Courtney Burke
Deputy Secretary for Health
Nirav R. Shah, M.D., M.P.H.
Commissioner of Health
New York State Department of Health
Daniel Sisto
Chair
North Country Health Systems Redesign Commission
NCHSRC Charge

- Assessing the total scope of care in the North Country: community and preventive care, secondary and tertiary care and long term care.
- Assessing the regional population’s health care needs and the system’s ability to meet them.
- Recommending ways in which to ensure that essential providers survive or that appropriate capacity is developed to replace failing providers; a restructuring and re-capitalization agenda.
NCHSRC Charge (cont.)

- Identifying opportunities for merger, affiliation and/or partnership among providers that will maintain or improve access and quality, financial viability and promote integrated care.

- Making specific recommendations that providers and communities can implement to improve access, coordination, outcomes and quality of care, and population health.

- Developing recommendations for the distribution of re-investment grants.
Timeline

- Recommendations due: March 31, 2014
North Country Health Systems Redesign Commission (NCHSRC)-Members

- Daniel Sisto, Chair
- Arthur Webb, Co-Chair
- John Rugge, M.D., Co-Chair
- Stephen Acquario
- Cali Brooks
- Dan Burke
- Tedra Cobb
- Tom Curley
- Susan Delahanty
North Country Health Systems Redesign Commission (NCHSRC)-Members (cont.)

- Garry Douglas
- Hon. Janet Duprey
- Hon. Betty Little
- Frederick Monroe
- Hon. Patty Richie
- Neil Roberts
- Hon. Addie Russell
- Hon. Dan Stec
- Denise Young
External Factors Transforming Health Care
State Health Care Innovation Plan (SHIP)

Hope Plavin
Director of Planning
Office of Quality and Patient Safety
New York State Department of Health
The case for change: our health system has fallen behind in sustainably improving New Yorkers’ lives

**Population health**
- Less than half of adults receive recommended screening and preventative care
- >30% of children are overweight or obese
- 1 in 10 New Yorkers has diabetes
- Inequities in social determinants of health hinder our growth

**Care quality and patient experience**
- Fragmented system of care
- State ranks 50th nationwide for avoidable hospital use and costs, and 40th in ambulatory care-sensitive admissions
- Disparities lead to health inequities

**Unsustainable costs**
- Costs outpace economic growth
- Annual per capita health spend is 22% more than U.S. average, translating into approximately $30B ‘excess spend’ annually
- Unnecessary utilization
- Unaffordable burden for individuals, families, businesses
The New York State Health Innovation Plan is our 5-year roadmap to transform our health system for all New Yorkers

### New York State Health Innovation Plan

<table>
<thead>
<tr>
<th>Goal</th>
<th>Delivering the Triple Aim – Better health, better care, lower costs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pillars</strong></td>
<td><strong>1. Improve access to care for all New Yorkers, without disparity</strong>&lt;br&gt;Elimination of financial, geographic, cultural, and operational barriers to access appropriate care in a timely way</td>
</tr>
</tbody>
</table>

| Enablers | **Workforce strategy**<br>Matching the capacity and skills of our healthcare workforce to the evolving needs of our communities | **Health information technology**<br>Health data, connectivity, analytics, and reporting capabilities to support clinical integration, transparency, new payment models, and continuous innovation | **Performance measurement & evaluation**<br>Standard approach to measuring the Plan’s impact on health system transformation and Triple Aim targets, including self-evaluation and independent evaluation |
Transition toward Advanced Primary Care

<table>
<thead>
<tr>
<th>Tier</th>
<th>Pre-APC</th>
<th>Standard APC</th>
<th>Premium APC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>Largely reactive approach to patient encounters of care</td>
<td>Capabilities in place to more proactively manage a population of patients</td>
<td>Processes in place to clinically integrate primary, behavioral, acute, post-acute care¹</td>
</tr>
<tr>
<td>Capabilities</td>
<td>Selected medical home capabilities, aligned with specific NCQA Level 1 must-pass sub-elements, or equivalent</td>
<td>Certified EHR&lt;br&gt;Full medical home capabilities, aligned with NCQA Level 1-3, or equivalent&lt;br&gt;May require reinforced validation over time</td>
<td>Certified EHR&lt;br&gt;Meaningful Use Stage 1-3³&lt;br&gt;HIE interoperability&lt;br&gt;Reinforced medical home capabilities, aligned with expanded NCQA Level 3², or equivalent</td>
</tr>
<tr>
<td>Metrics and reporting</td>
<td>Standard statewide scorecard of core measures&lt;br&gt;Consolidated reporting across payers, leveraging APD, portal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payment model mix</td>
<td>FFS + P4P&lt;br&gt;Potential EHR support</td>
<td>FFS + gain sharing (+other)&lt;br&gt;Care coordination fees&lt;br&gt;Transformation support</td>
<td>FFS + risk-sharing or global capitation&lt;br&gt;Other</td>
</tr>
</tbody>
</table>
Timeline for New York State Health Innovation Plan (SHIP)

**2013**
- **Development of initial SHIP draft**

**2014**
- **Refinement of SHIP draft with stakeholders**
  - Where we are today
  - Public comment opens on approximately 11/8
  - Public comment period closes 11/27
  - Submission to CMMI on 12/20
- **State Innovation Models Testing grant application**
  - Potential for federal grant from CMMI to support SHIP implementation ($40-60M)

**2015**
- **Detailed design of SHIP interventions, including Advanced Primary Care (APC) model**
  - Close collaboration between the State, payors, providers, purchasers and other stakeholders to determine final design:
    - Advanced Primary Care
    - Regional planning
    - Transparency initiatives
    - Access initiatives
    - Enablers: HIT, Workforce, Evaluation
- **Implementation planning for SHIP and APC**
  - For launch of Advanced Primary Care and other SHIP initiatives in April 2015
New York State of Health Exchange

Sherry Tomasky
Director of Stakeholder Engagement
New York State of Health
New York State Department of Health
NY STATE OF HEALTH OPENED ON OCTOBER 1ST
What is NY State of Health?

• Organized marketplace
  – One-stop shopping for subsidized and unsubsidized coverage
  – Easily compare health plan options
  – The only place to check eligibility and apply for financial assistance
  – Enroll in qualified health plans

• Two programs
  – Individual Marketplace
  – Small Business Marketplace
Who Will Enroll In NY State Of Health?

Health Plan Marketplace enrollment is estimated to be 1.1 million New Yorkers

<table>
<thead>
<tr>
<th>Marketplace</th>
<th>Estimated Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Marketplace (58%)</td>
<td>450,000</td>
</tr>
<tr>
<td>Small Business Marketplace (42%)</td>
<td>615,000</td>
</tr>
</tbody>
</table>
Goals for Small Business Enrollment

Enroll 100,000 small businesses covering 450,000 members

- Individual Marketplace (58%)
- Small Business Marketplace (42%)
NY State of Health Enrollment Dates

• Individuals can enroll through March 31, 2014, unless they have a qualifying event

• Small employers can choose open enrollment dates for their employees any month of the year

• Coverage is effective as early as January 1, 2014
  – Individuals must enroll by December 23
  – Small businesses by November 29
A STATE OF THE ART WEBPORTAL ALLOWS NEW YORKERS TO SHOP, COMPARE AND ENROLL IN COVERAGE
Online Enrollment

One portal will process applications for:

– Medicaid
– Child Health Plus
– Individual Marketplace
– Small Business Marketplace

nystateofhealth.ny.gov
A FIRST CLASS CUSTOMER SERVICE CENTER DEDICATED TO ASSISTING NEW YORKERS
Customer Service Call Center
1-855-355-5777

• Call Center now open
  – Answer Questions
  – Complete phone applications
  – Hours: 8am-8pm (M-F) and 9am-1pm (Sat)

• Assistance available in over 170 languages
  – Many staff are bilingual and oral interpretation available for remaining languages.
CERTIFIED ENROLLMENT EXPERTS AVAILABLE TO PROVIDE IN-PERSON ASSISTANCE IN THE COMMUNITY AT CONVENIENT LOCATIONS.
3 Types of In-Person Assistors

IPA/Navigators
- Complete Applications
- Compensation from DOH grant program
- Training and certification required
- Serve Individuals and Small Business Marketplace

Certified Application Counselors
- Complete Applications
- No compensation from Marketplace
- Training and certification required
- Serve Individuals

Insurance Brokers
- Complete Applications
- Commission-based compensation
- Training and certification required
- Choose to certify in Small Business Marketplace, Individual, or both

nystateofhealth.ny.gov
Navigator Grants

- Conditional grants totaling $27 Million
- 50 organizational awards, including one Urban Indian organization.
  - 96 subcontractors for a total of nearly 500 FT staff
  - 48 languages spoken among all Navigators
- Publicly available directory include site schedules, hours, languages spoken

http://info.nystateofhealth.ny.gov/IPANavigatorMap
THE RIGHT PLACE FOR INDIVIDUALS AND SMALL BUSINESSES TO FIND A CHOICE OF HIGH QUALITY, LOW COST PRIVATE HEALTH PLANS
QUALIFIED HEALTH PLANS

http://info.nystateofhealth.ny.gov/PlansMap
QUALIFIED DENTAL PLANS
HEALTH PLANS

• Cover Essential Health Benefits:
  – preventive, wellness and chronic disease management;
  – Inpatient care;
  – outpatient services;
  – mental health and substance abuse disorder services;
  – emergency services;
  – lab and imaging;
  – prescription drug;
  – rehabilitative and habilitative;
  – maternity and newborn care;
  – pediatric dental and vision

• Available in 4 Metal Tiers: Platinum, Gold, Silver and Bronze

• Each must have an adequate network

• All state consumer and provider protections in place
THE ONLY PLACE INDIVIDUALS AND SMALL BUSINESSES IN NEW YORK CAN APPLY FOR AND RECEIVE FINANCIAL ASSISTANCE TO HELP PAY FOR COVERAGE
Two Forms of Financial Assistance for Individuals and Families

1. **Tax Credits** reduce monthly premiums
   - single adults earning less than $45,960
   - families of 4 earning less than $94,200

2. **Cost-Sharing Credits** lower co-payments and deductibles
   - single adults earning less than $28,725
   - families of 4 earning less than $58,875
**Tax Credit & Premium Rate Estimator**

![Image of the Tax Credit & Premium Rate Estimator](http://info.nystateofhealth.ny.gov/PremiumEstimator)

### Tax Credit & Premium Rate Estimator

The premium you pay for health plans purchased through the Marketplace may be reduced if your household income is below 400 percent of the federal poverty level (54,960 for individuals and 99,400 for a family of four). Use the Tax Credit and Premium Estimator below, to estimate the amount of tax credit you may be eligible for and the amount you will have to pay toward coverage each month. Fill in the boxes below.

1. **Tax Credit Estimator for Individuals and Families:**

   - **Total Number of Individuals in Your Tax Household:** Enter > 4
   - **Number of Adults that are applying for Coverage:** Enter > 2
   - **Number of Children ages 19 through 25 that are applying for Coverage:** Enter > 0
   - **Number of Children under 19:** Enter > 2
   - **Total # of Household Members Applying for Coverage:** Enter > 4
   - **Family Type:** Employees with Spouse

### Cost of Coverage for Children (under 19):

- **Cost of Coverage for (children) under 19:** $12,000

### Annual Taxable Income:

- **Enter:** $52,000.00

### Percent of Federal Poverty Level (FPL):

- **Enter:** 212.3%

### Select the County in which you reside:

- **Enter:** Erie

### Select the Level of Coverage which you are interested in:

- **Enter:** Gold

### Estimated Advance Premium Monthly Tax Credit Available to Apply to Premium:

- **Enter:** $269.84

Visit [http://info.nystateofhealth.ny.gov/PremiumEstimator](http://info.nystateofhealth.ny.gov/PremiumEstimator) for more information.
Financial Assistance and Premium Estimates for Silver Level Plans

http://info.nystateofhealth.ny.gov/PremiumEstimator

**Essex County**
- Adult earning $20,000
- Tax credit: $177/month
- Premiums start at: $101/month

**Clinton County**
- Adult earning $20,000
- Tax credit: $291/month
- Premiums start at: $108/month

*Exact rates will depend on the metal tier, health plan selected, and county.*
Financial Assistance and Premium Estimates for Silver Level Plans

http://info.nystateofhealth.ny.gov/PremiumEstimator

**Essex County**
- Family of 4 earning $50,000
- Tax credit: $244/month
- Parent premiums start at: $312/month
- CHP premiums for children: $18/month

**Clinton County**
- Family of 4 earning $50,000
- Tax credit: $472/month
- Parent premiums start at: $325/month
- CHP premiums for children: $18/month

*Exact rates will depend on the metal tier, health plan selected, and county.*
A STATEWIDE MULTI-MEDIA ADVERTISING CAMPAIGN AND TOOLS FOR CONSUMERS AND SMALL BUSINESSES
Media

• New name, logo and website unveiled
• Creative campaign including TV, print, digital, radio, and “out-of-home”
• Public relations campaign actively underway
• Social media includes Twitter, Facebook, YouTube and Google Plus
ON OUR WEBSITE...

Many Valuable Tools & Resources:

• Tax Credit and Premium Estimator
• Fact Sheets, Rack Cards, and Posters in English, Spanish, Haitian Creole, French, Korean, Russian, Italian, and Chinese
• Newsletter inserts
• County-specific list of Navigators
• County-specific list of Health Plans
• Plan provider Networks
• Regional Fact Sheets
• Application demonstration videos

nystateofhealth.ny.gov
Fact Sheets, Rack Cards, & Posters

Fact Sheet

FAST FACTS ON
Why It Is Now Easier to Pay for Health Insurance

Health insurance doesn’t have to cost a lot anymore. That’s why NY State of Health was created, to make sure all New Yorkers can get this important benefit.

Here are 5 ways it will soon be easier to pay for health insurance in New York State:

1. Help with insurance bills
   For the first time ever, many New Yorkers will have help paying for a health plan. This help puts health insurance within more people’s reach. A wide range of people can get this kind of help – from an individual earning $45,000 to a family of four making $90,000.

2. Support for the “extras”
   It’s not just the monthly insurance bill that’s a burden. It’s extra fees like copayments for doctor visits. NY State of Health makes sure these “extras” are covered.

3. Everyone in the pool
   Insurance rates are based on the number of people in a group, or “pool.” The larger the pool, the lower the cost of health insurance for everyone. The pool in NY State of Health is going to be very large.

4. Healthy or ill, the cost is the same
   No one will be denied coverage or charged more just because they are already sick.

5. Big bang for the buck
   Starting in 2014, every health plan offered by NY State of Health will cover it all – doctor visits, hospital care, prescription drugs, emergency services, even prevention and wellness services. When you’re part of the NY State of Health pool, you can be sure you’ll get a lot of bang for your buck.

Sign up for a health plan from OCTOBER 1, 2013 to MARCH 31, 2014. Coverage will begin as early as JANUARY 1, 2014.

Online at nystateofhealth.ny.gov
By phone at 1-855-355-5777

For Small Businesses
Sign up for a health plan as early as OCTOBER 1, 2013 for coverage beginning JANUARY 1, 2014, or sign up on the first of any month after January.

1-855-355-5777 | nystateofhealth.ny.gov

nystateofhealth.ny.gov
# IPA/Navigator Site Locations

## County: Albany

<table>
<thead>
<tr>
<th>Lead Agency Name</th>
<th>Subcontractor's Name</th>
<th>Enrollment Site Name</th>
<th>Site Address</th>
<th>City</th>
<th>Site Main Phone #</th>
<th>Languages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Capital District Initiative</td>
<td>N/A</td>
<td>Cohoes Senior Center</td>
<td>10 Cayuga Plaza</td>
<td>Cohoes</td>
<td>(518) 462-7040</td>
<td>English &amp; Spanish</td>
</tr>
</tbody>
</table>

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<tr>
<th>Lead Agency Name</th>
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<th>Site Main Phone #</th>
<th>Languages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Service Society of New York</td>
<td></td>
<td></td>
<td>445 Delaware Avenue</td>
<td>Bethlehem</td>
<td>(518) 456-6611</td>
<td>English</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lead Agency Name</th>
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<th>Languages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Service Society of New York</td>
<td></td>
<td></td>
<td>2050 Western Avenue</td>
<td>Guilderland</td>
<td>(518) 456-6611</td>
<td>English</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lead Agency Name</th>
<th>Subcontractor's Name</th>
<th>Enrollment Site Name</th>
<th>Site Address</th>
<th>City</th>
<th>Site Main Phone #</th>
<th>Languages</th>
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<tbody>
<tr>
<td>Community Service Society of New York</td>
<td></td>
<td></td>
<td>2228 Western Avenue</td>
<td>Guilderland</td>
<td>(518) 456-6611</td>
<td>English</td>
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</table>

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<thead>
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<th>Site Address</th>
<th>City</th>
<th>Site Main Phone #</th>
<th>Languages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Service Society of New York</td>
<td></td>
<td></td>
<td>18 Russell Avenue</td>
<td>Ravena</td>
<td>(518) 456-6611</td>
<td>English</td>
</tr>
</tbody>
</table>

[http://info.nystateofhealth.ny.gov/IPANavigatorSiteLocations](http://info.nystateofhealth.ny.gov/IPANavigatorSiteLocations)
Map of Health Plans by County

http://info.nystateofhealth.ny.gov/PlansMap
State and Regional Fact Sheets

NY State Fact Sheet
Small Business Fact Sheet
Regional Fact Sheets:
Albany
Bronx
Brooklyn
Buffalo
Long Island
Manhattan
Mid-Hudson
Queens
Rochester
Staten Island
Syracuse
Utica

http://info.nystateofhealth.ny.gov/resource/regional-fact-sheets
Individual Application Demo

http://info.nystateofhealth.ny.gov/resource/video-demonstration-individuals-and-families-application
Small Business Application Video

The Prevention Agenda
2013-2017

Guthrie Birkhead, M.D., M.P.H.
Deputy Commissioner
Office of Public Health
Improving Population Health

• “Population Health” defined:
  – Your patients
  – Your enrolled members
  – Total population in a geographic area

• Access to good health care is necessary but not sufficient to improve Population Health.

• Improving health requires engagement of the broader health system and a “health in all policies” approach.
Leading Causes of Death
United States

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Disease</td>
<td>29.6</td>
</tr>
<tr>
<td>Cancer</td>
<td>23</td>
</tr>
<tr>
<td>Stroke</td>
<td>7</td>
</tr>
<tr>
<td>Chronic lung disease</td>
<td>5</td>
</tr>
<tr>
<td>Injuries</td>
<td>4</td>
</tr>
<tr>
<td>Diabetes</td>
<td>2.9</td>
</tr>
<tr>
<td>Pneumonia &amp; influenza</td>
<td>2.7</td>
</tr>
<tr>
<td>Other</td>
<td>21</td>
</tr>
</tbody>
</table>

Mokdad et al. JAMA 2004;291:1238-45
Underlying Causes of Death
NYS 2009

46% of all deaths are attributed to these eight modifiable behaviors

- Tobacco: 26,222
- Poor diet and physical inactivity: 22,021
- Alcohol Consumption: 5,071
- Microbial agents: 4,521
- Toxic agents: 3,315
- Motor vehicle crashes: 2,592
- Incidents involving firearms: 1,748
- Unsafe sexual behaviors: 1,206

Estimates were extrapolated using the results published in:
What Determines Health?

Proportional Contribution to Premature Death

- Genetic predisposition: 30%
- Behavioral patterns: 40%
- Social circumstances: 15%
- Environmental exposure: 5%
- Health care: 10%

Figure 1. Determinants of Health and Their Contribution to Premature Death. Adapted from McGinnis et al.¹⁰

Schroeder NEJM 2007
How Health Improvement is Produced

Prevention Agenda 2013-2017

- Goal is improved health status of New Yorkers and reduction in health disparities through increased emphasis on prevention.
- Call to action to broad range of stakeholders to collaborate at the community level to assess local health status and needs; identify local health priorities; and plan, implement and evaluate strategies for local health improvement.
The Public Health System

Assuring the conditions for public health

Communities
Philanthropy
Healthcare Delivery System*
Employer’s Businesses & Unions
The Media
Academia
Community Based Health & Human Service Agencies
Other Governmental Agencies
Governmental & Non-Governmental Public Health
Policy Makers & Elected Officials

Adapted from: The Future of the Public’s Health in the 21st Century. IOM 2003
Health Impact Pyramid
Framework for Improving Health

Counseling & Education

Clinical Interventions

Long-Lasting Protective Interventions

Changing the Context to Make Individuals’ Default Decisions Healthy

Socio-economic Factors

Increasing Individual Effort Needed

Increasing Population Impact

Eat Healthy, Be Physically Active

Rx for High BP, cholesterol, diabetes, etc.

Immunizations, colonoscopy, brief smoking intervention etc

Smoke free laws, fluoridation, folic acid fortification, trans fat ban, etc.

Poverty, education, housing, safe streets.

Prevention Agenda 2013-2017

• Development began in 2012
• Multi-stakeholder ad-hoc committee of the State Public Health and Health Planning Council chaired by Dr. Jo Bufford, NYAM.
• Started with an evaluation of health and other data.
• Selected priority areas for the Plan based on the data, preventability, and availability of evidence based interventions.
• Requirement for DOH Accreditation
Prevention Agenda 2013-2017: Ad Hoc Leadership Group

Prevention Agenda: Goals

1. Improve health status & close health disparities;
2. Advance a "Health in All Policies" approach to address the broader determinants of health;
3. Strengthen public health infrastructure;
4. Create and strengthen sustainable public-private and multi-sector partnerships;
5. Further strengthen and promote the case for investment in prevention and public health.
Prevention Agenda: Vision

New York is the Healthiest State
Prevention Agenda: 5 Priority Areas

1. Prevent chronic diseases
2. Promote a healthy and safe environment
3. Promote healthy women, infants and children
4. Promote mental health and prevent substance abuse
5. Prevent HIV, sexually transmitted diseases, vaccine-preventable diseases and healthcare associated infections
Measurable Objectives

• 58 objectives will be tracked annually
• 31 objectives with disparity and/or high risk populations
• Data are available
  – by county for 43 objectives
  – by healthcare plan for 4 objectives
  – by hospital for 2 objectives
Selecting Interventions

- Identified evidence based, promising and “next” policies, programs, and practices;
- Assessed potential to address health disparities;
- Ability to measure success;
- Potential reach and potential for broad partner support and collaboration;
CHAs & CSPs

- County Health Department Community Health Assessments (CHAs) & Community Health Improvement Plan (CHIP):
  - Due November 15, 2013; covers years 2014-2017
- Hospital Community Service Plans (CSPs):
  - Due November 15, 2013, covers years 2013-15
- Joint County Health Department and Hospital Planning.
- Choose at least two Prevention Agenda priorities, (one addressing a disparity) for joint action.
- Hospital plan meets IRS Form 990 Schedule H Community Benefit requirements.
## North Country County Health Departments
### Prevention Agenda Priorities

<table>
<thead>
<tr>
<th>Local Health Dept.</th>
<th>Priority 1</th>
<th>Priority 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinton County Dept. of Health</td>
<td>Promote a Healthy and Safe Environment/Built Environment</td>
<td>Mental Health and Substance Abuse - Infrastructure, Mobilization</td>
</tr>
<tr>
<td>Essex County Public Health Department</td>
<td>Chronic Disease - Reduce Obesity in Children &amp; adults /Built Environment</td>
<td>Chronic Disease - Increase access in clinical &amp; community settings</td>
</tr>
<tr>
<td>Franklin County Public Health Svcs.</td>
<td>Chronic Disease - Increase access in clinical &amp; community settings</td>
<td>Maternal, Child, Infant Health/Promote Healthy Women and Infants (Preconception care, breastfeeding, well-child care)</td>
</tr>
<tr>
<td>Jefferson County Public Health Svcs.</td>
<td>Chronic Disease - Increase access in clinical &amp; community settings</td>
<td>Maternal, Child, Infant Health/Promote Healthy Women and Infants (dental caries prevention, well-child care)</td>
</tr>
</tbody>
</table>
# North Country County Health Departments
## Prevention Agenda Priorities

<table>
<thead>
<tr>
<th>Local Health Dept.</th>
<th>Priority 1</th>
<th>Priority 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lewis County Public Health Agency</td>
<td>Maternal, Child, Infant Health/Promote Healthy Women and Infants (Preconception care, breastfeeding, well-child care)</td>
<td>Mental Health and Substance Abuse - Suicide Prevention</td>
</tr>
<tr>
<td>St. Lawrence County Public Health Dept.</td>
<td>Chronic Disease - Reduce Obesity in Children &amp; adults /Built Environment</td>
<td>Mental Health and Substance Abuse - Mobilization</td>
</tr>
<tr>
<td>Warren County Public Hl. Svcs</td>
<td>Chronic Disease - Increase access in clinical &amp; community settings</td>
<td>Chronic Disease - Increase access in clinical &amp; community settings</td>
</tr>
<tr>
<td>Washington County Public Health Svcs.</td>
<td>Chronic Disease - Reduce Obesity in Children &amp; adults</td>
<td>Chronic Disease - Increase access in clinical &amp; community settings</td>
</tr>
</tbody>
</table>
## North Country Hospital Prevention Agenda Priorities

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Priority 1</th>
<th>Priority 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinton</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Champlain Valley Physician Medical Center</td>
<td>Promote a Healthy and Safe Environment/Built Environment</td>
<td>Mental Health and Substance Abuse - Infrastructure, Mobilization</td>
</tr>
<tr>
<td><strong>Essex</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elizabethtown Hospital</td>
<td>Chronic Disease - Reduce Obesity in Children &amp; adults /Built Environment</td>
<td>Chronic Disease - Increase access in clinical &amp; community settings</td>
</tr>
<tr>
<td>Ludington Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Franklin</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adirondack Medical Center - Lake Placid Site</td>
<td>Chronic Disease - Increase access in clinical &amp; community settings</td>
<td>Maternal, Child, Infant Health/Promote Healthy Women and Infants (Preconception care, breastfeeding, well-child care)</td>
</tr>
<tr>
<td>Alice Hyde Memorial Hospital</td>
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<td><strong>Jefferson</strong></td>
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<tr>
<td>Carthage Area Hospital</td>
<td>Chronic Disease - Increase access in clinical &amp; community settings</td>
<td>Maternal, Child, Infant Health/Promote Healthy Women and Infants (dental caries prevention, well-child care)</td>
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# North Country Hospital Prevention Agenda Priorities

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Priority 1</th>
<th>Priority 2</th>
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<tbody>
<tr>
<td>Carthage Area Hospital</td>
<td>Maternal, Child, Infant Health/Promote Healthy Women and Infants (Preconception care, breastfeeding, well-child care)</td>
<td>Mental Health and Substance Abuse - Suicide Prevention</td>
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<tr>
<td>Canton Potsdam Hosp.</td>
<td>Chronic Disease - Reduce Obesity in Children &amp; adults /Built Environment</td>
<td>Mental Health and Substance Abuse- Mobilization</td>
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<tr>
<td>Claxton-Hepburn M.C. St. Lawrence County</td>
<td>Chronic Disease - Increase access in clinical &amp; community settings</td>
<td>Chronic Disease - Increase access in clinical &amp; community settings</td>
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<td>Glens Falls Hospital</td>
<td>Chronic Disease - Reduce Obesity in Children &amp; adults</td>
<td>Chronic Disease - Increase access in clinical &amp; community settings</td>
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<td>Chronic Disease - Increase access in clinical &amp; community settings</td>
<td>Chronic Disease - Increase access in clinical &amp; community settings</td>
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</table>
Improving Population Health

• “Population Health” - think outside the box of your defined patient population to the broader community.
• Engage broader health system partners – county health departments, educational sector, business to change the environment in communities to promote health.
• Encourage a “health in all policies” approach.
• Leverage Prevention Agenda work
Prevention Agenda Web Site
Current Status of Health and Health Care in the North Country
Framework

Karen Westervelt
Deputy Commissioner
Office of Primary Care and Health Systems Management
New York State Department of Health
Population Health Status in the North Country

Guthrie Birkhead, M.D., M.P.H., Deputy Commissioner
Office of Public Health

Colleen McLaughlin, M.P.H., PhD., Public Health Manager
Office of Primary Care and Health Systems Management

Trang Nguyen, M.D., D.Ph., Director
Public Health Information Group

Sylvia Pirani, M.S., M.P.H., Director
Office of Public Health Practice
Presentation will cover:

- County Health Rankings
- Impact of Social Determinants on Overall Health Status in NYS
- Demographics
- Access to services
- Health Status
- Hospitalizations
- Causes of Death
County Health Rankings

2013 Rankings
New York
HEALTH OUTCOMES

- MORTALITY (LENGTH OF LIFE): 50%
- MORBIDITY (QUALITY OF LIFE): 50%

HEALTH BEHAVIORS (30%)
- Tobacco use
- Diet & exercise
- Alcohol use
- Sexual activity

CLINICAL CARE (20%)
- Access to care
- Quality of care

SOCIAL & ECONOMIC FACTORS (40%)
- Education
- Employment
- Income
- Family & social support
- Community safety

PHYSICAL ENVIRONMENT (10%)
- Environmental quality
- Built environment

HEALTH FACTORS

POLICIES & PROGRAMS

County Health Rankings model © 2012 UWPHI
HEALTH FACTORS
<table>
<thead>
<tr>
<th>County</th>
<th>Health Outcomes</th>
<th>Health Factors</th>
<th>Mortality</th>
<th>Morbidity</th>
<th>Health Behaviors</th>
<th>Clinical Care</th>
<th>Social &amp; Economic Factors</th>
<th>Physical Environment</th>
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<td>Warren</td>
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</table>
Age-Adjusted* Heart Disease Death Rate per 100,000 by Race/Ethnicity, New York State, 2000-2009

* Age-adjusted to U.S. Census 2000 population
Age-adjusted Lung Cancer Mortality per 100,000 by Race/Ethnicity, New York State, 1999-2008

* Age-adjusted to U.S. Census 2000 population
Selected Health Indicators among Disability and No Disability Population, New York State, 2009

Cigarette Smoking
- Disability: 28.0%
- No Disability: 16.2%

Cost as a Barrier to Care
- Disability: 22.4%
- No Disability: 11.3%

Obesity
- Disability: 34.9%
- No Disability: 21.2%

Physical Inactivity
- Disability: 21.7%
- No Disability: 10.6%

Data Source: Behavioral Risk Factor Surveillance System
Counties in North Country:

Clinton, Franklin, St. Lawrence, Jefferson, Lewis, Hamilton, Essex, Warren, Washington
Age Distribution of Population in North Country 2010

<table>
<thead>
<tr>
<th>Years</th>
<th>Percent of Population</th>
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<td>&lt;15</td>
<td>Nine Counties: 25%</td>
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<tr>
<td>15-29</td>
<td>NYS excluding NYC: 18%</td>
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<tr>
<td>30-49</td>
<td>NYS excluding NYC: 20%</td>
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<tr>
<td>50-64</td>
<td>NYS excluding NYC: 19%</td>
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<tr>
<td>65-80</td>
<td>NYS excluding NYC: 12%</td>
</tr>
<tr>
<td>80+</td>
<td>NYS excluding NYC: 5%</td>
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</table>
Percent of Population Age 65 Years or Older, 2010

Less than 12%
13 to 15%
15 to 20%
More than 20%

<table>
<thead>
<tr>
<th></th>
<th>Nine Counties</th>
<th>NYS excluding NYC</th>
<th>Entire State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>14.2</td>
<td>14.5</td>
<td>13.5</td>
</tr>
</tbody>
</table>
Median Family Income, 2010

- Less than $30,000
- $30,000-$35,000
- $35,000-$40,000
- $40,000 or more

For Nine Counties NYS excluding NYC:
- Median Income: $35,346

For NYS excluding NYC:
- Median Income: $46,796

For Entire State:
- Median Income: $52,675

---

Map with color-coded areas indicating different income brackets.
Percent of Households with Children that are Single Parent Households, 2010

- Less than 25%
- 25 to 30%
- 30 to 35%
- More than 35%

<table>
<thead>
<tr>
<th>Nine Counties</th>
<th>NYS excluding NYC</th>
<th>Entire State</th>
</tr>
</thead>
<tbody>
<tr>
<td>35.4</td>
<td>30.1</td>
<td>33.9</td>
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</tbody>
</table>
Percent of Families with Children that are below the Poverty Level. 2010

- 0 to 8%
- 8-15%
- 15 to 20%
- Greater than 20%

<table>
<thead>
<tr>
<th>Nine Counties</th>
<th>NYS excluding NYC</th>
<th>Entire State</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.3</td>
<td>10.4</td>
<td>16.2</td>
</tr>
</tbody>
</table>
Percentage of population with low-income and low access to a supermarket or large grocery store, 2010

Source: USDA
Percent of Adult Population that Graduated from High School

- 0 to 30%
- 30-40%
- 40 to 50%
- Greater than 50%

- 36.5
- 30.1
- 27.9

Nine Counties
NYS excluding NYC
Entire State
Percent of Population age 16 years or older who were not in the labor force

- Less than 30%
- 30 to 40%
- 40 to 50%
- More than 50%

Bar chart:
- Nine Counties: 40.0
- NYS excluding NYC: 39.0
- Entire State: 36.0
Percent of Housing Units that were Vacant
Recreational Units, April 1, 2010

- Nine Counties: 12.0
- NYS excluding NYC: 3.5
- Entire State: 2.4
Age-adjusted percentage of adults with regular health care provider, 2008-09

- Clinton
- Essex
- Franklin
- Hamilton
- Jefferson
- Lewis
- St. Lawrence
- Warren
- Washington
Percentage of Adults who had a dentist visit within the past year, 2008-09

- Percentage of adults who had a dentist visit within the past year, 2008-09
- County rates for: Clinton, Essex, Franklin, Hamilton, Jefferson, Lewis, St. Lawrence, Warren, Washington

Map showing county rates for New York State, with color coding for different rate ranges:
- 61 - 66
- 67 - 70
- 70 - 73
- 74 - 79

Source: Expanded BRFSS
Percentage of children and adolescents who are obese, 2010-12

Source: outside NYC data is from 2010-12 Student Weight Status Category Reporting System, NYC Data is from 2009-10 Fitnessgram
Age-adjusted percentage of adults who smoke cigarettes, 2008-09

Source: Expanded BRFSS
Age-adjusted percentage of adults who binge drink, 2008-09

Source: Expanded BRFSS
Age-adjusted preventable hospitalizations rate per 10,000 - Ages 18+ years, 2008-09

Source: SPARCS
Alcohol related motor vehicle injuries and deaths per 100,000, 2009-11

Source: NYS Department of Motor Vehicles
Cardiovascular disease mortality rate per 100,000, 2009-11

Source: Vital Statistics
Diabetes mortality rate per 100,000, 2009-11

<table>
<thead>
<tr>
<th>County</th>
<th>Rate</th>
<th>Source: Vital Statistics</th>
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<tbody>
<tr>
<td>Clinton</td>
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<td>Essex</td>
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<tr>
<td>Franklin</td>
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<tr>
<td>Hamilton</td>
<td>17</td>
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</tr>
<tr>
<td>Jefferson</td>
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<td>Lewis</td>
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<td>St. Lawrence</td>
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<td>Warren</td>
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<td></td>
</tr>
<tr>
<td>Washington</td>
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</tr>
</tbody>
</table>

Map showing county rates with color-coded bars and a legend.
Suicide mortality rate per 100,000, 2009-11

<table>
<thead>
<tr>
<th>County</th>
<th>Rate</th>
</tr>
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<tbody>
<tr>
<td>Clinton</td>
<td>5</td>
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<tr>
<td>Essex</td>
<td>11</td>
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<tr>
<td>Franklin</td>
<td>8</td>
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<tr>
<td>Jefferson</td>
<td>13</td>
</tr>
<tr>
<td>Lewis</td>
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</tr>
<tr>
<td>St. Lawrence</td>
<td>8</td>
</tr>
<tr>
<td>Warren</td>
<td>10</td>
</tr>
<tr>
<td>Washington</td>
<td>13</td>
</tr>
</tbody>
</table>

Source: Vital Statistics
North Country Health Care Delivery System

Karen Madden, Director
New York State Office of Rural Health

Lee Burns, Director
Bureau of Emergency Medical Services

Charles Abel, Director
Division of Health Facility Planning
Introduction to the State’s EMS System

• The New York State Health Department
• Public Health Law and regulations
• Four (4) Advisory councils
• EMS education/training
• Pre-hospital treatment protocols
• Physician participation in the EMS system
• EMS agency medical direction
• NYS Trauma System
• Disaster Preparedness
• EMS For Children
Certified EMTs by Level
(Statewide)

N= 61,609
The State’s EMS Services

• As of December 6, 2013
  ▶ Ambulance Services
    • 1075
  ▶ Advanced Life Support-First Response
    • 102
  ▶ Basic Life Support-First Response
    • 615
North Country Counties

• Ambulance Services
  - 129 (total)
  - 89 (ALS)

• Staffing
  - 76 Volunteer
  - 41 Combination
  - 17 Full time Paid
# EMS Response Data

<table>
<thead>
<tr>
<th>County</th>
<th>Emergency</th>
<th>Non-Emergency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinton</td>
<td>9022</td>
<td>3322</td>
</tr>
<tr>
<td>Essex</td>
<td>3861</td>
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<tr>
<td>Franklin</td>
<td>4274</td>
<td>927</td>
</tr>
<tr>
<td>Hamilton</td>
<td>790</td>
<td>22</td>
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<td>Jefferson</td>
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<td>2770</td>
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<tr>
<td>Lewis</td>
<td>1603</td>
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<tr>
<td>St Lawrence</td>
<td>9994</td>
<td>1358</td>
</tr>
<tr>
<td>Warren</td>
<td>4687</td>
<td>380</td>
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<tr>
<td>Washington</td>
<td>4766</td>
<td>511</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>49606</strong></td>
<td><strong>10117</strong></td>
</tr>
</tbody>
</table>

State Total = 2.9 Million in 2008
Comparison to Statewide

- Ambulance Services: 12%
- EMS Personnel: .03%
- EMS Call Volume: .01% of total
- Calls by Population:
  - 6% - statewide
  - 10% - N. Country
## EMS Response and Transport Times

<table>
<thead>
<tr>
<th>County</th>
<th>Mean Response Time (min)</th>
<th>Mean Time (min) from Scene to Destination</th>
</tr>
</thead>
<tbody>
<tr>
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<td>15.08</td>
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<td>12.44</td>
<td>18.32</td>
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<td>9.52</td>
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<td>12.25</td>
<td>27.18</td>
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<td>9.26</td>
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<td>Lewis</td>
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<td>St. Lawrence</td>
<td>14.57</td>
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<td>13.96</td>
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<td>North Country</td>
<td>10.9</td>
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<tr>
<td><strong>Statewide</strong></td>
<td><strong>11.17</strong></td>
<td><strong>13.16</strong></td>
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</tbody>
</table>
EMS System Concerns

- EMS is healthcare at the most local level
- Based on a “one patient at a time” model
- There are not enough active providers
- Infrastructure weak or non-existent
- Of those responding, many are “aging out”
- Very low/no salary for providers
- Reimbursement rates are very low
North Country Health Care Facilities

228 Licensed Entities:

- Acute Care
- Veterans Affairs
- Mental Health
- Primary Care Clinics
- Long Term Care
North Country Health Care Facilities

Acute Care and Mental Health

16 Hospitals:
- 1,671 total licensed beds of these:
  - 11 general acute care hospitals with 1,581 beds;
  - 5 CAHs with 90 beds

1 Office of Mental Health Facility
North Country:
## North Country Hospitals:
**Distribution of Beds by Service Category.**

**Source:** HFIS, December 2013.

<table>
<thead>
<tr>
<th>County/Facility Name</th>
<th>Total Certified Beds</th>
<th>Medical/Surgical Care</th>
<th>Intensive Care</th>
<th>Coronary Care</th>
<th>Pediatric Care</th>
<th>Maternity Care</th>
<th>Physical Medicine &amp; Rehabilitation</th>
<th>Psychiatric</th>
<th>Chemical Dependence ICU</th>
<th>Chemical Dependence Detoxification</th>
<th>Chemical Dependence Rehabilitation</th>
<th>Special Use</th>
<th>Neonatal Intensive Care</th>
<th>Neonatal Intermediate Care</th>
<th>Neonatal Transitional Care</th>
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<tr>
<td><strong>Clinton</strong></td>
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<td><strong>Essex</strong></td>
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<tr>
<td>Adirondack Medical Center-Lake Placid Site</td>
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<tr>
<td><strong>Franklin</strong></td>
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<tr>
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<tr>
<td><strong>Total: Franklin County</strong></td>
<td>171</td>
<td>129</td>
<td>14</td>
<td>0</td>
<td>3</td>
<td>13</td>
<td>12</td>
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<td>0</td>
<td>30</td>
<td>0</td>
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</tr>
<tr>
<td><strong>Jefferson</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Carthage Area Hospital Inc</td>
<td>48</td>
<td>22</td>
<td>4</td>
<td>4</td>
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<td>10</td>
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<tr>
<td>River Hospital, Inc.</td>
<td>15</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Samaritan Medical Center</td>
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<td>4</td>
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<td>16</td>
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<td></td>
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<td></td>
<td>4</td>
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</tr>
<tr>
<td><strong>Total: Jefferson County</strong></td>
<td>357</td>
<td>188</td>
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<td>8</td>
<td>31</td>
<td>32</td>
<td>26</td>
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<td>15</td>
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</tr>
<tr>
<td><strong>Lewis</strong></td>
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<tr>
<td>Lewis County General Hospital</td>
<td>54</td>
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<td></td>
<td></td>
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<td></td>
<td>6</td>
</tr>
<tr>
<td><strong>Saint Lawrence</strong></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
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<tr>
<td>Canton-Potsdam Hospital</td>
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<td>56</td>
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<td>4</td>
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<td>7</td>
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<td></td>
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<tr>
<td>Claxton-Hebburn Medical Center</td>
<td>130</td>
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<td>4</td>
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<td>10</td>
<td>15</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Clifton-Fine Hospital</td>
<td>20</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Edward John Noble Hospital of Gouverneur</td>
<td>25</td>
<td>25</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Massena Memorial Hospital</td>
<td>50</td>
<td>43</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Total: Saint Lawrence County</strong></td>
<td>319</td>
<td>191</td>
<td>8</td>
<td>12</td>
<td>12</td>
<td>21</td>
<td>15</td>
<td>28</td>
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<td></td>
<td></td>
<td>17</td>
<td>20</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Warren</strong></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Glens Falls Hospital</td>
<td>410</td>
<td>300</td>
<td>12</td>
<td>12</td>
<td>16</td>
<td>23</td>
<td>15</td>
<td>32</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,671</td>
<td>1,074</td>
<td>60</td>
<td>88</td>
<td>60</td>
<td>116</td>
<td>56</td>
<td>138</td>
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<td>17</td>
<td>65</td>
<td>7</td>
<td>8</td>
<td>20</td>
<td></td>
</tr>
</tbody>
</table>
North Country Health Care Facilities

Diagnostic and Treatment Centers

D&T Cs 91 Hospital Extension Clinics including School Based Extension Clinics

D&T Cs 23 Clinics with FQHC Status

D&T Cs 36 Clinics without FQHC status (Diagnostic and Treatment Clinics including Extension Clinics and School Based Extension Clinics)
North Country Health Care Facilities

Long Term Care

29 Residential Health Care Facilities – 3,326 beds

12 Certified Home Health Agencies

7 Long Term Home Health Care Programs

5 Hospices
North Country Residential Health Care Facilities:
17 Certified Home Health Agencies (CHHA) serve the nine counties identified by the Commission as follows:

<table>
<thead>
<tr>
<th>County Name</th>
<th>Number of Providers Licensed to Serve County</th>
<th>Current Patient Census in County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinton</td>
<td>2</td>
<td>(coming soon)</td>
</tr>
<tr>
<td>Essex</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Franklin</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Hamilton</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Jefferson</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Lewis</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>St. Lawrence</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Warren</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Washington</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>
7 Hospices serve the nine counties identified by the Commission as follows:

<table>
<thead>
<tr>
<th>County Name</th>
<th>Number of Providers Licensed to Serve County</th>
<th>Current Patient Census in County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinton</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Essex</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Franklin</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Hamilton</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Jefferson</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Lewis</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>St. Lawrence</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Warren</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Washington</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>
**Center for Quality and Surveillance**  
**Division of Home and Community Based Services (cont.)**  
59 Licensed Home Care Services Agencies (LHCSA) serve the 9 counties as follows:

<table>
<thead>
<tr>
<th>County Name</th>
<th>Number of LHCSA Locations in County*</th>
<th>Current Patient Census in County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinton</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Essex</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Franklin</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Hamilton</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Jefferson</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>Lewis</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>St. Lawrence</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Warren</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td>Washington</td>
<td>29</td>
<td></td>
</tr>
</tbody>
</table>

* The number of locations indicates multiple locations for the 59 LHCSAs.
North Country: Certified Home Health Agencies and Hospice.
North Country Health Care Facilities

Veterans Affairs

8 Veterans Affairs Facilities:

7 Community Based Outpatient Clinics; and

1 Veterans Center
Fiscal Challenges

Charles Abel
Director
Division of Health Facility Planning
New York State Department of Health
Total Operating Revenue and Expenses among North County Hospitals Combined by Year

Dollars in Millions

- **Revenue**
- **Expenses**

2008 2009 2010 2011 2012

Combined Expenses exceeded Revenues by $6M in 2012
Average Operating Margin among North County Hospitals Compared to Statewide Average by Year

Average operating margin among NC hospitals consistently less favorable than average for NYS hospitals.
Average Net Margin among North County Hospitals Compared to Statewide Average by Year

-4.0%
-3.5%
-3.0%
-2.5%
-2.0%
-1.5%
-1.0%
-0.5%
0.0%
0.5%

Similar pattern is evident for Net margin
2012 Operating Margin among North County Hospitals

There is wide variation in operating margin among North Country hospitals.
Days Cash on Hand among hospitals in 2012

- Statewide average 49 days
- One month
- One week

About half of NC hospitals have less than one month cash on hand

- All Other NYS hospitals
- North Country Hospitals
Ratio of Current Assets to Current Liabilities among hospitals in 2012

- Ratio less than one indicates current liabilities exceed current assets

Legend:
- All Other NYS hospitals
- North Country Hospitals
Ratio of Long Term Debt to Capital among hospitals in 2012

- All Other NYS hospitals
- North Country Hospitals

Statewide average 30%
Expected Primary Payer among Inpatients, 2012
As with hospitals, many residential health care facilities in North County are operating at a loss.
### Comparison of North County Nursing Homes Financial Status to All NYS Nursing Homes

<table>
<thead>
<tr>
<th>Measure</th>
<th>North County Average</th>
<th>All NYS Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days cash on hand</td>
<td>19.6</td>
<td>26.4</td>
</tr>
<tr>
<td>Debt to capital ratio</td>
<td>32.5%</td>
<td>24.6%</td>
</tr>
<tr>
<td>Operating Margin</td>
<td>-16.3%</td>
<td>-2.5%</td>
</tr>
<tr>
<td>Net Margin</td>
<td>-8.1%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Ratio of current assets to current liabilities</td>
<td>1.7</td>
<td>1.6</td>
</tr>
</tbody>
</table>
Payer Mix for Residential Health Care Facilities, 2011

- Medicaid
- Medicare
- Private

North Country
NYS
Average Case Mix Index for Residential Health Care Facilities, 2013

- All Patient Medicaid Patients:
  - North Country
  - NYS

- Medicaid Patients:
  - North Country
  - NYS
Workforce Issues and Challenges for the North Country

Barry Gray
Director
Bureau of HEAL, Capital Investment and Workforce Development
New York State Department of Health
North Country Has Fewer Providers per 100,000 than Other Regions

<table>
<thead>
<tr>
<th>Health Occupations</th>
<th>North Country</th>
<th>Statewide</th>
<th>Upstate</th>
<th>Downstate</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Physicians</td>
<td>207</td>
<td>348</td>
<td>259</td>
<td>402</td>
</tr>
<tr>
<td>Primary Care Physicians</td>
<td>77</td>
<td>120</td>
<td>100</td>
<td>116</td>
</tr>
<tr>
<td>Obstetricians/Gynecologists</td>
<td>9</td>
<td>14</td>
<td>11</td>
<td>16</td>
</tr>
<tr>
<td>Physician Assistants</td>
<td>51</td>
<td>61</td>
<td>88</td>
<td>45</td>
</tr>
<tr>
<td>Nurse Practitioners/Midwives</td>
<td>63</td>
<td>76</td>
<td>94</td>
<td>65</td>
</tr>
<tr>
<td>Specialists</td>
<td>120</td>
<td>228</td>
<td>159</td>
<td>269</td>
</tr>
</tbody>
</table>

Data source: The Center for Health Workforce Studies
North Country Has More RNs and LPNs per 100,000 than other regions

<table>
<thead>
<tr>
<th>Health Occupations</th>
<th>North Country</th>
<th>Per 100,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Statewide</td>
</tr>
<tr>
<td>Registered Nurses</td>
<td>1,214</td>
<td>1,093</td>
</tr>
<tr>
<td>Licensed Practical Nurses</td>
<td>623</td>
<td>332</td>
</tr>
<tr>
<td>Social Workers</td>
<td>98</td>
<td>234</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>82</td>
<td>91</td>
</tr>
<tr>
<td>Dentists</td>
<td>72</td>
<td>78</td>
</tr>
<tr>
<td>Dental Hygienists</td>
<td>57</td>
<td>47</td>
</tr>
</tbody>
</table>

Data source: The Center for Health Workforce Studies
Downstate: NYC 5 counties (Bronx, Kings, New York, Queens, and Richmond) and Nassau, Suffolk and Westchester
### An Aging Health Workforce

<table>
<thead>
<tr>
<th>Profession</th>
<th>Statewide</th>
<th>Upstate</th>
<th>Adirondack Region</th>
<th>Tug Hill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family/General Practice</td>
<td>52</td>
<td>51</td>
<td>55</td>
<td>51</td>
</tr>
<tr>
<td>General Surgeons</td>
<td>55</td>
<td>56</td>
<td>56</td>
<td>56</td>
</tr>
<tr>
<td>General Psychiatrists</td>
<td>57</td>
<td>57</td>
<td>58</td>
<td>58</td>
</tr>
<tr>
<td>Dentists</td>
<td>49</td>
<td>50</td>
<td>57</td>
<td>39</td>
</tr>
<tr>
<td>Physician Assistants</td>
<td>40</td>
<td>43</td>
<td>45</td>
<td>46</td>
</tr>
<tr>
<td>Nurse Practitioners/Midwives</td>
<td>46</td>
<td>49</td>
<td>52</td>
<td>54</td>
</tr>
<tr>
<td>Dieticians/Nutritionists</td>
<td>45</td>
<td>46</td>
<td>52</td>
<td>51</td>
</tr>
<tr>
<td>Psychologists</td>
<td>51</td>
<td>50</td>
<td>51</td>
<td>40</td>
</tr>
<tr>
<td>Registered Nurses</td>
<td>47</td>
<td>47</td>
<td>48</td>
<td>47</td>
</tr>
<tr>
<td>Social Workers</td>
<td>44</td>
<td>42</td>
<td>46</td>
<td>45</td>
</tr>
</tbody>
</table>

*Data source: The Center for Health Workforce Studies*

**Adirondack region:** Clinton, Essex, Franklin, Hamilton, Warren and Washington

**Tug Hill Seaway Counties:** Jefferson, Lewis and St. Lawrence
Underserved Areas and Populations

- Health Professional Shortage Areas
  - 30 Primary Care in NC  178 statewide
  - 12 Mental Health in NC  144 statewide
  - 17 Dental Health in NC 126 statewide

- Medically Underserved Areas
  - 14 in NC  112 statewide Medically

- Underserved Populations
  - 3 in NC  31 statewide
Employment Projections

Between 2010 and 2020 the average annual job openings will be for:

- Personal and home care aides +140
- Registered Nurses +120
- LPNs and licensed Vocational Nurses +50
- Nurse Aides, Orderlies and Attendants +50
- Social Workers +20
- Pharmacists +20
- Pharmacy Techs +20
- Dental Assistants +20

* new and replacement job counts
Demand for Health Workers

Hospitals

• Reported difficulty recruiting speech pathologists, nurse managers, pharmacists, clinical lab technologists and occupational therapists

• Reported difficulty retaining occupational therapists, nurse managers, pharmacists, physical therapists and speech pathologists
Demand for Health Workers (cont.)

Nursing Homes

- Reported difficulty recruiting occupational therapists, speech pathologists, nurse managers, directors of nursing and medical billers.

- Reported difficulty retaining CNAs, LPNs, newly licensed RNs, MDS coordinators and directors of nursing
Demand for Health Workers (cont.)

Home Health Agencies

• Reported difficulty recruiting licensed master’s trained social workers, experienced RNs, occupational therapists, and licensed clinical social workers.

• Reported difficulty retaining speech pathologists, licensed master’s trained social workers, occupational therapists and personal care assistants.
Demand for Health Workers (cont.)

- Federally Qualified Health Centers (FQHCs)
  - Reported difficulty recruiting dentists, psychiatric NPs and psychologists.
  - Reported difficulty retaining LPNs, RNs and dental assistants.
Resources

Doctors Across New York (DANY)

- Physician Loan Repayment-loan forgiveness to work in HPSAs/MUAs
- Physician Practice Support-to set up practices in HPSAs/MUAs
- Ambulatory Care Training-to organizations to provide training opportunities to residents and medical student in FS ambulatory care site
- Diversity in Medicine-award to Associated Medical Schools to provide high school and college students with educational opportunities leading to medical school
Resources (cont.)

- State -30 J-q Visa Waivers-waive home return requirement in exchange for commitment to work in HPSAs/MUAs
- NYS Primary Care Service Corps-loan repayment for non-physician clinicians
- Empire Clinical Research Investigator Program-funding to medical schools to train physicians in medical research
- Area Health Education Center Funding-grants to support 9 AHECs which train students in health care careers
- Health Workforce Training Initiative-grants to hospitals, nursing homes, D&TCs, home care agencies, educational institutions and unions to train workers in shortage occupations
1115 Medicaid Waiver – Workforce Request would

- Expand and refocus the Health Workforce Retraining Initiative
- Expand the DANY Physician Loan Repayment, Physician Practice Support and Primary Care Service Corp
- Create a new Health Workforce Data Repository
- Support new research to inform decisions on the need for alignment of jobs and creation of new jobs for emerging models of care
- Create Regional workforce information centers to promote and advocate health care careers
Workforce Flexibility

Medicaid Redesign Team (MRT)

- Adopted 13 workforce flexibility recommendations
- 5 of 13 dealing with dental hygienists (school health certificates/collaborative practice), physician supervisory ratios for physician assistants, unlicensed worker exemption extension and creation of Primary Care Service Corps were adopted as part of 2013-14 budget
- DOH continues to work on others
  - advanced home health aid
  - Medication administration by advance home health aid
  - Enable physician home visits by hospitals
  - Stackable credentials for direct care workers
  - Creation of an advisory workgroup to the SED Office of the Professions
Challenges

- Adirondack Regional Healthcare Workforce Planning Meeting-sponsored by SUNY, 2 AHEC’s and others
  - SUNY and regional stakeholders-trying to figure out regional workforce gaps
  - Realign SUNY’s educational offerings to better fit regional needs
Challenges (cont.)

Traditional Shortage - NO SURPRISE

• More oral health providers
• More primary care and physician specialists
• More CNAs
• More radiology techs
• More respiratory therapists
Non-traditional Needs

- Group discussed emerging models of Care (MHs, HHs and ACOs) and emphasis on primary and preventive care
  - Need for employees with a better understanding of primary and preventive care
  - Chronic disease management
  - Knowledge of how to work more effectively in teams
  - Knowledge of how to attain higher levels of patient satisfaction
  - Knowledge of how to attain better clinical outcomes
Non-traditional Needs

• Group discussed health reform, need for keeping people healthy, and penalties for inappropriate hospital readmissions
  o Need for employees with better finance, business and IT skill, and
  o Knowledge of Medicare and Medicaid finance/reimbursement reforms
Challenges (cont.)

Non-traditional Needs - GME

● Minimum source of newly trained physicians/no teaching hospitals in the region
  ○ SHIP recommends creating residency and other training programs in rural hospitals and health centers
  ○ Exposure to non-urban settings creates practitioners more likely to practice in non-urban settings (an initial pilot proposed)
Sources of Data

- Center for Health Workforce Studies
- Trends in the Supply and Demand for Health Workers, March, 2013
- Hospital, Nursing Home and Home Health Agency data is for 7 county region
- Data for FQHCs is for all counties outside of NYC
The Affordable Care Act (ACA), Medicaid Redesign Team (MRT) and, 1115 Waiver

Jason Helgerson
Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
Break

The Commission will resume in 30 minutes
Overview of Select North Country Initiatives
North Country Initiative (NCI)

Ben Moore, III

Chief Executive Officer

River Hospital
North Country Healthcare Redesign Commission

Ben Moore, III, CEO
Cynthia Nelson, Administrative Specialist

December 17, 2013
River Hospital Agenda

I. About Us
II. Service Area
III. Advantages
IV. Challenges
V. Collaborations
VI. Population Health
VII. Community Service Plan
VIII. Strategic Plan

Questions/ Discussion
I. About Us: Our Mission

“To provide compassionate, cost effective and accessible, primary health care to the year round and seasonal residents, and visitors of the River Communities. The hospital prides itself on high quality outpatient, inpatient and specialty services to meet individual and community needs through partnerships with our patients and communities we serve.”
I. About Us: History & Background

A. Once one of three EJ Noble Hospitals in the North Country, River Hospital began its current iteration as a hospital in 2003.

B. Designated as a Critical Access Hospital April 15, 2003, River Hospital operated 24 acute/ special purpose beds, a primary care clinic, an Emergency Department and 27 bed Skilled Nursing Facility.

C. The Skilled Nursing Facility was closed in 2010, as the Hospital could no longer subsidize these beds and assure the preservation of the emergency, acute and primary care services.

D. An Ambulatory Surgical Unit was reactivated in 2008.

E. Governance: Article 28, 14 member Board with representation from Medical Staff and Fort Drum

F. Employment:
   - Over 200 employees
   - One of largest employers in 1000 Islands
I. About Us:

Quality Outcomes

River Community Wellness Program:
Active Duty Military Impact:

- 90 Soldiers from Fort Drum have been through the Program or are currently enrolled
- 95% of participants have discharged with and improved GAF score
- Over 80% have discharged with improved PHQ-9 score
- Over 80% have discharged with improved PCL-M score
- Despite scheduled time off for military members, the program enjoys a program utilization measure of over 90%.
I. About Us: Quality Outcomes

New York State Partnership for Patients
CMS Engagement and Improvement Report (A-5 Scores)

River Hospital’s summary data are listed below. An explanation of the scoring criteria, more detailed data on each clinical focus area, and other information are also described further in the report included in the meeting materials.

Engagement and Improvement Score Dashboard for Period Ending June 2013 (Data as of July 29, 2013)

- Catheter-associated Urinary Tract Infection (CAUTI) Reduction
- Central Line-associated Bloodstream Infection (CLABSI) Reduction
- Surgical Site Infection (SSI) Reduction
- Ventilator-associated Pneumonia (VAP) Reduction
- Obstetrics: Early Elective Delivery (EED) Reduction
- Adverse Drug Event (ADE) in High-alert Medication Reduction
- Falls Reduction
- Pressure Ulcer Reduction
- Venous Thromboembolism (VTE) Reduction
- Preventable Readmission Reduction

Excerpt from full report which is included in meeting packet.
I. About Us:
Quality Outcomes

Customer Feedback for River Hospital, Inc.

Would recommend hospital: 87%
Overall Rating 9 or 10: 77%
Doctors communicated well: 92%
Nurses communicated well: 89%
Medications explained: 88%
Discharge information: 84%
Pain well controlled: 95%
Help provided when requested: 89%

Clean: 92%
Quiet at night: 69%

Source: Hospital Compare, CMS, 10/01/2011 to 09/30/2012

Excerpt from full report which is contained in Commissioner Shah’s River Hospital Institutional Cost Report Analysis
River Hospital

II. Service Area

A. Northern Tier of Jefferson County, with service area of 25-mile radius:
   - Lake Ontario to St. Lawrence River (Alexandria, Orleans, Theresa, Hammond, Clayton, Cape Vincent, portion of Fort Drum)
   - Year-round and seasonal residents of Jefferson and St. Lawrence counties

B. Designated professional shortage area

C. Poverty and unemployment rates exceed national averages

D. Syracuse is largest nearby population center (100 miles south)
River Hospital

II. Service Area

Service Area Definition by ZIP & Town

<table>
<thead>
<tr>
<th>ZIP</th>
<th>Town</th>
</tr>
</thead>
<tbody>
<tr>
<td>13693</td>
<td>Three Mile Bay</td>
</tr>
<tr>
<td>13618</td>
<td>Cape Vincent</td>
</tr>
<tr>
<td>13622</td>
<td>Chaumont</td>
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<tr>
<td>13624</td>
<td>Clayton</td>
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<tr>
<td>13656</td>
<td>La Fargeville</td>
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<tr>
<td>13640</td>
<td>Wellesley Island</td>
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<tr>
<td>13607</td>
<td>Alexandria Bay</td>
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<tr>
<td>13675</td>
<td>Plessis</td>
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<tr>
<td>13646</td>
<td>Hammond</td>
</tr>
<tr>
<td>13691</td>
<td>Theresa</td>
</tr>
<tr>
<td>13679</td>
<td>Redwood</td>
</tr>
</tbody>
</table>

Facility Key
- R: River Hospital
- S: Samaritan Medical Center
- C: Claxton-Hepburn Medical Center

River Hospital Narrow Service Area (HSA)
III. Advantages

A. River Hospital has the following Advantages:

1. Extremely strong community support

2. An exceptionally committed staff

3. An engaged, committed and very supportive Board of Directors with skill sets to enable future success

4. A highly collegial medical staff committed to quality outcomes
River Hospital

IV. Challenges

A. River Hospital is facing the following challenges:

1. Decreasing demand for acute admissions
2. Increasing demand for primary care services
3. Unmet demand for mental health services
4. Increasing cost per day and per visit
5. Provider availability is a challenge for all rural healthcare institutions. Clinical integration through collaboration shows the greatest promise for effective solutions.
6. Emerging healthcare capability requirements such as population management, regional quality measures, cost reductions, etc., can best be achieved through multi-institutional collaborations.
River Hospital

IV. Challenges

B. Board of Directors Strategic Plan to address challenges:

1. At its first Strategic Planning Retreat in June of 2010 the Board of Directors concluded the following:

   a. River Hospital must find a partner(s) to enable it to successfully address the challenges unfolding in the health care environment. A “go it alone” strategy would most certainly fail in the long run and cause significant harm and disruption to the health care needs of the communities we serve.

   b. River Hospital should explore new services that would benefit the community, provide additional financial resources and make the institution a more attractive partner for collaboration.
V. Collaborations: Fort Drum Regional Health Planning Org.

A. Tri-county collaborative effort involving 7 hospitals, Fort Drum Medical Command and community healthcare stakeholders

B. Mission: To analyze the healthcare system surrounding and including Fort Drum, identify gaps and leverage resources to meet the current and future needs of the military and civilian population

C. Priorities
   – Health Information Technology (EMR, HIE, Disease Registry, Telemed)
     • Have leveraged over $18 million in grant and match funds for HIT infrastructure to prepare for Health reform and clinical integration
     • Almost all Primary Care in region are PCMH level II or level III (118 providers)
   – Health Care Workforce Development
     • Building local capacity to educate healthcare workers including NPs and LMSW
   – Mental Health
   – Emergency Medical Services

E. Provides coordination for North Country Initiative (HEAL 21) & the North Country Health Compass
V. Collaborations:
North Country Health Compass

A. Tri-county collaborative effort involving spectrum of stakeholders

B. Mission: to develop, implement and evaluate a regional health improvement initiative through research, data analysis, community engagement and collaboration among public health departments, hospitals, community-based organizations, general public and healthcare providers.

C. Priorities
   – Chronic disease prevention
   – Address mental health & substance abuse issues
   – Promote healthy women, infants and children

D. 3 year plan developed

E. Precursor to Compass: North Country Initiative (HEAL 21)
V. Collaborations: North Country Initiative

A. Six Hospital & Multi-Physician Initiative

B. Mission: to develop a high-quality, value-driven regional healthcare system that will enhance the healthcare of the entire population and serve the unique needs of the local communities as identified by North Country Health Compass.
V. Collaborations: North Country Initiative

C. Formation of:
   - Clinical Integrated Network
     - Healthcare Partners of the North Country
     - Physician Lead to Improve Quality of Care while reducing Cost of Care
     - Utilize disease registry to monitor and provide feedback on quality
     - Predictive modeling for care coordination - improved patient outcome & cost
   - Management Services Organization
     - 501(e) Corporation focused on reducing back-of-the-house costs

D. Based on consultant recommendation and research expected 5 year start-up expenses $5-$14 Million dependent on configuration
VI. Population Health

A. Total Pop: 120K (Jefferson), 27K (Lewis), 112K (St. Lawrence)
   • Under 18: 24.9% (Jefferson)
   • 65+: 11.5% (Jefferson)

B. Demographics
   • Median household income (3 County): $44K
   • Children below poverty: ~25% (Jefferson and St. Lawrence)
   • Unemployment (3 County): 10%
   • Disabled (3 County): ~13%
   • Adults with health insurance: ~85%
   • Adults with regular health care provider: ~81%

Source: 2013 Tri-County Community Health Assessment Performed by North Country Health Compass (Jefferson, Lewis, St. Lawrence)
C. Leading causes of death: Heart disease, cancer, stroke, COPD

D. Leading causes of premature death: Cancer, heart disease, COPD, unintentional injury, suicide, diabetes

E. Chronic health conditions:
   • High blood pressure
   • Obesity
   • Arthritis
   • Lack of exercise
   • Diabetes
   • Mental illness
   • Poor nutrition
   • Oral health
   • Heart and lung disease

F. Leading regional community health issue: Substance abuse
VI. Population Health

G. Main Community Health Challenges

- Unhealthy behaviors
- Environmental risk factors
- Socio-economic factors
VI. Population Health

H. Health Professionals (Jefferson)

<table>
<thead>
<tr>
<th>Medical Speciality</th>
<th>Per 100,000</th>
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</thead>
<tbody>
<tr>
<td>PCP</td>
<td>39.0</td>
</tr>
<tr>
<td>General/Family practice</td>
<td>17.8</td>
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<tr>
<td>Internal Medicine</td>
<td>11.9</td>
</tr>
<tr>
<td>Pediatricians</td>
<td>33.5</td>
</tr>
<tr>
<td>Ob/Gyn</td>
<td>15.6</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>6.8</td>
</tr>
<tr>
<td>General Surgeons</td>
<td>4.2</td>
</tr>
<tr>
<td>Dentists</td>
<td>60.2</td>
</tr>
</tbody>
</table>

*HOSPITALS: River, Carthage, Samaritan*
VII. Community Service Plan

A. Developed as part of North Country Health Compass Activities

B. Three-year action plan

C. Improve access to services
   - Convenient Care Clinic added July 2012
   - Additional specialty care services
   - Mental health services: Military and civilian
   - Connecting with schools

D. Enhance public health activities
   - Cancer screenings
   - Health and wellness fairs Coordinating with community-based services
VII. Community Service Plan

E. Education
   • NC Health Compass Website (www.ncnyhealthcompass.org)
   • Certified diabetes educator
   • Tobacco cessation

F. Relieve government burden to improve health
   • Utilize facilitated enrollers to increase insurance coverage
   • Subsidize mammograms
   • Philanthropy
   • Collaboration to leverage assets
A. Data Driven Analysis
1. 2007 – River Communities Health Assessment (Conducted by Center for Community Studies at Jefferson Community College)
2. 2010 – River Hospital Attitude & Usage Study (Conducted by Eric Mower and Associates)
3. 2011 – River Hospital Strategic and Facility Planning (Conducted by Navigant Consulting)
4. 2013 – North Country Community Health Survey (Conducted by North Country Health Compass Partnership)

B. Strategic Planning for River Hospital 2008 – 2013

C. Execution
1. “NCI” (North Country Initiative)
2. North Country Health Compass
3. Restructuring Service Profile
VIII. Strategic Plan

River Hospital spearheaded the effort which resulted in a $3.8M HEAL grant to help seven North Country hospitals. River has embraced the need for regional collaboration by assuming the leadership role in the “North Country initiative” (NCI) collaboration effort for the six remaining participating hospitals.

As it has pursued the NCI effort, River Hospital has concurrently restructured its service profile to adjust to the future realities of health care in the rural North Country. These efforts include*:

A. De-emphasis on acute care in favor of an Emergency/Observation bed model in October 2012

*Noted services (A-D) were not included in Commissioner Shah’s Institutional Cost Report Analysis for River Hospital, distributed Saturday, September 21, 2013, Lake George, NY
VIII. Strategic Plan

B. Increasing primary care services including a new “Convenient Care” clinic in July 2012

C. The addition of mental health services for the active duty military (Partial Hospitalization Program for post-traumatic stress disorder treatment) in February 2013

D. The addition of mental health services for the civilian community in February 2013

*Noted services (A-D) were not included in Commissioner Shah’s Institutional Cost Report Analysis for River Hospital, distributed Saturday, September 21, 2013, Lake George, NY
The River Hospital’s Board has demonstrated a high degree of effectiveness in addressing the clinical needs of a very rural and at times severely isolated Northern New York environment. At the same time the Board has shown both realistic business sophistication and an accurate perception of the future of health care which have motivated it to lead the collaboration efforts of the North Country Initiative. We believe that this strategy is the best way to sustain and improve health care services for our communities.

We also strongly believe that this collaboration model which reduces costs through shared services; enhances quality outcomes and enhances services through clinical integration; and preserves community voices and support through local governance, is the ideal model for health care delivery in Northern New York and perhaps other rural areas as well.
River Hospital

Questions/ Discussion
Adirondack Health Institute (AHI)

Cathy Homkey
Chief Executive Officer
Adirondack Health Institute, Inc.
Presentation to the North Country Health Systems Redesign Commission

Cathy Homkey
Chief Executive Officer, AHI
chomkeyahi@medserv.net

December 17, 2013
501(c)(3) not-for-profit organization

Licensed Article 28 Central Service Facility

Governed by regional Board of Directors

Advisement from AHI Leadership Council: 14 key leaders from public and private sectors.
Mission: To promote, sponsor, and coordinate initiatives and programs that improve health care quality, access, and service delivery in the Adirondack region.

Vision: We strive to be an innovative champion for accessible, high-quality, and cost-effective health care in the North Country.
AHI – Central Force in Health Systems Transformation in Eastern ADKs

- Clinton
- Essex
- Franklin
- Hamilton
- Jefferson
- Lewis
- St. Lawrence
- Warren
- Washington
“Health care providers in our region have enjoyed positive results from collaborating, rather than competing, to achieve a common goal. Following years of joint planning and joining forces, health care in our region is being improved and patient needs better met through the medical home model of primary care. The end result will be improved quality and reduced costs.”

~ Stephens Mundy, CEO, CVPH Medical Center
~ Chandler Ralph, President/CEO, Adirondack Health
~ John Rugge, MD, CEO, Hudson Headwaters Health Network
AHI Focus Areas

- Health Care Delivery System Transformation
- Regional Health Planning
- Health Care Access
Health Care Delivery System Transformation

- Adirondack Region Medical Home Pilot
  - Embedded care management, care transitions
  - Payment reform to ensure financial viability

- Health Information Technology

- Care Management
  - Medicaid Health Home
  - Community-Based Care Transitions Program
Regional Health Planning

Adirondack Rural Health Network
(eight counties/eight hospitals)

- Community Health Assessment
- Community Service Plans
- Technical Assistance IRS Form 990
- Secures Underserved Area Designations

Supports Prevention Agenda Priorities
Coverage
- Enrollment Assistance Services and Education
- Funding: NYS DOH, two federal agencies

Workforce
- Physician Recruitment/Retention
- Hudson-Mohawk Area Health Education Center
- RP2: Right Professional in the Right Place
Improving the health of the regional populations

Improving the patient experience of care (including quality and satisfaction)

Reducing the per capita cost of health care

Improving physician satisfaction and retention
Accomplishments

- Improved patient and physician satisfaction
- Stabilized primary care system
- Achieved specific gains in quality indicators
- Lowered cost by reductions in ER visits and inpatient stays
Today’s Challenges

- Continued threat of physician and primary care provider shortages
- Fragmented, widely dispersed services
- Need to transition medical, behavioral, and long term care services to outpatient settings
- ADK Medical Home Pilot ends 2014
NYS Health Innovation Plan

Build upon the experience of regional health care innovation models including those of AHI (Adirondack Medical Home Pilot, Health Home) that have made significant contributions toward achieving the “Triple Aim” for all New Yorkers.

Empower regional entities that are best equipped to set local priorities, convene local stakeholders and support mechanisms of regional implementation to lead Plan implementation
Relationships, Resources and Expertise

- Collaborative relationships for the improvement of health in the Adirondack Region and New York State
- Resources for our community partners as they expand coverage to this underserved region while also addressing rapid changes in the healthcare system.
- Programs designed to help communities make their neighborhoods healthy places to live and work

www.adirondackhealthinstitute.org
Blue Line Group

Chandler Ralph, FACHE
President and CEO
Adirondack Medical Center

William “Chip” Holmes
President and CEO
Inter-Lakes Health
“Blue Line Group.”

- Adirondack Tri-County (North Creek/ Gore Mtn.)
- Adirondack Health
  - Mercy Living Center (Tupper Lake)
  - Uihlein Living Center (Lake Placid)
- Inter-Lakes Health (Ticonderoga)
  - Heritage Commons Residential Health Care
Blue Line Group.
North Country Health Systems Redesign Commission *
Lake Placid
December 17, 2013

- Problem Statement
- The Blue Line Group Reality
  - Service Area
  - Current Status
- Proposal for Sustainability & Replication
  - Governance
  - Quality
  - Efficiency
- Request for Immediate Support
- Status of Blue Line Group as of December 17th

* Based on presentation to NYS DOH October 21st, 2013
Adirondack Park residents average 43 years of age, older than any other State for median age. By 2020, only the west coast of Florida will exceed the Adirondacks as the oldest region in America. - Adirondack Park Regional Assessment Project (May 2009)
<table>
<thead>
<tr>
<th></th>
<th>Blue Line Group.</th>
<th>Adirondack Tri-County</th>
<th>Mercy Living Center</th>
<th>Uihlein Living Center</th>
<th>Heritage Commons Residential Health Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupancy Census:Beds</td>
<td>92%* 282:382</td>
<td>93% 77:82</td>
<td>87% 52:60</td>
<td>49%* 76:156</td>
<td>92% 77:84</td>
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<tr>
<td>Percentage Medicaid</td>
<td>80%</td>
<td>78%</td>
<td>83%</td>
<td>80%</td>
<td>78%</td>
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<tr>
<td>Cost per Resident Day</td>
<td>$268</td>
<td>$242</td>
<td>$318</td>
<td>$245</td>
<td>$267</td>
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<tr>
<td>Medicaid Rate per Resident Day</td>
<td>$167</td>
<td>$156</td>
<td>$217</td>
<td>$155</td>
<td>$159</td>
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<tr>
<td>Loss per Medicaid Resident Day</td>
<td>($101)</td>
<td>($86)</td>
<td>($101)</td>
<td>($90)</td>
<td>($107)</td>
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<tr>
<td>Operating Margin Year to Date (8 mo - Aug 2013)</td>
<td>($3,300,000)</td>
<td>($46,000) (1.08%)</td>
<td>($385,000) (11%)</td>
<td>($1,548,000) (36%)</td>
<td>($1,350,000) (34%)</td>
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<tr>
<td>Annualized Loss from Operations</td>
<td>($4,994,000)</td>
<td>($70,000)</td>
<td>($577,000)</td>
<td>($2,322,000)</td>
<td>($2,025,000)</td>
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<tr>
<td>Annualized Loss Attributed to Medicaid Residents</td>
<td>($9,458,000)</td>
<td>($1,906,000)</td>
<td>($1,956,000)</td>
<td>($3,183,000)</td>
<td>($2,413,000)</td>
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<tr>
<td>Days Cash on Hand</td>
<td>23 (101)</td>
<td>2</td>
<td>73 AMC ** (308) Uihlein</td>
<td>18 ILH ** (100) HCRHC</td>
<td></td>
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* Uihlein is operating 80 beds (Voluntarily right sized 2012 - 2013)
** MLC, ULC & HCRHC would have negative days cash if not for hospital support
24 Month Plan to Establish Sustainable Regional Delivery System

**Single Governance Structure**
- Local representation
  - For example: Joint Operating Company, Public Service Organization, Other

**Focus on Quality**
- Regional Continuum – Reduce/remove service duplication
- Consolidate (as appropriate):
  - Medical Directorships
  - Administrators
  - Directors of Quality
- One:
  - EHR: i.e. Point/Click/Care vs. NTT Data(Kean) vs. Sigma Care
  - Pharmacy: i.e. OmniCare vs. Kinney Drug
- Coordinated transportation
- Shared Best Practices – Clinical
- Regional Care Coordination:
  - Focus on managing the chronic diseases within the shared service area
  - Explore potential with Community Based Care Transition Program

**Focus on Efficiencies**
- MSO (Iroquois)
  - Supply Chain, Other
- IPA (i.e. Cardinal Health Partnerships, IPA, LLC)
  - Preparing for Managed Medicaid
  - Centralized contracting
  - Payor engagement / partnering
- Evaluate & match regional bed capacity to need
  - Downsizing, ALP Conversion(s)
- Create Home and Community Services in the communities served by the BLG by either developing or building contractual relationships with existing providers. (i.e. congregate housing)
- Shared Best Practices – Operations
- “Pooled Resources & Talents”

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Need Guidance and Support to Facilitate or Lead Transition/Conversion
- Sophisticated & difficult task
- Need operating (financial), regulatory & strategic support
- NYSDOH, NY Health Foundation & LeadingAge NY
- Potentials: VAP Support
Immediate Financial Support for Operations

**“Bridge Dollars”**: $7,106,865
- Support facility operations while the BLG works to achieve 24 month plan

**Eliminate Threshold for Billing Bed-Hold Days**: $91,643
- Efforts will be made to avoid preventable hospital use

**Relief from State-wide Pricing Methodology**: $1,676,083
- For facilities <100 beds (3rd peer group: +300/-300/-100)

**Eliminate Medicaid-specific Case Mix Adjustment**: $582,409
- For facilities <100 beds

**Halt all “Recoupment Actions” for 24 months**

Total: $9,458,000
Lots of Hard Work

- Initial meeting occurred March 22nd, 2013 @ Inter-Lakes Health
- Board Leadership met June 5th, 2013 @ Schroon Lake
- Connected With & Received Support From:
  - HHHN - Provider / Medical Home perspective
  - LeadingAge NY - Cost Structure Analysis (“FastTracker”)
  - McCarthy & Conlon (CPAs) - Shared Cost Report review/analysis
  - Cardinal Health Partnerships IPA, LLC - IPA evaluation
  - VNS Schenectady & Saratoga Counties - Homecare service & coordination
  - Laura Leeds from Leeds Associates - Strategic guidance
  - Iroquois - Supply chain opportunities
- Participating as Stakeholders in LeadingAge NY grant from NYS Health Foundation - Eastern Adirondacks Long Term Care Coalition (EALTCC)
Lots of Hard Work

v VAP & Safety Net Provider Award - Notice received December 5th

v Blue Line Group Meeting December 13th focused on:
   Ŷ Supply Chain opportunities (Iroquois)
   Ŷ One EHR (Leidos consulting)
   Ŷ One Pharmacy (Wesley Health Care)
   Ŷ Public Relations & “Saying Thank You”
   Ŷ VAP Temporary Medicaid Rate Adjustment Agreement (TMRAA)
       • Timelines, Action Plans & Metrics
   Ŷ Request for Strategic Planner to align with EALTCC

v The Blue Line Group was formed on the fundamental premise our nursing homes face a shared set of challenges that can be overcome by working together. Our ultimate goal is to ensure those who choose to live a long & full life in the Adirondacks have access to a mix of traditional & new community based alternatives delivered by a financially stable system & well-trained workforce.
Blue Line Group.

- Adirondack Tri-County Nursing & Rehabilitation Center
  - Hal Payne, Administrator

- Adirondack Health
  - Chandler Ralph, President & CEO
  - Marc Walker, Chief Senior Services Officer - Uihlein Living Center
  - Elena Vega-Castro, AVP Long Term Care - Mercy Living Center

- Inter-Lakes Health
  - Chip Holmes, President & CEO
  - Laura Tirado, Administrator - Heritage Commons Residential Health Care

- Hudson Headwaters Health Network
  - Trip Shannon, Chief Development Officer

- Special Recognition ...
  - Mike McCarthy, CPA, Principle, McCarthy & Conlon, LLP
  - Darius Kirstein, Senior Policy Analyst, LeadingAge NY
  - Megan Murphy, Grants & Strategic Projects Manager, Adirondack Health

“Pooled & Talented Resources”
# Blue Line Group Combined Per-Day Expenses Compared to Capital Living Group and Pines Group

## Per Day Expenses

<table>
<thead>
<tr>
<th>Name</th>
<th>2011 Days</th>
<th>% Medicaid FFS+MC</th>
<th>% Medicare FFS+MC</th>
<th>% Other</th>
<th>2011 Beds</th>
<th>ALL Payer CMI</th>
<th>Direct Normalized</th>
<th>Normalized* Direct + Indirect</th>
<th>Non-Comp</th>
<th>Direct + Indirect + Non-Comp</th>
<th>Normalize* Direct + Indirect + Non-Comp</th>
<th>Jan 2011 Medicaid-only CMI</th>
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</thead>
<tbody>
<tr>
<td>Heritage Commons Residential Health Care Facility</td>
<td>29,559</td>
<td>82%</td>
<td>6%</td>
<td>12%</td>
<td>82</td>
<td>0.88</td>
<td>136.35</td>
<td>212.81</td>
<td>4.65</td>
<td>201.09</td>
<td>217.46</td>
<td>0.89</td>
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<tr>
<td>Adirondack Tri-County Nursing &amp; Rehabilitation Center, Inc.</td>
<td>28,542</td>
<td>77%</td>
<td>8%</td>
<td>15%</td>
<td>82</td>
<td>0.98</td>
<td>109.72</td>
<td>186.09</td>
<td>3.63</td>
<td>187.53</td>
<td>189.72</td>
<td>0.84</td>
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<tr>
<td>Adirondack Medical Center-Uihlein</td>
<td>43,410</td>
<td>74%</td>
<td>13%</td>
<td>13%</td>
<td>157</td>
<td>0.92</td>
<td>135.12</td>
<td>228.68</td>
<td>9.33</td>
<td>227.20</td>
<td>238.01</td>
<td>0.76</td>
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<tr>
<td><strong>BLUE LINE GROUP</strong></td>
<td><strong>101,511</strong></td>
<td><strong>77%</strong></td>
<td><strong>9%</strong></td>
<td><strong>13%</strong></td>
<td><strong>321</strong></td>
<td><strong>0.93</strong></td>
<td><strong>127.69</strong></td>
<td><strong>211.45</strong></td>
<td><strong>6.36</strong></td>
<td><strong>208.44</strong></td>
<td><strong>217.81</strong></td>
<td><strong>0.78</strong></td>
</tr>
<tr>
<td>The Country Manor Nursing and Rehabilitation Centre</td>
<td>31,653</td>
<td>76%</td>
<td>7%</td>
<td>17%</td>
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<td><strong>229.37</strong></td>
<td><strong>199.41</strong></td>
<td><strong>0.94</strong></td>
</tr>
</tbody>
</table>

**Optimal Scenario (lowest group cost for each cost center)**

<table>
<thead>
<tr>
<th></th>
<th>0.91</th>
<th>117.12</th>
<th>178.79</th>
</tr>
</thead>
</table>

**Note:** If BLG were to have total expense per day costs at absolute optimum or best practice across all 23 expense categories from comparative group… BLG Medicaid reimbursement would still be lower than costs.

### Current Reimbursement/Day

<table>
<thead>
<tr>
<th></th>
<th>Medicaid</th>
<th>Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATC</td>
<td>$156</td>
<td>$375</td>
</tr>
<tr>
<td>AH/U</td>
<td>$155</td>
<td>$450</td>
</tr>
<tr>
<td>ILH/HCRHC</td>
<td>$158</td>
<td>$396</td>
</tr>
</tbody>
</table>

LeadingAge NY Analysis

*September 2013*
Blue Line Group Combined Per-Day Expenses Compared to Capital Living Group and Pines Group

<table>
<thead>
<tr>
<th>NAME</th>
<th>2011 Days</th>
<th>% Medicaid FFS+MC</th>
<th>% Medicare FFS+MC</th>
<th>% Other</th>
<th>2011 Beds</th>
<th>ALL PAYER CMI</th>
<th>Direct Normalized* to 1.00</th>
<th>NORMALIZED* DIRECT + INDIRECT</th>
<th>Non-Cost</th>
<th>DIRECT + INDIRECT + NON-COMP</th>
<th>Normalized* Direct + INDIRECT + Non-Comp</th>
<th>Jan 2011 Medicaid-only CMI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heritage Commons Residential Health Care Facility</td>
<td>29,559</td>
<td>82%</td>
<td>6%</td>
<td>12%</td>
<td>82</td>
<td>0.88</td>
<td>136.35</td>
<td>212.81</td>
<td>4.65</td>
<td>201.09</td>
<td>217.46</td>
<td>0.89</td>
</tr>
<tr>
<td>Adirondack Tri-County Nursing &amp; Rehabilitation Center, Inc.</td>
<td>28,542</td>
<td>77%</td>
<td>8%</td>
<td>15%</td>
<td>82</td>
<td>0.98</td>
<td>109.72</td>
<td>186.09</td>
<td>3.63</td>
<td>187.53</td>
<td>189.72</td>
<td>0.84</td>
</tr>
<tr>
<td>Adirondack Medical Center-Ulmhein</td>
<td>43,410</td>
<td>74%</td>
<td>13%</td>
<td>13%</td>
<td>157</td>
<td>0.92</td>
<td>135.12</td>
<td>228.68</td>
<td>9.33</td>
<td>227.20</td>
<td>238.01</td>
<td>0.76</td>
</tr>
<tr>
<td><strong>BLUE LINE GROUP</strong></td>
<td><strong>101,511</strong></td>
<td><strong>77%</strong></td>
<td><strong>9%</strong></td>
<td><strong>13%</strong></td>
<td><strong>321</strong></td>
<td><strong>0.93</strong></td>
<td><strong>127.69</strong></td>
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<td><strong>217.81</strong></td>
<td></td>
</tr>
<tr>
<td>The Country Manor Nursing and Rehabilitation Centre</td>
<td>31,653</td>
<td>76%</td>
<td>7%</td>
<td>17%</td>
<td>90</td>
<td>0.88</td>
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Optimal Scenario (lowest group cost for each cost center) | 0.91 | 117.12 | 178.79 | LeadingAge NY Analysis (normalized to lowest CMI)
Accountable Care Organization (ACO) Initiative

Stephens Mundy
President and CEO
Champlain Valley Physicians Hospital
Objective: Increase access to high quality primary care.
ADIRONDACK MEDICAL HOME
Adirondack Medical Home Demonstration Pilot

- Supervised by both New York Department of Health and Department of Insurance
- Partnering with Excellus, Empire BCBS, UHC The Empire Plan, BSNENY, MVP, CDPHP, Fidelis, NYS Medicaid and one of eight states chosen nationally to participate in the CMS Multi-Advanced Primary Care Pilot
- 105,000 covered lives
- 30 primary care sites across 50 NCQA recognized sites
- 201 primary care providers – 111 physicians and 90 mid-levels
- 5 hospitals
- The demonstration includes seven rural counties in the Adirondacks of upstate New York spanning across 8,500 square miles with an approximate population of 430,000.
Regional Hospitals Bearing Brunt of “Savings”

Medical Home Pilot Successfully Reducing Hospital Utilization Rates

<table>
<thead>
<tr>
<th>Inpatient Admission</th>
<th>Emergency Department Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Per 1,000 Lives¹</strong></td>
<td><strong>Per 1,000 Lives¹</strong></td>
</tr>
<tr>
<td>2009: 71</td>
<td>2009: 245</td>
</tr>
<tr>
<td>2010: 79</td>
<td>2010: 263</td>
</tr>
</tbody>
</table>

42%

Reduction in all-cause readmissions at one participating hospital

¹Among commercial population.

Source: Advisory Board interviews and analysis.
Yielding Impressive Results

Driving Down Total Cost of Care

Risk Adjusted and Trended Spending PMPM\(^1\)

**Medicaid**

<table>
<thead>
<tr>
<th>CY 2009</th>
<th>CY 2010</th>
<th>CY 2011</th>
<th>2012 Projected</th>
</tr>
</thead>
<tbody>
<tr>
<td>$334</td>
<td>$310</td>
<td>$291</td>
<td>$266</td>
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</table>

**Commercial**

<table>
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<th>CY 2011</th>
<th>2012 Projected</th>
</tr>
</thead>
<tbody>
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<td>$380</td>
<td>$369</td>
<td>$387</td>
<td>$365</td>
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</table>

\(^1\)Per member per month.

Source: Treo Solutions; Advisory Board interviews and analysis.
Top box patient satisfaction scores have improved each year which is impressive given the limited resources available at many practices. Over 61% of patients said they had the best possible provider (10 of 10).

**Improved Patient Satisfaction from Year to Year**
ADIRONDACKS ACO
Why an Accountable Care Organization?

- ADK Medical Home Pilot set to “sunset” 12/31/14 -
  - ACO model will shape the future while sustaining the platform established through the pilot

- Person-Centered Medical Home infrastructure supports ACO development –
  - Advanced primary care that will utilize population health management resources for optimal
    - Chronic Disease Management
    - Care Transition to Home
    - ED diversion solutions
Accountable Care Organization

- Provider-led organization with a strong base of primary care and hospital systems who are collectively accountable for quality and total per capita costs across the full continuum of care for a population of patients;

- Payments linked to quality improvements that also reduce overall costs; and,

- Reliable and progressively more sophisticated performance measurement, to support improvement and provide confidence that savings are achieved through improvements in care.
Corporate Membership (Ownership)

**Governance**

<table>
<thead>
<tr>
<th>Corporate Membership</th>
<th>1 Seat</th>
<th>2 Seats (Both Class P and S)</th>
<th>2 Seats (Class P)</th>
<th>6 Seats (Class M)</th>
<th>2 Seats</th>
<th>2 Seats (Class S)</th>
<th>4 Seats</th>
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</thead>
<tbody>
<tr>
<td>Irongate Family Practice</td>
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<tr>
<td>Hudson Headwaters Health Networks</td>
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<tr>
<td>Physician Group Entity (PGE)</td>
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<tr>
<td>Fletcher Allen Partners</td>
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<tr>
<td>Adirondack Health/AMC</td>
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<tr>
<td>Glens Falls Hospital</td>
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<tr>
<td>Required Members</td>
<td></td>
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**Operations and Technology**

**Provider Participants**

237
Adirondacks ACO Board of Managers

- Stephens Mundy (Chair) – CEO Community Providers, Inc. Alison Guile, M.D.
- Howard Schapiro, M.D.
- Debra Leonard, M.D.
- Todd Moore – SVP Accountable Care Fletcher Allen Partners/CEO OneCare Vermont
- John Rugge, M.D.
- Tucker Slingerland, M.D.
- Rob DeMuro, M.D
- David Beguin, M.D.
- Kris Ambler, M.D.
- Dianne Shugrue – CEO Glens Falls Hospital
- Paul Scimeca – VP Physician Practices/Community Health Glens Falls Hospital
- Chandler Ralph – CEO Adirondack Health
- Elizabeth Buck, MD
- Paul Filion, MD
- Rod Giltz – Medicare Beneficiary

- Three (3) seats - future requirement
  - New York Multi-Payer ACO Requirements
  - Provided for in Operating Agreement
  - One Medicaid, One Commercial, One Uncovered
CHAMPLAIN VALLEY FAMILY MEDICINE RESIDENCY
Program Overview

The Champlain Valley Family Medicine Residency will be a community hospital administered, university affiliated program.

Mission: To train family medicine physicians that excel in the leadership of high quality and value, patient and family centered care teams for people of all ages in their communities.

Goal: To provide high quality primary care to the region by addressing the short term needs of patients who do not have access to physicians in Clinton County and addressing long term projected primary care physician shortages in Clinton, Essex, Franklin, and St. Lawrence Counties.

Size: 4-4-4 program with option to expand to 6-6-6 program or implement rural training track(s) in surround area hospitals and/or practices
Program Strengths

- Fits with mission, vision, & needs of the hospital & system
- Significant need in community for PCPs – need ~100 more by 2018
- Linkage with FAHC & UVM – faculty develop, scholarly endeavors, student clerkships, potential faculty – their support is essential
- Linkage with SUNY Plattsburgh’s nursing programs, including proposed DNP, will allow for curriculum integration
- CVPH Health Center’s new location will be continuity clinic site for residents
- Strong leadership and physician support at CVPH and in the community
- Although CVPH is excluded from IME, there are significant funding opportunities to offset ongoing cost
Timeline

- Fall 2013: Approval received from FAP, CPI, and CVPH governing bodies
- Spring 2014: Obtain support to cover funding shortfall
- Spring 2014: Hire Program Director*
- Spring 2015: Receive accreditation
  - Apply for Start Up NY Grant
- Summer 2015: Market program in collaboration with UVM/SUNY
- March 2016: Match day
- July 2016: First residents start

*Contingent on securing funding
Public Comments
Next Steps

Daniel Sisto
Chair
North Country Health Systems Redesign Commission
For more information regarding the North Country Health Systems Redesign Commission please visit:

Web: www.health.ny.gov/northcountry

Email: nchsnc@health.state.ny.us

Tel. (518) 402-0102

By mail:
Empire State Plaza
Corning Tower Building
Room 1839
Albany, NY 12237