



2013 COMMUNITY HEALTH NEEDS ASSESSMENT
AND IMPLEMENTATION STRATEGY

ELMHURST HOSPITAL CENTER

HHC NEW YORK CITY
HEALTH AND
HOSPITALS
CORPORATION
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I. Description of Community Served by Elmhurst Hospital Center



Elmhurst Hospital Center (EHC), a member of the New York City Health and Hospitals Corporation and affiliated with the Mount Sinai School of Medicine, is the major health-care provider for nearly 900,000 residents of Western Queens County. With over 27,000 admissions and more than 700,000 ambulatory care and emergency visits annually, EHC is one of the city's busiest healthcare facilities. EHC is a state-designated Level I Trauma Center, a state-designated Level III Intensive Care Center for Neonates, a state-designated AIDS Center, a state-designated Center for the Sexual Assault Forensic Examiner Program, a state-designated Stroke Center, a 911 Receiving Hospital, an Emergency Heart Station, a World Trade Center Environmental Health Center, and a Sickle Cell Anemia Center. It is also a member of the American Hospital Association and the National Association of Public Hospitals (NAPH) and is accredited by The Joint Commission (TJC) and the New York State Department of Health. EHC is New York State's only public hospital with an Elective Percutaneous Coronary Intervention service.

EHC is part of the New York City Health and Hospitals Corporation (HHC), a public benefit corporation whose mission has always been to provide comprehensive and high quality health care to all, regardless of ability to pay, in an atmosphere of dignity and respect. HHC, the largest municipal healthcare organization in the country, is a \$6.7 billion integrated health-care delivery system that provides medical, mental health and substance abuse services through its 11 acute care hospitals, four skilled nursing facilities, six large diagnostic and treatment centers and more than 70 community based clinics. HHC Health and Home Care also provides in-home services to the local communities it serves.

HHC is a crucial access point for local communities that have historically been overlooked by private physicians and voluntary hospitals seeking optimal market share in an extremely competitive healthcare environment. HHC's commitment to caring for patients regardless of their ability to pay gives it the highest "market share" of low-income, uninsured patients across New York City.

SAFETY NET BURDEN

Utilization by Payer Mix as a Percent of Total

	NYC Voluntary Nonprofit Hospitals Average*	All HHC Hospitals	Elmhurst
Discharges			
Uninsured	3%	4%	6%
Medicaid	33%	38%	60%
Total Safety Net	36%	42%	66%
ED Visits			
Uninsured	16%	20%	27%
Medicaid	39%	41%	51%
Total Safety Net	55%	61%	78%
Clinic Visits			
Uninsured	11%	19%	34%
Medicaid	55%	52%	50%
Total Safety Net	66%	71%	84%

* Excludes HHC hospitals.

Source: 2010 Hospital Institutional Cost Report, and 2010 Health Center Cost Report. Includes all NYC acute, general care hospitals and any wholly owned or controlled community health centers, including HHC.

Discharges exclude normal newborns. ED visits include treat and release, and visits that result in admission.

Clinic visits include comprehensive care and primary care visits only.

HHC's uncompensated care costs are \$698 million.

Based on 2010 New York State institutional and health center cost reports, HHC hospitals provided a far higher proportion of care to self-pay (or uninsured) patients than any other single healthcare provider in New York City. In 2010, HHC acute care hospitals were the source of 37% of all uninsured inpatient discharges, 43% of uninsured ED visits and 67% of

uninsured clinic visits among all New York City hospitals. This volume of uninsured care translates into approximately \$698 million in uncompensated care annually at HHC.

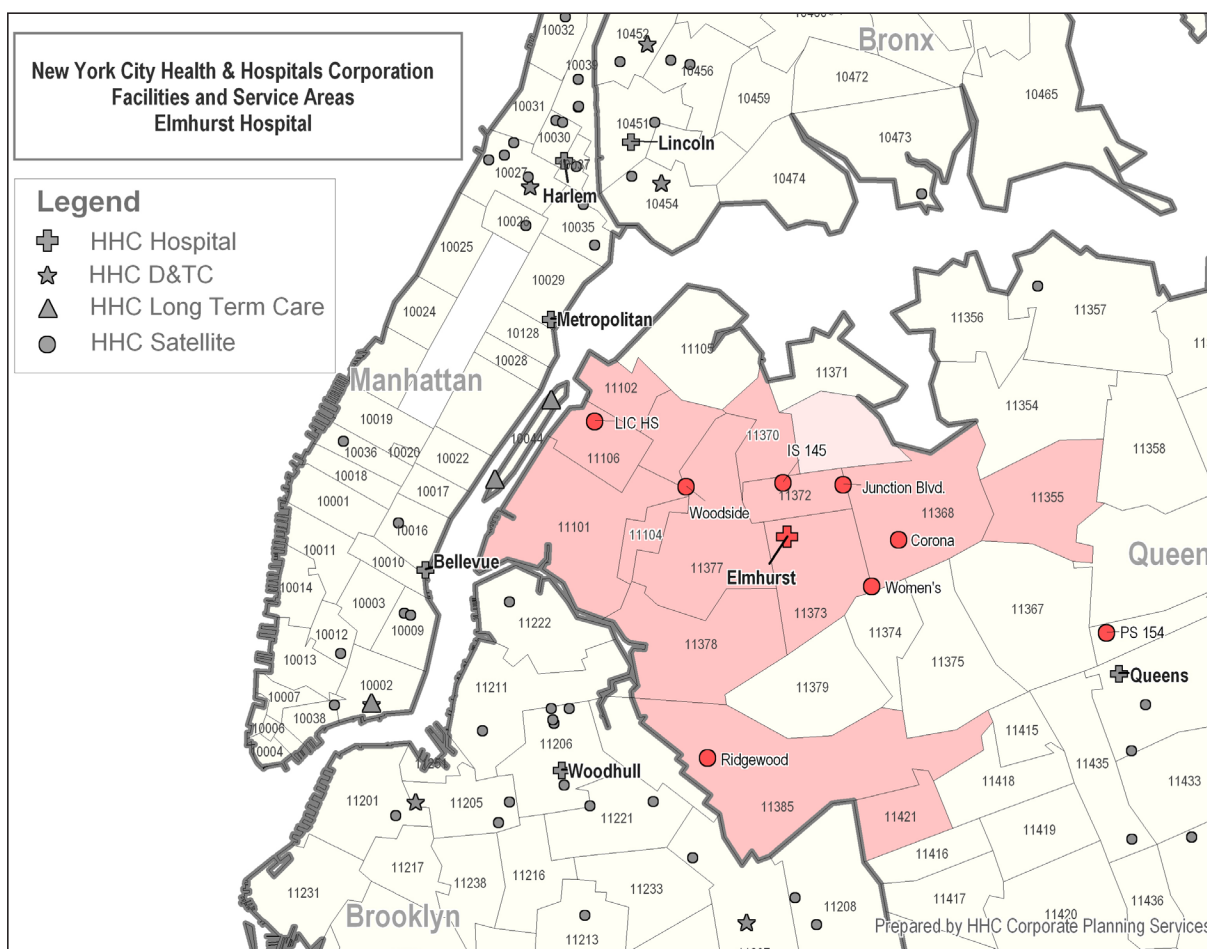
EHC's History

EHC has a long and distinguished history of advancing its mission to provide quality healthcare to all, regardless of ability to pay. Opened on Blackwell's Island (now Roosevelt Island) in 1832 as a hospital for the poor, EHC moved to its current Queens location in 1957 to meet the healthcare needs of the rapidly growing borough. Starting in the 1990s, EHC embarked on a \$250,000,000 major modernization program which has transformed the hospital into a completely modern, full-service, state-of-the-art 545-bed hospital offering a complete array of high-quality general medical/surgical, specialty, and diagnostic inpatient and outpatient services and programs. EHC additionally operates five community-based centers and two school-based health centers which help to increase community access to primary care services. In 2008, EHC opened The Hope Pavilion, a state-of-the-art cancer care facility. The Hope Pavilion at EHC will be home to some of the most innovative equipment in cancer care—all in addition to our new 64-slice CAT scan and a brachytherapy suite right

next door. The new building also houses a child daycare center open to employees and the public.

EHC serves one of the most ethnically diverse communities in the nation where more than 100 nationalities and languages are represented and spoken. The area's largest immigrant groups are Hispanics from South America, the Caribbean, and Mexico, and Asians from China, Korea, Bangladesh, Pakistan, and India. EHC's catchment areas are 59% Hispanic, 19% Asian, 11% White, 8% Black, and 3% Other. EHC serves a predominantly poor and medically underserved population that faces a range of cultural, linguistic, economic and legal-status barriers to care. The majority of our patients are uninsured or on Medicaid, and many are undocumented immigrants. Our catchment communities include some with the county's and city's poorest health indicators. Also, a large part of our area is a federally designated Health Professional Shortage Area.

Accordingly, EHC has risen to the challenge. EHC's staff is reflective of our extraordinarily diverse community population and pursues vigorous outreach programs which provide health screenings and education throughout local neighborhoods. EHC's cultural competency has been recognized by both the *New York Times* and the Joint Commission and has been hailed as a "model of healthcare access for immigrants" by the New



York Immigration Coalition. According to national, state, and local agencies, EHC is a top ranker for Heart Attack & Heart Failure Care, and infection prevention. The EHC reputation of clinical excellence and expertise has seen its staff invited to other countries, as well as visited by foreign providers, and has won it grants from such prestigious organizations as the Robert Wood Johnson Foundation and the Commonwealth Fund.

EHC is also one of the founding members of the Interboro Regional Health Information Organization (RHIO) which is a clinical data exchange serving New York City and surrounding communities. The Interboro RHIO facilitates the sharing of patient information between authorized healthcare providers at the point of care to improve quality, patient safety, care coordination and efficiency.

Service Areas

EHC's overall service area encompasses the "local neighborhoods" of *Northwest Queens* (Astoria, Long Island City, Sunnyside), *West Central Queens* (Forest Hills, Glendale, Middle Village, Rego Park, Ridgewood), and *West Queens* (Elmhurst, Jackson Heights, Woodside, Maspeth and Corona). EHC service area includes zip codes 11368, 11373, 11372, 11377, 11369, 11370, 11385, 11104, 11106, 11103, 11355, 11101, 11378, 11102 and 11421. According to 2010 census data, there were 856,032 residents in EHC's service area, which was only slightly greater than the 2000 population figure of 854,129. It is projected that the area's population will grow by about 4.3% over the next five years.

Nearly 3 in 5 (59%) of West Queen's residents are foreign born, compared to the overall rates for Queens (25%) and NYC (27%). For *Northwest Queens* the landscape is similar. Twenty percent of the residents are living below the poverty level; 51% are foreign born and 28% and 15% are Hispanic and Asian

American, respectively. In *West Central Queens*, 13% of the residents live below the poverty level, 44% are foreign born; 22% are Hispanic, while 17% are Asian American.

EHC's primary service area is represented by the neighborhoods of Elmhurst (11373), Jackson Heights (11372), Corona (11368) and Woodside (11377). The area had a 2010 population of 367,655, which represented an approximately 2% increase over the 2000 population of 361,270. It is projected that the area's population will increase by five percent in five years. Ethnically, 53.3% of the population is Hispanic, 12.1% is White, 4.1% is Black, 28.2% is Asian and 2.3% is other.

In 2010 there were 488,377 residents in the hospital's secondary service area. This figure represented a slight decline (4,482) from the 2000 population of 492,859. It is projected that the population in the secondary service area will increase by nearly four percent in five years. The ethnic breakdown for the area in 2010 was Hispanic 35.4%, White 33.6%, Black 5.1%, Asian 23.2% and Other 2.7%.

New York City Planning 2010 Population data indicate that 71% of the residents in EHC's overall service area primarily speak a language other than English. The hospital uses language interpreters and CyraCom phones to provide linguistically appropriate services to patients who primarily speak a language other than English.

Service Volume/Occupancy

According to EHC's Fiscal Year 12 utilization data there were 537,345 outpatient and primary care visits; 146,362 emergency department visits; 27,654 discharges and an 83.1% occupancy rate. Areas of over capacity were noted in General Medicine (102.5%), Cardiac Care Unit (98.7%) and Adult Psychiatry at 97.9% occupancy. ♦

II. Process and Methodology

The information contained in this Community Health Needs Assessment derives from two converging types of information. These are:

Primary Source: Focus Groups conducted by this facility in 2013

This facility conducted three focus groups in March 2013, each with a different group of participants: (a) facility patients; (b) community stakeholders, including local residents and representatives of community-based organizations, and (c) a group comprised of healthcare providers at this facility, including many who also live in our service areas. This last group included community health experts.

The focus groups' questions were designed to produce

the necessary content of a Community Health Needs Assessment, and the groups' facilitators followed a plan that would allow maximum group participation and responses over a variety of issues in about 90 minutes. Although records of participants and verbatim responses were kept, participants were assured that their names would not be associated with specific responses.

Facility patients were asked the following queries:

1. What are the greatest healthcare needs in your community? Or, put another way, what health problems do you see the most among your family members and neighbors?

2. On a scale from 1-5 (1 being the lowest), how does this hospital respond to each health need listed?
3. Tell us about the greatest problems you and your family members face getting health care at EHC? [If there aren't many responses, probe with: "Have you had a bad experience? Tell us about it?"]
4. What changes can this hospital make so it can better respond to the needs and problems you have just mentioned?
5. What do you think are the greatest strengths of EHC?

Community stakeholders were asked the following five queries:

1. What do you think are the greatest strengths of healthcare in your community served by EHC?
2. What are the greatest weaknesses of health care in your community served by EHC?
3. What are the greatest healthcare needs in your community? Or, put another way, what illnesses do you see the most among your family and neighbors?
4. On a scale from 1-5 (1 being the lowest), how does EHC respond to each health need listed?
5. How can the facility better respond to each specific health need?

Providers were asked these questions:

1. What do you think are the greatest strengths of healthcare in your community served by EHC?
2. What are the greatest weaknesses of healthcare in the community served by EHC?

3. What are the greatest healthcare needs in your community? Or, put another way, what illnesses do you see the most among your patients?
4. On a scale from 1-5 (1 being the lowest), how does EHC respond to each health need listed?
5. How can the facility better respond to each specific health need?

Responses for all three focus groups were recorded and were submitted to facility leadership for prioritization for the implementation plan.

Supplemental, or secondary, information

To assist with reporting community health needs in depth, we supplemented the focus group results with data that describes in additional detail the issues raised in those groups. The data came from a variety of primary and secondary sources, including: for population data, Claritas 2013, (U.S. Census data from Nielsen Site Reports, see <http://www.claritas.com/sitereports/Default.jsp>); New York City Health and Hospitals Corporation analyses of hospital and community health center cost reports 2010; New York City Department of Health and Mental Hygiene Community Health Surveys, (<http://www.nyc.gov/html/doh/html/data/survey.shtml>), several city boroughs' Statements of Community District Needs, Fiscal Year 2013, prepared by New York City's community district boards and available at <http://www.nyc.gov/html/dcp/html/pub/cdnd13.shtml>, and data available from the New York State Department of Health website, <http://www.health.ny.gov/statistics/>). The data are presented as analyzed by the companies or agencies mentioned, or were further analyzed by HHC for purposes of this report. ♦

III. Health Needs Identified

As described above, an important component of the Community Health Needs Assessment focus group participants were asked to respond to the question "What are the

greatest healthcare needs in your community?" The results of these groups are found below.

Internal Focus Group

- Primary and Preventative/Chronic Disease Management
- Vaccination Rates
- Childhood Obesity
- Culturally Sensitive HIV Services
- Cardiac Services
- Cancer Services/Cancer Screening
- High Risk Obstetric Services

- Hypertension and Diabetes Management
- Mental Health Services

Mood Disorders

Alcoholism

Substance Abuse

Psych Disorders

Childhood/Adolescent (Behavioral, ADHD, Conduct Disorder etc.)

Patient Focus Group

- Tuberculosis
- Diabetes
- Better Translation Services
- Increase Primary Care
- Increase EMS
- Reduce Wait Time in the Emergency Room
- Lack of Physical Therapy
- Pharmacy Access
- Improve Radiology Services
- Improve Access to Dialysis

Stakeholder Focus Group

- Cancer
- Diabetes
- Hypertension
- Heart Diseases
- HIV/AIDS
- Preventative and Primary Medicine
- Clinics/Satellite Clinics
- Mental Health Services

Other related data studied included:

TARGET AREA HEALTH STATUS INDICATORS	NYC	Queens	West Queens	Northwest Queens	West Central Queens
Women Receiving Late or No Prenatal Care	28%	36%	42%	36%	21%
Mammogram past 2 years (women 40+)	76%	75%	72%	78%	66%
Pap Smear Past 3 years (all women)	80%	76%	73%	69%	73%
Uninsured	18%	22%	35%	25%	17%
No Personal Doctor	24%	24%	33%	28%	19%
Go to E.D. when Sick	8%	7%	11%	8%	4%
Drug Related Hospitalization (per 100,000)	595	234	103	174	278

Source: NYC Department of Health and Mental Hygiene, Community Health Profiles, 2nd Ed - 2006

IV. Community Assets Identified

The other HHC affiliated hospital in Queens is Queens Hospital Center. The following hospitals are in Queens and not affiliated with HHC:

- Long Island Jewish Medical Center, part of the North Shore-LIJ System
- Mt. Sinai Hospital of Queens
- Flushing Hospital
- NY Hospital Medical Center of Queens
- Forest Hills Hospital
- Jamaica Hospital
- St John's Episcopal-South Shore

The following are clinics in Queens:

- Damian Family Care Center
- Forest Hills Health Center
- Hillside Polymedic Diagnostic and Treatment Center
- Medex Diagnostic and Treatment Center
- Medisys Family Care - St. Albans
- New York Medical and Diagnostic Center
- Privilege Care Diagnostic and Treatment Center
- Queens Surgi-Center
- The Floating Hospital
- Access Community Health Center Long Island City

- Briarwood Family Residence
- Caribbean Women's Health Association, Site 3
- Charles B. Wang Community Health Center, Inc.
- Common Ground -- Jamaica Safe Haven
- Project Samaritan Health Services
- Family Health Center
- Fire House Health Center
- Hillside House
- Jamaica Family Assessment Center
- Jamaica Women's Assessment Shelter
- Joseph P. Addabbo Family Health Center at various locations
- Long Island City Health Center
- Plaza Del Sol Health Center
- Queens Health Center Site
- Queensbridge Clinic
- Rockaway Children's Day Treatment Program
- Salvation Army Jamaica Citadel
- Springfield Gardens Family Inn
- The Floating Hospital
- Urban Strategies / Brookdale Family Care Center
- Versacare Inc.

V. Summaries: Assessments and Priorities

Focus groups were conducted and the findings were studied along with other available public health data. Given the community's medical needs, the leadership of EHC identified these as requiring priority:

- Cancer
- Heart Disease
- Diabetes
- Hypertension
- Primary Care
- Behavioral Health
- Depression*
- Anxiety*

VI. Implementation Strategies

This report summarizes the plans for EHC to sustain and develop community benefit programs that address prioritized needs from the 2013 Community Needs Assessment (CHNA) and also respond to other identified community health needs.

Target areas and populations

The areas targeted by EHC's 2013 Community Health Needs Assessment Implementation Plan include the neighborhoods and communities of Western Queens. Our strategies, programs and services specifically target those residents in the community who suffer from the diseases identified by the three focus groups.

How the Implementation Strategy was developed

The implementation strategy was developed with input from the senior executive and clinical staff of the hospital. Focus groups, results were reviewed by the hospital's senior leadership and consensus was reached on which identified needs would be given priority. In every instance the needs identified by the focus group results and ultimately prioritized by hospital leadership were consistent with the EHC's current strategy to meet the healthcare needs of the community.

The information gained from the needs assessment process confirmed that EHC's current strategic direction is aligned with healthcare needs of the residents and neighborhoods it serves.

Major needs and how priorities were established

The major needs were established by: (1) gathering information from focus groups that represented the hospital's patients, staff and community stakeholders; (2) reviewing the health care needs documented by state and local health department needs assessments and community profiles (health status indicators), and (3) assessing facility utilization and discharge data. The three focus groups provided us with the most frequently seen illnesses in their communities. The focus results are consistent with morbidity data reported by the State and local health departments and is further supported by patients diagnosed at EHC. In Fiscal Year 2012 hypertension, diabetes and diabetes related conditions, and congestive heart failure were among the hospital's top discharge diagnoses.

Description of what EHC will do to address community needs

EHC has developed numerous programs and services that are specifically designed to meet the needs of its diverse population. The following programs are currently offered that address the identified priorities. These programs provide a foundation which will allow us to continue to refine, build and expand services in response to our community's healthcare needs.

Cancer Care – EHC offers a comprehensive cancer care program that is accredited by the American College of Surgeons/Commission on Cancer Care. It focuses on screening, education and treatment.

The Hope Pavilion Cancer Center at EHC is a state-of-the-art cancer care facility and is home to some of the most innovative equipment in cancer care. The facility cares for more than 500 individuals with newly diagnosed cancers each year and provides a full range of diagnostic and treatment services either on site or by referral. Our patients come from across the globe, speaking a multitude of languages and dialects and bringing with them their particular beliefs and customs. Elmhurst is responsive to their needs and makes every effort to alleviate cultural barriers and to ensure that our patients are provided with the quality healthcare they deserve. Patients eligible for participation in cancer-related clinical research are enrolled or referred for enrollment to the participating research group.

A member since 1998, EHC is the largest participating provider of the New York State Cancer Services Program (CSP), Western Queens (formerly known as Queens Healthy Living Partnership of Western Queens and the Queens Breast Health Partnership), providing screening services to nearly 8,000 uninsured and underinsured women annually. The EHC Breast Service and Oncology Department offers underserved women "one stop shopping" access to a comprehensive range of specialized services: screenings, diagnostic evaluations, consultations and treatment with breast cancer specialists, second opinions for newly diagnosed and recurrent breast cancer patients, access to clinical trials, individual and family counseling, physical and occupational therapy, patient education, preventive services and follow-up care, and support services.

Diabetes - We provide full services for diabetic patients, both primary care and specialty services which

include diabetes clinic, podiatry clinic, ophthalmology, and nephrology services as needed. Our Diabetes Registry enables us to monitor approximately 5,000 diabetic patients and track clinical outcomes of their care.

Hypertension - We provide full services for our 6,000+ hypertensive patients in primary care, with specialty care available as needed. We track our clinical outcomes for this population via our cardiovascular risk registry. We are currently expanding our outreach for patients whose blood pressure is not at goal, using a novel collaborative in our Patient-Centered Medical Home (PCMH).

Cardiac Care - We provide full cardiac services from primary care through both non-invasive and invasive cardiology services. This includes both *prevention* and *treatment*, utilizing education in diet and exercise, medication, and cardiac catheterization for both elective and emergent patient needs. These services continue to be expanded as the demand has grown. In addition, EHC is the only public hospital in New York State offering elective Percutaneous Coronary Intervention.

Primary Care – EHC offers a comprehensive range of primary care services in pediatrics, adult medicine, HIV care, and women's' health. Primary pediatrics, adult medicine and HIV care services are currently being enhanced, in order to satisfy new standards for our PCMH. These efforts are transformative, and will offer our patients a much improved primary care experience.

In 2010 EHC began the process of transforming its primary care practice into a highly productive PCMH practice. Staffing, operational and functional analyses were conducted and models and guidelines were developed to ensure that the final clinical model meets the goals of increasing patient access, and perform care coordination functions placing an emphasis on non-visit based care.

Over the next 12 months, EHC will: (1) complete the hiring of additional staff that will represent the core of the PCMH teams; (2) complete the foundational work for developing the teams, including developing new functional job descriptions for care team staff; and (3) begin training nursing staff on their new functions which will include population management, patient outreach, implementation of a new patient registry and targeted patient contact (phone calls, letters, adult and pediatric recalls etc.).

The setting for the PCMH is the Medical Primary Care Clinic, which is the area where ambulatory care is currently conducted and where our patients requiring ongoing treatment for diabetes, hypertension, heart disease and most other chronic diseases receive care. Transforming the current primary care practice to a patient centered approach will:

- Increase access to care by expanding hours, open scheduling and by offering traditional and non-traditional modes of communication (e.g., telephone,

electronic communication) accounting for the needs and preferences of the patient;

- Offer greater coordination and integration across complex healthcare systems, (e.g., hospitals, nursing home, and rehabilitation centers) and the patients' community (e.g., family, public and private community-based services). Care is facilitated through health information exchange, sharing, and technology, ensuring patients receive needed care in a culturally and language-appropriate manner;
- Increase patient satisfaction and assist/advocate for the patients to achieve their care plan outcome goals;
- Offer evidence-based medicine guidelines to direct care; but allow for care to be individualized and tailored to each patient;
- Enhance the patients' abilities to develop and learn self-management skills and techniques;
- Enable the care team to manage its panel of patients for wellness, disease prevention, improved chronic illness outcomes, and reduced utilization of acute care resources.

In addition, over the next year the hospital will also begin to explore a "collaborative care approach" for our behavioral health clients. Similar to the PCMH model, the goal of this approach is to increase patient access through enhanced coordination of care, patient centeredness and information sharing.

Behavioral Health - EHC Department of Psychiatry has a comprehensive spectrum of treatment services for mental illnesses and disorders. *Depression* and *anxiety* are severely disabling disorders and impact the person suffering from the disorders as well as families. Depression and anxiety can be treated and help the person return to full functioning. The Department of Psychiatry offers treatment for these disorders to adults (18 and older) as well as to children and adolescents from age 5 to 18. The services offered are culturally sensitive and include specific treatment programs for Latino and Asian (Chinese and Korean) patients as well as treatment in many other languages. Our treatment programs include the following:

- Comprehensive assessment and diagnosis
- Comprehensive treatment planning involving patient, family and support systems
- Individual psychotherapy
- Group psychotherapy
- Family therapy
- Psychological testing
- Medication therapy including
 - Antidepressants*
 - Mood stabilizer medication*
 - Antianxiety medications*
- ECT (Electroconvulsive Therapy, for severe, treatment resistant depression requiring inpatient treatment)

Treatment is given in the following levels of service:

- **Outpatient Clinic Program:** Treatment is provided through outpatient services for most cases including culturally sensitive treatment for Spanish, Chinese, and Korean.
- **Outpatient Partial Hospital Program:** Structured, intensive outpatient treatment during the day, five days a week for six weeks.
- **Acute Inpatient:** If the level of depression and/or anxiety is severe and there is potential safety issues related to the illness, Elmhurst also has acute inpatient treatment services. After stabilization on the inpatient services, the patient is referred to outpatient services for continued treatment.
- **Emergency Services:** Emergency services are provided through emergency room and mobile crisis treatment services, and include acute assessment, crisis treatment, stabilization and referral to the appropriate level of care.

In addition to the specific care described above, there is an overarching program that addresses many chronic conditions:

Disease Management - Disease management has become an important part of our efforts and strategies to control chronic conditions. Our disease management program originally focused on two chronic conditions: diabetes

and depression in primary care. In 2005 the Queens Health Network (QHN) joined the NYC Health and Hospital Corporation's Chronic Disease Collaborative, which is modeled after the IHI IMPACT Collaborative. Major milestones in the development and implementation of our disease management programs include the establishment of department-wide, evidence-based protocols that are embedded in our electronic health record and the creation of a clinical data repository and disease management registries. In 2012 with the addition of cardiovascular risk conditions into the data repository, QHN expanded our disease management programs to include hypertension.

The clinical data repository represents a major enhancement to the network's clinical information system. It extracts and stores data from patients' electronic medical records and transfers this data into the NYCHHC disease management registries, where it can be analyzed using standard reporting software. This system allows providers to view key data on individual patients and groups of patients so that the management and outcomes of individuals' treatment, as well as groups of patients with similar illnesses, can be tracked and used to continuously improve care. Moreover, the system allows users to identify chronically ill patients for proactive care, to measure and facilitate effective disease management and care management interventions, and to monitor the performance of individual providers and practice teams. ♦

VI. Approval

The Implementation Strategy has been approved by the Board of Directors of the New York City Health and Hospitals Corporation on May 30, 2013. ♦