan, are participating in the "Rochester Patient Safety - Clostridium Difficile Prevention Collaborative" (CDPC) utilizing specific C. difficile infection reduction interventions to decrease the incidence of C. difficile by 30% over 3 years beginning in the 4th quarter of 2011. Requirements for achieving the targeted reduction in C. difficile infection include environmental measures (cleaning and disinfection of equipment and the environment), infection prevention measures (contact precautions such as gloves and gown and private room, dedicated equipment, hand hygiene emphasizing soap and water) and education (policy standardization and fostering culture change).

SUMMARY:

Attachment 2 is FLHSA's 2011 Year 2 Report to the 2020 Performance Commission. It describes the specific actions that have taken place to support and advance the goals of the 2020 Performance Commission. It describes the work groups that have been established to accomplish the goals and activities and progress to date. The Monroe County hospitals have been active participants in these work groups, as noted in the rosters included in the report.

4. Increase the percent of Monroe County residents diagnosed with high blood pressure who are "in control" as evidenced by a blood pressure reading of <140/90

This is a new strategy added after the development of the 3-Year Plan of Action but is a substantial community effort to improve the public's health.

BACKGROUND: FLHSA has continued to convene and staff Rochester's High Blood Pressure Collaborative. This innovative partnership with the Rochester Business Alliance (RBA) and the local Chamber of Commerce is aimed at improving high blood pressure control throughout Monroe County and surrounding communities.

Dr. Michael Nazar, of Unity Health System, serves as the Chair of the Collaborative's Workgroup on Best Practices. James Sutton, of Rochester General Health System, chairs the Collaborative's Workgroup on Measures and Metrics and Dr. Nancy Bennett from the Center for Community Health of University of Rochester Medical Center chairs the Workgroup on Behavior Change.

GOALS: the Triple Aim by increasing the identification and entry into care of hypertensive adults and by increasing the number of diagnosed hypertensive patients who have their blood pressure in control (at or lower than 140/90).

UPDATE: The Collaborative's worksite and community demonstration projects and blood pressure screening activities continue. Members of the FLHSA AAHC have been actively engaged in supporting these activities by facilitating access into the "grassroots" of the community – especially into African American faith communities, social agencies that serve inner city communities, community based organizations and barbershops/beauty salons. Student nurses from all of Rochester's nursing schools (including certificate, baccalaureate and graduate degree students) continue to be utilized to conduct screenings.

Recent community events/activities include the RIT Imagine Festival (171 people screened), the Corn Hill Festival (182 people screened) and several smaller community/neighborhood health events (over 250 people screened). To date, through our community and worksite engagement, 38 peer coaches have been trained to support high blood pressure self-management/health behavior change and more than 20,000 blood pressure readings have been taken through the blood pressure kiosks that are sited in community locations where people shop, work, play and pray. The Collaborative's work is fully integrated with the Worksite Component of the NYSDOH's Creating Healthy Places to Live, Work and Play grant to the FLHSA.

High blood pressure presentations have been conducted at Highland Family Medicine, URM Community Health Grand Rounds, URM Primary Care Grand Rounds, the Worksite Health Alliance of Greater Rochester, the P2 Collaborative of Western New York, the Health Niagara Falls Collaborative, the Finger Lakes Medical Directors Association, the Upstate Medical Center,

University of Buffalo, Stony Brook before SUNY Faculty, and the Unity Health Community Service Committee.

FLHSA completed the analysis of the 88,884 complete records that are in the Collaborative's High Blood Pressure Registry's June – July 2011 cohort. Practices participating in the registry were specifically oversampled to provide data for residents of inner – city neighborhoods. Design of the registry enables drill downs to include race/ethnicity, socio-economic status and the presence of other chronic conditions. This cohort added data from Lifetime Medical Group and Jefferson Family Medicine. The blood pressure control rate for patients is 64.2%. The Registry data is being used by FLHSA staff to support and inform practice improvement efforts. FLHSA augments practice-level activity with academic detailing and through learning collaboratives that share lessons, successes and obstacles to practice improvement.

The collaborative has implemented a communications strategy that builds on consumer research that oversampled for residents of the inner-city and people of color. Additionally, the communication strategy leverages the use of media targeting these populations including ethnic media outlets and church bulletins. All communications collateral materials are designed to be ethnically sensitive and appropriate.

VI. Financial Aid Programs, Charity Care and Access

Not unlike other hospitals in New York State, the hospitals in Monroe County have experienced increased demands on their financial aid programs as the economy has deteriorated. In addition, as employers have moved to insurance plans with higher deductibles and co-pays, patients are requiring financial aid in greater numbers.

Nonetheless, Monroe County's hospitals continue to endorse and adhere to guidelines from the Healthcare Association of New York State: Financial Aid/Charity Care Policy at New York's Not-for-Profit Hospitals. The significant amounts of financial aid provided by Monroe County's hospitals appear in the individual Institutional Cost Reports submitted by the hospitals.

Specific examples of how Monroe County hospitals have enhanced their financial aid programs in 2012 appear below.

- Lakeside currently has two staff members on-site that assist with informing patients of our charity care/financial aid assistance program and self-pay balances; including reviewing, processing, and answering questions promptly as it relates to our programs. Onsite at Lakeside we also have a Medicaid Liaison who discusses our charity care/financial aid program with patients who would not qualify for MCD and also helps them to complete the application and provide substantiated documentation.
- Rochester General Health System (RGHS) changed the amount of financial assistance it awards to both uninsured and underinsured patients in 2011. The current policy awards 100% assistance for uninsured patients up to 200% of the FPL, with incremental discounts being given for patients between 201% and 400% of the FPL. Additionally, with recognition of higher deductible insurance plans and the needs from greater assistance to those with insurance, RGHS has increased the percentages of assistance it awards to those who are underinsured.

In addition, RGHS placed two Financial Counselors in the Emergency Department who screen uninsured patients for insurance and financial assistance.

- Unity Health System has taken many steps over the past few years to expand our Financial Assistance/Charity Care Programs in response to the increasing number of patients requiring assistance. During the

past year, additional Financial Counselors were added in the Hospital and Behavioral Health sites. These Financial Counselors assist our patients with obtaining insurance coverage and/or applying for Financial Assistance. Unity has focused on assuring that Financial Assistance information is visible. Information was recently added to the Unity Health System website and an additional mailing is now being sent to every uninsured patient accessing the Emergency Center. Revisions were also made to the Financial Assistance application in order to simplify the process for our patients. In addition, a pricing hotline was established for any current or potential patient can call to obtain pricing information. While assisting callers, our customer service area provides information regarding payment options, including our Financial Assistance Program.

- Strong Memorial and Highland Hospital have focused a great deal of attention over the past years ensuring that patients understand the hospitals' financial assistance/charity care programs. This includes not only providing patients with information on the hospitals' financial assistance programs when they are seen at the hospitals, but also placing information directly on the Medical Center's and Highland Hospital's website. The hospitals also have dedicated staff to work with patients on the charity care application process. As a result of these efforts, the amount of charity care provided by the hospitals has tripled over the past four years.

Beginning in 2012, Strong Memorial and Highland Hospitals have contracted with an external vendor to assist each hospital in identifying patients who would qualify for charity care. Through a predictive scoring model, patient balances (both self-pay and after insurance) are qualified as charity care even if the patients do not complete the charity care application process. This is a proactive approach for identifying patients who may choose not to follow the process for applying for charity care but would otherwise be found to be eligible for financial assistance based on each hospital's existing charity care policy.

The difficult economic environment hospitals and other organizations are facing has placed financial pressures on Monroe County's hospitals. These financial pressures resulted from reimbursement cuts, increased demand on financial aid programs, and increased pension costs. Nonetheless, the hospitals will continue to work together with the Monroe County Department of Public Health and the Finger Lakes Health Systems Agency to implement the goals of this Joint Community Service Plan.

Attachments

- 1. Monroe County Area Hospital Wellness Plans**
- 2. Finger Lakes Health System Agency 2011 Report on
2020 Commission**



University of Rochester Employee Wellness

- Worksite Community Supported Agriculture program delivers locally grown produce to UR employees (onsite) who enroll between June-October for Summer and December-March for Winter
- Promotion of Neighborhood farmers markets
- A major cafeteria expansion to increase healthy eating options

Program element: Access to fitness facilities/physical activity

- Two fitness centers are located at UR which are affordably priced with a payroll deduction option for employees. The centers provide personal trainers, year round programming (tai-chi, aerobics, fitness challenges etc...), safe and up-to-date equipment
 - URMW Wellness Center offers 24-hour access
 - R-Club (River Campus Fitness Center) opened M-F 6:30-8:00 p.m. and Saturday mornings
- Other fitness initiatives at the University of Rochester:
 - Annual events (National Trails Day, Bike to Work Week, Chase Corporate Challenge)
 - Indoor walking paths through AHA Start! Walking Program
 - Telephonic physical activity program "Energize" offered through Carewise Health
 - Walking clubs and Online walking resources
 - Workplace Yoga
 - CDC stairwell signage posted
 - Eat Well Live Well Challenge
 - Stair Challenge during National Nutrition Month
 - On site Sculpting classes – HH
 - Website access walking maps, BMI calculator for staff and list of current activities- HH
 - On site health and wellness fairs
 - Participant- Worksite Alliance of Greater Rochester

Program element: Use of health risk assessments

- Employees/spouses/domestic partners are encouraged to complete an online personal health assessment* on an annual basis
 - Participants receive an individualized report, recommendations on how to improve their health, and access to tools and online wellness programs
- * To date, over 5,000 employees/spouses/domestic partners have completed a personal health assessment annually

Program element: Health education and programs

- Well-U holds health education classes on various topics throughout the year including National Health Observances that promote healthy lifestyle choices (Go Red Day, National Health Care Decisions Day etc...)
- The Benefits Office offers monthly educational sessions about health benefits and financial fitness
- Employees have access to free ergonomic evaluations and work station adjustments
- Health Education mailings offered through Carewise Health
- Departments within the Medical Center offer health education programs
- EAP Health Bites Series offers monthly lunch time talks on such topics:
 - Preventing Heart Attack and Stroke
 - Navigating health websites
 - Autism Spectrum Disorder
 - Crime Prevention
 - Social Networking sites and children
 - Reducing the stress of parental breakup

Program element: Access to biometric testing

- Employees and qualified spouses/domestic partners are encouraged to get a biometric screening on an annual basis (by the School of Nursing) at no cost to the participant
- Participants receive confidential and immediate results, feedback and recommendations. The University receives an aggregate report with results and recommendations, but no individual data is shared.

Program element: Access to health screenings (mammography, colonoscopy, prostate exams, etc.)

Employees who enroll in a University Health Care Plan (approximately 19,000 members) have access to in-network preventive care at no cost

- Since 2008, when the University began to offer preventable health services at no cost to health care plan enrollees, the number of adult, child, and well-baby visits per 1,000 members increased by over 10% across the board

Program element: End-of-life planning

- Well-U collaborates with Aetna and Excellus to offer an annual National Health-Care Decisions Day
 - Review of Excellus compassionate care website and materials
 - Promotion of Health-Care Proxy and Living Will
 - Promotion of website doyourproxy.org

Program element: Incentives to embrace healthful behaviors

- Cash incentives are offered to qualified employees who complete a Personal Health Assessment.
- Cash incentives are offered for the completion of a telephonic Disease Management Program
- Cash incentives are offered for the completion of a Wellness coaching program (telephonic coaching through Carewise Health or telephonic/in-person at the Healthy Living Center)
- NRT provided at no cost for qualified employees who enroll in a tobacco dependence or smoking cessation program
- Prescription drug discount for qualified DM participants (conditions include asthma, congestive heart failure, coronary artery disease, diabetes, hypertension)

Program element: Rewards/recognition for success

- Employees who complete a Weight Watchers program with perfect attendance may be reimbursed 50% of the upfront cost
- Plans are underway to institute a formal wellness recognition program

Program Element: Return to Work

- Program is designed to help an employee to reach full recovery following illness or injury by allowing timely and appropriate treatment while he or she continues in meaningful work. The goal is to return the employee to regular duty within 90 days or as soon as appropriate

Program element: Safe Patient Handling Initiative

- Safe Patient Handling Task Force formed to monitor and evaluate safety
- Hoyer Lift available on every unit
- Sarah 300 Lift to Stands
- Hover Mats

Program element: Dedicated Employee Health Services Department

- Annual health reviews for all employees include PPD plant, blood pressure read, review of medication and latex allergy, and individual counseling
- Behavioral health and medical referrals provided
- Fit testing for protection against tuberculosis
- A hearing conservation program is provided
- Free flu clinics are located at employee work sites
- Workers' Compensation and disability case management by onsite physician and team of clinicians

Program element: Annual Health Fairs

- Health and wellness fairs are provided at numerous locations to allow participation where employees work

- Biometric screening
- Stress reduction tips
- Nutritional samples and information
- Flu vaccines
- Blood pressure reads
- Pharmacy discount information provided
- Health and wellness vendors

Additional Health and Wellness Initiatives:

- Onsite flu shots
- Pre-natal breast-feeding classes available through Strong
- Nutrition Counseling (available through Healthy Living Center, or University Food and Nutrition Department)
- Weight Watchers at Work
- Carewise Health Offerings:
 - 24/7 Health Advocacy Line providing telephonic health coaching on nutrition, obesity, physical activity, pre-diabetes, pre-hyperlipidemia, pre-hypertension, stress management, tobacco cessation and weight management.
 - Telephonic Disease Management for Asthma, Atrial Fibrillation, COPD, CHF, Diabetes, CAD, Hypertension, Hyperlipidemia, Low Back Pain, Stroke/TIA
 - High Risk Maternity Management (Telephonic)
 - Web-based Lifestyle Management (nutrition, stress, weight, tobacco)
 - Healthy Living Center Services:
 - Tobacco Dependence
 - Pre-Diabetes
 - Hyperlipidemia
 - Mindfulness Stress Reduction
 - Weight Management

Program element: Maintaining smoke-free buildings and grounds

- UR Medical Center went smoke free in 2006 (inside and outside). Currently, there are two smoking outposts where smoking is permitted within the perimeters of the Medical Center.
- Employees are encouraged not to smoke and resources are available at no cost to UR employees/spouses/domestic partners:
 - Telephonic and intensive individual support through The Healthy Living Center
 - Telephonic and web-based program offered through Care Management Vendor-Carewise Health

Program element: Mental health resources

- EAP available for employees and families
- Depression screenings available annually
- Stress Management programs offered all year by Well-U and EAP
- Personal Health Assessment and online “Relax” program offered through Carewise Health
- Mindfulness program offered through The Healthy Living Center
- Additional Services offered by Aetna and Excellus

To evaluate program effectiveness, the University implemented a data aggregator to store and analyze medical, pharmacy, lifestyle management/disease management, and short-term and long-term disability data. This will assist in future program planning.



Rochester General Health System (RGHS) Employee Health/Fitness/Nutrition Initiatives for 2011/2012

Fitness / Wellness Programs

- Fitness center membership discounts available
- RGHS on site fitness center under construction at Riedman Campus to open 2013
- RGH campus has 1.5 mile walking / fitness trail
- Indoor walking path guides for up to 1.0 mile
- On-site Weight Watchers Program

Food / Nutrition Enhancements

- Whole grain salad items offered in fresh salad bar
- Minimum one Healthy Choice meal added to cafeteria menus
- Nutrition information posted to aid customers in making healthy meal choices
- Heart Healthy recipes available to staff on line
- Employee events with refreshments now include fruit and fresh vegetable healthy choices
- Behavioral Health offering healthy recipes in InTouch newsletters

Health Education

- Annual Healthy Heart fair open to staff and public
- Annual Colo-rectal Cancer Awareness Fair
- Spring Allergy / Asthma Alert
- Dept of Medicine offers regular seminars on disease management and healthy behaviors
- GRIPA provides case management & health education for team members enrolled in the health plan
- GRIPA Jeopardy Challenge health education initiative
- Participate in region health fairs including Family health & fitness fair at the DomeArena
 - Sen Robach Women's Health Fair at Greece Ridge mall
 - Partipate in Sen Morelli's Health Fair at Temple B'rith Kodesh
 - St Ann's Health Fair
- Rochester Jazz Fest on site blood pressure screening and first aid

Sport & Recreation

- RGHS employee Baseball, Volleyball & Soccer teams
- More than 120 employees participated in the Annual Tour de Cure Cycling Fundraiser
- Chase Corporate Challenge has had over 80 participants annually for the last 5 years
- Over 300 employees participated in the Annual American Heart Association Heart Walk
- 300 employees participated in ACS Making Strides Against Breast Cancer, with planning this year to participate at same level

Health Screenings

- Employee health department conducts annual health assessment for each employee
- Free flu shots to all employees
- Blood pressure and cholesterol screens available at several events during the year

Mental Health Support

- EAP available for employees and families
- Crisis response team available to provide support to employees following any serious incident
- Healing Garden at Rochester General Hospital for the benefit of patients, their families and employees
- 'Reawakening the Heart – Caring and Renewal in Nursing Practice. During Nurses week, sent several nursing staff to this retreat at St. John Fisher College

Health & Safety

- RGHS maintains a smoke free environment at all of its affiliates
- Smoking cessation aids available at employee discounted prices
- Hiring of a full time Injury Prevention Specialist for the RGHS in July 2009
- Safe patient handling initiatives to prevent injury to patients and staff, including
 - New Safe Patient Handling (SPH) Policy, available online
 - Significant investment in SPH Equipment
 - New 2011 Safe Patient Handling Mandatory Education for all patient care personnel
 - Established protocol for proactive response and follow up with team member injuries
 - Readily available problem solving and physical assistance as needed with patient mobility needs
- Individual Team Member and Departmental Ergonomic Assessments available
- Back Safety and Ergonomic In-services readily available to all department
- Violence in the Workplace Initiative; Internal team developing resources and protocols to promote staff, patient and visitor safety
- Transitional return to work program available for all employees who have incurred a work related injury



Unity Health system – 2012 Employee Wellness

Program element: Maintaining smoke-free buildings and grounds

- Unity has smoke-free buildings; limited smoking huts are stationed 50 feet away from entrances
- Smoking Cessation program through Unity's Pulmonary Medicine provides discounts to employees
- Free access to New York State Smokers Quit Line, Freshstart hosted by the American Cancer Society and the Smokefree web site

Program element: Behavioral health resources

- Free EAP for employees and family members (up to five counseling visits)
- Behavioral health, chemical dependency and Adolescent & Women's Community residences at onsite locations
- Stress management classes offered

Program element: Healthy food selections (onsite cafeteria)

- "Red, Yellow, Green Plate" program provides easy-to-recognize information allowing employees to make healthy, informed choices
- Extensive fruit and salad bars, whole wheat options
- "Ask the Dietician" allows easy email access to information
- Nutritional information posted in cafeterias (fat, protein, sodium, etc.)
- Half-portions available with low-fat offerings
- Healthy food samples and recipes offered during Eat Well Live Well Challenge

Program element: Access to fitness activities

- Discount to Rochester Athletic Club and Total Sports Experience for employees and family members
- "Walk About" maps created for various sites to encourage walking
- "Take the Stairs" campaigns with signage at elevators and in stairwells
- Reimbursement monies for gym memberships are available through Unity's health plans
- Annual fitness events: Corporate Challenge, Flower City Challenge, Fleet Feet Snow Trail Race, Tour de Cure, Heart Walk
- Discounts on No Boundaries (learn to run) program
- On-site Zumba and yoga classes
- Eat Well Live Well Challenge includes free pedometers and hundreds of prizes to encourage continued participation in the eight-week program

Program element: Health education and programs

- Unity branded its wellness program calling it “Thrive” and creating a robust website for employee access including: Employee Success Stories, Wellness Calendar of Events, Exercise Programs, Healthy Eating, Weight Watchers at Work, Healthy Recipes, Ask the Dietician, Smoking Cessation tools, Employee Assistance Program, Wellness Committee members, Thrive Ambassadors, website resources
- Seeds of Change Vegan Classes
- Managing diabetes classes

Program element: Access to biometric testing

- Employees are encouraged to participate in biometric screenings annually through the Employee Health Services Department
- Free onsite blood tests for glucose and cholesterol

Program element: Access to health screenings

Preventive screenings are covered in full, or co-pays reduced, for employees and family members when provided by a Unity facility

- Unity’s Contact Center offers a referral resource to appropriate physicians or other services within the Unity system.

Program element: End-of-life planning

- Promotion of Health Care Proxy and Living Wills through our physician practice offices
- Information available through Excellus’ website

Program element: Rewards/recognition for success

- Employees who have success stories (weight loss, disease management, exercise goals) are featured at our Thrive website and in our Unity Connection newspaper
- Reimbursements for healthy lifestyle improvements, classes and initiatives are provided by Unity directly as well as through its health plans
- Team Leaders, ambassadors and the Wellness Coordinator are recognized for their Leadership by Senior Management and intranet communications in various programs

Program element: Data utilization

- Unity compiles aggregate data from: health, disability, Family Leave, EAP and Workers’ Compensation claims utilization to analyze risk factors, disease predictors, claim frequency and loss time durations. This information determines needs and where to best target wellness initiatives.

Program element: Return to work

- Unity’s short-term disability and Workers’ Compensation plans allow for employees to return to work in transitional positions to ease them into their usual responsibilities

- Our data consistently shows shorter periods of disability for our employees compared to benchmark
- Unity searches for ways to accommodate employees who have permanent restrictions where possible

Program element: Safe Patient Handling (SPH) Program

- All employees involved in patient care participate in annual training along with a competency evaluation usually initiated at the time of hire
- Unity has purchased over \$300,000 in lift-related equipment and continues to invest annually
- There are personnel in Employee Health Services whose responsibilities are specifically targeted to assess job demands, SPH and ergonomics
- Ergonomic services are provided one on one as needed

Program element: Dedicated Employee Health Services Department

- Pre-placement exams and annual health reviews are completed for all employees and include PPD plant, blood pressure read, BMI, review of medications and allergies. A conversation regarding wellness and healthy lifestyles takes place and resources are shared.
- Behavioral health and medical referrals are provided as appropriate
- Fit testing performed for protection against pertinent infectious disease or chemicals
- Hearing conservation training and protection are provided to employees who work in noise areas
- Unity-employed couriers are provided the appropriate training and exams
- Free flu clinics at employee work sites
- Workers' Compensation and disability case management by on-site physician and team of clinicians
- Physician to physician contacts are made to expedite referrals for care for our employees.
- Medical record reviews are performed for volunteers, interns, residents, and contract staff to assure their health is in good standing for the safety and health of Unity patients.

Program element: Annual Health Fairs

- Health and wellness fairs occur at numerous locations to allow participation where employees work. They include:
 - Biometric screening
 - Smoking cessation counseling
 - Stress reduction tips
 - Nutritional samples and information
 - Flu vaccinations
 - Blood pressure reads
 - Promotion of on-site pharmacy and gym membership discounts
 - Education on diabetes, spine center, dental services and sleep disorder

Additional Health and Wellness Initiatives:

- Weight Watchers at Work programs offered at various on-site locations
- Reimbursements through Unity's health plans for gym memberships, employee weight management and exercise programs, children's exercise classes, orthotics, hearing aids, Lasik surgery
- Unity Services Discount waives or reduces co-pays for employees and their dependents when utilizing services through Unity
- Senior management support for healthy lifestyle behaviors as demonstrated through:
 - Full-time Wellness Coordinator
 - Annual wellness budget
 - Long term Employee Wellness Promotion Committee with membership representing the entire health system
 - Wellness Steering Committee consisting of Vice Presidents, Physicians, CFO and members of Human Resources who outline Unity's philosophy and resultant initiatives
 - Application for, and recipient of, the Wealth of Health Award in 2012 (second time winner)
 - Thrive "Ambassadors" designated throughout the Health System to educate and motivate employees regarding wellness programs and initiatives
 - Team Leaders to help drive fitness challenges
- Disease management provided through Unity's health plans



Lakeside Health System Employee Wellness 2012

Program Element: Outpatient Nutritional Counseling

- General Nutritional Education
 - A certified dietitian is available to the general public for nutritional education
- Diabetes Nutritional Counseling
 - A certified Diabetes Educator is on staff to provide Diabetes and pre-Diabetes nutritional counseling to the general public
- Weight Loss Program
 - The LifeSteps Weight Loss Program is a structured program available to the general public

Program Element: Outpatient Diabetes Counseling and Education

- Lakeside offers a comprehensive Diabetes and pre-Diabetes program for the general public
 - A certified Diabetes Educator is on staff for counseling
 - In addition to access to education the program offers a structured discussion and support group

Program Element: Flu Clinic

- Seasonal Influenza vaccination clinics are offered through Lakeside's occupational Health Department

Program Element: Employee Assistance Program

- Employee assistance is available to all full and part time employees, their spouses and dependent children
- Confidential counseling is provided along with additional services of, among other things, alcohol and drug assessments/referrals, fitness assessments, stress management, and smoking cessation

Program Element: Snack and Health Tips

- To augment the employee nutrition program, Lakeside includes nutrition tips in the bi-weekly employee newsletter

Program Element: Smoke Free Environment

- Lakeside Health System has smoke free buildings and designated smoking areas for 50-100 ft away from entrance/exits to the building.
- NYS Smokers Quit line and Excellus website is available to employees

Program Element: Weight Watchers at Work

- Lakeside offers the Weight Watchers program to employees at a reduced cost, during work hours for convenience. Payroll deduction is available to make it financially accessible for all employees.

Program Element: Community Seminars

- Lakeside recognizes the needs of the communities it serves and regularly hosts presentations in a variety of venues that provide education in different areas of health concerns such as stroke and colorectal cancer.

Program Element: Access to biometric testing

- Lakeside offers an employee community health fair annually and encourages all to attend. Blood Glucose, Body fat analysis, weight, balance analysis, blood pressure, stress reduction tips, smoking cessation, and preventive health information is all available.

Program Element: Safe Patient Handling Program

- A Lean Six Sigma group led the charge in addressing safe patient handling and the goal of decreasing injuries related to lifting.
- Multidisciplinary team meet regularly to discuss prevention of injuries related safe patient handling

Program element: Dedicated Employee Health Services Department

- Annual health reviews for all employees include PPD plant, blood pressure checks, review of medication and latex allergy, and individual counseling as needed
- Behavioral health and medical referrals provided
- Fit testing for protection against tuberculosis
- A hearing conservation program is provided
- Free flu clinics are located at employee work sites
- Work injury evaluations
- Acute illness care



Progress Report to the Community: Year Two

**Community Health 2020 Commission
on System Performance**

December 2011

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To the Greater Rochester Community:

On behalf of more than 100 individuals who volunteer time and talent to the work of the Community Health 2020 Performance Commission, it is our pleasure to present this report on our second year of effort.

In simple terms, the Commission aims to transform the performance of our community's health system and make it a national model. This is a complex undertaking. It requires extensive collaboration across multiple organizations to implement changes, and meticulous data analysis to track progress. As we reviewed the efforts detailed in this report, three conclusions became clear.

We are achieving our goals.

The Commission is on track to cut local health care costs by \$150 million or more by 2014. Early data suggests that we are exceeding our goals for reducing preventable hospital admissions and making headway on avoidable ED visits—two initiatives of our three-pronged approach. The third, improving the regional health system, is also bearing fruit in numerous strategic alliances being discussed by regional community hospitals and the large Monroe County systems.

The spirit of collaboration is contagious.

Work being done to support Commission goals also benefits the FLHSA/RBA High Blood Pressure Collaborative, public health programs and other community initiatives. For example, Excellus BlueCross BlueShield and MVP Health Care are providing FLHSA with claims data covering nearly 90 percent of the area's health care use, providing a comprehensive picture of community health in nearly real time. Area hospital systems are sharing root-cause analysis data with each other.

Our efforts support national firsts.

As a direct outgrowth of our coaching program for hospital patients with private insurance, community agencies expect to receive grants that will extend the program's benefits to Medicare and Medicaid patients. This will make Rochester the first community in the nation to implement a true community-wide, all payer effort to reduce preventable hospitalizations. In short, stakeholders across the community are collaborating on health system improvements. Their efforts are helping people to stay healthier and avoid hospitalizations. The 2020 Performance Commission's work is on the road to success.

Sincerely,

Leonard Redon, Commission Chair
Chair
Deputy Mayor
City of Rochester

Susan Holliday, Commission Vice
President and Publisher
Rochester Business Journal

Executive Summary

The Community Health 2020 Performance Commission is the largest, most collaborative effort in local history to improve the delivery of patient-centered care. The Commission and its work groups are focused on three objectives:

- 1) To reduce potentially preventable hospitalizations by 25% by 2014
- 2) To decrease avoidable ED visit trends by 15% by 2014
- 3) To create a sustainable plan for Central Finger Lakes region hospitals

This report indicates that we are on track to achieve these goals and to save at least \$150 million in local medical costs by 2014. We are reducing hospital readmissions and demonstrating a positive impact in reducing ED visits through a multi-faceted, three-pronged approach: 1) creating community standards for hospital discharge planning; 2) placing care managers in physician practices for people at risk of hospitalization; and 3) providing coaches for patients being released from the hospital. Our success to date includes:

- Preliminary data from the first six months of the transition coaching program suggests that hospital readmission rates have dropped at least 20 percent at 30, 60 and 90 days among coached patients. We expect that number to be significantly higher as more coaches are working with more patients.
- 21 transition coaches are working with five local hospitals to support patients and their families before, during, and after discharge from the hospital. Coaches give patients necessary skills to advocate for their own needs – from helping maintain personal health records, to scheduling and preparing for follow-up doctor visits.
- All Monroe County hospitals are actively engaged in sharing and implementing consistent procedures to enhance the patient-discharge process.
- Nine care managers (registered nurses and social workers) have been placed in primary care offices to help people with chronic illnesses after hospital discharge, serving as their point of contact to answer questions and helping them follow their individual care plans.
- Hospitals across the five-county Central Finger Lakes region have agreed on options to improve access to care for residents in rural communities.
- Insurers and home care agencies are helping provide a complete “real-time” picture of health-system usage in our community, by sharing their community health data.
- Our community is the first in the country to have coaching services reimbursed by private payers – Excellus BlueCross Blue Shield, the Monroe Plan for Medicaid Services, and MVP Health Care.

Preventable Hospitalizations

Potentially preventable hospitalizations and readmissions not only are expensive, they present a logjam for providers and patients alike. In fact, slightly more than one out of every ten patients admitted to a Monroe County hospital in 2009 may have had their visits prevented with appropriate proactive care. This accounted for nearly \$200 million in medical costs.

Discharge Planning

Within three weeks of being discharged, nearly two out of every ten patients experience health issues that lead to re-hospitalization (*Agency for Healthcare Research and Quality*.) **We can reduce those readmissions by ensuring that patients understand their discharge plans to avoid getting sick again.**

The Commission's Discharge Planning Work Group's goal is to reduce the readmission rate by integrating community standards into place that will enhance patient safety and promise a seamless transition from hospital to home.

Monroe County hospitals are actively engaged and committed to implementing the following standard components:

- **Patient/Family Participation.** Discharge planning is guided by establishing a two-way communication; participation by the patient and family in partnership with hospital discharge team.
- **Medication Reconciliation.** Medications that patients are given in the hospital and prescribed when they go home are screened against those they took before they were hospitalized, and updated with the patient and their primary care physician.
- **Information Transfer.** Efforts are aimed toward sharing information with every provider involved in patient care; from the primary care physician to the residential day program or nursing home.
- **Post-Discharge Support.** Hospitals and home-care agencies are ensuring timely follow up appointments with the patient's primary care physician. This ensures there will be consistent follow-up with patients after they are discharged and additional community resources will be identified and coordinated.
- **Nursing Home Readmissions.** This new area of focus has been identified as one that will make a tremendous difference.

In addition to the above strategies, the Community Health Foundation of Western and Central New York provided community teach-back training, and hospitalists and care managers are collaborating to more effectively strategize the discharge plan.

Embedded Care Managers

Patients with chronic diseases — those at high risk of readmission — are the focus of

embedded care managers, who work directly with patients after discharge as health care partners. **Over the past year, nine care managers were hired and placed in primary care practices across Monroe County.**

Care managers, either registered nurses or certified social workers, are placed in primary care practices where they help identify the patients most at risk of a hospital admission or an ED visit. As a member of the multidisciplinary health care team, the care manager assists in the transition from hospital to community for patients that have complex care management. Care managers help the patient identify their goals, address barriers, assist in teaching patients about their conditions, develop care plans, and connect patients with community resources.

Because chronic diseases are disproportionately high in African American and Latino populations, cultural competency is being integrated as a key program component.

The care managers program is modeled after successful programs at Kaiser Permanente and Geisinger Health Systems.

Over time, we will be able to track patients who are connected with embedded care managers and learn success rates on critically avoided readmissions.

Transition Coaching

The third prong of our multifaceted, community-wide intervention to reduce avoidable hospital readmissions is to provide transition coaches for patients considered high-risk due to a chronic illness, age or social factors.



When coaches are involved, nationally recognized programs show up to a 20 to 40 percent reduction in readmission rates for patients with Medicare.

Coaches help engage and empower patients and families to be full partners to improve health and decrease dependence on hospitals and emergency rooms. They help encourage patients and families to maintain personal health records, better prepare for follow-up visits, share

the medicines they are taking, identify signs or symptoms of a worsening condition and how to respond, and to schedule and complete follow-up visits with a primary care physician or specialist.

Coaches are now currently working as part of the care teams at:

- Highland Hospital
- Lifetime Care
- The Monroe Plan
- Newark-Wayne Hospital
- Rochester General Hospital
- Unity Health
- University of Rochester Medical Center
- Visiting Nurse Service

This year, coaches were trained with the nationally recognized, evidence-based Coleman Care Transitions Intervention model — **making our region's coaching program the first to employ the Coleman model as a component of a larger community plan to reduce local health care costs.** FLHSA and Lifespan recently completed a grant application, which was the result of a highly collaborative process, to the Centers for Medicare and Medicaid Services to expand this community-wide care transitions coaching pilot program, to include Medicare fee-for-service recipients in Livingston, Monroe, Ontario, and Wayne counties. The grant would create our nation's first community-based, multi-payer/all beneficiary coaching program aimed at reducing preventable readmissions and improving quality of care by encouraging self-management.

Results to date include:

- According to preliminary data collected between October 1, 2010 and March 31, 2011, hospital readmission rates have dropped at least 20 percent at 30, 60 and 90 days among coached patients. Self-reported data from the home care agencies suggest the decrease could exceed 25 percent.
- More than 1,200 patients in our community have received transition coaching.
- More patients are completing the program. To date, 82 percent of patients who agreed to be coached have completed the program.
- 62 percent of patients who were asked to participate in coaching have agreed to participate.

Avoidable ED Visits

Between 2005 and 2006, eight out of every ten residents in the Finger Lakes who visited the Emergency Department were treated and released. **Nearly half of those patients** potentially could have been treated in a non-ED setting.

To address this inefficiency, the 2020 Performance Commission:

- Plans to reduce Emergency Department visit trends by 5 percent by the end of 2012
- Is aiming to reduce those visits 15 percent by 2014

Efforts to achieve our goals include:

- Expanding access to telemedicine services of pediatric patients, as an alternative to the ED
- Providing primary care support and health education to new parents; more than 500 educational materials were provided to English and Spanish-speaking mothers in their third trimesters
- Community discussions on ways to redesign primary care to improve access for urgent care needs



Studies show that patients who do not feel a strong connection to their primary care physicians are often among those most likely to resort to the ED for problems that could be handled in an office setting.

Regional Community Health System Work Group

Community hospitals in regional counties offer many surgical and medical treatments with the same outcome quality as Monroe County hospitals. The proportion of out-of-county residents choosing Monroe County hospitals for these treatments has steadily grown —*inflating bed demand in Monroe County and threatening the sustainability of some regional hospitals.*

The Regional Community Health System Work Group developed strategic options for sustaining a regional health-care system and for improving access to care for residents in the five-county Central Finger Lakes region of Livingston, Ontario, Seneca, Wayne, and Yates counties.



The work group conducted its activities through a transparent, fact-based process involving stakeholders from across the Central Finger Lakes region. Key findings focused on population, patient migration/access, volume and quality, financial performance, and workforce issues.

The following four strategic options have now been agreed upon, and work in the upcoming year will be focused on their implementation:

1. Develop individual partnership strategies
2. Target overhead cost reductions through shared services
3. Create a distributed primary care network and a regional specialty care delivery system
4. Create a regional integrated system of care

These strategies provide a framework for collaborative efforts to meet future health care delivery needs and recognize that hospitals and health care professionals in the Finger Lakes are ultimately responsible for strategic direction and implementation.

Conclusion

The 2020 Performance Commission and our community partners are collaborating on significant and meaningful work. They have achieved notable progress during the past year, as highlighted throughout this Report to the Community.

As the Finger Lakes region works to achieve the 2020 Performance Commission's critical goals, our local health-delivery system will ultimately save millions of dollars. More importantly, though, our friends, family, and neighbors will all lead healthier lives.

No individual organization can accomplish the goal of a higher-performing health system by itself. It requires the resolve, dedication and active involvement of the entire community. Through a regional, collaborative and multi-stakeholder approach, we are collectively improving local health care, reducing costs and enhancing the patient experience.

The 2020 Performance Commission has the right partners in place at the right time. Thanks to all partners and leadership at the table, many successes have been accomplished, but there is much more work to be done.

Appendix: 2020 Performance Commission Members

Leonard Redon, Chair

Deputy Mayor
City of Rochester

Susan R. Holliday, Vice Chair

President and Publisher
Rochester Business Journal

Nancy Adams

Executive Director
Monroe County Medical Society

Stephen H. Cohen, M.D.

VP, Medical Affairs
MVP Healthcare

Ann Costello

Director
B. Thomas Golisano Foundation

Robert Dobies

Marilyn L. Dollinger, DNS, FNP, RN

President, Genesee Valley Nurses
Association; Associate Dean and
Chair, Undergraduate Program,
Wegmans School of Nursing

Andrew S. Doniger, M.D., M.P.H.

Director
Monroe County Dept. of Public Health

Paul Eisenstat, M.S.

SVP, Health Care and Network
Management
Excellus BlueCross BlueShield

Joan Ellison

Public Health Director

Livingston County Department of
Health

Constantino Fernandez, M.D.

University of Rochester Medical
Center

Thomas Gillett

Regional Staff Director
NYSUT Rochester Regional Office

Bryan Hetherington, Esq.

Chief Counsel
Empire Justice Center

Norman Lindenmuth, M.D.

John R. Lynch, Jr.

Senior Vice President
First Niagara Benefits Consulting

Richard Machemer, Jr., Ph.D.

Louis J. Papa, M.D.

Partner, Olsan Medical Group;
Associate Professor of Clinical
Medicine
University of Rochester Medical
Center

Hilda Rosario-Escher

President and CEO
Ibero-American Action League

Paul Speranza, Esq.

Vice Chairman, General Counsel and
Secretary, Wegmans Food Markets,
Inc.

Gerard Wenzke