OUR REPORT
TO THE COMMUNITY:

Community Service Plan
Interim Plan for years 2010-2012

September 2012
## Community Service Plan
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Mission Statement

Albany Medical Center is the only academic medical center in Northeastern New York. As such, it is committed to providing care at a level which requires the most complex array of resources, and the most professional staffing and high-end technologies of any hospital within this catchment area.

As an academic health sciences center, Albany Medical Center has a mission of excellence in medical education, biomedical research, and patient care. Albany Medical Center has a responsibility to:

- Educate medical students, physicians, biomedical students, and other health care professionals from demographically diverse backgrounds in order to meet the future primary and specialty health care needs of the region and nation;
- Foster biomedical research that leads to scientific advances and the improvement of the health of the public; and
- Provide a broad range of patient services to the people of eastern New York and western New England, including illness-prevention programs, comprehensive care, and the highly complex care associated with academic medical centers.

This mission will be achieved through commitment to the values of Quality, Excellence, Service, Collaboration, Compassion, Integrity, and Fiscal Responsibility.
Hospital Service Area

Our vast service area

Our tripartite mission and our geographic location in New York State distinguish us from every healthcare provider within approximately 150 miles - which results in how we define our large and vast service area: 25 counties throughout Northeastern New York and Western New England.

- **Primary Service Area**: 66% of our patients (Albany, Rensselaer, Saratoga, Schenectady Counties)
- **Secondary Service Area**: 18% of our patients (includes our expanded Charity Care coverage: Columbia, Fulton, Greene, Montgomery, Schoharie, Warren, Washington Counties)
- **Tertiary Service Area & beyond**: 16% of our patients (includes, but not limited to the ring of counties around Secondary Service Area, and Western New England)

We are committed to patient care, medical education, and biomedical research, ensuring access for the region's 2.9 million residents to medical and technological innovations that are traditionally found in academic medical centers.

For Community Health Assessment

Most facilities in New York State define their health planning service areas by zip code, not county. Because of our role in the region, we define our health planning service area by county. About 2/3 of our patients – or 66% - are from the four counties in our immediate Primary Service Area – Albany, Rensselaer, Saratoga and Schenectady counties. Here, we function to a larger degree as a primary hospital, particularly for Albany, Rensselaer and Schenectady counties.

Outside the Capital Region we complement existing acute services. Our 24/7 access to specialists unavailable elsewhere in the region continues to drive an increase in patient transfers. For example, in 2011 more than 7,600 patients were transferred from other hospitals and health facilities throughout the region.

The 820,000 residents of the Capital District depend on Albany Medical Center for a vast range of preventive services and advanced care. Analysis of Saratoga County utilization, however, shows that residents – particularly from the southern region – depend on Albany Med for high-end care. We provide the remainder of the Capital District with a broader range of our services – from community education and primary care, to acute care.
Our partnership with Healthy Capital District Initiative (HCDI) has enabled us to track the public health issues of the residents of Albany, Rensselaer and Schenectady counties to begin to meet those needs in a collaborative manner.
Community partners

We continue to be actively involved with many partners, particularly our partnership with Healthy Capital District Initiative (HCDI) which has enabled us to jointly assess and begin to address the public health needs of the tri-County region.

We are pleased to work with and among HCDI member hospitals, county health departments and other notable health organizations and insurers serving the counties of Albany, Rensselaer and Schenectady. They include:

Albany County Department of Health
Catholic Charities of the Catholic Diocese of Albany
Capital District Physicians’ Health Plan
Ellis Medicine
Fidelis Care New York
Northeast Health/Samaritan Hospital/Albany Memorial Hospital
Rensselaer County Department of Health
Schenectady County Public Health Services
Senior Whole Health
Seton Health/St. Mary’s Hospital
St. Peter’s Health Care Services
Whitney M. Young, Jr. Health Services

HCDI also collaborates with the University of Albany’s School of Public Health with support from the New York State Department of Health; and Kellogg, W.T. Grant and Robert Wood Johnson foundations.
NYSDOH Prevention Agenda Priorities

Access to Quality Health Care
Chronic Disease
Prevention Agenda Priorities: Goals

Access to Health Care - Goals

Increase the percentage of Capital Region residents with a regular health provider by increasing health insurance coverage, while continuing to provide access to high quality emergent health services 24x7.

1. Health care enrollment assistance
   Expand enrollment assistance programs

2. Providing needed services
   a. Major resource for Medicaid and uninsured populations
      Make community-based physicians available by accepting public plans that private physician groups often do not
   b. Hospital that serves other hospitals
      Provide comprehensive care to the critically ill and injured that is not available at other hospitals
   c. Inpatient rescue services for special populations
      Serve as regional referral center for a wide range of tertiary and quaternary surgical and medical services; provide an increasing and broad array of complex care to our constituencies as demand grows
   d. High-quality, emergent health services 24x7x365
      Often, hospitals in our region are unable to support the multidisciplinary, high-end care, and high-technology needs of many patients. As the region’s Level I Trauma Center, we are committed to deliver emergent care 24 hours a day, 7 days a week, 365 days a year to those in need

3. HCDI / HEAL NY Phase 9 Grant: “R5 Initiative”
   In collaborative effort with HCDI members, help patients secure access to primary and preventive care to reduce non-emergent E.D. visits

Chronic Disease Prevention and Management - Goals

Help educate the community about healthy lifestyles and prevention of chronic disease, with an emphasis on Diabetes and Heart Failure, and help those living with these illnesses manage their health and minimize complications.

1. Diabetes
   Reduce preventable diabetes admissions while caring for a population with a continued increase in illness severity; provide comprehensive preventive care and management services for diabetic adults and adolescents

2. Heart Disease (with focus on congestive heart failure)
   Reduce preventable CHF admissions through existing coordinated preventative, diagnostic and treatment programs, and seek opportunities to implement additional programs
Prevention Agenda Priorities: Measures to track progress

Access to Health Care - Measures

1. **Health care enrollment assistance**
   - Track patients served; applications processed; presumptive eligibility write-offs; charity care write-off

2. **Providing needed services**
   - Track and respond to demand for specialty services, particularly from Medicaid, uninsured, and tertiary and quaternary care populations

3. **HCDI / HEAL NY Phase 9 Grant: “R5 Initiative”**
   - As part of designated R5 workgroup, assist uninsured patients with obtaining access to insurance coverage (see “health care enrollment assistance” above)

Chronic Disease - Measures

1. **Diabetes**
   - Monitor and address hospitalizations related to diabetes-related Preventive Quality Indicators (PQIs)

2. **Heart Disease, with a focus on heart failure**
   - Monitor and address hospitalizations related to CHF Preventive Quality Indicators (PQIs); continue to meet the strict measurements/protocol outlined by American Heart/Stroke Association’s “Get With the Guidelines”
Update on the Plan for Action

Access to Health Care – Plan Update

1. Health care enrollment assistance
   Track patients served, applications processed, presumptive eligibility write-offs, charity care write-off
   - Financial Aid/Charity Care applications:
     - 1,662 applications were processed in 2011
     - Resulted in $7.2 m in adjustments to hospital inpatient and outpatient bills in 2011
   - Financial Aid/Charity Care Presumptive Eligibility:
     - 4,421 accounts were determined eligible for adjustments in 2011
     - Resulted in $13.9m in hospital inpatient and outpatient bills adjusted in 2011
   - SSD or out-of-County/State Medicaid:
     - Albany Medical Center utilizes a specialized firm to assist our patients most in need with complicated Medicaid and Disability Application processing. The fees per month equate to $50,000. This fee is solely covered by Albany Med on behalf of our patients.
     - The coverage provides for support to the patient well beyond the immediate hospital stay and often times provides a lifetime benefit when the disability is the result of a catastrophic health event.
     - In 2011, 735 applications were accepted; of those, 539 were approved by State and Federal programs.

2. Providing needed services
   Track and respond to demand for specialty services, particularly from Medicaid, uninsured, and tertiary and quaternary care populations
   - We provide a host of unique and/or highly specialized services for the Medicaid population and many of the region’s uninsured - including a Level I Trauma Center and largest Emergency Department, a Level IV NICU, and the only Children’s Hospital in the region.
   - We are the dominant provider of services for the Medicaid and uninsured populations. We discharge nearly 50% of Medicaid patients from Albany County, 30% of Medicaid patients from the Capital Region, and 12% of Medicaid patients from our 23-county region – we care for more Medicaid patients than any other facility in this 150-mile service area.
   - In 2011 we received nearly 7,600 transfers from other hospitals and health facilities due to the absence of a qualified specialist on staff or on-call at the transferring facility at the time of need - - or because the patient required a higher level of care than the hospital/facility could provide.
   - The need to deliver a broad array of complex care to our constituencies is increasing and as demand grows, we continue to respond. In 2011, we hired more than 49 new specialists to our full-time physician staff.

3. HCDI / HEAL NY Phase 9 Grant: “R5 Initiative”
As part of designated R5 workgroup, assist uninsured patients with obtaining access to insurance coverage (see “health care enrollment assistance” above)

- Four HCDI workgroups are working on plans to address:
  - access to primary and preventive care
  - consumer selection of health services
  - improved communication between emergency departments and other providers
  - recommendations for regional input on CON applications
- Albany Med has played an integral role in these workgroups and continues to assist with goals including facilitating enrollment into various health plans for the uninsured and underinsured populations.
- Albany Med, in partnership with Saratoga Hospital, has begun to provide cost-effective alternatives to emergency room care:
  - In July 2011, Albany Med began providing urgent care services to patients at Saratoga Hospital's Malta Medical Arts. This was established an alternative to an emergency room for a wide range of urgent medical conditions.
  - Albany Medical Center and Saratoga Hospital have begun construction on a D&T Center in Malta, NY – which will replace the current Malta Medical Arts facility. This unique delivery model will serve patients in the Primary and Secondary Service areas of both facilities, including the Medicaid and uninsured populations.

Chronic Disease – Plan Update

1. Diabetes

   Monitor and address hospitalizations related to diabetes-related Preventive Quality Indicators (PQIs)

- While admissions to the PQIs below are low in numbers, they have not changed significantly and we continue to monitor. However, lengths of stay for PQIs 1 (Short-term Diabetes), 14 (Uncontrolled Diabetes), and 16 (Diabetes: Amputation) show improvement by declining.
- The number of diabetes educational sessions and forums offered to both patients and caregivers continues to grow. In 2011, we provided numerous primary level care programs, inpatient care programs designed for the diabetic patient, and conducted public educational forums for the diabetic and for caregivers.

   Disease-based primary level care
   - Medical diagnosis and treatment
   - Self-Management education
   - Medical nutrition therapy
   - Insulin pump therapy
   - Clinical Pharmacotherapy services
   - Lipid Management
   - Diabetes management for pregnancy
- Continuous Glucose Monitoring
- Basal Bolus Therapy
- NYSDOH Diabetes Center of Excellence

Inpatient care, research and education
- Dedicated inpatient diabetes care providers
- Diabetes management during hospital stay
- Post-renal transplantation diabetes management
- Hospital-wide initiative to improve health of patients with diabetes
- Clinical research programs
- Post-discharge patient education

Pediatric-specific programs
- NYSDOH grant: pediatric diabetes education
- Pediatric endocrinology services
- Recipient of “Kohl’s for Kids” diabetes education grant (health fairs, seminars)
- “Healthy Kids” program administered by our medical students to educate students re: obesity and diabetes prevention
- Teen Diabetes Day: special support activities held one day each year for teen-aged patients who receive care at AMC’s endocrinology clinic
- Tween Diabetes Day: special support activities held one day each year for patients aged 10-12 who receive care at AMC’s endocrinology clinic
- School Nurse education “HANDS” session (Helping Administer to the Needs of Students with Diabetes in School): focused on care for the Type 2 student in coordination with National Assoc of School Nurses (NASN)
- Hosted school Nurse education session, “Taking Care of Your Students with Diabetes” (120 school RNs attended)
- Kid’s Expo (Albany) – educate kids on healthy snacking for diabetes prevention
- Ongoing participation in the National Diabetes Education Program Children’s Workgroup – provide educational materials to school nurses and families

2. Heart Disease, with a focus on heart failure

Monitor and address hospitalizations related to Congestive Heart Failure (CHF) Preventive Quality Indicators (PQIs)

- CHF admissions (PQI 8) are low in number and have remained steady over the last few years.
- We continue to enhance existing and add new programs to prevent admissions, not just for congestive heart failure, but for many diseases and disorders that can be managed outside the hospital setting.
  - Numerous programs have been developed to improve the management of CHF patients (post-discharge care, re-admission prevention, etc.)
  - Improvements in PCP communications have been implemented, including a collaboration with Capital District Physicians Health Plan and the Albany
Visiting Nurses Association to manage the post-op patient for medications, PCP follow-up, etc.

- Women and heart disease continued to be a public health focus for Albany Med in 2011. Each year we also sponsor the American Heart Association’s “Go Red For Women” day.
- We held a very successful Heart Care public forum, hosted by several physicians on our cardiac team, and attended by more than 200 people.
Impact or changes realized as a result of collaborative plan

Access to Health Care – Impact

Changes that align with HCDI’s R5 workgroup goals

Improving communications between E.D. and patient’s Primary Care Physician (PCP)

- Our documentation of the patient’s E.D. visit is auto-faxed to the patient’s primary care provider. This is done both on draft form and on final, to assure the primary physician gets a first-hand, expedited communication regarding the patient's visit.
- We have created an 'Access Center' to facilitate calls in from local physicians as well as transfers to AMC from local hospitals. If a PCP calls in a patient for care, that information is transferred to our “E.D. Tracking Board” to alert us to those patients’ needs. We work diligently to educate our E.D. providers to call back that physician.
- Should a patient be transferred from another hospital to us in the E.D. (local hospitals frequently transfer patients to us for specialist services), the report of that patient's visit is also auto- faxed to that institution, to give them follow-up on the care the patient received here.

Helping patients secure access to health insurance (facilitated enrollment, etc.).

- We have access in our E.D. 24 hours a day to Case Management and Social Work, and most times we have an Emergency Department Social Worker. Should a patient not have insurance, our social work staff facilitates enrollment process.

For both points, we are working with Whitney Young Clinic to create a facilitated follow-up procedure for those patients with and without insurance.

Reducing unnecessary Emergency Department visits

- Albany Med, in partnership with Saratoga Hospital, has begun to provide alternatives to emergency room care:
  - In July 2011, Albany Med began providing urgent care services to patients at Saratoga Hospital’s Malta Medical Arts. This was established an alternative to an emergency room for a wide range of urgent medical conditions.
  - Albany Medical Center and Saratoga Hospital have begun construction on a D&T Center in Malta, NY – which will replace the current Malta Medical Arts facility. This unique delivery model will serve patients in the Primary and Secondary Service areas of both facilities, including the Medicaid and uninsured populations, through services such as:
    - cost-effective alternative to emergency room care
    - 24/7 access to care for Medicaid and other populations who may have difficulty accessing preventive care during typical hours
    - helping provide intervention before conditions worsen and hospitalizations are required
assisting patients who are transitioning to a community setting after hospitalization, to help avert readmissions

Chronic Disease - Impact

Changes to prevent unnecessary admissions

Initiatives to reduce PQI admissions and/or days

- CDPHP Medical Home Care Initiative: Visiting Nurse sees CDPHP patient in hospital, then at home 24-48 hours post-discharge. Reviews medications, arranges PCP follow-up appointment.
- Heart Failure Clinic – case manager arranges follow-up appointment 14 days post-discharge.
- Improved PCP communications – patient’s discharge order and summary faxed to PCP.
- Working with Community Care Physicians – providing discharge notes of any patient seen at Albany Med to encourage follow-up appointment.

Other successes and/or new initiatives related to chronic disease prevention and management

Examples include (refer to additional detail in section "Update on Plan for Action"):

- We partner with Colonie Senior Services to offer an evidence-based, peer-led program known as “Healthy Changes” for education and support for the older diabetic. Supports daily self-management by educating patient on nutrition and physical activity.
- As Diabetes Center of Excellence we work collaboratively with myriad partners to educate public and professionals. Examples of programs in 2011 include:
  - Various prevention activities throughout year with groups such as Cooperative Extension staff members, Albany YMCA
  - Ongoing participation in the National Diabetes Education Program Children’s Workgroup, enabling us to provide a wealth of helpful educational materials to our patients and others.
- Albany Medical Center was recognized by the American Heart Association/Stroke Association for leading the nation in treating patients with heart failure and coronary artery disease using the latest scientific guidelines. 2011 was the fourth consecutive year that Albany Med has received the Gold Performance Achievement Award under the AHA/ASA’s Get With The Guidelines (GWTG) program.
New surveys conducted since 2010 Community Service Plan

During 1st Quarter 2011 we conducted a public survey of 500 residents from throughout our 25-county region. It was identified that:

- 69% of all respondents indicated they were satisfied with access to specialty care. By market, it was much lower in our Secondary Service Area: 55%. (Our Secondary Service Area is primarily rural, and includes Columbia, Fulton, Greene, Montgomery, Schoharie, Warren and Washington Counties.)
- 72% of all respondents indicated that they were satisfied with the health care system in general. However, only 64% of Secondary Market respondents were satisfied.

Albany Medical Center is exploring ways to position specialists further out from our main location, to provide easier access to a broader market. We recently established specialty satellite offices in Latham NY, Malta NY and Clifton Park NY. We also provide urgent care services to patients at Saratoga Hospital’s Medical Arts Building in Malta NY (to be replaced by a D&T Center currently under construction, in partnership with Saratoga Hospital).

We continue to looking into other potential multi-specialty sites within our service area to provide improved access to specialty services.
Non-prevention agenda priorities

EMERGENT SERVICES
Albany Med serves as a resource for specialty services and transfer of patients from every hospital in our region – and beyond. We will play an even greater role as the region’s tertiary care center, when other facilities - - in response to regulatory and economic conditions - - constrict the services they offer.

Goals
We remain focused to provide this care, despite the escalating cost challenges.

Measures to track goals
Track and monitor patient transfers to Albany Med’s ED and/or Hospital – in terms of volume and specialty, and respond accordingly.

Update on Plan for Action

- We received nearly 7,600 transfers in 2011 from other hospitals and health facilities due to the absence of a qualified specialist on staff or on-call at the time of need - - or because the patient required a higher level of care that the hospital could not provide.
- We continue to hire new specialists to meet the needs of our vast population. In 2011, we hired 49 new specialists to our full-time physician staff, with plans to hire future specialists as needed
- In partnership with Saratoga Hospital, Albany Med now provides urgent care services to patients at Saratoga Hospital's Malta Medical Arts. This was established an alternative to an emergency room for a wide range of urgent medical conditions.
- Saratoga Hospital and Albany Med have begun construction on a 24/7 emergent services facility to be jointly managed by both hospitals. This will replace the Malta Medical Arts facility and will also serve the emergency care needs of residents in and near southern Saratoga County.
How Community Service Plan is publicized

- Albany Medical Center website (www.amc.edu)
- “Albany Med Today” newsletter (for staff and for public)
- Board of Directors” newsletter (for Albany Medical Center’s Board of Directors)
- Active engagement in broad range of community organizations provides platform for sharing information about our CSP and our health promotion priorities
- Information about all of our public health initiatives is made widely available through targeted brochures, select advertisements (such as announcement of free screenings and seminars), and maximum use of free media to promote these services.
Provision of financial aid: successes and challenges

Albany Medical Center accepts all patients, regardless of ability to pay. We have never and will never allow financial status to impact the level of care we provide despite the fact that the financial impact is significant. We perform this financial mission for our community in an effort to keep those most in need as healthy as we can.

Our Financial Aid/Charity Care Policy was recently revised to enhance income poverty guidelines. This is the most significant change to our financial aid, which outlines a presumptive eligibility program that is now embedded in our Financial Aid policy.

Successes

- In 2011 we provided $20.1 million in Charity Care to our patients and assisted many in enrollment with other programs that would help them obtain care in more appropriate settings with ongoing coverage.
- We promote and advertise our Financial Aid and Charity Care policy through a variety of communications venues as well as our other patient assistance programs. We have partnered with Fidelis, Chamberlin Edmonds, and Albany County to provide a comprehensive plan for those most in need.

Challenges

- Our region was expanded from the 4 Capital District counties to 9 counties in our surrounding region. This challenges us with managing patients that have health care within their county.
- We encounter challenges with various populations:
  - Financially savvy patients shelter income in ways that asset tests will not apply; thereby qualifying them for charity care.
  - Because the Charity Care program only applying to hospital access, it increases Emergency Department utilization for use as primary care. Such E.D. use for routine care or minor medical care would best be conducted in a physician office setting.
  - There is no program in place to address the high cost of uninsured immigrants, both documented and undocumented.
  - Our most vulnerable homeless and psychiatric patients frequently fail to cooperate or are unable to provide information so that they can receive appropriate follow-up care and be linked to community support systems. This population requires far more than a hospital-based charity care program can offer.
  - Patients from outside our service area and from border states access services at Albany Medical Center that they cannot receive in their region.
- There is a cost to produce communications pieces - brochures and other informational materials – with no means for reimbursement.

Best Practices

- As referenced in the section covering “Access to Care”, Albany Med has a number of programs in place to provide a comprehensive financial evaluation to our patients. Uninsured patients are screened by a financial counselor to identify which coverage they would apply for, e.g.:
- Child Health Plus  - Family Health Plus
- Healthy New York  - Fidelis
- Medicaid  - Charity Care
- Disability  - personal payment plans
- Albany Med-paid COBRA payments (paid for staff after separation from employment)

- Our investments in software enable us to validate information on applications, which assures us that our limited resources are helping people who need it most.
- Although not mandated, many times we assist under-insured and indigent patients during the discharge period with pharmaceutical, nursing home, assisted living, and physician care for better access to preventive and managed health care.
Additional comments regarding Community Service Plan

- The ways physicians practice in our region continue to evolve: fewer physicians come to the hospital to provide care to their admitted patients. In order to maintain access to hospital services, this requires Albany Med to increase the number of physicians we hire – hospitalists, E.D. physicians, and surgeons to take call in our E.D.

- Economic fluctuations continue to impact all hospitals’ bottom lines. Our primary commitment to our community is our endeavor to maintain coverage 24x7x365 for emergency patients and acute inpatients (including trauma, NICU, peds cardiac, medical/surgical). We require increased levels of resources, particularly to assure physician coverage. While we continue to develop and/or maintain community-based programs, we must balance investment in these, especially if they are available elsewhere.

- As the region’s Level I Trauma Center, we provide comprehensive care to the critically ill and injured that is not available at other hospitals. As a result, we receive thousands of patient transfers from other hospitals and health facilities due to the absence of a qualified specialist on staff or on-call at the time of need - or because the patient required a higher level of care that the hospital could not provide.

- We will continue to play an even greater role as the region’s tertiary care center, when other facilities - in response to regulatory and economic conditions - constrict the services they offer. In this role, we must provide vital emergency and specialty services to the region.