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 2011 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

Please describe the hospital service area. Indicate any changes to the primary service area in the community service planning. Indicate whether or not any changes have occurred since the 2010 submission.

Lutheran HealthCare (LHC) which 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, Inc., is primarily located throughout southwest and central Brooklyn serving one of the most culturally, ethnically and linguistically diverse communities in the world. We have recently expanded to include locations in Manhattan, Queens and Staten Island. LHC considers its current service area to be:

Zip Codes fully contained:

11203, 11204, 11209, 11210, 11214, 11215, 11217, 11218, 11219, 11220, 11223, 11224, 11225, 11226, 11228, 11230, 11231, 11232

Zip codes partially contained:

10011, 10001, 10003, 10010, 10011, 10012, 10016, 10018, 10027, 10035, 10036, 10301, 10455, 11201, 11207, 11212, 11213, 11216, 11217, 11121, 11213, 11229, 11233, 11234, 11235, 11236, 11238, 11239, 11433

Community Demographics:

37 percent Latino/Hispanic
27 percent Chinese
10 percent Orthodox Jewish
7 percent Arabic
7 percent Russian
28 percent live below 100 percent Federal Poverty Level
16 percent are over the age of 60

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. What are the goals for the selected priority area?

LHC has identified three overall goals to guide its approach to the selected Public Health Priorities:

- Expand primary care capacity to assist in lowering Emergency Room (ER) visits and wait times
- Eliminate barriers to primary care
- Enhance quality of care

These objectives provide a broad framework under which specific programmatic strategies, action steps, role assignments, etc. are organized.

The primary scope of our plan remains unchanged.

V. Please provide an update on the plan for action. Provide a summary of implementation status of your 3-year plan, including successes and barriers in the implementation process. If applicable, indicate how and why plans have been altered as a result of stated successes and barriers.

ACCESS TO QUALITY HEALTH CARE

Evaluation Measure (EM) 1: Number of people utilizing services in the ER

- 2008 – 63,437
- 2009 – 65,840
- 2010 – 64,115

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

- 2008 – 40,985
- 2009 – 41,308
- 2010 – 41,292

EM 3: Number of patients using LFHC

- 2008 – 89,082
- 2009 – 99,429
- 2010 – 110, 696

In 2010, LMC saw a 2.6 percent decrease in utilization of the Emergency Room and an 11 percent increase in the number of patients receiving care at LFHC. However, ER visits that are minor or of low to moderate severity and considered to be treatable in a primary care setting have remained relatively flat.

LFHC, our primary care network, has expanded to four boroughs through the recently acquired Community Medicine Program as well as an expansion of the school based health clinics. In addition, Lutheran added the Sunset Park Family Health Center annex and an expanded Brooklyn-Chinese Family Health Center to its list of sites. To further improve access to quality health care, LFHC achieved Level 3 certification as a Patient Centered Medical Home by NCQA in 2010. This explains the increase in utilization of the LFHC network as well as the overall decrease of ER utilization. We attribute the report of low severity visits remaining relatively flat to a change in Electronic Health Record systems utilized by the ER and the lack of coordinated data between the two systems. Reliable data should be available next year.

Expand Primary Care Capacity
Sunset Park Family Health Center

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

2011 Status: The Sunset Park Family Health Center Annex opened its doors in April 2010. This site acts as the hub of the LFHC network, and is the largest and busiest site. With 40 exam rooms and extended hours, the site provides urgent care / walk-in outpatient services that have increased primary care volume by 16 percent YTD in 2011. Additional specialty

services include pediatric pulmonology, pediatric gastroenterology, pediatric cardiology, pediatric nephrology and pediatric neurology. The site has started an adolescent clinic as well. This Center has a patient population of approximately 25,000 and continues to grow.

Brooklyn-Chinese Family Health Center
Plan: LHC adopted a strategic plan 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.

2011 Status: The new Brooklyn-Chinese site opened in February 2011. The new facility includes the newly added service of outpatient rehabilitation, which features state-of-the-art equipment.

The Brooklyn-Chinese Family Health Center (BCHC) is located in the heart of the second largest concentration of Chinese people in New York City. BCFHC was relocated in 2011 to a newly renovated, state-of-the-art facility and delivers culturally competent care through a staff that speaks one or more dialects of Chinese as well as English. Services include Family Medicine, Internal Medicine, OB/GYN, Pre-natal Care Assistance Program, Pediatrics, Health Education, HIV testing and counseling, Diabetes Management, Nutrition, and Dentistry. The site has also recently added gastroenterology as the Chinese population as they are genetically disposed to GI-related conditions as well as the previously cited physical therapy program. Brooklyn-Chinese is located in a designated primary care Health Professionals Shortage Area (HPSA), Mental Health HPSA, and Dental Health HPSA as well as a Medically Underserved Area /Medically Underserved Population. The Center has a patient population of nearly 4,000, generating almost 30,000 visits a year.

Eliminate Barriers to Care
Facilitate enrollment events with Health Plus
Plan: Health Plus continues to work closely with LHC's other "arms" and 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 such as Nets Basketball.

2011 Status: In 2010 we saw a slight decrease (0.2 percent) in the number of LFHC members enrolled in Health Plus. Leadership at LFHC and Health Plus are working to create new strategies to increase membership while retaining current enrollment. Strategies include decentralizing outreach programs and activities by site to identify any issues and enhance the overall member experience; expansion of outreach programs to potential referral sources such as community-based organizations that work with each site; overhaul of the recertification process to make it easier for current enrollment to maintain their insurance.

EM 4: Number of LFHC members enrolled in Health Plus
- July 2009 – 23,773
- July 2010 – 23,850
- July 2011 – 23,793

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 by operating dental clinics in most or all of the fourteen schools where it currently operates school–based health centers.

2011 Status: Lutheran effectively provides oral health services at 24 of its 28 school-based sites. The oral health program provides oral health care to approximately 8,000 students. Of the population served, 87 percent are eligible for free lunch and 92 percent are racial or ethnic minorities.

EM 5: Number of Dental Patients

- 2008 – 24,609
- 2009 – 26,957
- 2010 – 31,938

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 within 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.

2011 Status: Due to insufficient state budgets to sustain the program, the COPA program lost grant funding early in 2010 and was discontinued. To minimize the effects of the lost COPA program, LHC continued to focus on the program's goals through the enhancement of other related pre-existing programs or through new grant funding, such as:

Breast and Cervical Cancer Screening:
We continue to use the Cancer Services Program (formerly known as the Brooklyn Healthy Living Partnership) to provide free breast and cervical cancer screenings to patients primarily over the age of 40. Over the years we have screened tens of thousands of women and in the 2010 – 2011 fiscal year, 1,500 women were screened and received follow-up services including additional diagnostic imaging, breast surgeon consultations, biopsies, and follow – up services for abnormal Pap smears.

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

- 2008 – 35 percent
- 2009 – 46 percent
- 2010 – 60 percent

EM 7: Percentage of women between the ages of 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 percent
- 2009 – 80 percent
- 2010 – 80 percent

Colonoscopy Cancer Patient Navigator Program
Plan: LHC has identified numerous barriers to colonoscopy screening for its patient population, particularly men (only 20 percent of LHC's male patients receive colonoscopy screening). Having utilized breast health patient navigators successfully over for the past several years, LHC has created a similar colorectal cancer/colonoscopy patient navigator program.

2011 Status: The Colonoscopy Cancer Patient Navigator program has been successful in contacting an average of 120 patients monthly for a 12 month period or approximately 1,440 patients between July 2010 and August 2011. Eighty percent of all contacted patients underwent colonoscopy screening.

EM 8: Number of patients successfully "navigated" through colonoscopy

- January – August 2010 (baseline data) – 651
- July 2010 and August 2011 – 1,152

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 and will be led by the primary care provider.

2011 Status: LHC recently received recognition at eight out of the nine Family Health Center sites as a Level 3 Patient-Centered Medical Home by the National Committee for Quality Assurance (NCQA). This designation recognizes elevated standards of quality in care through emphasis on whole-person orientation and a closer patient-physician relationship designed to have a team of doctors working together to oversee all aspects of care with a proactive focus on prevention.

NCQA requires Lutheran to select a health indicator to work toward improving in order to receive and maintain the NCQA accreditation as a Medical Home. LFHC selected the percentage of adult patients with type 2 diabetes whose most recent HbA1c is ≤ 9 percent.

EM 9: The percentage of adult patients with type 2 diabetes whose most recent HbA1c is ≤ 9 percent.

- 2008 – 68 percent
- 2009 – 68 percent
- 2010 – 70 percent

Diabetes is a major chronic health issue plaguing our population, As such, we have intensified our efforts toward assessing and assisting patients self manage their chronic condition. Lutheran currently has four dedicated nutritionists who are also Certified Diabetes Educators and three Patient Centered Medical Home Advocates, all of whom work closely with the clinical team to provide education on self monitoring of blood glucose, dietary counseling as well as education on exercise and healthy life style tips. The goal is to empower patients to take

charge of their diabetes and incorporate lifestyle changes that will result in long-term positive health outcomes.

In addition, after further data analysis of the untested patients, we realized that a number of our diabetic patients who were utilizing our Specialty services had Primary Care Providers (PCPs) outside the network. To improve testing compliance for these patients, our strategy is to build stronger relationships with these outside network providers so that we may obtain the patients' latest lab results or identify earlier those who are not being tested. To do that in the summer of 2010 we began identifying these patients as community PCPs in our EHR. As a result as of June 2011, there were more than 400 diabetic patients (11 percent) with community PCPs identified, forty three percent of whom appear in our statistics as either ≥9.0 or "untested." Over the course of the year, the number of patients at our primary care sites with >9.0 A1c has decreased by 2 percent. With additional resources, data tools and analysis, we anticipate further improvement in the coming year.

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.

2011 Status: The program was scheduled to begin in January 2010 but was initially delayed due to challenges configuring the new electronic health records to store and track data. After addressing these issues, the program began enrolling participants in spring 2010 at the Sunset Park Family Health Center and the Family Physician Family Health Center. In fall 2010, it was then rolled out to Park Ridge, Park Slope, Shore Road and Caribbean American Family Health Centers.

With all of the eligible sites participating, we have been able to enroll approximately 800 patients into the study. The biggest enrollment barrier was the requirement for the enrollee to have a landline telephone for transmission of the readings. Despite this obstacle, the project has been successful as reflected in the data below. Not only have we nearly doubled the number of diagnosed hypertensive patients, but the percentage of controlled patients has also increased.

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

2008 – 63 percent
July 2008 – June 2009 – 65 percent
July 2009 – June 2010 – 66 percent
July 2010 – June 2011 – 69 percent

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 annex.

2011 Status: Sunset Park Family Health Center Annex opened its doors in April 2010. This site acts as the hub of the LFHC network, and is the largest and busiest site. With 40 exam rooms and extended hours, the site provides urgent care / walk-in outpatient services that have increased primary care volume by 16 percent YTD in 2011. Additional specialty services include pediatric pulmonology, pediatric gastroenterology pediatric cardiology, pediatric nephrology and pediatric neurology. The site has started an adolescent clinic as well. This Center has a patient population of approximately 25,000 and continues to grow.

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 risky 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.

2011 Status: In 2009, LHC was unable to secure dedicated funding to initiate the CBAPP program. However, LHC remained focused on 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 LFHC grant-funded program 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" within our service area. 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. The results of the evaluation completed by Cornell University for the 2010 / 2011 program year indicated that there were positive changes among Project SAFE participants in condom usage, as well as in self efficacy, knowledge about HIV and sense of self worth. Specifically, at baseline 25 percent of program participants indicated that they used male condoms the last time they had sex, with 57 percent indicating they used condoms the last time they had sex at follow up. Youth also were more likely to state they had plans for the future (68 percent at baseline to 89 percent at follow up), ability to say no to unwanted sex (54 percent to 79 percent), ability to stick to a decision (21 percent to 39 percent) and decrease in number of participants who said they felt worthless (25 percent to 7 percent). The evaluation also found that participants that were more involved in the program were more likely to show positive changes between pre and post test than youth that had lower attendance rates.

To further our goal of reducing the number of adolescent pregnancies, Lutheran recently applied for and received a Comprehensive Pregnancy Prevention (CAPP) Grant from the New York State Dept of Health. The Grant supports a pregnancy prevention initiative, which focuses on teens in Sunset Park. The Adolescent Pregnancy Prevention Program uses the "Teen Health Project," an evidence-based intervention, to provide 6-hour sexual health education workshops to in-school and out-of-school youth in Sunset Park. The workshops are designed to provide information about preventing pregnancy, STI's and HIV with an emphasis on abstinence and safer sex behaviors. This includes teaching self regulatory skills such as monitoring one's own behavior, anticipating and planning for potentially risky situations and choosing strategies, as well as learning and rehearsing refusal skills and negotiation of condom and contraception usage with partners etc. This past spring we provided a series of six workshops to community high school students during their health classes, as well as providing the workshops to out of school youth in their GED classes. We provided workshops to 151 youth through this program.

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 a strategic plan to expand its outpatient nurse midwife practice.

2011 Status: The increased Women's Health capacity at the new Sunset Park Family Health Center Annex and rising birth rates have contributed to the increased demand for services and thus, the need for additional nurse midwives. Lutheran has increased our midwifery service to 9 midwives from 4 in 2010, which has enabled us to see more patients earlier in their pregnancy.

EM 1: Percentage of women who enter into prenatal care during their first trimester
- 2008 – 61 percent
- 2009 – 61 percent
- 2010 – 79 percent

Enhance Quality of Care

Centering Pregnancy Project
Plan: LHC is piloting a Centering Pregnancy Project that focuses on providing group prenatal care to low – income, high – risk pregnant 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 through LHC.

EM 2: Percentage of births less than 2,500 grams
- 2008 – 5.25 percent
- 2009 – 5.7 percent
- 2010 – 5.7 percent

2011 Status: The Centering Pregnancy pilot program ended in July 2010. Since that time Lutheran has continued to reexamine and enhance our Maternal Fetal Medicine (MFM) program. Although the percent of births less than 2,500 grams didn't change from 2009 to 2010 our results continue to be significantly better than overall New York City rates, which are 7.5 percent (last available data – 2009).

In an effort to improve this score Lutheran has implemented an ongoing training program through the Electronic Health Record to capture risks in women associated with Low Birth Weight Babies to create an appropriate treatment plan to manage risks. Additionally, we have implemented a new model of OB care, which standardizes the protocols of care for low birth weight, at risk, and high-risk pregnancy. Another change is the process for referring to the Network High Risk Clinic and for referrals to MFM for testing and consultation has been refined and staff retrained.

Report Card Modification

Plan: LFHC uses site-specific and organization-wide report cards to track performance with respect to clinical measures and goals 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.

2011 Status: LHC has made significant modifications to the 2011 LFHC network report card because of expansion efforts and quality improvement initiatives that are being implemented across all sites.

In the "Quality of Service" category, the indicator for Pediatric/Adolescent appointment availability was supplemented with efforts to focus on dental appointments for children, as well as those for pregnant women. "No show" rates are being examined as a variable to assure capacity is optimized. A measure to track Interpreter Services Documentation was enhanced with the inclusion of NexTalk – a service for deaf/mute patients accessing services at any of our sites.

There were two "Quality of Care" indicators modified for the report cards in 2011 including, the measure of immunizations completed by a child's second birthday, which was enhanced to include an automated-on-demand-recall database. Another Quality of Care indicator enhanced in 2011 was to monitor children between 6 and 11 years of age 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 percent (sample)
- 4th Quarter 2009 – 74 percent (sample)
- 2010 – 74 percent

2011 Status: Childhood immunization rates continue to be an area for improvement as Lutheran's immunization rates remained unchanged between 2009 and 2010. We are continuing to monitor our processes. Through eClinicalWorks (eCW), our electronic health record, the workflow for checking childhood immunizations status changed, which we believe will impact the compliance rate positively. This ongoing process review is expected to facilitate improvements that create a more seamless flow of information thus establishing enhanced capacity to track children's compliance with the immunization schedule and identify those that have not received their immunizations.

In 2010, LHC worked with the New York City Department of Health and Mental Hygiene and our Electronic Health Records (EHR) vendor to improve the bidirectional feedback capabilities of the EHR and its transmission of immunization records to the Citywide Immunization Registry (CIR). We updated our process for ordering and documenting immunizations to assure all administered immunizations both in the EMR and CIR were captured. The process however was still unilateral and lacked CIR transmitting immunization records to Lutheran. We have recently been notified that we are one of the pilot programs citywide to begin receiving information from the CIR. Timelines have yet to be determined but we are anticipating tremendous growth in childhood immunization rates. Until the pilot is developed and implemented we have developed pre-visit reporting mechanism to assist providers in proactively reviewing immunization status and recalling those who need vaccines a month before a routine visit.

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

- 4th quarter 2009 – 43 percent
- 2nd Quarter 2010 – 55 percent
- 2011 – 55 percent

The percentage of children between the ages of 6 and11 years of age who have had a dental visit in the past year is unchanged; which has resulted in Lutheran taking a hard look at why and implementing systematic changes. During the program overview we discovered that Health Plus, our largest insurer, was auto – assigning our primary care patients to dentists who were not in the Lutheran dental network. This prohibited us from knowing if a child was actually seen by a dentist. Additionally, many of the students enrolled in our school health program have their own dentists and were not providing dental status information to the coordinators. We are now tracking this measure on report cards and are working with Health Plus to enroll children with a Lutheran affiliated dentist to better coordinate care.

VI. Explain any impact or changes that have been realized to date as a result of your collaborative plan. If not applicable, explain why.

Many of the results regarding the impact of this collaborative plan are mentioned in the above report. However, the most significant impact is the increased relationships and new dialogues with our community partners. While LHC has a proven history of working collaboratively with local partners to respond to emergent community needs, this collaborative plan has better positioned us to provide a more proactive and targeted response. Through this process Lutheran has improved not only access to quality health care but has identified areas of future growth and improvement.

Since completing your CSP in 2010 have you conducted any new surveys? Yes. This year Lutheran Family Health Centers (LFHC) was one of two New York City organizations and

one of only 21 nationally to be awarded the Promise Neighborhood planning grant. The $498,614 grant provides a year of planning, analysis and project development to help improve the educational and developmental outcomes of local children. Funding provided us with the ability to conduct a full needs assessment for our community. The results are still pending and are expected to be finalized in early October.

VII. Please list any other non- prevention agenda priorities or issues on which the hospital is working? If none, please write NA

- Services for the Homeless
  In May 2010, LFHC became the emergency operator of the Health Care for the Homeless program formerly administered by the Saint Vincent's Catholic Medical Center (SVCMC) Department of Community Medicine. SVCMC declared bankruptcy in April and initiated closure of this program, which served 8,200 of New York City's most marginalized residents annually. Working with partners at the federal, state and local levels, LFHC was able to expedite the transfer of the program and provide uninterrupted services to patients at 23 sites located throughout all four boroughs.
- Electronic Health Record (EHR) / Regional Health Information Exchange Organization (RHIO)
  Lutheran has been working to qualify as an Electronic Health Record (EHR) meaningful user. As such we must use the certified EHR in a meaningful manner, use certified EHR technology for electronic exchange of health information to improve quality of healthcare, and use certified EHR technology to submit clinical quality and other measures. The Lutheran Family Health Centers network is currently a meaningful user of version 9.0 of eClinicalWorks (eCW). We have been live with eCW since 2008. Using this EHR, we currently e-prescribe and are exchanging health information with reference laboratories and with our RHIO, The Brooklyn Health Information Exchange (BHIX). We can report clinical quality and other measures as required by CMS. All clinical information is attained by looking at the whole population in our electronic health record as opposed to a sample, which allows us to better understand the health care needs of our population.

VIII. 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 update were mailed to all community partners.

IX. Describe the hospital's successes and challenges regarding the provision of financial aid, in accordance with Public Health Law 2807 K, and any changes envisioned for this year. Also, include a general overview of accomplishments, process improvements and or best practices related to the hospital's financial aid program. The hospital's policy or financial data is not required.

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). The policy allows for eligible patients to receive services without having to reapply for financial assistance at each point of care. This is mutually beneficial to both the patient as well as the hospital because it reduces the patient's stress and concern while also reducing the resources needed to provide assistance.

The standardization of the financial assistance program and the establishment of the goal/guideline to review all uninsured patients prior to, or within 24 business 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 to the extent possible so payment of the bill is more manageable. In addition, the Lutheran Family Health Center network 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 Health Resources and Services Administration (HRSA.) Improving this process resulted in fewer returns for additional information and consequently has lessened the outright denials from HRSA. Less back and forth among HRSA/Patient/Facility has helped the hospital in maximizing its very limited resources to assist financially distressed patients, and has helped the patients better understand and plan for meeting their financial obligations for the health care services provided by LHC.

We have expanded this process to other services such as the "Treat and Release" patients from the Emergency Room and patients coming in for Referred Outpatient Services (tests & procedures). These patients tend to be 'episodic' users 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 make it available to these particular groups, 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 of our staff, we continue to be able to handle and resolve most of these issues.

Another major, growing challenge is the ever-increasing number of underinsured patients, i.e., patients with inadequate coverage or where the reimbursement is less than the cost of the service provided and who can not pay the difference. When this occurs LHC is not able to cover the cost of the services provided, resulting in a situation where resources are continually drained.

Lutheran has a robust financial assistance program that 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, both governmental and non-governmental, and to protect these sources as they are continually under threat of cuts, 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 sixth 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.

X. Are there any additional comments that you would like to share about your hospital’s CSP?

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.

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XI. Are there any additional comments that you would like to share about your hospital's CSP?

Lutheran HealthCare has endured $20 million in cuts in the past 3 years, and has trimmed an additional $8.5 million in 2011 to date. Being a fully integrated system keeps us flexible and adaptable, but as a safety net organization we are not immune to the potential peril of additional cuts.