NewYork-Presbyterian

NEWYORK-PRESBYTERIAN HOSPITAL
2016 COMMUNITY SERVICE PLAN YEAR 2 UPDATE

December 2018

NewYork-Presbyterian

NewYork-Presbyterian (NYP) is one of the nation's most comprehensive, integrated academic healthcare delivery systems, whose organizations are dedicated to providing the highest quality, most compassionate care and service to patients in the New York metropolitan area, nationally, and throughout the globe. In collaboration with two renowned medical schools, Weill Cornell Medicine and Columbia University Vagelos College of Physicians and Surgeons, NewYork-Presbyterian is consistently recognized as a leader in medical education, groundbreaking research and innovative, patient-centered clinical care.

NewYork-Presbyterian has four major divisions:

- **NewYork-Presbyterian Hospital (NYPH)** is ranked #1 in the New York metropolitan area by U.S. News and World Report and repeatedly named to the Honor Roll of "America's Best Hospitals." NYPH includes the following campuses:
    - NewYork-Presbyterian/Columbia University Medical Center
    - NewYork-Presbyterian/Weill Cornell Medical Center
    - NewYork-Presbyterian Allen Hospital
    - NewYork-Presbyterian Lower Manhattan Hospital
    - NewYork-Presbyterian Morgan Stanley Children's Hospital
    - NewYork-Presbyterian Westchester Division

- **NewYork-Presbyterian Regional Hospital Network** comprises hospitals and other facilities in the New York metropolitan region. Campuses include:
    - NewYork-Presbyterian Brooklyn Methodist Hospital
    - NewYork-Presbyterian Hudson Valley Hospital
    - NewYork-Presbyterian Lawrence Hospital
    - NewYork-Presbyterian Queens

- **NewYork-Presbyterian Physician Services**, which connects medical experts with patients in their communities.

- **NewYork-Presbyterian Community and Population Health**, encompassing the Ambulatory Care Network (ACN) and community healthcare initiatives.

NewYork-Presbyterian works with community organizations to reduce health disparities through innovative population health initiatives, care provider training, scholarship, and research. These initiatives are collaboratively developed, implemented, evaluated, and sustained. Only by combining the skills and resources of NYP with the energy, immense talents, and resources of our community partners can we achieve our goals.

This report shares progress on the 2016 NYPH Community Service Plan. The NYP Regional Hospitals each submit their own plans. Beginning in 2019, NewYork-Presbyterian Lawrence Hospital will be incorporated in the NYPH reporting, but this report does not include Lawrence or the other Regional Hospitals.

Comprehensive Needs Assessment

The NYPH 2016 community health needs assessment (CHNA) found that chronic diseases, mental health, and HIV were important areas of need in the NYPH service areas. Community members and focus group participants reinforced public health data, identifying cancer, cardiovascular disease, asthma, depression, diabetes, and obesity as major concerns. Tobacco use was cited as a major contributor to all of the chronic diseases identified in NYPH's service area and was targeted in the 2016 Plan with an evidence-based set of tobacco cessation interventions. In addition, our analysis found disparities in the incidence, prevalence and treatment of HIV in the NYPH service areas.

Based on these findings, the 2016 CSP Plan laid out a plan for action aligned with the NYS Prevention Agenda Priorities to address: prevention of chronic diseases by increasing access to tobacco cessation resources; promoting mental health and prevention of substance abuse; and prevention of HIV, STDs, and vaccine preventable diseases.

2018 Year 2 Update

Since 2016, NYPH has undertaken several key initiatives to improve the health needs of the communities we serve. A table of initiatives and their status is included as Appendix A. All proposed initiatives are either in progress or have been successfully completed. An explanatory narrative is included below.

Prevention of Chronic Disease – Tobacco Use

NYPH has remained committed to reducing tobacco use and second-hand smoke exposure. Efforts in 2018 included programs aimed at building staff capacity to connect patients to cessation resources; supporting a smoke-free environment; and community outreach and education.

As part of its NYSDOH Delivery System Reform Incentive Payment (DSRIP) Program, NYP created an online training module based on standards from the CDC and NYC.gov. The training, which helps our staff make more effective cessation referrals, is being offered to NYP staff, community organizations, and members of the NYP Performing Provider System. NYPH continues to work on the implementation of electronic referrals to the NYS Quitline, and has rolled out an innovative texting campaign, with over 26,000 texts sent to a targeted patient population. The campaign informs patients of available tobacco cessation resources and services and is followed up with outreach from a patient navigator who provides patient education and makes reminder calls.

In 2017, NYP launched the NYPH-Columbia-Cornell Smoke Free Initiative with a multidisciplinary team of clinical and non-clinical staff. The group aims to re-energize smoking cessation efforts across campuses and in the areas surrounding NYP facilities. Through the initiative, internal and external websites, campus signage, printed materials, and new-employee orientation materials have been updated. In 2018, NYPH also continued its relationship with the citywide Smoke Free NYC (formerly Manhattan Smoke Free Partnership), attending the two coalition meetings.

Lastly, NYPH conducted five wellness lectures for the community that included messages about the danger of smoking and its role as a contributing factor for many chronic illnesses. A total of 360 people attended, with 103 receiving a spirometry screening. NYPH also implemented "Quit Smoking" – an interactive approach developed by the Chinese Community Partnership for Health (CCPH) to provide smoking cessation information during a variety of health outreach initiatives. Quit Smoking reached 250 community members.

Promoting Mental Health and Prevention of Substance Use

NYPH continues to strengthen its mental, emotional and behavioral health (MEB) and substance use disorder (SUD) infrastructure. In 2017, NYPH in collaboration with Columbia University Irving Medical Center, was awarded a grant from the Manhattan District Attorney's Office Criminal Justice Investment Initiative to launch a youth opportunity hub in northern Manhattan. In partnership with community-based organizations, NYP's Uptown Hub can serve over 250 at risk youths ages 14-25 with needed resources and services, including trauma-informed mental health treatment and substance use counseling. The goal of the Uptown Hub is to help young adults meet their fullest potential and prevent them from engaging or re-engaging with the juvenile or adult justice system. In 2018, the Hub enrolled 109 young adults with approximately 25% receiving behavioral health services offered at NYPH such as Pediatric Outpatient Psychiatry and Adult Outpatient Psychiatry. Additionally, the Uptown Hub has three psychologists on staff who provide mental health treatment and/or neuropsychological evaluations exclusively to Hub members.

NYPH advanced its commitment to offering Mental Health First Aid USA (MHFA) trainings in 2018. Recognized as an evidenced-based program in the Substance Abuse and Mental Health Services Administration's National Registry of Evidenced-based Programs and Practices, MHFA trainings have been offered to parents, teachers, NYP employees, and clergy. As of October 2018, over 200 individuals were trained this year, and over 600 have been trained since 2016. To supplement the training, NYPH created a Mental Health Directory listing local clinical, non-clinical, and faith and community-based resources to help connect community members to care. Further, in October 2018 NYPH hosted its second annual Mental Health Summit for faith leaders focused on trauma-informed care and fostering resiliency. Approximately 100 faith leaders attended the symposium, which included presentations from NYP psychologists Dr. Wanda Vargas-Haskins and Dr. Shaylee Perez. The keynote speaker was Rev. Dr. Lakeesha Walrond, executive pastor at First Corinthian Baptist Church in Harlem.

NYPH's 13 school-based mental health centers, which serve 23 public schools and 7 school based centers in Harlem, Washington Heights/Inwood, and the Bronx, provide ongoing teacher training in behavioral approaches and emotion regulation to improve mental health and educational outcomes for children from low socio-economic status (SES) and high community stress neighborhoods. The school-based health centers also hosted more than 10 community-based workshops throughout the year on mental health issues and tools to cope with them.

Other pivotal interventions in 2018 included the Behavioral Health Crisis Stabilization Program, which provided resources to help manage patients in crisis and acts as a support for providers needing linkage assistance. Moreover, to tackle substance use disorder, NYP successfully developed a 16-organization SUD workgroup where community Providers work together to enhance referrals to licensed OASAS providers. NYPH also continues to work on expanding availability of clinical assessments of MEB through the introduction of tele-psychiatry across its campuses.

NYPH and Weill Cornell Medicine collaborated to deliver five community trainings on using Naloxone to prevent overdoses. Eighty-four community members received this life-saving training on how to identify when an overdose may be happening and how to administer Naloxone. The Westchester Division also continues to sponsor the Addictions Recovery Fair, Mental Health Fair, and a Community Lecture Series to provide information on a variety of mental health and substance topics.

Prevention of HIV, STDs, and Vaccine Preventable Diseases

During 2018, NYPH continued to implement its 9 planned strategies (See Appendix A). Newly available data show that these have made substantial impact. At NYP's Cornell campus, for example, there has been improvement in linkage to care for newly diagnosed patients. In 2016, only 69% of newly diagnosed patients were linked to care; in 2017, 82% of newly diagnosed patients were linked to care. The percentage of newly diagnosed patients who were virally suppressed increased from 62% in 2016 to 84% in 2017. The overall number of patients engaged in care was significantly higher between 2016 and 2017 (2,666 and 2,837 respectively), with 99% prescribed Antiretroviral Therapy (ART), and 90% of engaged patients were virally suppressed. The Columbia Irving Medical Center campus also saw the number of previously diagnosed patients engaged in care significantly increase between 2016 and 2017, from 1,871 to 2,039.

The NYPH Comprehensive Health Program and the NYPH Center for Special Studies provide HCV care and treatment, have co-located services including Care Coordination, Behavioral Health services for MH and SUD, nutrition services, and also provide anal cancer screening. With the help of these programs there has been a rapid expansion of HIV prevention services that include the promotion of pre-exposure prophylaxis, or PrEP, an HIV prevention strategy in which HIV-negative individuals take anti-HIV medications to reduce their risk of infection. Between 2016 & 2017, unique patients assessed for PrEP increased 324%, and patients started on PrEP increased 374%.

Additional outreach and engagement in care has been facilitated through the REACH (Ready to End AIDS and Cure Hepatitis C) a collaborative between NYP and six community-based organizations. DSRIP funding through NYP helped to support 10 Community Health Workers and numerous community events that led to over 500 HIV/HCV test being administered.

Next Steps

In 2019, NYPH will conduct a new CHNA. The CHNA methods will include both qualitative and approaches for understanding the health and social needs of the communities NYPH reaches,

with particular focus on lower income communities and vulnerable populations. The CHNA will inform NYPH's Community Service Plan, which will describe community health priorities, identify evidenced-based interventions to improve outcomes, and will include a mechanism to measure NYPH's continued success in improving community health.

CSP Contact Person:
Andres Nieto
Director, Community Health Education, & Outreach
nietioan@nyp.org
212-305-8527

CSP Contact Person:
Monica Hidalgo
Manager, Marketing, Communications, and Community Outreach
moh9017@nyp.org
212-342-0981

CSP Contact Person:
Shaun R. Dyke
Project Lead, Community & Population Health
srd9025@nyp.org
212-342-0566

NewYork-Presbyterian

Appendix A: 2018 Year 2 Update on the Community Service Plan

Goal	Outcome Objectives	Interventions/Strategies & Activities	Status
Promote tobacco use cessation, especially among low SES populations and those with poor mental health	* Increase access to smoking cessation resources * Increase capacity to address and treat tobacco use amongst community residents * Foster interdisciplinary approach to treating tobacco use	1. Identify patient materials; educate providers about resources and disseminate to patients 2. Promote policy change by participating in the Manhattan Smoke-Free Partnership 3. Disseminate smoking cessation information in Lower Manhattan, Upper Manhattan, and among low-income families on the Upper East Side 4. Implement electronic referral to NYS Quitline 5. Tobacco Cessation Services Texting Campaign 6. Patient Navigator program 7. Tobacco Cessation Dashboard Development	1. Complete 2.In Progress 3. In Progress 4. In Progress 5. Ongoing 6. Ongoing 7. Complete
Goal	**Outcome Objectives**	**Interventions/Strategies & Activities**	**Status**
* Promote mental, emotional and behavioral well-being in communities * Support collaboration among professionals working in fields of mental, emotional, behavioral health promotion and chronic disease prevention, treatment and recovery * Strengthen infrastructure for mental, emotional behavioral health promotion, and mental, emotional behavioral disorder prevention	* Provide community access to mental health and Substance Use Disorder Treatment programs * Provide information on mental health issues and tools to cope with them * Train community members to better identify the early signs of depression and other mental illnesses * Provide onsite assessment of mental health issues when no psychiatrist is present * Substance use disorder network development	1. Westchester Campus sponsored Addictions Recovery Fair and Mental Health Fair 2. NAMI C.A.R.E.S (Community, Advocacy, Resources, Education, and Services) Community Mental Health Fair 3. The BH Crisis Hub 4. Youth Hubs 5. Westchester Campus Mental Health & Substance Use Community Lecture Series 6. Speakers' Bureau: Clinicians on mental health topic 7. Community newsletter on mental health issues and tools to cope with them. 8. Free Mental Health First Aid (MHFA) and Youth MHFA courses 9. Increase the availability of clinical assessment for MEB health through the introduction of Tele-psychiatry in the ED 10. Development of a 16-member, community provider substance abuse work group to enhance referrals to licensed OASAS providers 11. Development of partners with diversified levels of care including detox services , rehabilitation services and MAT treatments to strengthen the SUD work group 12. Collaborative work with DOHMH around education and training for MAT providers. 13. Educational offerings to community providers of NARCAN training. 14. Initiation of pilot program for expedited ambulatory MAT treatment 15. School Based Health Center trainings and community workshops	1. Ongoing 2. Ongoing 3. Ongoing 4. Ongoing 5. In Progress 6. In Progress 7. Ongoing 8. Ongoing 9. In Progress 10. Complete 11. Complete 12. In Progress 13. In Progress 14. In Progress 15. In Progress

NewYork-Presbyterian

Goal	Outcome Objectives	Interventions/Strategies & Activities	Status
* Decrease HIV morbidity * Increase early access to and retention in HIV care * Decrease STD morbidity	* Increase the number of Medicaid beneficiaries who received two sequential anti-retroviral medication scripts and/or attended two office visits within the previous 12 months * Increase access to HIV care * Increase access and engagement in Hepatitis C (HCV) care; increase access to STD screening and treatment	1. Increase engagement and access to and retention in care for both undiagnosed and known HIV+ residents in order to increase viral suppression & prevent transmission and avoidable hospitalizations 2. Co-locate primary care, HCV, psychiatry, substance abuse treatment, dental care, GYN care, geriatric services, anal cancer screening and treatment, social work and nutrition services at both the east and west NYP campuses 3. Promote the delivery of services (i.e., PrEP/PEP) at ambulatory centers, community partners to at-risk individuals (e.g., partner services) to keep them HIV-free 4. Address co-factors that impact engagement in care and health outcomes, e.g., homelessness, substance use, history of incarceration, mental health: increase mental health services at NYP, link patients from NYP to programs addressing social determinants 5. ED Navigator to refer patients to available infectious disease physicians at another campus or arrange to have physician on site 6. Expand HIV testing and preventive services (PEP, PrEP) capacity to accommodate walk-ins and referrals 7. Community partner joint staffing Mobile Medical Unit (MMU) for HIV testing, HIV prevention services, and identification of HIV+ clients lost to care to promote re-engagement. Identify and engage clients not currently in care or at risk for HIV and engage in prevention services 8. Implement multisite testing for STDs; Ready to End AIDS and Cure Hepatitis C (REACH) Community Health Workers (CHWs) to increase capacity for HIV/HCV testing 9. Community partners and care coordinators link HCV patients to care at east and west NYP campuses	1. In Progress 2. Complete 3. In Progress 4. In Progress 5. In Progress 6. In Progress 7. In Progress 8. In Progress 9. In Progress

Key	
Status	**Definition**
In-Progress	Intervention on track with an end date
Ongoing	Continuing to happen; no end date