Lutheran HealthCare (LHC) is an academic, faith-based, community health care and social support organization committed to excellence. The principal provider of health care for the residents of southwest and central Brooklyn, our system provides superb primary and supportive care. 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 2009 Community Service Plan

I. Mission Statement for Lutheran HealthCare

(Reaffirm the mission statement that identifies the hospital's commitment to the community it serves)

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.

Lutheran HealthCare has no reason for being of its own; it exists only to serve the needs of its neighbors.

Lutheran HealthCare defines health as the total well being of the community and its residents. Beyond the absence of individual physical illness, this includes, at least, decent housing, the ability to communicate effectively, employment and educational opportunities, and civic participation.

Lutheran HealthCare understands a hospital is not a collection of buildings, machines and beds, but a staff of talented, creative and committed people who serve the community as they are needed.

Lutheran HealthCare works in partnership with its neighbors, each relying on the other as friends who care about and assist each other.

Motivated to serve by its own history within the biblical tradition of faith and teaching, and organized as a not-for-profit organization according to the uniquely American heritage of democratic voluntary associations, Lutheran HealthCare's purpose is to serve as the corporate vehicle for its trustees, medical and dental staff, nurses, employees, volunteers and others to care for the needs of our neighbors.

II. Service Area

A. The Lutheran HealthCare (LHC) Service Area includes:

(Define the area the hospital uses for community/local health planning for the purposes of the CSP)

The LHC system, located throughout southwest and central Brooklyn, serves one of the most culturally, ethnically and linguistically diverse communities in the world. LHC considers its central service area to be:

Neighborhoods:

Sunset Park, Bay Ridge, Bensonhurst, Dyker Heights, Park Slope, Red Hook, Borough Park, East Flatbush and Crown Heights.

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:

11201, 11207, 11212, 11213, 11216, 11217, 11229, 11234, 11235, 11236, 11238, 11239

Community Demographics:

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

B. Description of Service Area

(Describe the method used to determine the service area for example zip codes, census data etc.)

LHC uses demographic and diagnostic data from hospital admissions; ambulatory care visits and utilization rates to keep current on patient needs and to determine our general service area. In addition, census data, statistical reports from the New York City Department of Health and Mental Hygiene and the United Hospital Fund, as well as the NYS Prevention Agenda are used to help identify our service area.

III. Public Participation

A. Participants
(Identify the groups involved in assessing the community health needs)

Fulfillment of its mission “to serve the needs of its neighbors” has demanded an organizational culture at LHC that promotes ongoing, rigorous inquiry into and analysis of community needs. Consequently, LHC has assembled a clearinghouse of needs assessment resources and community based advisory groups that are used to guide all major strategic planning processes.

LEADERSHIP: Key among our strategic planning processes are the boards that govern each one of our organizations. These boards, which include the LMC Board of Trustees, the Sunset Park Health Council, Inc., the governing body of the LFHC, and the Boards of Directors for LAC and Health Plus, have memberships that include community members as well as system users helping to create a valuable exchange of information between the community and the health care system.

In fact, as a Federally Qualified Health Center, the Sunset Park Health Council, Inc. is a “consumer-majority” board whose members use LFHC’s services and represent the overall patient population, particularly with respect to race/ethnicity and socio-economic status serving as a critical link between the community and the health center. In addition, there are six individuals who are co-appointed to both the LMC and LFHC boards of directors effectively extending this communications link even further.

ADVISORY GROUPS: LHC is on the forefront of services to the immigrant communities of Brooklyn and through its creative front line cultural competency initiatives has established itself as a nationally recognized leader in the delivery of culturally competent medical care. Overseen by the vice president of Cultural Competence, LHC created the Cultural Access Task Force and numerous advisory groups that include: the Latino Advisory Group, the Chinese Advisory Group, the Arabic Advisory Group, the Lesbian-Gay-Bisexual-Transgender (LGBT) Advisory Group, the Americans with Disabilities Advisory Group and the Senior Services Advisory Group. These collaborative initiatives enhance Lutheran’s clinical and community services by offering programs that best meet the needs of it’s diverse and growing communities. The advisory groups meet bi-monthly and will devote two meetings annually to specifically work on the health priorities outlined in this plan.

COMMUNITY PARTNERS: LHC is a founding partner of the Sunset Park Alliance for Youth, a group of community-based agencies developing a community approach to addressing the unmet needs of Sunset Park youth, with particular emphasis on 16 to 26 year-olds who are disconnected from traditional forms of services. Disconnected young adults in Sunset Park face significant barriers to economic self-sufficiency, including lack of access to affordable housing, health care, childcare, and transportation. These obstacles are compounded by the fragmented and inaccessible nature of many community services. As part of the Alliance, LHC is taking collective responsibility to reach and engage as many disconnected young adults as possible and to strengthen

services available to all Sunset Park youth. Collaboration is the way to make long term, community-sustaining change.

Lutheran was also the inspiration behind the creation of the South Brooklyn Interfaith Coalition for Health and Wellness (SBICHW), which is a health partnership founded in 2005 by congregations of all faiths in a shared spiritual endeavor for the improvement of the health and wellness of the communities we serve. SBICHW continually looks at the needs of the members of their congregations to create health programs that are relevant. The steering committee of SBICHW meets quarterly and will devote time at each meeting to work specifically on prevention agenda priorities.

For purposes of planning for and achieving prevention agenda priorities, Lutheran has expanded our list of community partners to include: Primary Care Development Corporation, the New York City Department of Health and Mental Hygiene, the Center for Family Life, the Southwest Brooklyn Coalition for Health, Mixteca, Brooklyn Chinese Planning Council, Caribbean Women's Health Association, Project Reach Youth, Housing Works, Brooklyn Pride Center

GOVERNMENT: LHC engages in extensive dialogues with its government representatives on the federal, state, county and city levels. These on going conversations and collaborations serve to educate elected officials on the health care issues affecting their constituencies. In addition, this process serves to better educate LHC on legislative actions that impact access to and delivery of care.

The newly created Community Service Plan (CSP) committee was charged with looking at recommendations from each one of the above constituencies to determine which prevention agenda initiatives to address through this plan over the next three years. In addition, because the committee wanted additional community input, they created a grass roots survey which was distributed in collaboration with a broader spectrum of our community partners, including AmeriCorps, Lutheran Family Support Center, Opportunities for a Better Tomorrow and the Sunset Park Community Centers for Older Adults. The survey was specifically designed to ensure it was relevant to the communities we serve, captured demographic information and was able to document any issues the community was having in accessing health care services. Since English is not the first language of many members of the community, surveys were available in English, Arabic, Chinese, Russian and Spanish.

B. Outcomes

(Specify dates, and provide a brief description of the outcomes of the input process; summarize any discussions of barriers or gaps to care etc; describe the notification process)

The community health survey was conducted in August 2009, results of the survey, compiled by external affairs and research staff and analyzed by the committee, revealed the following:

- While the majority of respondents have seen a doctor in the past six months, nearly half of the respondents do not get routine cancer screenings (48percent) and nearly a third do not get routine immunizations (31percent).

- Most respondents selected their health center / provider because of location (34 percent), insurance (34 percent), followed by the languages spoken (32 percent).
- The majority feel that pre-natal care in the first trimester is important (79 percent) but do not think that getting first trimester care is an issue in this area (24 percent). If it were an issue the following are the reasons why women do not get the care include, cannot afford (23 percent), immigration status (10 percent) and don't know where to get it (9 percent).
- The majority of respondents are not sure about the teen pregnancy rates in this area (30 percent) while 28 percent think the rate is too high.
- Follow up surveys will be conducted annually but the preliminary findings have already proved helpful in providing direction for future programs and initiatives.

The Community Service Plan Committee met on June 17, 2009 and June 26, 2009. They discussed the prevention agenda priorities and where Lutheran stood in regard to all while taking into consideration our service area demographics. The need for making the biggest impact on community health was a priority.

The Advisory Groups meet monthly as follows:

- ADA Subcommittee – 1/9/2009, 2/13/2009, 3/13/2009, 4/10/2009, 5/8/2009, 6/12/2009, 7/10/2009, 8/14/2009, 9/11/2009, 10/09/2009, 11/13/2009 and 12/11/2009
- Arab Initiatives Committee –1/16/2009, 2/20/2009, 3/20/2009, 4/17/2009, 5/15/2009, 6/19/2009, 7/17/2009, 8/21/2009, 9/18/2009, 10/16/2009, 11/20/2009 and 12/18/2009
- Chinese Advisory Committee – 1/20/2009, 3/24/2009, 5/19/2009, 7/21/2009, 9/22/2009 and 11/24/2009
- Cultural Competence Advisory Committee – 1/5/2009, 4/6/2009, 7/6/2009 and 10/5/2009
- Latino Advisory Group – 1/12/2009, 3/9/2009, 5/11/2009, 7/13/2009, 9/14/2009 and 11/9/2009
- Senior Initiatives Committee – 1/12/2009, 2/9/2009, 3/9/2009, 4/13/2009, 5/11/2009, 6/8/2009, 8/10/2009, 9/14/2009, 10/12/2009, 11/9/2009 and 12/14/2009
- South Brooklyn Interfaith Coalition for Health & Wellness – 1/21/2009, 4/3/2009, 5/21/2009, 8/6/2009, 9/23/2009 and 10/9/2009

IV. Assessment of Public Health Priorities

A. Criteria of Public Health Priorities

(Explain the criteria used to select priorities and explain how data were used to target a community)

Preliminary CSP Prevention Agenda Priorities were selected through a participatory process directed by the CSP committee in cooperation with senior leadership, community partners, patients, and staff representatives from clinical, research, administrative, and community outreach divisions. The committee designed and administered a community needs assessment tool according to the process described above (see Public Participation).

In addition, LHC used 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 following: the federal Decennial Census and American Community Survey (both of which are sorted by NYC neighborhood in reports 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; and, “Community Health Profiles” and numerous other reference materials compiled by the New York City Department of Health and Mental Hygiene.

The selection of public health priorities for the CSP has also been informed by community-based participatory research projects conducted by LHC’s Department of Research. The department has administered extensive needs assessments in the Arabic, Chinese, and Mexican communities served by LHC; the results of the study of the Chinese population were recently published in the Journal of Health Care for the Poor and Underserved (Health Needs in Brooklyn’s Chinatown: A Pilot Assessment Using Rapid Participatory Appraisal. May 2009).

The CSP Committee found that the bulk of these resources substantiated findings from the CSP survey regarding access to care and perinatal and pediatric health care needs. From the resources reviewed, the committee highlighted the following points:

Access to Care Data:

- 31 percent of residents in Sunset Park (the neighborhood in which the Lutheran HealthCare is located) report that they do not have a personal doctor; this compares to 23 percent for Brooklyn, and 24 percent for all New York City (Olson EC, Van Wye G, Kerker B, Thorpe L, Frieden TR. Take Care Sunset Park. NYC Community Health Profiles, Second Edition; 2006; 12(42):1-16).
- 11percent of Sunset Park residents report that they use an emergency department when they are sick or need advice; this compares to 8percent for both Brooklyn and all NYC (ibid).
- Emergency Room visits at LMC have risen by more than 42 percent over the past 10 years. Close to half (47percent) of these visits to LMC’s emergency room are for care that is self-limited, minor or of low to moderate severity, visits considered to be treatable in a primary care setting. These figures far surpass national percentages, as 33 percent of ER visits nationally are for non- or semi-urgent care (internal data).
- Nearly 13 percent of LMC’s inpatient admissions are for ambulatory care sensitive conditions (ACS), admissions that could have been prevented through timely access to well-coordinated primary care (internal data).
- Among the Arab-American population in LHC’s service area, 27percent of individuals report that they are not currently receiving health care services they need (Health Assessment of Arab-American/Arab Community in Southwest Brooklyn. Lutheran Medical Center, Department of Research. June, 2008).
- The population to primary care physician ratio in LHC’s service area is 1652:1; this exceeds the national average of 1111:1 by nearly fifty percent, and the HRSA recommended ratio of 1500:1 by more than 10percent (Data provided directly to LHC by the Center for Health Workforce Studies at SUNY, Albany).
- Long appointment wait times and visit cycle times in LHC’s network of ambulatory care clinics evidence significant capacity constraints, particularly at LHC’s Chinese

clinic (internal data). Chinese community members reported in a recent survey that "There are long periods before an appointment is given" and "When you go to the doctor, you have to wait for a long time" (Thein, Khin. Kyaw Thuya Zaw. Rui-Er Teng. Celia Liang. Kell Julliard. Health Needs in Brooklyn's Chinatown: A Pilot Assessment Using Rapid Participatory Appraisal. Journal of Health Care for the Poor and Underserved. May 2009).

- In Brooklyn, the rates of early diagnosis of breast, cervical, and colorectal cancers all fall below state and national averages, and fall short of 2013 Prevention Agenda objectives by 14 percent-23percent (NYS DOH Cancer Registry).

Perinatal and Pediatric Health Data:

- One of the two zip codes (11232) that comprises Sunset Park, the neighborhood in which LHC is located, has the second highest birth rate of all zip codes in Brooklyn, the third highest in New York City, and seventeenth highest in New York State (in the top decile for the State).
- The average percentage of women who received prenatal care late or had no prenatal care has declined our catchment area generally but in Borough Park 23 percent of women didn't receive care during their first trimester and in East Flatbush 33 percent of women didn't receive care during their first trimester
- 17 zip codes in LHC's service area have pregnancy rates above the New York State average.
- Settlement and migration patterns among particular subsets of the service population are highly problematic, particularly in the Chinese community. According to our "Need in Brooklyn Chinatown Study" of the Sunset Park's Chinese population, it is not uncommon for expecting parents to emigrate from China or migrate from elsewhere in the United States to receive perinatal care in New York; they rent "beds by the month to maintain an address in Brooklyn's Chinatown."
- Factors driving this pattern include the assurance of "free prenatal care offered by New York State, the lower risk of deportation for undocumented immigrants if their children are citizens, and the freedom from the one-child policy in China." Consequently, the birth rate among Chinese in Sunset Park has doubled in the past decade. At 24.7 births per1,000, the birth is the highest among all ethnic groups in Sunset Park, and it significantly exceeds averages for the borough, the city, and the state. Very frequently, however, babies (as young as three months old) are sent back to China for a few years; experts attribute this to parents' long working hours in the United States, their need for mobility, and the high cost of living in New York. Infants commonly return to the United States at four or five years of age to begin school; they generally lack immunizations, and many have not seen a doctor since they were born (Thein).
- Fewer than 59percent of Brooklyn's third-graders have seen a dentist in the past year; this the lowest rate in all five boroughs, and over fourteen percentage points shy of the NYS average (Kumar, Jayanth. Donna Altshul. Timothy Cooke. Elmer L. Green. Oral Health Status of Third Grade Children. New York State, Department of Health, Oral Health Surveillance System. December, 2005. City and borough level data provided directly to LHC by Dr. Kumar).

B. Selected Prevention Agenda Priorities
(Clearly describe each selected priority.)

LHC selected the Prevention Agenda Priorities that best addressed the specific needs of the communities it serves. Then, having validated the findings of its CSP survey with additional community health status and needs assessment resources, the CSP committee applied “capacity to impact” as a final selection criterion. Factors considered included: organizational history in addressing each issue; staff capacity including the availability of necessary experts and “champions”; existing programmatic infrastructure; financial implications including reimbursement revenues; external environmental issues including alignment with existing and anticipated city, state, and federal policies; availability of external assets to support program implementation including community partners. This criterion resulted in LHC’s selection of the two public health priorities identified below (with enumeration on the above factors).

1. **Access to Care**
2. **Perinatal and Pediatric Health**

<u>Access to Quality Health Care</u>

As the core safety net health care organization for southwest Brooklyn, LHC has long held as one its most fundamental obligations the need to eliminate barriers to services in order to ensure sufficient access to care. LHC’s commitment to 100percent access has taken the system beyond that of a stand-alone community hospital, resulting in the implementation of a remarkable range of major programmatic innovations and a full continuum of care, all contained within one system.

For example, in 1967, LMC established one of nation’s first Federally Qualified Health Centers, the Sunset Park Family Health Center. Today, LHC’s affiliated FQHC network (Lutheran Family Health Centers) functions as the ambulatory arm of the hospital boasting eight health centers and 14 school-based clinics and numerous social support programs. It is one of the largest and most comprehensive health center networks in the nation.

In 1984, LMC created one New York State’s first nonprofit managed care organizations which is now known as Health Plus and which covers nearly 290,000 New Yorkers. Lutheran first sponsored subsidized housing in 1977 in response to a growing need in our communities to provide access to quality health care, employment and decent housing. Today we have three senior housing complexes, which provide affordable housing for 885 residents. These facilities are integrated into the system thereby improving access to care and services for residents. In addition, the Lutheran Augustana Center for Extended Care and Rehabilitation provides adults who can no longer care for themselves a place that allows for a consistent continuum of care as they age within the Lutheran family.

Today, LHC operates a robust Department of Cultural Competence, which works to eliminate cultural barriers to care. The department ensures that services are accessible in all five of the major languages found within our service area.

LHC employs a team of Community Liaisons representing the Arabic, Chinese and Orthodox Jewish communities, who act as conduits between patients, care givers and members of the community, and assist patients as they navigate through the system.

LHC is currently in the process of expanding primary care capacity with support from the New York State Department of Health (HEAL 2) and the American Reinvestment and Recovery Act. Further, LHC anticipates that funding and policy environments will remain amenable to primary care expansion through the duration of three-year action plan.

LHC embraces the definition of quality established in the Institute of Medicine's 2001 report, Crossing the Quality Chasm: "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge." Further, LHC fully recognizes and accepts New York State's pronouncements access to quality care: "Access to quality care is important to eliminate health disparities and increase the quality and years of healthy life for all New Yorkers. Patients who are women, older, members of racial and ethnic minorities, poorer, less educated, or uninsured are less likely to receive needed care, primarily because they lack access to care. These disparities seem to be increasing. Although having insurance increases access to the health care system, it is not sufficient to ensure appropriate use of services or care that is of high quality. This priority area addresses two key components of a well functioning health care system that ensures access to quality health care for New Yorkers:

- enrollment in health insurance and
- access to and delivery of preventive health services and primary care that are shown to improve overall health.

LHC includes in its definition the following key areas/conditions (for which performance will be tracked as outlined in the three-year action plan): patient population size; insurance enrollment, breast cancer, cervical cancer, and colorectal cancer, hypertension and diabetes.

Healthy Mothers/Healthy Babies/Healthy Children

In 2007, 4,408 babies were delivered at Lutheran Medical Center; this accounted for 13percent of all deliveries in Brooklyn, and was the third highest delivery volume of the fifteen hospitals in the borough. High delivery volume has been a function of both community need (as indicated above) and LHC's commitment to high quality perinatal care. Over the years, this commitment has yielded significant improvement in both process and birth outcomes. For example, in Sunset Park the average annual percent of women who received late or no prenatal care has declined by about 40percent over the past decade. LHC has leveraged its expertise and impact to forge far-reaching community partnerships and secure grant funding to develop innovative programs in perinatal care. LHC was the lead agency in the Brooklyn Alliance to Strengthen the Safety Net, an HRSA-funded consortium of over 100 health providers, schools, and community and faith-based organizations working together to improve access to prenatal care for underserved communities throughout Brooklyn. As part of its Brooklyn Alliance project, LHC also created momsandkids.org, a web-based resource guide for expecting mothers that included a self-screening tool for potential eligibility for PCAP, SCHIP, Medicaid, and WIC; the project won the 2002 E-HealthCare Leadership Award for best web site.

For its general definition of "Healthy Mothers/Healthy Babies/Healthy Children" Prevention Agenda Priority, LHC has adopted a modified version of the general

overview provided in Healthy People 2010. The health of mothers, infants, and children is of critical importance, both as a reflection of the current health status of the service area and as a predictor of the health of the next generation. This focus area addresses a range of indicators of maternal, infant, and child health—those primarily affecting pregnant and postpartum women and those that affect infants' health.

LHC includes in its definition the following key areas/conditions (for which performance will be tracked as outlined in the three-year action plan):

- trimester of entry into prenatal care,
- birth weight,
- immunizations, and
- pediatric oral health.

The health of mothers and children will be regarded as an important indicator of overall health status and social wellbeing in the service area.

C. Status of Priorities

(Describe whether the priority selected represents new community initiatives or existing programs that will be supplemented by input and support from community partners)

Both the Access to Quality Health Care and Healthy Mothers/Healthy Babies/Healthy Children Prevention Agenda Priorities will use input and support from community partners to build on existing programs, and incorporate major new LHC and community initiatives. New and existing initiatives are distinguished below in the Action Plan.

D. Non-prevention Priorities Considered in the Assessment Process

(Provide a brief description of hospital programs not included in the prevention agenda)

In additional to the prevention agenda initiatives outlined in this plan Lutheran will continue to work on enhancing current initiatives for the following clinical priorities: bariatric surgery, cancer, cardiology, diabetes, epilepsy, geriatric medicine, neurosurgery, obesity, orthopedics, physical medicine and rehabilitation, thoracic and vascular surgery and traumatic brain injury.

V. 3 – Year Plan of Action

A. Strategies for Selected Priorities

(For each priority identified address the following, whether they are new or existing; how and by whom they will be addressed; the overall goal of the strategy; how the goal will be measured for effectiveness; how the strategy may be modified to include on going input or support from community partners)

1. New or Existing Priorities

Both of these issues have long been critical organizational priorities for LHC. The Public Health Priority assessment process, however, has highlighted the need to continue to expand and enhance LHC's approach to these priorities.

2. Overall Objectives

LHC has identified three overall objectives to guide its approach to the selected Public Health Priorities.

LHC aims to:

- Expand primary care capacity to assist in lowing ER visits and wait times,
- Eliminate barriers to primary care, and
- Enhance quality of care.

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

3. Strategies, Role Assignments, Etc.

<u>Access to Quality Health Care</u>

Expand Primary Care Capacity

Strategy 1: Strategy 1: Expand Sunset Park Family Health Center (enhancement of existing initiative). 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). As members of the board of directors of LFHC, community partners and patients have played a critical role in planning and oversight of the project. The new site is slated for completion in the beginning of 2010, the site will ultimately double capacity for Women's Health and Pediatrics at the Sunset Park Family Health Center. As a result of needs identified during the CSP survey process, community partners have committed to provide enhanced of support LHC's outreach and marketing efforts to expedite "ramp-up" and ensure maximum utilization.

Strategy 2: Expand Brooklyn-Chinese Family Health Center (new initiative)
LHC's has adopted strategic plans to relocate LFHC Brooklyn-Chinese Family Health Center site to a significantly larger facility in the same neighborhood. The new facility will nearly triple the Brooklyn Chinese Family Health Center's capacity. As members of the board of directors of LFHC, community partners and patients are playing a critical in site selection and preliminary planning processes. Community partners and patients will maintain an active advisory role as the project progresses and support LHC's outreach and marketing efforts in order to expedite volume "ramp-up" and ensure maximum utilization.

Eliminate Barriers to Care

Strategy 1: Create a Colonoscopy/Colon Cancer Patient Navigator Program (new initiative).

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 aims to create a colorectal cancer/colonoscopy patient navigator program. Navigators will carry out the following activities: facilitate communication to patients with diverse cultural backgrounds; conduct outreach, especially to men; educate patient and community members about the need for and benefits of colorectal screening; refer patients to the colonoscopy clinic and follow-up on all referrals; facilitate scheduling and registration including insurance enrollments; follow-up with scheduled patients about

pre-procedure requirements; contact and reschedule those patients who miss their appointments; schedule follow-up visits for colonoscopy results; work with patients and staff to address any identified barriers to colonoscopy; and, make necessary appointments for additional services.

Strategy 2: Enhance LHC's "Cancer Outreach and Prevention Alliance" program through increased collaboration with community partners (enhancement of existing initiative). 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 strategic plans to expand this coalition significantly (from five activity community partners to 15-20). Community partners will work with LHC to increase knowledge/skill among community members for the identified cancers and their prevention/screening, promote community education, educate health providers, foster partnerships and networks, improve organizational practices, and positively influence policy and legislation.

Strategy 3: Health Plus continues to work closely with LHC's other "arms" and LHC's community partners to facilitate insurance enrollment for residents of LHC's service area. In the coming months, with the establishment 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. Additionally, as has long been its practice, LHC will capitalize on the schools' established relationships as an avenue to engage and enroll apprehensive or isolated parents.

Enhance Quality of Care
Strategy 1: Patient Centered Medical Home (new initiative).
LHC will implement a new model of care, the Lutheran HealthCare Patient Centered Medical Home (the PCMH), which will be marked by significant improvements in organization, coordination, and integration of care. The PCHM model will foster more effective communication and based on continuous healing relationships defined by the following characteristics:

- Originate in a primary care setting
- Foster a partnership among the patient, the personal provider, other health care professionals and patient's family when appropriate
- Utilize the partnership to access all medical and non-medical health-related services needed by the patient and patient's family to achieve maximum health potential
- Maintain a centralized, comprehensive record for all health related services to promote continuity of care
- Directed by a personal provider in collaboration with a team of professionals who maintain a collective commitment to enhanced access to health care, quality and safety of care, and "whole-person" coordination and integration of care

LHC will implement its PCMH model according to the guidelines established by the National Committee for Quality Assurance (NCQA). LHC aims to earn NCQA PCMH accreditation at all of its primary care facilities by the end of 2011. To earn NCQA

accreditation, LHC must meet NCQA standards in at least five of the following 10 areas: written information for patient access and patient communication; use of data to demonstrate this standard; use of paper bases or electronic charting tools to organize clinical information; use of data to identify patients with important diagnosis and conditions; adoption and implementation of evidence-based guidelines for specific conditions; active support of patient self-management; tracking systems to test and identify abnormal results; referral tracking systems; measurement of clinical and/or service performance by physicians across the practice, and, physician-specific reporting performance across the practice.

Additionally, LHC's PCHM model will emphasize the following key community priorities identified during the CSP survey process:

- How medical homes should be linked to other services within the health care system to optimize accessibility of system – wide services.
- How medical homes should be linked to communities to best integrate community health – related medical needs with Lutheran services.
- How does Lutheran inform the general community about the importance of being linked to a medical home rather than using the emergency room for primary care issues.

LHC will initiate the PCMH initiative by establishing work groups including the PCMH Steering Committee, the Access to Care Committee, the Coordination of Care Committee, the Information Technology Committee, and the Quality and Safety Committee. Representatives of Steering Committee will report to community partners in the CSP Committee on the progress of the initiative on an ongoing basis, and community members will have an advisory role in program development.

Strategy 2: Community-Based Blood Pressure Self-Monitoring Initiative (new initiative) 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 development 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. The initiative will contribute significantly to the quality of hypertension (HTN) management by LHC providers. Most commonly, HTN patients are monitored only during regular visits to their providers. The likelihood that these readings reflect the patient's true normal BP may be limited by a number of factors. Supplementing limited clinic readings with additional measurements taken out-of-office increases the accuracy of the mean pressure. Further, because the measurements take place in the patient's home environment, they may better reflect the individual's normal BP. The improved accuracy and availability of BP readings enables and induces clinicians to titrate medication more actively and appropriately. Further, self-monitoring approaches may also help individuals become more aware of their symptom-less disease, which can stimulate positive behavioral changes such as increased medication adherence, improved diet, and increased physical activity.

Free blood-pressure monitors will be provided the Robert Wood Johnson Foundation, the New York City Department of Health and Mental Hygiene, and the Fund for Public Health in New York. Community partners to will conduct outreach to enroll patients and community members in the program.

<u>Healthy Mothers/Healthy Babies/Healthy Children</u>

Expand Primary Care Capacity

Strategy 1: Expand Women's Health and Pediatric Capacity (Enhancement of Existing Initiative)
As described above (Access to Quality Health Care – Expand Primary Capacity: Strategy 1), LHC is constructing a new 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. As members of the board of directors of Lutheran Family Health Centers (LFHC), community partners and patients have played a critical role in planning and oversight of the project. In addition to expanded physical capacity, the project entails several operational improvements that will allow for increased primary volume and reduce unnecessary Emergency Department utilization. Specifically, both Women's Health and Pediatrics services will offer extended late evening and weekend hours. Additionally, the center will function as an urgent care/walk-in center with outpatient urgent care capabilities. The initiative will also include several programmatic enhancements such as new clinic sessions emphasizing reproductive health needs for women over forty. The facility has been designed to enhance patient-flow and workflow in order to improve efficiency and patients' interaction with the delivery system. Rather than orienting the facility to providers, the facility is orientated to patients so that the patient's entire experience – from insurance eligibility assessment to follow-up/referral appointment scheduling – occurs within a limited physical space and requires minimal navigation. As indicated above, community partners have committed to provide enhanced of support LHC's outreach and marketing efforts to expedite "ramp-up" and ensure maximum utilization.

Strategy 2: Establish School-Based Oral Health Program (Enhancement of Existing Initiative).
Though LHC established and continues to operate one of the first (and now one of the largest) school-based health center programs in New York State, the program has focused almost exclusively on medical and behavioral health care. In order to the address the growing need for school-based oral health services, LHC will establish an extensive school-based oral 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. Additionally, LHC will absorb 10-13 of the school-based dental clinics that were operated by the New York City Department of Health and Mental Hygiene, Oral Health Program (OHP) until June 2009 (when OHP was eliminated and the clinics were closed). LHC is seeking financial support from community partners to offset start-up and transition costs. Additionally, in collaboration with one community partner, LHC has developed preliminary plans to implement a school-based oral health education, outreach, and marketing campaign. Community members will play a critical role in the ongoing operation of the centers through participation in community advisory committees for each of the clinics.

Eliminate Barriers to Care

Strategy 1: Establish a Community-Based Adolescent Pregnancy Prevention Program (New Initiative).

LHC is currently seeking funds to establish a Community-Based Adolescent Pregnancy Prevention Program. The planned program will consist of the following main components, 1) A school-based group education using "Postponing Sexual Involvement, Human Sexuality and Health Screening," an evidence- based curriculum that has been found to be effective with a population similar to the target population. The curriculum will be used at three junior high schools in the service area to reach a total of 700 7th graders between the ages of 12 and 13 in the first year. 2) Youth development programming will be provided to both junior high school students and peer educators with an emphasis on building youth assets and competencies to promote resilience and reduce the potential for negative outcomes, such as unintended pregnancy. 3) Health educators, based at the school-based health centers located in the three middle schools and a high school, will meet one-on-one with students who are already sexually active or otherwise determined to be at high-risk by school or health center staff. Their objective will be to help students reduce their risk taking behaviors and access family planning and reproductive health services. 4) Two LHC health centers will extend their evening hours twice a month to offer "teen sessions" so that teens will be able to access services more easily in a youth friendly environment. 5) staff and peer educators will conduct outreach through community fairs, workshops, community events, and the internet to help promote community and parent awareness of pregnancy prevention and increase the number of adolescents that are referred for family planning and reproductive health services. Importantly, though the ultimate goal of the program will be to prevent adolescent pregnancy, organizations that operate similar programs report that for adolescents who do become pregnant, the program comes to function as a trusted point-of-entry to prenatal care and helps adolescents and their families overcome barriers to care throughout and following pregnancy. Community partners will play a critical role in conducting outreach activities, identifying at-risk youth, and providing ancillary support services.

Strategy 2: Expand Nurse Midwife Practice (Enhancement of Existing Initiative) 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 the CSP survey process and challenges in recruiting culturally congruent obstetricians, LHC has established strategic plans to expand its nurse midwife practice.

Enhance Quality of Care

Strategy 1: Centering Pregnancy (Enhancement of Existing Initiative).
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 Centering Pregnancy Project is to reduce improve birth outcomes and health behaviors during and after pregnancy among adolescents (aged 14-21) receiving prenatal care at LHC. Across the nation, the program has been shown to improve birth outcomes and postpartum follow-up. Based on priorities identified in the CSP survey

process, and the positive outcomes for past participants in the Centering Pregnancy Project, LHC has established plans to enroll 50 additional expecting mothers in the program.

Strategy 2: Report Card Modification (Enhancement of Existing Initiative).
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. Performance Management collates the data and reports back to leadership in the context of the goals and performance trends. At that point, performance that is below the goal is addressed by performance measure specific action plans created by site / program clinical and administrative leadership. Partially in response to priorities identified during the CSP survey process, LFHC has modified its report to include several new clinical measures and goals pertaining to maternal, perinatal and pediatric health. The CSP committee (i.e., community partners) will review LFHC's progress towards these goals on an ongoing basis and advise on modification of goals as necessary.

4. Evaluation and Monitoring

ACCESS TO QUALITY HEALTH CARE

- Evaluation Measure (EM)1: Number of People utilizing services in the Emergency Room
- 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.
- EM 3: Number of Patients at LFHC
- EM 4: Percentage Insured patients
- EM 5: Number of Dental Patients
- EM 6: Percentage of women between the ages of 40 and 69 years who had a mammogram within the past two years
- EM 7: Percentage of women age 21-64 who received one or more Pap tests during the measurement year or during the two years prior to the measurement year
- EM 8: Number of patients successfully "navigated" through colonoscopy
- EM 9: The percentage of adult patients with type 2 diabetes whose most recent HbA1c is ≤ 9 percent
- EM 10: The percentage of adult patients (18+ years) with hypertension whose most recent blood pressure was <140/90

Healthy Mothers/ Healthy Babies/Healthy Children:

- Evaluation Measure (EM) 1: Trimester of Entry into Prenatal Care
- EM 2: Percentage of births less than 2,500 grams
- 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)
- EM 4: The percentage of children ages 6-11 who have had a dental visit in the past year

5. **Modification of strategies to include ongoing input / support from community partners**

   The LHC Community Service Plan Committee will collaborate with a broad range of community partners to ensure that Community Service Plan is treated as a living document that can be adapted as the effectiveness of CSP strategies is evaluated and new community needs are addressed. Community Partners will include but are not limited to: Primary Care Development Corporation, the New York City Department of Health and Mental Hygiene, the Center for Family Life, the Southwest Brooklyn Coalition for Health, Mixteca, Brooklyn Chinese Planning Council, Caribbean Women's Health Association, Project Reach Youth, Housing Works, Brooklyn Pride Center, LHC patients, and other community members and leaders from the service area.

VI. Financial Aid Program

A. Successes and Challenges

(Describe the hospital's successes and challenges related to the provision of financial aid in accordance with Public Health Law 2807 (k) (9-a))

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 appeared to impact access to care for these patients and reduce any added stress these patients may feel in finding affordable, high quality health care services. One of the mutual benefits of this policy is that eligible patients can receive services without having to reapply for financial assistance each and every time they present for services. The patient benefits by not having to go through this process over and over, and the hospital benefits by maximizing its limited resources dedicated to assisting 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 achieve overall process improvement. By contacting uninsured patients earlier in their course of treatment, better, more accurate information is acquired. In addition, 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 the 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. 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 the implementation and 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 have also been able to expand assistance in applying for Medicaid to our patients that are not admitted, 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 this issue. Another major, growing challenge is the ever-increasing 'underinsured patient population', 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.

A robust financial assistance program is beneficial to financially distressed patients and ultimately as well to the facility rendering care. The continuing challenge will be to get shortfalls recognized quickly and appropriately covered by other sources, governmental and non-governmental, so that safety net facilities like LHC can continue its mission for the residents of our communities.

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

A. Potential Impacts

Lutheran is well into planning for 2010 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.

Lutheran Medical Center has been named to the Community Value Index (CVI) Top 100 Hospitals list for the fourth 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.

VIII. Dissemination to the Public

A. Public Information

(A key element of the CSP is the dissemination of pertinent information regarding the hospital's public health program and availability of financial assistance to the public. Disseminate at least a written summary, post to the hospital's website, and highlight public health priorities, if applicable)

LHC will publish 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 will 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 will be mailed to all community partners.