

MONTEFIORE MEDICAL CENTER COMMUNITY SERVICE PLAN 2006 IMPLEMENTATION REPORT

INTRODUCTION

This report will summarize the implementation of the community service plan, as described in the previous submission of the full plan, filed in 2005.

Services to the community are an explicit and essential component of Montefiore's mission and one of its most valued traditions. The medical center has a long history of reaching beyond the walls of its hospitals to identify and meet the needs of its community and has been a national leader in organizing and expanding community-based services. Our commitment to the community has required a multifaceted, continually evolving response, in which the unique capacities of the academic medical center are mobilized to improve the lives of the people and the communities we serve -- not just medically, but socially, economically and environmentally, wherever and whenever our resources can make a difference.

Over the past year, the medical center has maintained and expanded its range of community services, reaching out to and serving populations with un-met health care needs, including

- those with poor access to comprehensive primary care,
- under-served, at-risk and hard to reach children and their families,
- under-served and at-risk senior citizens,
- those affected by cancer,
- those affected by the continuing HIV epidemic in the Bronx,
- persons with or at-risk for tuberculosis infection,
- persons affected with problems of substance abuse,
- the homeless,
- adults and children with limited access to primary dental care, and
- those affected by chronic health care diseases such as congestive heart failure, diabetes, and asthma.

MISSION STATEMENT

Montefiore Medical Center's mission is stated as follows:

- ❖ Montefiore is an integrated health care delivery system, an academic medical center, and a community service resource.
- ❖ The primary mission of Montefiore Medical Center is to provide high-quality patient care and related services. Montefiore provides a full range of health care services to the residents of the Bronx and Westchester counties, and specialty care to patients referred from throughout the metropolitan area.
- ❖ Montefiore is also an Academic Medical Center. As the University Hospital for the Albert Einstein College of Medicine (AECOM), MMC serves as the principal clinical base for AECOM's clinical faculty. MMC is committed to maintaining the highest quality programs of medical education, and to the generation of new knowledge through medical research.
- ❖ Montefiore is committed to mobilizing its unique capacities as a delivery system and an academic medical center to maintain and expand services that improve the lives of the people who live in the communities we serve.

Montefiore is committed to continuously improving the quality of care and service it provides, and to maintaining the relevance of its programming to the needs of its changing community.

Montefiore has long been a national leader in organizing and expanding community-based services, mobilizing the unique capacities of the academic medical center to improve the lives of the people and the communities we serve. Not just medically, but also socially, economically and environmentally, wherever and whenever our resources can make a difference.

Montefiore has continuously sought to maintain the relevance of its programming to the needs of its changing community. One of Montefiore's characteristics, as it has evolved, has been the development of new services that make a difference in people's lives, both through and beyond the provision of health services.

The Mission Statement of Montefiore Medical Center demonstrates the commitment to meet the health care needs of the community. Over the hundred years since its inception, Montefiore has grown and changed dramatically in response to changes:

- in the science of medicine;
- the nature of the institution itself; and
- in response to the health care needs of its community.

This mission statement has been presented and reviewed by the medical center's Board of Trustees. There were no amendments to the mission statement in 2005/2006. The mission statement is also made available to the community and the public at large, in a variety of forms.

STATUS REPORT ON MONTEFIORE'S COMMUNITY SERVICE INVESTMENTS

In this implementation report on its Community Service Plan, the medical center has updated the information included in the report filed in 2005, providing a status report on

- the medical center's progress in implementing those initiatives identified in prior Community Service Plans; and,
- programs of community service which MMC proposes to implement in 2006.

Montefiore has continued to be a national leader in organizing and expanding community-based services. Following is an overview of the services provided in 2005:

- its network of 21 community-based primary care centers and physician practices offering primary health care services to some of the borough's poorest and most under-served populations, provided over 750,000 visits in 2005;
- the nation's largest hospital-based homecare program, providing in-home services to inner city residents in neighborhoods which are among the country's most disadvantaged, had a total of over 450,000 home visits in 2005;
- its network of specialty care centers and physician faculty practices providing specialty health care services to the population, provided 886,000 visits in 2005;
- a nationally recognized mobile lead screening and treatment program serving populations in the borough at highest risk for lead poisoning;
- a model housing program to shelter families of children with high lead levels while their dwellings are made lead free;

- a mobile health program serving homeless children and families in various locations around NYC, as part of the New York Children's Health Project (NYCHP), providing over 11,000 visits to almost 3,300 users in 2005;
- outreach programs providing health services to homeless persons in soup kitchens and shelters throughout the borough;
- a Community Dentistry program, providing dental services to a multitude of under-served and medically compromised patients at on-site dental facilities in five elementary schools, one homeless shelter, one community site, and the Infectious Disease Clinic at Moses;
- leadership in development of a regional perinatal system in the Bronx (including expanded prenatal care, a common obstetrical medical record, regionalized testing and tertiary care services), which has among the country's highest rates of infant death and disability and low birth weight;
- bilingual/bicultural health services for the borough's Hispanic population, and for Indochinese and Soviet refugees;
- prevention, counseling, and medical services for abused children;
- prevention and counseling services for elderly patients subject to abuse;
- working closely with the Naturally-Occurring Retirement Community in Co-op City to help assess seniors' health care needs and develop responses to those problems;
- development of a home visiting program for the chronically ill, frail, and poor elderly living in the New York City Housing Authority facilities in the Bronx;
- school health programs at five elementary schools, one kindergarten through grade 8 school, two middle schools, and five high schools in the Bronx, serving over 18,000 students, with a total of over 53,000 visits in the 2005/2006 school year;
- collaboration with area high schools in development of health professions education programs which are aimed at increasing student retention in the face of high dropout rates, by creation of career options for inner city youth;

- innovative programs of HIV testing, counseling and medical care for enrollees and family members in the MMC's methadone treatment program, a population at highest risk for AIDS;
- a range of outreach and prenatal/child care services to pregnant women who are either HIV infected or at risk for HIV infection;
- organization and management of an innovative AIDS volunteer program (the Bronx AIDS Volunteer Organization) serving patients cared for by five Bronx hospitals;
- providing comprehensive cancer care through the Montefiore-Einstein Cancer Center, including the Community Outreach Program, a research based cancer prevention, education, and support program that provides support and educational services to patients, families, staff, and community members facing the challenges of cancer;
- a comprehensive array of programs on diabetes prevention and management;
- other disease management programs, to assist patients who have specific chronic diseases such as Congestive Heart Failure and Asthma; and
- a community redevelopment corporation which has successfully rehabilitated housing stock in the depressed neighborhoods in the northwest Bronx, which was at high risk for abandonment in the late 1970's/early 1980's, and has also been involved in a number of economic development and community development activities.

Services to High-Risk Populations

Primary Care for Under-served Communities

The medical center continued to provide a wide range of primary care services in 2005/2006, through its voluntary, community-based physicians, its hospital outpatient programs, the practices of the MMC-AECOM faculty, and the Montefiore Medical Group (MMG). Community-based primary care services include school health, services for children, cancer outreach and prevention, and expanding further the services for patients with asthma, diabetes, heart disease, HIV, tuberculosis and a range of other diseases for which Montefiore's Bronx community is "at risk."

Montefiore, through its Montefiore Medical Group, provides primary care to under-served

populations. Historically, the network has operated essentially at break-even, but it is able to do so only because of its access to Federal and other grant funds. Any operating losses incurred, due in large part to the start-up costs related to its various expansion programs, is absorbed by MMC within its overall financial operation.

The Medical Group is a major community service provided by the Montefiore Medical Center, which would not have been identified were the criteria of "charity care" used in its strictest sense. Any definition of community service must include programs of this sort, since without them and their requisite grant funding support, markedly fewer services would have been available to these demonstrably needy communities.

The primary care programs continue to provide a variety of practice-based and community outreach programs, focusing on such areas as asthma; diabetes; health education, promotion and screenings; prenatal/perinatal care, childbirth and parenting; nutritional assessment and counseling; and Reach Out and Read.

Under-served Children and Families

MMC has continued its intensive effort for providing a comprehensive system of care for children, based on a family-centered care philosophy. This well-developed network of services for children includes primary care, inpatient care, subspecialty care and ambulatory care in a variety of settings, at the medical center and at community-based sites. In late 2001, the new Children's Hospital at Montefiore opened its doors, providing new facilities for inpatient and specialty ambulatory care for children. This facility includes The Family Learning Place, a resource center for families of pediatric patients and families in the community at large, providing access to support groups, health education and information, and encouraging families to enter partnerships with their health care providers and actively participate in their children's health care.

The medical center has continued the innovative programs for high risk children, including the comprehensive services of the South Bronx Health Center for Children and Families, (SBHCCF) which reached almost 5,700 adult and pediatric patients in 2005, providing 27,000 visits; the Child Advocacy Center and its variety of extended services; and the Lead Poisoning Prevention Program. In 2005, the programs of the SBHCCF included: the Women and Infants in Need Initiative, providing comprehensive nutrition services to women, infants and small children; Centering Pregnancy, an educational and clinical group; the *Starting Right Initiative*, addressing the nutritional and health disparities of the under-served Bronx community, and the Childhood Asthma Initiative, providing comprehensive care. The SBHCCF continues to work on expanding mental health services, expanding health education services, implementing a smoking cessation initiative, and expanding oral health services.

School Health Program

The Montefiore School Health Program (MSHP) is now the largest and most comprehensive school based health care network in the country and is a major community outreach program for children living in the Bronx. During the 2005/2006 school year, roughly 53,000 visits were provided to more than 18,000 students enrolled in the MSHP. Covering thirteen school sites, multi-cultural, interdisciplinary health teams provide the core primary and preventive medical, mental health and dental services at each of the School Based Health Centers.

The MSHP also continues to provide training opportunities to a wide range of health professionals to extend service capacity and prepare future school health providers on best practices and innovative approaches to school based health care.

In September 2003, the MSHP opened a new division of community health. This division coordinates all health promotion / disease prevention activities within the school health program. The first project of the new division was a multidimensional school based obesity prevention program, supported by funding through the J.E. & Z.B. Butler Foundation, the Fannie E. Rippel Foundation, and the Philips Foundation - the *Healthy Kids* program, which includes classroom, school and community initiatives to increase physical activity and healthy eating among students and their families. In the 2006/2007 school year, the MSHP intends to further develop "best practices in a school based setting" in addressing such problems as asthma, obesity, reproductive health care issues, and mental health issues such as depression.

The MSHP's collaborative model has resulted in a multitude of community partnerships. The MSHP is characterized by strong parent support, a strong school-community partnership, and comprehensive primary care services provided by a multidisciplinary health team supported by a longstanding, comprehensive neighborhood health centers and school based health center network.

Services to the Elderly

MMC has continued to provide programs for the elderly that responds to their needs, with a variety of both basic and targeted services for this special and at risk population. These programs include those of the Home Health Agency - including Physician Home Visiting, Geriatric Psychiatry, Personal Response System and Patient Assistance Program; the Division of Geriatrics - including the Geriatric Ambulatory Practice, Program for the Hispanic Elderly, and Medical Services to the Homebound Elderly; and the Division of Geriatric Psychiatry - including the UJA-Montefiore Aging and Memory Program, Bronx Holocaust Survivors Project, Psychiatric Home Visiting Program, and Psychiatry Program

for Russian Émigré's. As described in the following section on population specific needs assessment, MMC has expanded its programming for the elderly through its relationship with the Coop City Naturally-Occurring Retirement Community (NORC) and initiated a home visiting program for the elderly living in New York City Housing Authority facilities in the Bronx.

Cancer Programs

The Montefiore-Einstein Cancer Center provides leadership and innovation in cancer care. The Center is dedicated to clinical excellence with a focus on comprehensive diagnostic and treatment services. The Center comprises teams of interdisciplinary clinicians who provide preventive care, early diagnosis, and treatment for early and late stage cancers across all specialty areas. One unique feature is its Community Outreach Program, a research-based cancer prevention, education, and support program that provides support and educational services to patients, families, staff, and community members facing the challenges of cancer. The Center also participates in cancer screening and cancer education and awareness programs.

AIDS and HIV Services

Montefiore Medical Center and the faculty of the Albert Einstein College of Medicine continue to provide a wide range of services for patients who are HIV-infected or at risk for infection. Montefiore's AIDS program is one of the city's largest and most comprehensive with several major elements to its program for adults, children, adolescents and families, including: testing/counseling, case management, inpatient specialty services, outpatient services for the HIV infected, HIV-related mental health services, access to clinical trials and new, promising treatments for AIDS and HIV infection, and special research and community programs, including CICERO, the Adherence Program, Project BRAVO, Project HEAL, and the Women's Center/Children's Center.

The medical center has continued its commitment to providing HIV services in a variety of settings, including the medical center hospitals and ambulatory sites.

The year 2002 represented the 15th anniversary of Montefiore's AIDS Center, which has served as a model for hospital and community-based care for the HIV-infected.

Tuberculosis DOT Program

The medical center continues to operate The Tuberculosis Initiative Program, the "directly observed therapy" (DOT) or directly observed preventive therapy (DOPT) program for patients with active TB or those at risk after exposure. Patients are identified and referred to the DOT/DOPT program while they are hospitalized, under care of a private provider, or by direct referral from an MMC affiliated program. The Program is administered and

coordinated by the Tuberculosis Initiative, with services provided at MMC and AECOM sites and at patients' homes.

The year 2002 represented the 10th anniversary of the Tuberculosis Directly Observed Therapy program.

Substance Abuse Treatment Program

The Department of Psychiatry continues to operate the large Substance Abuse Treatment Program (SATP) that provides integrated substance abuse treatment, medical and mental health services to a population with complex needs. MMC and the Albert Einstein College of Medicine have unified the medical and administrative leadership of their two programs. The combined program serves more than 5,000 opiate-dependent individuals at seven community-based sites in the Bronx. In 2004, the program initiated the New Directions Recovery Center, an intensive outpatient drug rehabilitation program. Plans are underway to initiate Hepatitis C education, training and treatment for all eligible patients and to establish a modified day program for patients with co-occurring psychiatric and substance abuse disorders.

Homeless Services

The medical center continues to provide health care services to the homeless population through its two programs - Care for the Homeless Program and the New York Children's Health Project. Under contract with Care for the Homeless, the medical center employs teams of health care professionals, who are then deployed to provide medical, social service, counseling, and health education services at shelters, soup kitchens, and drop-in centers, serving seven sites in the Bronx, one site in Manhattan, and one site in Queens. In 2005, the program provided over 11,000 visits.

The New York Children's Health Project (NYCHP) delivers critically needed health care services to children and parents temporarily housed in homeless family and domestic violence shelters across New York City and to runaway street youth receiving supportive services at a drop-in center in Manhattan. In 2005, the NYCHP provided over 11,000 encounters. In 2005, the NYCHP increased outreach to families at shelters, enhanced mental health services by providing them in conjunction with the medical services, and provided care to asthmatic pediatric patients through its Childhood Asthma Initiative. In 2006, the NYCHP plans include: expanding mental health services, providing comprehensive care through the Childhood Asthma Initiative, promoting family literacy, expanding health education services, expanding oral health services, and implementing a nutrition assessment.

Dental Care for the Under-served

The Community Dentistry Division of the medical center continues to operate the on-site dental facilities in five elementary schools, one homeless shelter, and the Infectious Disease Clinic at the Moses Division. The Community Dentistry Division is continuing to serve the needs of HIV infected individuals in the off-site facilities as well as on-site in the variety of dental programs administered by the Montefiore Medical Center Dental Department.

Diabetes Programming

With the high incidence of untreated diabetes in the Bronx, the medical center has made a major institutional commitment to the development and use of evidence-based, “best practice” medical care. Using a network-wide approach, Montefiore has implemented a comprehensive array of programs focused on diabetes prevention and management. These include: the Montefiore Clinical Diabetes Center; diabetes education and consultation services at both of the acute care hospitals; the Diabetes in Pregnancy Program, providing outpatient consultation and management; the School Health Program, which includes school-wide and community-based interventions for obesity and pre-diabetes prevention; a diabetes quality improvement and care management program in MMC’s federally qualified health centers, the Morris Heights Health Center, and Promesa (originally funded as part of the “Diabetes Breakthrough Collaborative” program), and a diabetes disease management program operated by the Contract Management Organization (CMO), designed to assist in the identification of patients with diabetes and to work with these identified patients and their physicians to implement a course of treatment designed to improve their health status.

Disease Management for Congestive Heart Failure Patients

Through studies of patients with congestive heart failure (CHF), the medical center determined that roughly one-third of the CHF patients are at high risk of re-hospitalization within one year, which could be prevented through appropriate disease management. The medical center initiated a disease management program that focused on the CHF patients. This initiative includes identifying the patients, developing a registry of the patients, performing patient assessments, stratifying the patients into risk categories, and providing ongoing primary care and case management to these patients, including telephonic contact and regular check-ups, coupled with home visits. The goals of this initiative include improved continuity of care and avoidance of unnecessary hospitalization.

Respiratory Disease Management

The Contract Management Organization (CMO) has implemented a Respiratory Disease Education Program which is designed to assist in the identification of patients with asthma or COPD, and once identified, to begin working with these patients and their physicians to

implement a course of treatment designed to improve their health status.

NEEDS ASSESSMENT

Montefiore assesses community needs in three ways:

- ◆ by reviewing publicly-available data sources, and conducting focused assessments of statistical measures, related to the health status of the communities we serve, and of high-risk populations in those communities;
- ◆ by partnering with other organizations and public agencies like the NYC Department of Health, to evaluate needs and structure responses, as part of an organized “Community Health Assessment” process; and
- ◆ by working with specific constituencies – geographic, age-specific and/or diagnosis-specific – to assess their particular needs, and ways to more effectively target programs and initiatives to meet their needs.

Evaluating Vital Statistics

Over the past five years, Montefiore Medical Center has expanded its efforts to assess the health care needs of residents in its primary service area - The Bronx. There is general agreement that the borough has among the worst health status indicators of any county in New York State. However, much of the information available is based on gross measures - infant mortality, overall rates of hospitalization, death and disability and rates of reportable infectious diseases such as HIV infection and tuberculosis. Beyond the statistical measures, which are based largely on data reported to and by the city and state health departments, there exists comparatively little information in a form which can be used to structure interventions to improve the borough’s health and health status.

MMC has historically used these data to design and target programs of outreach and community service. Community health profiles showing areas with poor health status (higher than average incidence and prevalence of HIV and T.B., poorer than average birth outcomes, worse than average access to primary care, and high hospital admission rates for diabetes, cardiovascular, cerebrovascular, peripheral vascular, and renal diseases) have historically been used by MMC, to target its programs.

In the mid-1990’s, Montefiore began to work on a number of fronts to develop more detailed information, which could be useful in targeting specific program interventions. The approach MMC utilized was to use reportable indicators to develop an initial sense of needs and priorities, and to use subsequent analyses of hospital discharge data to identify specific geographic areas and sub-populations that merited specific focus.

Heart Health: One example of this involvement can be seen in the area of heart health.

In the early 1990's the NYS Department of Health noted that the Bronx has above average death rates and rates of hospital admissions for cardiac-related conditions among minority populations, coupled with below-average rates of referral for cardiac catheterization and other interventions. In the mid-1990's, researchers and social scientists at Montefiore and Einstein undertook the first in-depth study of heart disease.

This team produced its first findings in early 1996, indicating that while the single largest driver of heart-related death and disability was hypertension rather than coronary artery disease, there remained a substantial population for whom access to cardiac diagnosis and treatment remained difficult.

As a result of this work, the leadership of Montefiore's Heart Center initiated a program to expand access in Montefiore's primary care network, by placing physicians trained in cardiology in community-based sites, and by making tests and services focused on the diagnosis and care of patients with heart disease more early available. These efforts will continue.

Child Health: MMC also used this approach in the development of its recently-opened Children's Hospital. In planning for its new children's hospital, the medical center conducted a series of in-depth assessments of child health status and needs in the Bronx. These assessments involved detailed analysis of available health care utilization data for children in the borough, identifying a series of geographic and program areas in need of specific attention. These assessments led to the establishment of three major outreach efforts:

- Improving children's access to primary care through the expansion of its Child Health Network (which now includes 21 community-based primary care satellites, 13 school-based primary care programs and a series of outreach programs to homeless children and families).
- Improving access by expanding use of available health insurance, through the medical center's efforts in working in partnership with other providers, community groups and health plans to greatly increase enrollment of eligible children in Medicaid and Child Health Plus.
- Identifying and bringing into care children with or at risk for acute asthma, which causes extremely high rates of inpatient hospitalization, particularly in the central and southern parts of the Bronx. This effort has taken place in a variety of sites and settings, and focuses on education of children and families about asthma care, its treatment, and how they can participate more effectively in its management and care. In these efforts, the medical center has worked closely with community groups and with the school system to identify at-risk children, and to structure effective partnerships focused on reducing the impact of this

disease.

Community Health Improvement

In 1996, Montefiore joined with the three other voluntary hospitals in the Bronx, the Borough President and a wide range of community-based organizations and agencies to create The Bronx Health Link (BHL). Established to serve as the focus for an organized, Bronx-wide community health improvement program, the BHL has as its mission

- to assess the health status and - perhaps more importantly - the perceptions of health and health needs of the borough's residents, and
- to develop focused action plans to respond to identified high priority health needs in the community.

This process has involved both quantitative and qualitative research, drawing on the expertise of a group of nationally recognized experts to develop a comprehensive health profile for the Bronx. Through this process, four areas were identified as the highest priority for initial action: child abuse/domestic violence, heart health, access, and teen pregnancy.

Over its first three years, the BHL operated four broad-based work groups to assess needs, and structure co-operative program responses to those needs. In recent years, the BHL has taken on two other roles:

□ NYC Public Health Partnership:

In 2000, the BHL was asked by the New York City Department of Health to work with its city-wide community health improvement project, a Robert Wood Johnson Foundation-funded program known as the Turning Point. The BHL agreed to perform in that role, and has been formally delegated as the Health Department's "borough planning council", working with Health Department staff to organize and conduct a series of public hearings and needs assessments, and to establish ongoing forums aimed at establishing priorities, and initiating action planning for new services to meet those needs.

□ Bronx Perinatal Information Network:

In 2000-2001, the previously-funded Bronx Perinatal Network (BPN) began to experience organizational and funding difficulties. At that point, the leadership of the BHL worked closely with health care and social services providers in the borough's perinatal services network, to assure that services critical to maternal and infant health would be maintained, despite the closure of the BPN.

As an outgrowth of that effort, the BHL applied for and received funding from the New York State Department of Health to assume the responsibility for operating the Bronx Perinatal Information Network, an educational resource serving consumers and providers.

Today, the Bronx Health Link is regularly cited as one of the model community health improvement programs in New York State. Its membership includes a large and growing constituency of health care and social service organizations and agencies, as well as a large number of consumers and advocacy groups. It provides a number of services to the borough, and it organizes and manages a wide variety of educational sessions for providers and consumers in the Bronx.

Over the coming year, the BHL will continue to build on its foundation of educational programming, maintain and strengthen its perinatal information program, and plans to update its community health assessment, which is now over five years old.

Population-Specific Needs Assessment

In addition to the analytic approaches noted above, MMC regularly works directly with affected populations and communities to assess specific needs, and to design programs and services to address those health needs. It is these efforts – meeting with and listening to key constituents, designing programs with their input and assistance, and including them in the ongoing oversight of the programs’ operations - which have the most important and long-lasting results.

Beyond the creation of formal Advisory Boards, MMC strives, in developing its programs of patient care, education and outreach, to reach out to and include special populations and to work with other organizations and agencies serving those individuals.

- Seniors: The Bronx has a population of 140,000 seniors who have among the highest hospital and health care utilization patterns of any such population in the nation.

In recent years, the medical center has worked closely with community-based organizations and agencies throughout the borough to assess the needs of this population and to develop a series of partnerships focused on enhancing their access to needed health care and social supports.

- Over the past five years, the medical center has worked closely with the state-funded Naturally-Occurring Retirement Community (NORC) program in Co-op City in the northeast Bronx. Over 8,000 elderly persons live in that community.

MMC works closely with the NORC staff and community agencies operating in Co-op City (the Co-op City Senior Citizens Council, the Visiting Nurse Service, RSVP, Jewish Board of Family and Children's Services, etc.) to conduct in-depth assessments of seniors' health needs, and to develop collaborative responses to those health problems.

Through grant funding from the United Hospital Fund and the New York Community Trust, MMC, in partnership with the Coop City NORC, Visiting Nurse Service of New York (VNSNY) and Jewish Association for Services for the Aged (JASA), initiated a program designed to improve the relationship between community-based and hospital-based services, enabling a seamless transition for the patient from the hospital to the community. Through the discharge planning process, MMC works to connect patients with the social, medical and supportive services available in the NORC, so that the patients receive services in their community. MMC staff is in contact with the NORC staff to inform them whenever a patient from the NORC is discharged from the hospital to home, so that community services can be prepared to receive that patient. The initial pilot program is focused on the adult inpatient service at the Moses Division. Additional funding is being pursued to expand this program to the Einstein Division adult inpatient service and the emergency departments at both hospital divisions.

- As one outgrowth of this effort, the medical center has mounted a new resource - The UJA-Montefiore Aging and Memory Program - which has put into place a geriatrician, geriatric psychiatrist and geriatric social worker to serve Co-op City seniors, including those with mental health problems ranging from depression and memory loss to full-blown Alzheimer's Disease.
- The next step in the work with the NORC and other senior outreach programs has led to the development of a home visiting program for the chronically ill, frail, and poor elderly living in the New York City Housing Authority facilities in the Bronx. Members of this target population were found to be lacking primary care providers and medical homes, and often end up in the emergency room for care. This hospital-funded program started in the spring of 2004 and involves aggressive outreach to members of these housing facilities leading to home visits by a physician and nurse practitioner. These providers then link the patients to other providers who care for their chronic health care needs on an ongoing basis.

□ Women's Health: The Department of OB-GYN and Women's Health at

Montefiore/Einstein is involved in a variety of programs focused on assessing the health needs of women in the Bronx and surrounding communities. In addition to ongoing initiatives related to maternal, perinatal and reproductive health issues - in which the Department works closely with community-based organizations and agencies including the BHL and the March of Dimes - the Department has over the past several years mounted programs related to women's health:

- a cervical cancer education and screening program which involved outreach to women in Bronx high schools and colleges, and to older women in senior centers and community agencies in the south Bronx;
 - the Women's Health Initiative (WHI), an NIH-sponsored multi-cultural study of the health and health needs of post-menopausal women living in the Bronx and southern Westchester, an assessment which will be used to help target programs for the treatment of such diseases as osteoporosis, heart disease, cancer and mental health problems in older women;
 - the Comprehensive Preconception/Interconception Care Program (CPIC), a program sponsored by the March of Dimes and created to help women learn and address health issues which could affect their pregnancy and the health of their baby;
 - the Centering Pregnancy program, originally developed by a midwife, was developed to have an interactive way to monitor pregnancies while learning about their health needs and infant care in a group setting and is held at the Comprehensive Family Care Center; and
 - Montefiore Medical Center has been designated by the New York State Department of Health as a Regional Perinatal Center (RPC). This status means that MMC is responsible to the community for providing specialized care in high risk obstetrics, neonatology and all the inherent components in taking care of mothers and their neonates. MMC has partnered with Bronx Lebanon Hospital Center and Flushing Medical Center (Affiliates) to form the Regional Perinatal Center.
- HIV-Infected Persons: Montefiore continues to devote substantial resources to the assessment of the needs of adults, adolescents and children with and at-risk for HIV infection. The medical center is presently running multi-cultural research programs related to HIV disease in women and adolescents, focusing on improving ways to reach, educate and care for these high risk populations. In addition, related to the activities of the medical center and state-designated AIDS Center, Montefiore operates a major program of outreach testing and counseling, and provides HIV primary and specialty care in a wide variety of community-based settings.

PUBLIC PARTICIPATION IN PROCESS AND NOTICE

The main organizational approach that MMC uses to gain input and community involvement is through a variety of community advisory boards (CAB's). MMC works extensively with representatives of the affected communities through these CABs to identify health care needs and determine the appropriate configuration of services. On a regular basis, MMC reports to these various community groups on the medical center's performance and service priorities, the status of programs, financial and utilization statistics, the plan for and implementation of community services, and plans for the future.

- ❑ Each of MMC's hospitals has an organized CAB, made up of residents of the communities which each serves.
- ❑ Each of MMC's federally-funded community health centers has a similar CAB, made up of users of those facilities; and a number of the other health centers (Castle Hill Family Practice, Williamsbridge Family Practice, Marble Hill Family Practice) have developed their own CAB's.
- ❑ The school health program has its own, well-developed mechanism to assure local input and community relevance for its programs. The programs at each of the 12 schools are defined and guided by active school-based Advisory Committees, whose members include principals, teachers, administrators, parents, students, and representatives from community agencies.
- ❑ In the planning of the new Children's Hospital, MMC went a step further, involving children and families in the actual design of the facility, and including parents and family members on groups setting policies and procedures for the new Children's Hospital. That effort to include children and families in the children's hospital's operations continues, through the function of the Family Advisory Committee.
- ❑ The ID Clinic has a Consumers Advisory Committee of people living with HIV and AIDS who receive their care here. The Committee meets monthly with representatives from our patients, Clinic staff, and ID Clinic leadership. Patients on the Committee evaluate the delivery of services and care in the ID Clinic and provide feedback about the planning of new programs. Patients are welcome to attend any of the meetings as a guest. There are 15 active patients on this Committee.

COLLABORATION AND PARTNERSHIPS

MMC continues to work closely with a range of public-sector agencies, other providers of health care and social services, community organizations and agencies, educational institutions, and consumer groups to identify health care needs, and to design and develop new and expanded programs of health care.

As a founding member of the **Bronx Health Link**, MMC remains committed to the ongoing support of that collaborative effort to define the needs of communities in the Bronx, and develop targeted programs to respond to those needs.

The Montefiore School Health Program, utilizing its collaborative model, partners with a number of community organizations, to improve the health of school-age children.

The MMC/ AECOM **Department of Family Medicine, its Division of Community Health** and its Institute for Community and Collaborative Health are involved in a number of initiatives and actively pursue collaborations and partnerships in order to advance their agenda in Community Health. Some key initiatives include: Bronx Science Education Partnership (BxSEP), Minority Educational Network for Tomorrow's Outstanding Role-Models (M.E.N.T.O.R.), South Bronx Environmental Justice Partnership (SBEJP), Bronx Faith and Medicine Health Access and Outreach Program, CitiWide Harm Reduction Program, Bronx Community Palliative Care Initiative, Hispanic Center of Excellence, and Bronx Center to Reduce and Eliminate Ethnic and Racial Health Disparities (Bx CREED).

STRATEGIC PLANS

Since the late 1990's, Montefiore has pursued a strategy for its health care delivery system which builds on and reinforces MMC's two complementary roles:

□ Population-Based Health Care

The first element in MMC's strategy builds on the medical center's role and positioning as a full-service delivery system for a population of 1.5 million persons living in its primary service area, in the Bronx and Westchester. In this area, the MMC has configured its system to provide a full range of accessible, high quality and cost-effective health services to enrolled populations, under both fee-for-service and managed care.

□ Centers of Excellence

The second element of MMC's strategy builds on its historical role and strength as a provider of high quality specialty services to patients referred from across the region for consultation and/or care. This strategy emphasizes MMC's extraordinary faculty and its state-of-the-art capabilities in specific areas (cardiac, child health, cancer, HIV care, women's health services, and the neurosciences) as specific "centers of excellence".

These are complementary strategies, tailored to MMC and its setting; and they are resilient strategies, enabling MMC to adapt to a changing health care environment.

PERFORMANCE IMPROVEMENT

In all its operating divisions and departments, and all of its support services, MMC has focused on improving the performance of MMC's delivery system:

- Managing the costs of care, through control of unit costs, and through the expert management of patient care processes;
- Improving the quality of care, using the techniques of continuous quality improvement;
- Improving MMC's service to patients and their families, to referring physicians and affiliated organizations;
- Implementing a Service Excellence initiative, in order to create a health care delivery system that consistently meets and exceeds patients' and all other customers' requirements; and
- Taking steps to better integrate the extensive delivery system which MMC has put into place, and to manage patient care and programs across the continuum of care.

FINANCIAL STATEMENT

In keeping with its mission and philosophy to extend quality care and compassionate service to patients without regard to their ability to pay, Montefiore provides significant "charity" care, and uncompensated care which is either provided at less than cost, or which represents "bad debt." Since hospitals are required to pursue payment from patients who have the means to pay, many services "written off" as un-collectible are in fact charity care. Quite often, the patient reviews his/her circumstances with the hospital representatives, it is determined that the most appropriate course is to write-off some or all of the pending balance. The distinction between "bad debt" and "charity care" is increasingly difficult to maintain.

As with all non-profit hospitals, MMC provides significant "charity" care, and uncompensated care which is either provided at less than cost, or which represents "bad debt." The medical center continues to provide an increasing amount of charity/subsidized care.

In 2005, the medical center provided \$94 million in bad debt and charity/subsidized care, in the Hospital inpatient and ambulatory services (notably in the ER and OPD); Substance Abuse Programs; and the faculty practices of the MMC-AECOM unified departments.

The MMC-AECOM faculty care for a large and increasing number of Medicaid patients in the hospitals and in their practices. Caring for a large Medicaid population through their practices despite the fact that payment rates are significantly lower than charges, the faculty provide increased access to specialty care for patients at or below poverty levels. This payment differential is considered a “contractual adjustment”.

The Addendum to the Community Service Plan – Hospital Financial Statement for 2005 is attached.

CORPORATE STRUCTURE

Montefiore Medical Center is a voluntary, not-for-profit acute care teaching hospital located in the Bronx, New York. Montefiore Medical Center, a New York not-for-profit corporation, has received a determination letter from the Internal Revenue Service that it is qualified as a tax-exempt organization under Section 501 © (3) of the Internal Revenue Code of 1986, as amended, or corresponding provisions of prior Internal Revenue Codes. Montefiore currently has a 1,122 certified bed capacity at two facilities in the Bronx, New York: the 726 bed Henry and Lucy Moses Division (Moses Division) located at 111 East 210th Street and the 396 bed Jack D. Weiler Hospital of the Albert Einstein College of Medicine (Weiler Division) located at 1825 Eastchester Road. Montefiore is the University Hospital for, and the primary affiliate of, the Albert Einstein College of Medicine.

In addition to the acute care hospitals, Montefiore operates: the Montefiore Medical Group, a 21-site primary care network located throughout the Bronx and Westchester County; a home health agency; a methadone maintenance treatment program; and eight specialty care practice sites located in the Bronx and Westchester County.

In addition to the foregoing activities, Montefiore has specific programs which include the faculty practice plans of the medical center’s full-time faculty and research activities funded by grants and contracts with corporate and other entities.

Montefiore was organized in 1884 as a hospital for patients with chronic disabling conditions. Montefiore’s Moses and Weiler Divisions have been located at their present sites since 1912 and 1967, respectively. In 2006, the Montefiore Health Systems, Inc. was established, the common parent of Montefiore Medical Center, Our Lady of Mercy Medical

Center, and Our Lady of Mercy Ambulatory Care Center, Inc.

Affiliates of Montefiore Medical Center include:

- MMC Corporation, a not-for-profit corporation which is a support corporation for Montefiore Medical Center.
- MMC Residential Corp No. 1 Inc. and Montefiore Hospital Housing Section II, Inc., not-for-profit corporations which exist to provide housing to Montefiore Medical Center employees and others. These are separately incorporated affiliates of the medical center and are organized under the Private Housing Finance Law of the State of New York.
- Mosholu Preservation Corporation, a not-for-profit support corporation of Montefiore, that provides rehabilitative services for housing in the neighborhood of the medical center and promotes housing opportunities for persons of low and moderate income in the area of the medical center.
- Auxiliary of Montefiore Medical Center, a not-for-profit corporation which supports the activities of the medical center through charitable and volunteer activities.
- MMC IPA, Inc., and MMC North IPA, No. 1 Inc., these taxable entities are integrated provider associations, with the purpose of coordinating the full-risk and partial-risk managed care activities of the medical center and its physicians, including contracting with managed care organizations for capitated risk arrangements. The IPAs manage and, directly or through arrangements with other health care providers, deliver health care services to enrollees in the managed care plans in accordance with the terms of the subscriber agreements.
- MMC Contract Management Organization, LLC, a wholly owned subsidiary and taxable entity of the medical center and a New York limited liability company, which provides management services to the IPAs.
- Montefiore Behavioral Care, IPA, Inc., a taxable entity, which is an integrated provider association, with the purpose of providing mental health and substance abuse services pursuant to contracts with managed care organizations for members of the IPA (physicians and the medical center) to provide such services to subscriber of the managed care organizations.
- University Behavioral Associates, Inc., a taxable entity, which provides management and quality assurance and utilization review services to entities contracting with managed care companies for the provision of psychiatric services to enrollee of the managed care plans.
- Emerging Health Information Technology (EHIT), a wholly owned subsidiary and taxable entity of the medical center, which offers products and services in all areas of information technology applications, including Clinical, Financial, Operations and Disaster Recovery services.

SUMMARY

Montefiore has continued to make significant efforts to expand the volume and range of services provided to under-served communities in the Bronx and Southern Westchester.

Over the coming year, the medical center plans to maintain and – where possible – expand these services. Specific initiatives for the coming year include

- expanding MMC's services to at-risk and under-served elderly populations in the Bronx and southern Westchester;
- expanding outreach, screening and access initiatives for persons with or at-risk for cancer;
- expanding outreach, primary and specialty care for populations with heart disease,
- expanding initiatives addressing conditions that increasingly affect the Bronx population, including asthma, diabetes, and obesity, and
- enhancing access to pediatric primary and specialty care, at MMC's Children's Hospital, and throughout the medical center's "Child Health Network."

Montefiore has continuously sought to maintain the relevance of its programming to the needs of its changing community. One of Montefiore's characteristics, as it has evolved, has been the development of new services which matter, which make a difference in people's lives, both through and beyond the provision of health services.

**MONTEFIORE MEDICAL CENTER
ADDENDUM
COMMUNITY SERVICE PLAN
HOSPITAL FINANCIAL STATEMENT FOR REPORT YEAR 2005**

I. Sources of Revenue

• Net Patient Services Revenue	<u>\$1,786,139,000</u>
• Other Operating Revenue (eg. investments)	<u>\$75,761,000</u>
• Grants, Research and medical education	<u>\$69,915,000</u>
Total Revenue:	<u>\$1,931,815,000</u>

II. Expenses

• Salaries and Benefits	<u>\$1,030,306,000</u>
• Supplies and Other Expenses	<u>\$662,085,000</u>
• Depreciation and Interests	<u>\$114,997,000</u>
Total Expense:	<u>\$1,807,388,000</u>

III. Bad Debt/Uncompensated Care (1) **\$75,242,000**
(Part 86-1.11(g)(a) – attachment 1)

IV. Charity Care (2)
(Part 86-1.11(g)(b) – attachment 1)

- Free Care (Hill-Burton) **\$18,792,000** (Note: This is Free Care, but not Hill-Burton)
- Community Benefits (Note: These are provided, but not quantified)
(e.g. community programs, health screenings, etc.
See Dec. 30, 1993 Dear Administrator letter)

Total Charity Care (IV. only): **\$18,792,000**

V. Assets **\$876,697,000**

VI. Liabilities and Fund Balances **\$1,543,599,000**

VII. Capital – Equipment **\$473,840,000**

VIII. Land **\$7,123,000**

IX. Buildings & Improvements/Construction **\$185,939,000**

SUMMARY FINANCIAL STATEMENT

1. Total Operating Patient Service Revenue: \$1,931,815,000
2. Total Operating Expenses: \$1,807,388,000
3. Charity Care \$18,792,000
4. Bad Debt/Uncompensated Care \$75,242,000

1. **Revenue** - includes income from patient care billings, grants, research/medical education; donation fund raising;
2. **Operating Expenses** - includes, salaries/benefits, supplies, other expenses, depreciation and interests expenses on loans;
3. **Charity Care** - this accounting is a result of facility charity care policies-reflecting expenditures associated with **free care** to patients not expected to pay their medical bills (e.g., patients without health insurance or financial resources) See part 86-1.11(g)(b)
4. **Bad Debt** - reflects expenditures not collected from patients expected to pay their medical bills - uncollected medical charges (e.g., patients with some form of health insurance or financial resources...) See part 86-1.11(g)(a)