



Lutheran HealthCare (LHC) is an academic, faith-based, community health care and social support organization committed to excellence. We are the principal provider of health care for the residents of southwest and central Brooklyn. This uniquely integrated health care system includes Lutheran Medical Center (LMC), Lutheran Family Health Centers (LFHC), Lutheran Augustana Center for Extended Care and Rehabilitation (LAC), Senior Housing, Community Care Organization and Health Plus.

Lutheran HealthCare 2010 Community Service Plan UPDATE

I. Mission Statement for Lutheran HealthCare

Indicate and describe any changes made to the mission statement, if applicable. If no changes were made, please so indicate.

This mission statement was formally adopted by the Lutheran Medical Center Board of Trustees at their regular meeting on October 24, 1990, and has been reaffirmed annually since. It remains unchanged.

II. Hospital Service Area

Indicate any changes to the primary service area used in community service planning, if different from what was reported in the CSP submission of 2009. If no changes were made, please so indicate.

For purposes of community service planning we have added the following zip code to our general catchment area:

11205

III. Participants and hospital role

Identify the community partners involved in assessing the community health needs (e.g. community groups, local health departments, etc). Please explain the role (s) of the hospital in the process to identify community health needs in selecting prevention agenda priorities. If applicable, identify any changes to the participants and the public process occurring after your last submission.

Lutheran's participatory process is directed by and in cooperation with senior leadership, community partners, patients, and staff representatives from clinical, research, administrative, and community outreach divisions.

LHC uses demographic and diagnostic data from hospital admissions; ambulatory care visits, utilization rates and community-level data sets and reports. These include but are not limited to: the federal Decennial Census and American Community Survey (issued by the NYS Department of City Planning); "Statistics and Data" provided by the New York State Department of Health (<http://www.health.state.ny.us/statistics/>) including PQI, QARR, BRFSS, and NYS Cancer Registry; Prevention Quality Indicator data; "Community Health Profiles," and numerous other reference materials compiled by the New York City Department of Health and Mental Hygiene.

Lutheran includes as its community partners, the New York City Department of Health and Mental Hygiene, ACUS- Asian Community United Society, Arab American Association of N.Y., Arab American Family Support Center, BCA- Brooklyn Chinese American Association, Brooklyn NORC Coalition, Brooklyn Pride Center, Caribbean Women's Health Association, Center for Family Life, CPC-Brooklyn Branch- Chinese American Planning Council, Federation of Italian American Organizations, Good Neighbors NNORC, Guild for Exceptional Children, Heartshare, Homecrest Community Services, Housing Works, Jewish Community House of Bensonhurst (Bensonhurst NORC), MAS Youth Center, Metropolitan Jewish Health System, Mixteca, Muslim Federation, Opportunities for a Better Tomorrow, Project Reach Youth, Salam Lutheran Church-Maha, Shore Ridge Cares, Southwest Brooklyn Coalition for Health, The Guild for Exceptional Children, United Senior Center of Sunset Park , Visiting Nurse, and We are All Brooklyn. We meet with community partners bi-annually as outlined in the 2009 CSP.

IV. Identification of Public Health Priorities

List your hospital's selected prevention agenda priorities and the health improvement goals for the priority areas selected. Please also include your hospital's non-prevention agenda programs, if any.

Explain any impact or changes that have been realized to date as a result of your collaborative plan. Has the scope of the plan changed and if so why?

Prevention Agenda Priorities

1. Access to Quality Health Care
 - a. Expand primary care capacity
 - b. Eliminate barriers to primary care
 - c. Enhance the quality of care
2. Perinatal and Pediatric Health (Health Mothers/Healthy Babies/Healthy Children)
 - a. Expand primary care capacity
 - b. Eliminate barriers to primary care
 - c. Enhance the quality of care

Non-Prevention Agenda Priorities

1. Expansion of scope to include a full service cardiac center, epilepsy center, multiple sclerosis center, and vascular lab.

The primary scope of our plan remains unchanged.

V. Update on the Plan of Action

Provide a summary of the implementation status of your three – year plan, including successes and barriers in the implementation process. If applicable, indicate how and why plans were altered as a result of the stated barriers. Please include an update on any activities undertaken to address non-prevention agenda programs.

ACCESS TO QUALITY HEALTH CARE

Evaluation Measure (EM) 1: Number of People utilizing services in the Emergency Room

- 2008 - 63,437
- 2009 - 65,840

LHC has seen an increase in the number of patients utilizing services in the Emergency Room between 2008 (the baseline year) and 2009 (the measurement year). The economic recession has had a significant impact on New York City's health care safety net and LHC's service area

by forcing closure and restructuring initiatives of other area providers, as well as affecting the population's ability to access health insurance. Rising unemployment has resulted in the loss of employer-provided health insurance plans for many service area residents. Without routine access to health care, many residents forego primary and preventive care visits and end up receiving treatment in the emergency room. The closure and downsizing of an area hospital in recent years continues to exacerbate existing provider shortages, also contributing to increased emergency room visits at LHC. To accommodate growing community demands, a planned expansion and renovation of both the Emergency Department and the Intensive Care Units is underway.

EM 2: Percentage of Emergency Room visits that are self-limited, minor or of low to moderate severity, considered to be treatable in a primary care setting

- 2008 – 40,985
- 2009 – 41,308

Due to the environmental factors described above, LHC has seen a mild increase in the percentage of primary care-treatable emergency room visits.

However, LHC did experience a significant decrease in emergency room visits for low complexity, self-limited severity treatments:

- 2008 - 440
- 2009 - 164

This may indicate that LHC's primary care expansion efforts have contributed to lower emergency room utilization for such treatments.

EM 3: Number of Patients at LFHC

- 2008 – 89,082
- 2009 – 99,429

Expand Primary Care Capacity Sunset Park Family Health Center

Plan: LHC has obtained a New York State, Department of Health, HEAL Phase 2 grant to construct a new 25,000 square-foot primary care center adjacent to the Sunset Park Family Health Center, the existing main site within LHC's primary care network, Lutheran Family Health Centers (LFHC).

Status: LHC has completed construction and the site began serving patients in April 2010. With 40 exam rooms, the site is projected to double capacity for Women's Health and Pediatrics at the Sunset Park Family Health Center. The site offers extended hours, with Women's Health services available Monday through Friday from 8:30 a.m. to 7 p.m. and weekend hours on Saturdays from 9 a.m. to 4 p.m. Pediatrics services are available on Monday through Thursday from 8.30 a.m. to 9 p.m., Friday from 8:30 a.m. to 7 p.m., and weekend hours on Saturday and Sunday from 9 a.m. to 5 p.m. Walk-ins are accepted, and urgent care services are provided from 7 p.m. to 9 p.m. throughout the week.

Brooklyn Chinese Family Health Center

Plan: LHC has adopted strategic plans to relocate the LFHC Brooklyn Chinese Family Health Center site to a significantly larger facility in the same neighborhood. The new facility will increase the Brooklyn Chinese Family Health Center's capacity by 50 percent.

Status: A new site at 5008 7th Avenue has been identified approximately five blocks from the current site, and modifications to the facility's physical infrastructure have begun. The board of directors has been directly involved in the planning and design phase and continues to monitor and evaluate the project's progress. The center is projected to open in the first quarter of 2011 and will approximately double capacity for Sunset Park's Chinese community through installation of additional exam rooms and rehabilitation services.

Eliminate Barriers to Care

Facilitate enrollment events with Health Plus

Plan: Health Plus continues to work closely with LHC's other "arms" and LHC's community partners to facilitate insurance enrollment for residents. In the coming months, with the expansion of LHC's school-based dental program, LHC and Health Plus will collaborate with participating schools to ensure that every student has health insurance. These enrollment campaigns may also include participation of additional community partners including Nets Basketball.

Status: LHC has worked closely with Health Plus to provide various opportunities for service area residents to enroll in affordable health insurance. Much of this activity has been directed towards enrolling newly served students attending school at the 14 school-based dental clinics LFHC began serving in the past year. Lutheran and Health Plus have partnered on 14 enrollment events at various Lutheran sites in the past year, including the grand opening of the Women's Health and Pediatrics site expansion for the Sunset Park Family Health Center, and the Shoot for Better Health Basketball Clinic.

To more accurately reflect activity associated with this 3-Year Plan strategy for LHC's enrollment efforts with Health Plus, LHC has modified Evaluation Measure 4 from the overall percentage of insured patients within the LFHC network as previously indicated, to the number of LFHC patients actively enrolled in Health Plus. Progress made on this modified evaluation measure is shown below.

EM 4: Number of LFHC members enrolled in Health Plus

- July 2009 – 23,773
- July 2010 – 23,850

Establish School-Based Oral Health Program

Plan: To address the growing need for school-based oral health services, LHC will establish an extensive school-based oral health program. Specifically, LHC will establish and operate dental clinics in most or all of the fourteen schools where it currently operates school-based health centers.

Status: In 2009, LHC assumed operation of 14 of the New York City Department of Health and Mental Hygiene's school-based dental clinics otherwise slated for closure through elimination of the city's Oral Health Program, thus preserving oral health homes for the more than 10,000 students at these schools. Additionally, LHC integrated oral health services into existing medical and behavioral health services at 10 of its 14 established school-based health center

sites. This initiative has succeeded in effectively establishing oral health services at 24 of its 28 total school-based sites. Through LHC's established relationships with each of the schools, school administration, parents, and community members play a critical role in the ongoing operations of each clinic through participation in community advisory committees.

EM 5: Number of Dental Patients

- 2008 – 24,609
- 2009 – 26,957

Enhance LHC's "Cancer Outreach and Prevention Alliance" (COPA) Program

Plan: LHC is the lead agency in a coalition of community and faith-based organizations working together to increase access to and utilization of screening services for breast, cervical, colorectal, and prostate cancer in its service area. LHC has established plans to expand this coalition significantly. Community partners work with LHC to increase knowledge/skill among community members for the identified cancers. Coalition activities will also include prevention/screening, promoting community education, educating health providers, fostering partnerships and networks, improving organizational practices, and influencing policy and legislation.

Status: Due to insufficient state budgets to sustain the program, the COPA program lost grant funding early in 2010 and was discontinued. LHC is expanding on alternative programs and initiatives that are closely related to the goals of the COPA program to continue making progress on education, screening, and early detection of cancer among the service area population and reduce negative outcomes. With insufficient grant funding to pursue COPA program activities, LHC will seek to continue COPA's goals through enhancement of other related pre-existing programs. The Colonoscopy Cancer Patient Navigator program has been successful in navigating more than 650 patients through the program since January 2010, and the addition of a Panel Manager is expected to increase these efforts through the remaining term of the grant. LHC will use lessons learned from the COPA program and established relationships to raise awareness of the Colonoscopy Cancer Patient Navigator Program and its resources to qualified former COPA program participants. To minimize the effects of lost COPA program resources for breast, cervical and colorectal cancer screening, LHC will refer past and future patients to the Brooklyn Healthy Living Partnership for education and screening. The Brooklyn Healthy Living Partnership is a coalition of community partners committed to improving access to high quality breast, cervical, and colorectal cancer screening, diagnosis, education and primary care to underserved and uninsured women with barriers to care. The goal of the Partnership is to detect, diagnose, and treat breast cancer and cervical and colon abnormalities in the early stages. Reciprocally, program partners refer patients to LHC for treatment and also conduct health education, health fairs, community events, focus groups and assessments, and provide culturally-competent educational materials. Through the Partnership, LHC has been successful in providing over 1,000 breast screenings in 2010. Moving forward, LHC will seek to meet 3-Year Plan objectives for this prevention agenda priority through increased utilization of these programs.

EM 6: Percentage of women between the ages of 40 and 69 years who had a mammogram within the past two years

- 2008 – 35%
- 2009 – 46%

EM 7: Percentage of women age 24-64 who received one or more Pap tests during the measurement year or during the two years prior to the measurement year

- 2008 – 73%
- 2009 – 80%

In recent years, LHC has made significant gains among its patient population in utilization of screening procedures for breast and cervical cancer. It should be noted that the age of women measured has been changed from 21 to 24 through 64 years of age to remain consistent with federal guidelines used for this quality of care indicator.

Colonoscopy Cancer Patient Navigator Program

Plan: LHC has identified numerous barriers to colonoscopy for its patient population, particularly men (only 20 percent of LHC's colonoscopy recipients are men). Having utilized breast health patient navigators to great avail over for the past several years, LHC has created a similar colorectal cancer/colonoscopy patient navigator program.

Status: LHC secured grant funding from the NYS Department of Health in the fall of 2009 to implement the program, and grant funding will continue through 2011. The overall objective of the program is to increase screening, education, and referral to treatment for colonoscopies. Program staff systematically reaches out to LFHC patients identified as high-risk to provide information about colon cancer screening and treatment, educational resources, and serve as the link between the patient and providers to initiate appointments and facilitate necessary follow-up measures. Program has thus far successfully navigated more than 650 patients through the program from January 2010 to the present, with resulting increases in insurance enrollment and colonoscopies performed by LHC.

EM 8: Number of patients successfully “navigated” through colonoscopy

- Jan 2010-August 2010 (Baseline Year) – 651

Enhance Quality of Care

Patient Centered Medical Home

Plan: LHC will implement a new model of care within the LFHC network, the Lutheran HealthCare Patient Centered Medical Home (the PCMH), which will be marked by significant improvements in organization, coordination, and integration of care – all factors that influence long-term health outcomes in the primary care setting. The PCMH model will foster more effective communication between the patient and the clinical care team headed by the primary care provider.

Status: LHC recently received recognition at all nine of its family health center sites within the LFHC network as a Level 1 Physician Practice Connections Patient-Centered Medical Homes by the National Committee for Quality Assurance. As such, it has achieved elevated standards of quality in care through emphasis on whole-person orientation and a closer patient-physician relationship designed to oversee all aspects of care. LHC intends to further this commitment to enhanced quality of care by achieving standards consistent with Level 3 PCMH recognition. LHC has recently submitted its Level 3 application to NCQA, which is currently under review. LHC expects to receive a decision on the application during the fall of 2010.

NCQA requires Lutheran to select a health indicator to work on improving in order to receive and maintain the NCQA accreditation for a Medical Home. We selected the percentage of adult patients with type 2 diabetes who's most recent HbA1c is ≤ 9 percent.

EM 9: The percentage of adult patients with type 2 diabetes who's most recent HbA1c is \leq 9 percent.

- 2008 – 68%
- 2009 – 68%

Community-Based Blood Pressure Self-Monitoring

Plan: With support from community members, the New York City Department of Health and Mental Hygiene, the Fund for Public Health in New York, and the Robert Wood Johnson Foundation, LHC will develop and implement a community-oriented hypertension program that utilizes the latest telemedicine technologies for blood pressure monitoring. LHC will distribute automatic blood pressure (BP) monitors with modems capable of transmitting home BP readings to a secure database for evaluation; the monitors will be distributed to 1,000 patients and community members.

Status: The program was scheduled to begin in January, but was initially delayed due to challenges configuring the electronic health records to store and track the data. After addressing these issues, the program began enrolling participants in the spring at the Sunset Park Family Health Center and the Family Physician Family Health Center. Recently, the program has also begun at the Park Slope Family Health Center. More than 40 patients with hypertension have been enrolled, and have begun monitoring blood pressure with the free monitors that have been provided for distribution by LHC's community partners.

EM 10: The percentage of adult patients (18+ years) with hypertension whose most recent blood pressure was $<140/90$

- 2008 – 63%
- July 2008-June 2009 – 65%

2. HEALTHY MOTHERS/HEALTHY BABIES/HEALTHY CHILDREN

Expand Primary Care Capacity

Expand Women's Health and Pediatric Capacity

Plan: As described above (Access to Quality Health Care – Expand Primary Care Capacity, Strategy 1), LHC has constructed a 25,000 square-foot primary care center that will double capacity for Women's Health and Pediatrics at LHC's Sunset Park Family Health Center.

Status: In April of 2010 the site opened its doors to the community. Featuring 40 new exam rooms, the site offers extended evening hours and weekend hours and also provides urgent care/walk-in outpatient services that will increase primary care volume and reduce unnecessary Emergency Department utilization. Workflows and patient flows have been improved to increase efficiency, and the facility has been designed with a patient-orientated approach to ensure minimal patient navigation.

Eliminate Barriers to Care

Community-Based Adolescent Pregnancy Prevention Program

Plan: LHC is currently seeking funds to establish a Community-Based Adolescent Pregnancy Prevention Program (CBAPP). The program will use school-based group education and services at several service area schools to reduce risk behaviors and negative outcomes such

as unintended pregnancy. The ultimate goal of the program will be to prevent adolescent pregnancy, and function as a trusted point-of-entry to prenatal care for adolescents that do become pregnant.

Status: LHC has been unable to secure dedicated funding to initiate the CBAPP program. However, LHC has been carrying out the underlying goals of the CBAPP through other projects and activities, particularly through established initiatives within the Community-Based Programs department of LFHC and its Family Support Center. Project SAFE is a broad grant-funded program of LFHC which was established to address the long-term problem of disproportionately high rates of HIV/AIDS and unintended pregnancy among adolescents of color and other identified “at-risk youth” in the service area. Staff and participants of Project SAFE have used a number of strategies to reduce the HIV risk and pregnancy risk among at-risk youth, including peer education programming, HIV testing events, youth dance and poetry performances, street team outreach, community events and partnerships, counseling, and social networking. In the upcoming year, Project SAFE is expected to have 75 active and trained peer educators to provide workshops to more than 300 at-risk youth, theater presentations to an additional 750 youth, refer a minimum of 275 youth for health care and social services, and reach 750 more adolescents with educational materials through technology-based approaches. Project SAFE is designed to employ coordinated activities to meet objectives for impacting health behaviors to minimize the risk of negative outcomes, such as adolescent pregnancy or HIV exposure, and to refer affected youth for mental health and medical treatment as needed.

Expand Nurse Midwife Practice

Plan: Numerous studies have shown that nurse midwives improve access to care for expectant mothers and significantly improve birth outcomes. Driven by this and other considerations, including priorities identified through the CSP survey process, and challenges in recruiting culturally congruent obstetricians, LHC has established strategic plans to expand its nurse midwife practice.

Status: During the last year, LHC has made a concerted effort to increase the number of certified nurse midwives, with particular emphasis during the hiring process placed on language and cultural competence appropriate for the target service population. Since September 2009, LHC has increased the number of full-time certified nurse midwives to seven, currently working at the Sunset Park Family Health Center, Park Slope Family Health Center, Park Ridge Family Health Center, Caribbean American Family Health Center, and the Brooklyn Chinese Family Health Center. The increased Women’s Health capacity at the Sunset Park Family Health Center and rising birth rates have contributed to the increased demand for services and thus, the need for additional nurse midwives.

EM 1: Trimester of Entry into Prenatal Care

- 2008 – 61%
- 2009 – 61%

Between 2008 and 2009, LHC maintained the rate of entry into prenatal care for pregnant mothers across the family health center network. With the recent expansion of the nurse-midwife practice, LHC expects that the 2010 data will show marginal improvement on this measure, as well as other prenatal quality of care indicators.

Enhance Quality of Care

Centering Pregnancy

Plan: LHC is piloting a Centering Pregnancy Project that focuses on providing group prenatal care to low-income high-risk pregnancy women. In this model, traditional one-on-one prenatal visits with the physician are replaced by in-depth, two-hour group visits involving enhanced education, social support, and self-empowerment. The overall goal of the project is to improve birth outcomes and health behaviors during and after pregnancy among adolescents (aged 14-21) receiving prenatal care at LHC.

Status: LHC's family health center network was successful in enrolling nearly 50 expectant mothers in the pilot program, which ended in July 2010. The sessions were structured in a cohort setting for pregnant teenage women, and educational discussions and examinations were provided, with some degree of success in decreasing low birth weight deliveries among the group. In addition to the topics described above, additional educational materials were distributed and emphasis was placed on practicing safe sex and minimizing the risk of exposure to HIV.

EM 2: Percentage of births less than 2,500 grams

- 2008 – 5.25%
- 2009 – 5.7%

Across the LFHC network, there was a slight increase in the percentage of births less than 2,500 grams. We are in the process of reexamining our program and are conducting a study to determine if the MFM services we are providing are appropriate. We have hired two obstetricians and are recruiting two more. Additionally, we are hiring a chief of obstetrics.

Report Card Modification

Plan: LHC's outpatient family health center network uses site-specific and organization-wide report cards to track performance with respect to clinical measures and goals formulated by senior leadership with the input of network-wide clinical and administrative leadership. Measures are based on community health needs, accreditation standards, and regulatory requirements. Partially in response to priorities identified during the CSP survey process, LFHC has modified its report card to include several new clinical measures and goals pertaining to maternal, perinatal and pediatric health. The CSP committee, along with community partners, will review LFHC's progress towards these goals on an ongoing basis and advise on modification of goals as necessary.

Status: LHC has made six significant modifications to the 2010 LFHC network report card, influenced in part by the CSP committee, expansion efforts and quality improvement initiatives that are being implemented across all family health center sites, and to increase compliance with state and federal agency guidelines. In the "Quality of Service" category, an indicator for Pediatric/Adolescent appointment availability was added, supplementing the existing measure for appointment availability for adult and women's health services. A measure to track Interpreter Services Documentation was also added in order to ensure improved performance on culturally-competent services. Several "Quality of Care" indicators were employed for both the network and site-specific report cards in 2010. In accordance with the network's progress in BMI screening for pediatric and adolescent patients, a measure was added to track nutritional counseling for all patients with a BMI in the 85th percentile or greater. Another

indicator was added to track the “HIV-Known Status” of all patients, which will provide implications for the network’s HIV screening capacity as well as patients’ knowledge of and treatment for HIV. Lastly, two existing CSP Evaluation Measures were incorporated into the network report cards to enhance monitoring of strategies to improve service capacity and enhance quality of care for children: immunizations completed by a child’s 2nd birthday, and children aged 6-11 who have had a dental visit in the past year.

Healthy Mothers/ Healthy Babies/Healthy Children: Other Evaluation Measures (EMs):

EM 3: The percentage of children by two years of age with appropriate immunizations (4 DTaP, 3 polio, 1 MMR, 3 Hib, 3 hepatitis B, 1 VZV, 4 PC7)

- 2008 – 88.6% (sample)
- 4th Quarter 2009 – 74% (sample)

Plan: LHC has identified childhood immunization rates as an area of opportunity for improvement and is taking decisive action to address it. LHC is working with the New York City Department of Health and Mental Hygiene and its Electronic Medical Records (EMR) vendor to improve the bidirectional feedback capabilities of the EMR and its transmission of immunization records to the Citywide Immunization Registry (CIR). LHC and other safety-net providers are providing feedback to the city regarding the “capture” of childhood immunization data in the EMR and how this information is received and documented in the CIR. This ongoing dialogue will facilitate improvements that will create a more seamless flow of information and establish enhanced capacity to track children’s compliance with the immunization schedule and identify those that have not received their immunizations. Additionally, LHC is implementing new measures in its EMR system to inform the primary care provider more effectively on immunization compliance for patients. Prompts have been created in patients’ health records to notify the primary care provider of any upcoming or overdue immunizations for children. LHC is holding further training for physicians, medical assistants, nursing staff, and all appropriate members of the primary care team to address these new steps and institute the necessary corrective actions.

EM 4: The percentage of children ages 6-11 who have had a dental visit in the past year

- 4th quarter 2009 – 43%
- 2nd Quarter 2010 – 55%

Non-prevention Priorities Considered in the Assessment Process

In response to a new community need, LFHC will absorb and sustain Long Island College Hospital’s (LICH) dental program. LFHC expects to commence service provision in the summer of 2010 and will provide services 50 hours per week, offering extended hours to best serve the needs of the service area. This new community need comes from fiscal issues at Long Island College Hospital (LICH) that have rendered its primary care and dental services unsustainable. As such, LICH had recently initiated the closure of its dental program. Formerly serving the neighborhoods surrounding Downtown Brooklyn, over 70 percent of its ambulatory care patients had either Medicaid or no insurance.

In 2008, as part of sweeping budget cuts, the New York City Department of Health and Mental Hygiene (DOHMH) closed its Oral Health Program, which consisted of 46 school and community-based sites and provided dental services to 17,000 children. DOHMH approached LFHC to assume operation of 14 of these school-based dental clinics to prevent a gap in

services, citing LFHC's long-standing school-based health program and history of providing high-quality, low-cost dental services. LFHC agreed to absorb and sustain the sites, and is facilitating operational improvements to increase service capacity, scheduled to commence with the 2010-2011 school-year.

VI. Dissemination to the Public

Describe how the CSP was made available to the public. If information is posted on your hospital's website, please include the link. Include documents, newsletters or brochures created for distribution to the public with your one – year update submission, if they are not posted to the hospital's website.

LHC published this report in its entirety on our web site (www.LutheranHealthCare.org) and a summary document that includes our commitment to public health programs and financial assistance was be posted. Additionally, Lutheran currently posts on our web site information regarding financial assistance programs and will add programmatic information as it becomes available regarding prevention agenda initiatives. In addition, Lutheran provides information to the public in our patient guides, posters and financial assistance brochures; all are available throughout the health care system. Copies of the CSP were mailed to all community partners.

VII. Changes that Impact Community Health Planning / Charity Care / Access to Services

Describe any changes to the hospital's operation or financial situation that impacts the care of the community, financial assistance and / or access to health care. This could include, but is not limited to, impending mergers, increasing financial restraints and planned closures.

Lutheran is well into planning for 2011 and does not foresee any operational changes that would alter our ability to participate in local health planning at this time.

There are, however, many fiscal challenges to face in the coming months. Lutheran is a safety net provider and high DSH (Disproportionate Share) hospital. Approximately 75 percent of our inpatient discharges and 70 percent of our outpatient visits are covered by government payors (Medicaid, Family Health Plus, Child Health Plus and Medicare). Therefore we are particularly vulnerable to reimbursement reductions from State and Federal governments. We also serve a high volume of uninsured patients, approximately 24 percent of our Emergency Room visits, 16 percent of our clinic visits and 5 percent of our inpatient discharges. These numbers tend to grow as the economy worsens. LHC has put many programs in place to insure that our patients, regardless of ability to pay, have access to the full range of services offered at LHC. This effort becomes more difficult as the financial pressures on government payors increase.

We believe we have positioned ourselves defensively and should be able to handle both the federal as well as the New York State budget crises. LHC has implemented efficiency and cost cutting measures to reduce costs and increase the efficacy of our operations, implemented revenue cycle improvements, and applied for and received Grant opportunities to continue to supply quality services to our community.

VIII. Financial Aid Program

(Describe the hospital's successes and challenges related to the provision of financial aid in accordance with Public Health Law 2807 (k) (9-a)). Also, describe the general accomplishments related to the hospital's financial aid program.

Through its in-place financial assistance program Lutheran HealthCare has been able to apply consistent policies and procedures to assist its low-income patients in financial need, continue to meet its overall mission, and comply with NYS Public Law 2807 (k) (9-a). This program has impacted access to care for these patients and reduced any added stress these patients may feel in terms of identifying affordable, high quality health care services. One of the mutual benefits of the policy is that eligible patients can receive services without having to reapply for financial assistance each and every time they present for services. This mutually beneficial to the patient and the hospital by reducing the patient's stress and concern and at the same time reducing resources needed to assist patients in financial need.

The standardization of the financial assistance program and the establishment of the goal/guideline to review all uninsured patients prior to, or within 24 hours of admission, has helped the facility to be successful in this area. When a patient is made aware of our financial assistance policies earlier on in the process they can move forward, understanding that Lutheran would assist them and/or their family in applying for Medicaid, Family Health Plus or any other available insurance coverage. In the event a patient is not eligible for any type of insurance, they are informed that the hospital will work with them and/or their family to the extent possible so payment of the bill would be manageable. As an example, The Lutheran Family Health Center is a Federally Qualified Health Center (FQHC) and treats all patients regardless of ability to pay. For patients who do not qualify for government insurance, a sliding fee scale is employed based on family size and income.

As part of our ongoing strategy, periodic refresher education is provided to the front-end staff, which has resulted in better, more complete Medicaid applications to HRA. Improving this process resulted in fewer returns for additional information and consequently has lessened the out-right denials from HRA. Less back and forth among HRA-Patient-Facility has helped the hospital in maximizing its very limited resources to assist financially distressed patients, and has helped the patient better understand and plan for meeting their financial obligations for the health care services provided by LHC.

We continue to expand this process to other services such as treat and release patients from the Emergency Room and patients coming in for Referred Outpatient Services (Tests & Procedures). These patients tend to be 'episodic' seekers of health care services, and have traditionally been very difficult to interview and complete the financial assistance process. Our hope is by expanding the program to proactively make it available to this particular group, it will lead to a better connection between the patient and the facility, lessen episodic care and increase routine preventative and primary care. We have also been able to utilize our financial assistance process to improve collections of co-insurances by advising our patients of their financial responsibilities at the time services are rendered.

Overall one of the more difficult challenges in this process has been convincing undocumented patients that providing information about themselves and their family will not be used to deport them. This concern has often impaired our ability to file an emergency Medicaid application on their behalf. Other challenges we address daily are both cultural and language related, but due to our Cultural Competence programs and the diversification within staff, we continue to be able to handle and resolve most of these issues. Another major, growing challenge is the ever-increasing underinsured patients, i.e., patients with inadequate coverage or where the reimbursement is less than the cost of the service. When this occurs LHC is not able to cover the cost of the services provided, resulting in a situation where resources are continually drained since there are excess costs beyond the revenue due to inadequate reimbursement.

This is a major growing concern especially in the current economic environment and without a consistent, predictable source of revenue to cover these shortfalls.

Lutheran has a robust financial assistance program is beneficial to financially distressed patients and ultimately as well to the facility rendering care. The continuing challenge at the facility level will be to get shortfalls recognized quickly and then get them appropriately covered by other sources, governmental and non-governmental, and to protect these sources as they are continually under attack, so that safety net facilities like LHC can continue its mission for the residents of our communities.

Lutheran Medical Center has been named to the Community Value Index (CVI) Top 100 Hospitals list for the fifth year in a row. Scoring in the top twenty percent, it has also been designated a "Five-Star" facility. The annual listing identifies the nation's top hospitals that have achieved better-than-average results in maintaining financial strength, low costs and reasonable charges for their services. Lutheran's Top 100 rating means it achieved a CVI rating in the top 20 percent of nearly 3,000 hospitals examined in the study. The rating lists Lutheran as a low cost, low charge hospital, which uses financial resources efficiently while maintaining a high degree of community value.